

CaCoon Manual for ORCHIDS



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



This manual is available online:

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

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If you need this information in an alternate format,
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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 CaCoon information?	2
How to Use This Manual	3
CaCoon Encounter/Data Form.....	5
Client Primary Tab.....	5
Client Info Tab.....	12
CaCoon Case Tab	16
Identifying Required Fields on the Encounter/Data Form.....	16
Visit Tab 1.....	20
Identifying Required Fields on the Encounter/Data Form.....	20
Visit Tab 2.....	22
Selecting Issues, Outcomes, and Interventions.....	22
Issues and Outcomes.....	22
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.....	59

Data Entry Lesson 4: Entering Case Information	63
CaCoon Case Tab: Adding a New Case	63
Required Fields in ORCHIDS	63
CaCoon Case Tab: Adding/ Changing Case Information.....	69
Data Entry Lesson 5: Entering Visit Information	75
Required Fields in ORCHIDS	75
Visit Tab 1.....	75
Visit Tab 2	79
Visit Tab 3	81
Referrals Out	82
Referral Follow-Up	83
Closing a Visit	89
Required Fields in ORCHIDS	89
Closing a Case	92
Required Fields in ORCHIDS	92
Date Entry Lesson 6: Transferring a Client to Another Agency	97
Case Study	99
Appendix A: Risk Factors and Definitions (A and B Codes)	107
Appendix B: Referral Codes by Number	115
Appendix C: Referral Codes by Name	117
Appendix D: Referral Codes by Category	119
Appendix E: FastEntry Guidelines and Codes	123
Appendix F: ORCHIDS Required Fields for CaCoon	139
Appendix G: Keyboard Shortcuts	141
Appendix H: List of Languages	143
Bibliography	145

Introduction

Program Background

The CaCoon program provides care coordination for children with special needs up to age 20 and their families, and is administered by county public health nurses through the Oregon Center for Children and Youth with Special Health Needs (OCCYSHN). The OCCYSHN is located at the Child Development and Rehabilitation Center at Oregon Health and Science University in Portland, Oregon.

The requirements for the program are defined in Oregon Administrative Rules 410-138-0000 through 410-138-0080. Requirements for CaCoon are also established in contracts between OCCYSHN and individual county health departments.

Issues and Outcomes were selected for their correlation 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. They include specific performance measures related to children with special health needs.

Interventions were derived from the Nursing Interventions Classification (NIC), a standardized language that 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 Clinical Practice Guideline on Treating Tobacco Use and Dependence, published in June 2000, rather than from the NIC, NOC, and NANDA classification system.

ORCHIDS

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

What is FamilyNet?

FamilyNet is an integrated family health data system that collects client information for the CaCoon 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?

The following programs also use FamilyNet:

- Maternity Case Management
- Babies First!
- WIC
- Immunization

What is the benefit of using FamilyNet?

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

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

Encounter and outcome data will be reported as aggregate data. Data from all counties will be combined and reported as statewide data. Data will not be reported in any manner that would identify an individual client.

The data collected from ORCHIDS is critical in documenting the effectiveness of public health nursing practice. Specifically, this data will be used to:

- Educate legislators, the public and funding sources about the effectiveness of public health nurse practice;
- Advocate for the families that we serve;
- Describe and report specific interventions performed by public health nurses;
- Evaluate program effectiveness and assure quality services.

How to Use This Manual

I need help filling out the paper form.

If you need clarification about a particular field in the CaCoon Encounter/Data Form:

1. Identify the section that the field is in.

Each section is defined by heavy black lines. The section name is determined by the name on the screen tab where the 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		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	
	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	
	Alternate Phone Type <input type="checkbox"/> Cell Phone <input type="checkbox"/> Home <input type="checkbox"/> Message <input type="checkbox"/> No Phone <input type="checkbox"/> Unknown <input type="checkbox"/> Work		Phone No.		Phone Options <input type="checkbox"/> Both Voice & Text <input type="checkbox"/> Text Only <input type="checkbox"/> Voice Only		Guardian Middle Name	
	Client E-mail				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				ETHNICITY <input type="checkbox"/> No-Not Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> Yes-Hispanic		Medicaid No.*	
State ID				Income		Interval <input type="checkbox"/> Week <input type="checkbox"/> Bimonthly <input type="checkbox"/> Month <input type="checkbox"/> Annual		
Insurance Status at Intake <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		Family Size		
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-I 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				
				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		
		OR		Inches		Cm		
Gestational Age at Birth (weeks)								
Data Notes								

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

The current form is always available at this website:

http://public.health.oregon.gov/HealthyPeopleFamilies/DataReports/ORCHIDS/Documents/orchids_form_cacoon.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 on how to enter data from the CaCoon Encounter/Data Form into FamilyNet. Use the Case Study on page 99 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:

- Appendix A: CaCoon Risk Factors and Definitions (B Codes), page 107
- Appendix B: Referral Codes by Number, page 115
- Appendix C: Referral Codes by Name, page 117
- Appendix D: Referral Codes by Category, page 119
- Appendix E: FastEntry Guidelines and Codes, page 123
- Appendix F: Required Fields for CaCoon, page 139
- Appendix G: Keyboard Shortcuts, page 141
- Appendix H: List of Languages for Spoken/Written Language Fields, page 143
- Bibliography, page 145

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

CaCoon Encounter/Data Form

The current CaCoon Encounter/Data Form is available online in PDF format at http://public.health.oregon.gov/HealthyPeopleFamilies/DataReports/ORCHIDS/Documents/orchids_form_cacoon.pdf

Client Primary Tab

In ORCHIDS, if certain fields are blank, the user will be unable to save and move forward until the fields are completed. These fields are 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 CaCoon 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.

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 sex. 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.

Field	Description
PHYSICAL ADDRESS 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 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> <ol style="list-style-type: none"> 1. Select Homeless in the Physical Address Type field. 2. 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 (or letter), if applicable. Enter the number or letter.</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	The client's e-mail address.
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>Select a preferred spoken language other than English from the drop-down menu (or enter the first two letters of the language).</p> <p>For a complete list of languages available in ORCHIDS, see Appendix H: List of Languages for Spoken/Written Language Field, page 143.</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>Select a preferred written language other than English from the drop-down menu (or enter the first two letters of the language).</p> <p>For a complete list of languages available in ORCHIDS, see Appendix H: List of Languages for Spoken/Written Language Field, page 143.</p>
Alternate Format	<p>The form of communication the client (or the client’s guardian) requires to accommodate visual deficits or illiteracy.</p> <p>Select one of the following:</p> <p>Audio Tape</p> <p>Braille</p> <p>Computer Disk</p> <p>Large Print</p> <p>Oral Presentation</p> <p>Other</p>
Medicaid No. *	<p>(Required to bill a visit)</p> <p>The client’s Medicaid number.</p> <p>Enter the number.</p>

Field	Description
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 CaCoon Case tab: "Enter client's deceased date into the system."</p> <p>Enter the date in MM/DD/YYYY format.</p>
Guardian Last Name	<p>The last name of the client's guardian.</p> <p>Enter the last name.</p>
Guardian First Name	<p>The first name of the client's guardian.</p> <p>Enter the first name.</p>
Middle Name	<p>The middle name of the client's guardian.</p> <p>Enter the middle name. If the guardian has no middle name, leave this field blank.</p>
Guardian Type	<p>The type of guardian.</p> <p>Aunt</p> <p>Foster</p> <p>Grandparent</p> <p>Other</p> <p>Other Relative</p> <p>Parent</p> <p>Uncle</p> <p>Select the guardian type.</p>

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 the 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. 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 the only income counted in the child's household income.
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 the 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. Select any that apply.</p> <p>Healthy Start: the home visiting program administered by the Oregon Commission on Children and Families, which provides services to families of first-borns.</p> <p>NFP (Nurse Family Partnership): nurse home visiting services based on the David Olds model.</p> <p>The system will mark the following fields automatically if the client’s program enrollment is recorded in FamilyNet.</p> <p>WIC (Women, Infants, and Children): The special supplemental nutrition education program for women, infants, and children. This field automatically shows an “X” on the screen if the client is enrolled in the WIC program. When the client is no longer enrolled in the WIC program, the field no longer shows an “X.”</p> <p>Babies First!: Not applicable. A child cannot be enrolled in CaCoon and Babies First! simultaneously. This field automatically shows an “X” on the screen if the client has an open Babies First! case. When the client is no longer enrolled in the Babies First! program, the field no longer shows an “X.”</p> <p>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: 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> <p>If a CaCoon client is enrolled in the CaCoon program in another agency, please contact ORCHIDS Application Support, (971) 673-0382 or orchids.app-support@state.or.us .</p>

Field	Description
Insurance Status at Intake	<p>The client's insurance coverage at the time when the client is enrolled into CaCoon.</p> <p>Check all that apply.</p> <p>OHP Standard: the Oregon Health Plan (OHP) benefit package based on a prioritized list of services, which 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 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> <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>Indicates whether the client has Supplemental Security Income. 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>

CaCoon Case Tab

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

On the CaCoon 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.

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 CaCoon care coordinator conducting the Home Visit or the care coordinator supervising the visit, if 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 CaCoon. 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. The Department of Education services, which serve children from birth up to age three.</p> <p>13-Self: the client referred himself or herself to CaCoon.</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 CaCoon if not listed above.</p> <p>For a complete list of referral sources, see Appendix B: Referral Codes by Number, page 115; Appendix C: Referral Codes by Name, page 117; or Appendix D: Referral Codes by Category, page 119.</p> <p>Note: If more than one agency or provider referred the client to CaCoon, click the blue  arrow beside the Who referred client to this program? field, then click the green Plus  icon in the toolbar at the top of the screen. A second drop-down menu will appear. Enter the additional referral source(s).</p>

Field	Description
Risk Factors	<p>Enter codes for all risk factors that apply.</p> <ul style="list-style-type: none"> • 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 life of a client's case. <p>For a list of risk factors, see Appendix A: CaCoon Risk Factors/Eligibility Criteria (B Codes), page 107.</p>
Date Referred	<p>The date the agency received the referral, via fax, phone call, or mail.</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>
CaCoon Tier	<p>The tier level assigned to the family after the nursing assessment. Select one of the following.</p> <ul style="list-style-type: none"> 0 – Used to designate a onetime service where the nurse did not assign a tier level. If the PHN plans to see the child more than one time, a tier level of 1, 2, or 3 should be assigned. 1 – See Tier level guide. Minimal need for care coordination. 2 – Moderate need for care coordination. 3 – High need for care coordination 9 – Used to designate a teenager and their family that the nurse is providing guidance around adolescent transition for. (OBSOLETE) <p>For more information on determining tier levels, refer to the CaCoon Program Manual.</p>
Does client have Early Intervention?	<p>Indicates whether or not the client is enrolled in Early Intervention, either through publicly or privately funded therapies. Select one of the following:</p> <p>Yes</p> <p>No</p>
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 this is a first birth.</p>
Birth Weight	<p>The weight of the client, in pounds and ounces or in grams.</p> <p>Enter the weight in pounds and ounces <i>or</i> in grams.</p>

Field	Description
Birth Length	The length of the client, in inches or centimeters. Enter the length in inches <i>or</i> centimeters.
Gestational Age at Birth (weeks)	The client's gestational age at birth. Enter the gestational age in weeks, based on the mother's EDD or hospital report at the time of referral.
Data Notes	Use this field to communicate with data-entry staff. Enter information for the data-entry staff. Note: <i>DO NOT</i> use this field to enter nursing notes. Nursing notes should be recorded in the client's medical record. Any information recorded in this field is not write-protected and will display on printed reports.

Visit Tab 1

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

On the CaCoon 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.

Field	Description
VISIT DATE	(Required) The date of the current visit for which data is being submitted. Enter the date in MM/DD/YYYY format.
HOME VISITOR	(Required) The name of the staff member conducting the Home Visit. Enter the name.
Weight Today	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	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.
Client’s Immunization Status	The child’s vaccination history, based on a review of the client’s immunization record. Select one of the following. 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)

Field	Description
Breastfeeding Started	<p>Indicates whether or not breastfeeding has started.</p> <p>Breastfeeding is defined as <i>the practice of a woman feeding her breast milk to an infant on the average of at least once a day</i>. This includes feeding breast milk through a bottle or with a supplemental nurser. The baby is still considered to be 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 started receiving breast milk.</p> <p>No: The client never started receiving breast milk.</p>
Still Breastfeeding	<p>Indicates whether or not the client is still breastfeeding.</p> <p>Breastfeeding is defined as <i>the practice of a woman feeding her breast milk to an infant on the average of at least once a day</i>. This includes feeding breast milk through a bottle or with a supplemental nurser. The baby is still considered to be breastfeeding after introduction of formula or solids if the infant is receiving breast milk at least once a day. Select one of the following.</p> <p>Yes: The client is still breastfeeding.</p> <p>No: The client 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> breastmilk.</p> <p>Weeks: enter the age in weeks when the client stopped receiving nourishment solely from breastmilk.</p>

Visit Tab 2

Selecting Issues, Outcomes, and Interventions

Notes:

- You must select an issue/outcome from the list in the left column before selecting the corresponding Intervention in the right column.
- Select as many Interventions as apply to a particular issue/outcome (see page 29 for Interventions).
- Only select issues/outcomes that were addressed during the current visit.
- If you need assistance to determine the child or family’s status on a particular issue/outcome, please refer to the handouts on “commonly used assessment/screening tools.” If you do not have a copy of these documents, please contact the state CaCoon nursing consultant for your county at the Oregon Center for Children and Youth with Special Health Needs at (877) 307-7070.

Complete the following fields, as appropriate.

Issues	Outcomes
<p>Basic Needs (BN)</p>	<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>
<p>Nutrition (NU)</p>	<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 under feeding. ▪ 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
Injury (IN)	<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>
Parenting (PA)	<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. 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: 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. 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 pended: The application is held by OHP and cannot be processed further until the receipt of additional information/documents.</p> <p>OHP denied: the client's application was denied by OHP.</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. (See the list of pediatric risk factors below, under "Oral Health Development").</p> <p>Dental caries: tooth decay is present.</p>
Oral Health Development (OD)	<p>Select one of the following.</p> <p>No abnormal development: the child's teeth are erupting normally.</p> <p>At risk for abnormal development: the child has an underlying condition, such as cleft lip or palate, a genetic disorder, or longterm use of anticonvulsants that predisposes the child to abnormal development of oral structures or oral health.</p> <p>Abnormal development: the child has one of the above types of conditions currently.</p> <p>Pediatric risk factors for dental caries include:</p> <ul style="list-style-type: none"> • Poor oral hygiene habits • Insufficient fluoride • Use of bottle after 14 months • Carrying sippy cup or sports bottle with sugary liquids throughout the day • Siblings with several cavities before age 5 • Mother with any High Risk factors
Access to Medical Care (AM)	<p>The family's access to medical care.</p> <p>Family has access to medical treatment appropriate for their child's condition.</p> <p>Select one of the following.</p> <p>Yes</p> <p>No</p>
Community Resources (CR)	<p>The family's awareness of community resources.</p> <p>Family is knowledgeable about and is able to access community support and specialized services.</p> <p>Select one of the following.</p> <p>Yes</p> <p>No</p>

Issues	Outcomes
Family Knowledge of Chronic Condition (FA)	<p>The family's knowledge about the child's chronic condition.</p> <p>Family is knowledgeable about their child's condition.</p> <p>Select one of the following.</p> <p>Yes: the family is able to explain their child's condition and treatment.</p> <p>No: the family is not able to explain their child's condition and treatment.</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/outcome without conducting or recording any interventions.

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 <i>after the delivery of the baby</i>.</p> <p>For example, helping a new mother with proper positioning to assure a comfortable and secure latch and providing her with information on storage and warming of breast milk.</p>

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 Babies First! Program 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 where the client was referred.

A complete list of referral sources with their corresponding codes can be found in Appendix B: Referral Codes by Number, page 115; Appendix C: Referral Codes by Name, page 117; or Appendix D: Referral Codes by Category, page 119.

1. Complete the following fields as appropriate:

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.

Field	Description
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.
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 than those mentioned above Enter the code. For a list of other referral agencies, see Appendix B: Referral Codes by Number, page 115; Appendix C: Referral Codes by Name, page 117; or Appendix D: Referral Codes by Category, page 119. Select: Referred: the client has been referred.

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, 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.

Required Fields

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 CaCoon 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 (*).

Field	Description
County Codes	These codes are assigned at the county level and vary from county to county and program to program. For more information, consult your supervisor.
Estimated Date of Next Visit	Approximate date when the client will be seen again.
Location *	<p>(Required to bill visit)</p> <p>The location where the nurse conducted the visit.</p> <p>Enter one of the following.</p> <p>1 - HOME/FIELD: the visit occurred in the client's home.</p> <p>2 - HOSPITAL: the visit occurred in a hospital.</p> <p>3 - HEALTH DEPARTMENT: the visit occurred in a health department office.</p> <p>4 - SCHOOL: the visit occurred in a school.</p> <p>5 - TELEPHONE: the visit occurred over the telephone.</p> <p>6 - TERTIARY CARE EVALUATION: the visit occurred in a tertiary care facility.</p> <p>7 - GROUP HOME/SHELTER: the visit occurred in a group home or shelter.</p> <p>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.</p> <p>9 - OTHER: the visit occurred in a location other than one listed above.</p>
Time	<p>The amount of time spent with the client.</p> <p>Enter the 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 will submit a claim to Medicaid when case management services have been provided and documented. Selecting the “Rebill” checkbox 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)The checkbox to click to rebill a claim. 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>
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. (continued on next page)</p>

Field	Description
	<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 CaCoon 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>90 – OTHER: the case was closed for a reason other than listed above.</p> <p>Below are some common scenarios that describe when a case should be left open and when a case should be closed.</p> <ul style="list-style-type: none"> • Public health nurses often see CaCoon clients over a long period of time. Some families may move often, and you may go to the house and discover that a family has moved. You know that the parent will generally contact you soon after she moves, so you could leave the case open. You should have a tickler system, so that if the parent does not contact you soon with a new address, you will remember to close the case. • The child and family are stable and don’t currently need your assistance but the child will be having surgery in 3 months. In this scenario, you could leave the case open until after the surgery. • The child will be transitioning to preschool in a year, and you and the parent agree that you can contact them at that time to reassess the child. Close the case. If you contact the family in one year, and they need care, you can open a new case. • The family moves to another county, but you know from experience that the family may return to your county soon. Close the case, so that the open case in your county does not interfere with the other county’s ability to open a case, and record and bill visits.

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.)

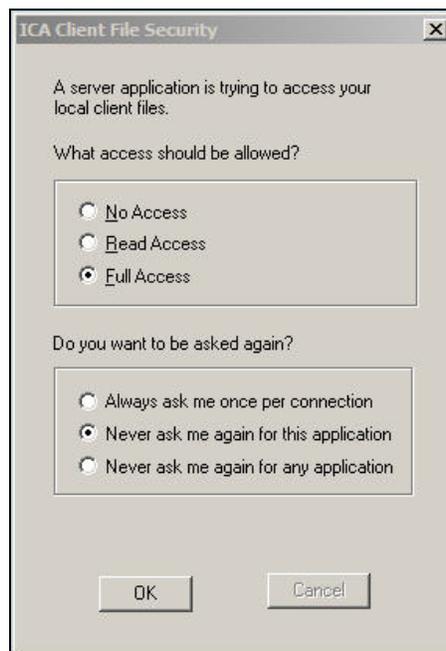


Figure 1. ICA Client File Security window

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 in future logons.

- The Citrix login screen will appear.

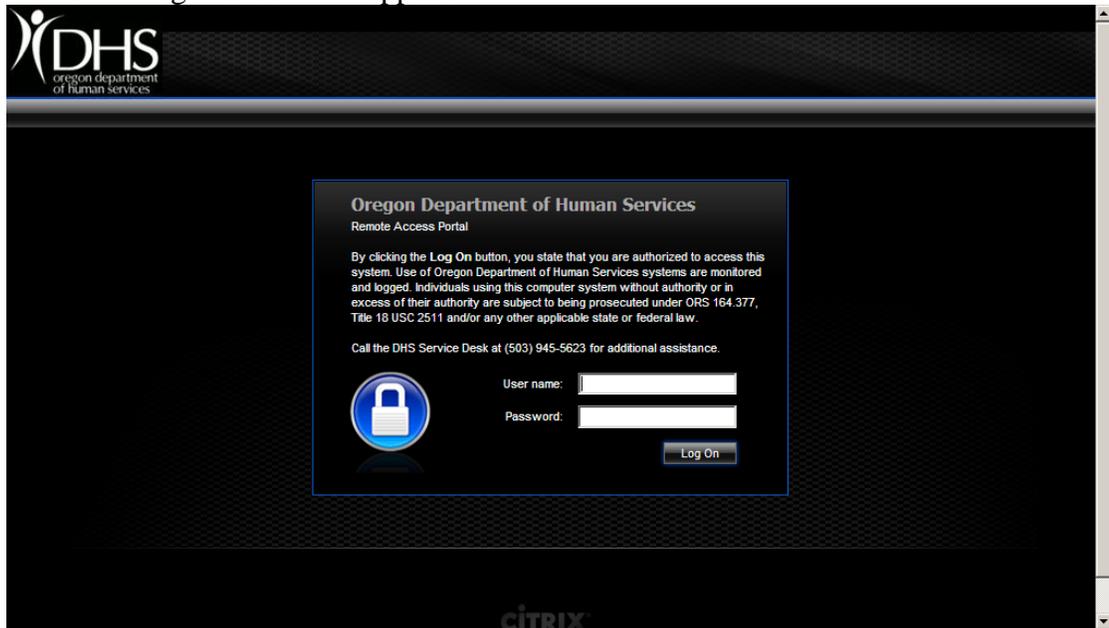


Figure 2. Citrix login screen

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



- The FamilyNet logon screen will appear (Figure 2). Enter your FamilyNet **User ID** and **Password**. If you do not have a FamilyNet User ID and Password, contact your local system administrator.



Figure 2. FamilyNet login screen

7. Click the **[OK]** button. The **Select Modules** window will appear (Figure 3).



Figure 3. Select Modules window with ORCHIDS tab selected.

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



Processes icon. The **ORCHIDS – [FC100 – ORCHIDS Client]** screen appears (Figure 4).

Figure 4. ORCHIDS - [FC100 - ORCHIDS Client] window.

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]** screen appears (Figure 6).

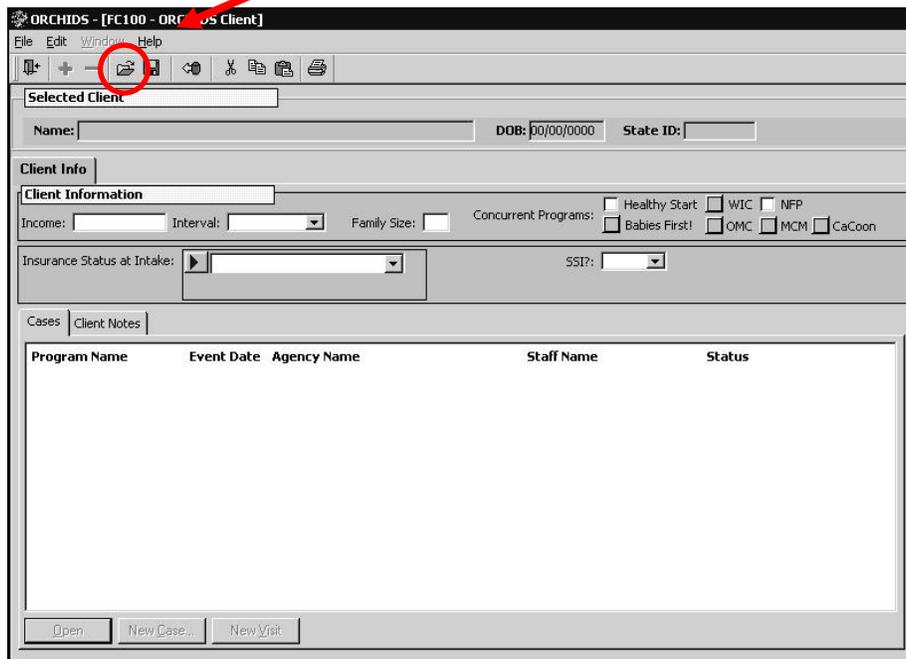


Figure 5. ORCHIDS - [FC100 - ORCHIDS Client] screen with the Open icon circled

2. In the **ORCHIDS – [FamilyNet]** screen, enter the first three letters of the client’s last name in the **Last Name** field (Figure 6).

ORCHIDS - [FamilyNet]

File Edit View Window Help

Client Search Guardian Search

Note: The % symbol acts as a multiple character wildcard

Last Name First Middle Range for Date of Birth State ID

Demo Jan 00/00/0000 00/00/0000

Street # Street Name Street Type City Zip Code Phone Number Local ID

Gender Agency Application App ID Social Security # Medicaid

State ID	Last	First	Middle	Suffix	DOB	Name Type
----------	------	-------	--------	--------	-----	-----------

Search New Search Add New Client Return W/Client Return W/Q Client

Figure 6. ORCHIDS [FamilyNet] screen with search data entered

3. Enter the first three letters of the client's first name in the **First Name** field.
4. Enter the client's date of birth.
5. Click the **[Search]** button (or press **[Alt] + [s]** or **[Enter]**). A list of client names appears (Figure 7).

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

The screenshot shows the ORCHIDS [FamilyNet] software interface. At the top, there is a menu bar with 'File', 'Edit', 'View', 'Window', and 'Help'. Below the menu bar is a toolbar with various icons. The main window is titled 'Client Search' and 'Guardian Search'. There is a note: 'Note: The % symbol acts as a multiple character wildcard'. Below the note are several input fields for search criteria: Last Name (demo), First (dan), Middle, Range for Date of Birth (00/00/0000), State ID, Street #, Street Name, Street Type, City, Zip Code, Phone Number, Local ID, Gender, Agency, Application, App ID, Social Security #, and Medicaid. Below these fields is a table of search results. A red box highlights the table. The table has the following columns: State ID, Last, First, Middle, Suffix, DOB, and Name Type. The data rows are:

State ID	Last	First	Middle	Suffix	DOB	Name Type
3019456	Demo	Daniel			11/11/2000	Real
3019457	Demo	Danielle			01/21/1980	Real
3019458	Demose	Daniella			09/09/2000	Real
3019459	Demoss	Daniel			11/30/2004	Real
3019460	Demotey	Dannny			09/09/1980	Real

At the bottom of the window, there are buttons for 'Search', 'New Search', 'Add New Client', 'Return W/Client', and 'Return W/O Client'. The status bar shows '5 Clients found'.

Figure 7. 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 (Figure 8).
- Review the **Client Primary** information and update it as necessary, following the instructions on Step 1 of page 49.

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

ORCHIDS - [State ID: 3019457 Name: Demo, Danielle DOB: 01/21/1980]

File Edit View Window Help

Client Primary Previous Addresses Alias Names Birth Death AP Enroll Status Messages

Local Id

Last Name First Name Middle Name Suffix
 Demo Danielle

Date of Birth Gender Addr/Phone Confidential
 01/21/1980 Female

Address
 Addr Type Str # Pre Dir Str Name Str Type Post Dir Apt Zip + four City St Roll/Prv Lst Chg
 Homeless

Telephone
 Phone Type Area Phone Extn
 No Phone 000-0000

Guardian
 Last Name First Name
 Middle Name Type:

Race
 American Indian/Alaskan Native
 American Indian/Alaskan Native
 Asian
 Black or African American
 Native Hawaiian/Pacific Island
 Unknown
 White

Ethnicity
 No - not Hispanic

Spoken Lang English
 Written Lang English
 Alt Format
 Medicaid #
 SS # - -
 Deceased Yes No
 Deceased Date

Figure 8. [ORCHIDS] screen showing Client Primary tab screen for the client

6. If the client name you are searching for does not exist in the database, a window appears indicating that no clients were found that match your query (Figure 9). You will then need to add the client to the database.



Figure 9. Message window: Client not found

7. Click the **[OK]** button.
8. Click the **[Add New Client]** button at the bottom of the **ORCHIDS – [FamilyNet]** screen (or press the **[Alt] + [a]** keys). The **ORCHIDS – [Adding New Client]** screen appears (Figure 10).

The screenshot shows the ORCHIDS - [Adding New Client] window. It features a menu bar (File, Edit, View, Window, Help) and a toolbar. Below the toolbar are tabs for Client Primary, Previous Addresses, Alias Names, Birth, Death, AP Enroll Status, and Messages. The main form area is divided into several sections:

- Local Id:** A text input field.
- Name Fields:** Last Name (Demo), First Name (Daniel), Middle Name, and Suffix (dropdown). A "Create Alias Name" checkbox is present.
- Date of Birth:** A date input field.
- Gender:** A dropdown menu.
- Addr/Phone Confidential:** A checkbox.
- Address:** A table-like structure with columns: Addr Type (Home), Str #, Pre Dir, Str Name, Str Type, Post Dir, Apt, Zip, + four, City, St, Roll/Prv, and Lst Chg (06/28/2007).
- Telephone:** Fields for Phone Type, Area, Phone, and Extn.
- Guardian:** Fields for Last Name, First Name, Middle Name, and Type (dropdown).
- Race:** A list box containing: American Indian/Alaskan Native, Asian, Black or African American, Native Hawaiian/Pacific Island, Unknown, and White. An "Ethnicity" dropdown is also present.
- Spoken Lang:** English (dropdown).
- Written Lang:** English (dropdown).
- Alt Format:** (dropdown).
- Medicaid #:** (text input).
- SS #:** -- (text input).
- Deceased:** Radio buttons for Yes and No (No is selected).
- Deceased Date:** (text input).

Figure 10. ORCHIDS - [Adding New Client] screen

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

Data Entry Lesson 3: Entering Client Information

Before entering client information, you must first search for the client in the FamilyNet database and return with the client's data to ORCHIDS. See Data Entry Lesson 2: Performing a Client Search (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 they are marked “required.”

On the ORCHIDS screens for CaCoon:

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

Client Primary Tab

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

1. In the **ORCHIDS – [Adding New Client]** screen, click on the **Client Primary** tab (Figure 11).

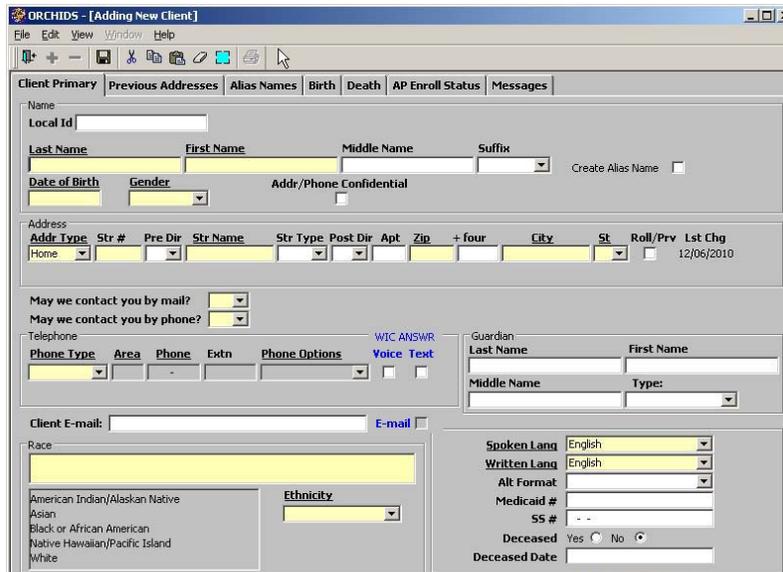


Figure 11. ORCHIDS - [FC100 - ORCHIDS Client] screen with Client Primary tab selected

2. Complete the following fields.

Field	Description
<p>Local Id</p>	<p>An agency-entered ID used in counties that have their own numbering system, such as a client medical record number. Enter the number.</p>
<p>LAST NAME</p>	<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 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 field) The client's date of birth. Enter the date numerically in MM/DD/YYYY format. Note: Birth information entered in this field appears under the Birth tab in this screen.</p>
GENDER	<p>(Required field) 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) 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) 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 entered, in case there may be other addresses entered later. The ORCHIDS system saves one previous address of each address type. This information appears on the Previous Addresses tab in this screen.</p>
Lst Chg	<p>The date on which data was last entered for the client. The current date will automatically appear 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, 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. For example, it will save only one phone number for Home.
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.</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>

Field	Description
SPOKEN LANG	(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. Select a preferred spoken language other than English from the drop-down menu (or enter the first two letters of the language). For a complete list of languages available in ORCHIDS, see Appendix H: List of Languages, page 143.
WRITTEN LANG	(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. For a complete list of languages available in ORCHIDS, see Appendix H: List of Languages, page 143.
Alt Format	Alternate form(s) of communication with the client. Select from the drop-down menu an alternate form of communication.
Medicaid # *	(Required to bill a visit) The client's Medicaid number. Enter the number.
SS#	The client's social security number. Enter the number. The dashes are already included in this field; so just enter the digits. The screen will display an asterisk for each number you entered (***_**_****). You will not be able to view the number.
Deceased	The button to click to indicate whether the client is deceased. Select one of the following. Yes No Note: Death information entered appears under the Death tab in this screen.
Deceased Date	The client's date of death, if applicable. Enter the date of death in MM/DD/YYYY format. Death information appears under the Death tab in this screen.

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

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



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

- Click on the client's name in the **ORCHIDS - [FamilyNet]** screen.
- Click the **[Return W/Client]** button at the bottom of the screen (or press **[Alt] + [w]**). The **ORCHIDS – [FC100 – ORCHIDS Client]** screen appears.
- Enter client data beginning with Step 1 on page 12.

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

To enter information from the **Client Info Tab** section of the CaCoon Encounter/Data Form:

1. In the **ORCHIDS – [FC100 - ORCHIDS Client]** screen, click on the **Client Info** tab (Figure 12).

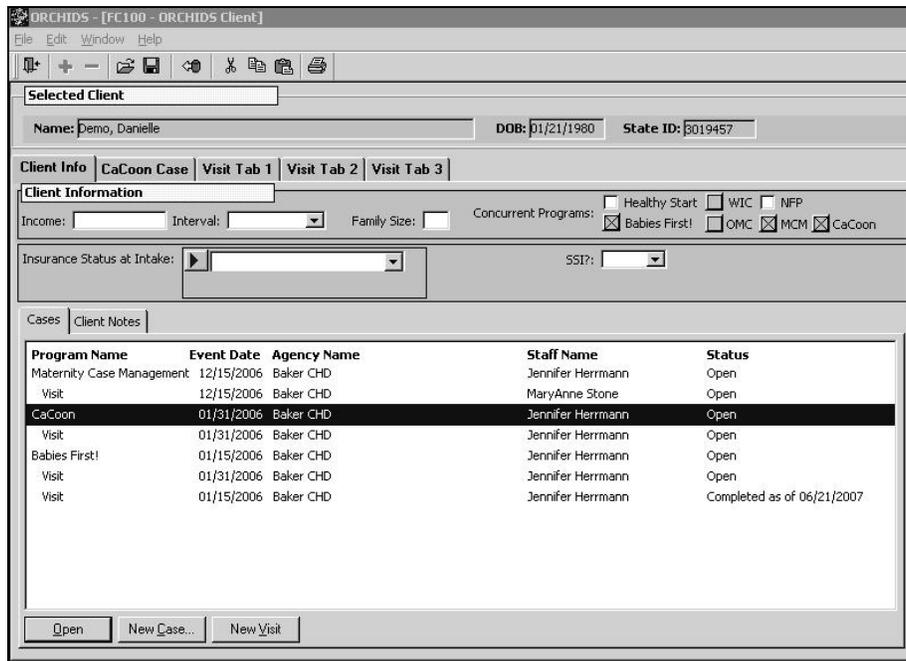


Figure 12. ORCHIDS -[FC100 - ORCHIDS Client] screen with the Client Info tab displaying

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 Program Enrollment</p>	<p>Other programs in which the client is enrolled. 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 will mark the following fields automatically if the client’s program enrollment is recorded elsewhere in FamilyNet.</p> <p>WIC (Women, Infants, and Children): the special supplemental nutrition education program for women, infants, and children. This field automatically shows an “X” on the screen if the client is enrolled in the WIC program. When the client is no longer enrolled in the WIC program, the field no longer shows an “X.”</p> <p>Babies First!: This field automatically shows an “X” on the screen if the client has an open Babies First! case. When the client is no longer enrolled in the Babies First! program, the field no longer shows an “X.”</p> <p>MCM (Maternity Case Management): This field automatically shows an “X” on the screen if the client is currently enrolled in the MCM program. When the client is no longer enrolled in the MCM program, the field no longer shows an “X.”</p> <p>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> <p>If the client is currently enrolled in CaCoon 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.</p>

Field	Description
Insurance Status at Intake	<p>The client's insurance coverage at the point in time when the client is being enrolled in CaCoon.</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 HIS facilities. In addition, the HIS helps pay the cost of selected health care services provided at non-HIS facilities.</p> <p>Other: the client has health care service from some other provider, for example: private insurance or military benefits such as TRICARE.</p> <p>None: the client does not have health insurance.</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.</p>
SSI?	<p>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>



To **enter new case information** on the **CaCoon Case** tab, continue to Step 1 on page 63.

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

Data Entry Lesson 4: Entering Case Information

CaCoon Case Tab: Adding a New Case

Before entering client information, you must search for the client in the FamilyNet database and return with the client's data to ORCHIDS. See page 43, “Data Entry Lesson 2: Performing a Client Search,” for an explanation on how to do this. If the Client Info tab 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 screens for CaCoon:

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

To 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 13).

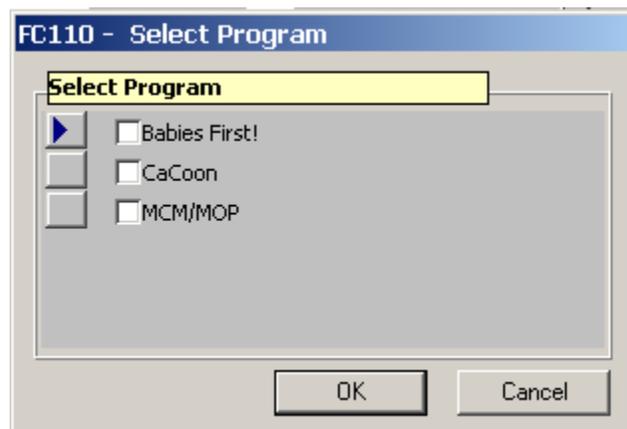


Figure 13. FC110 - Select Program window

2. In the **FC110 – Select Program** window, click the checkbox next to **CaCoon**, or press **[c]**.
3. Click the **[OK]** button, or press **[Return]**. Tabs are added to the screen (Figure 14).

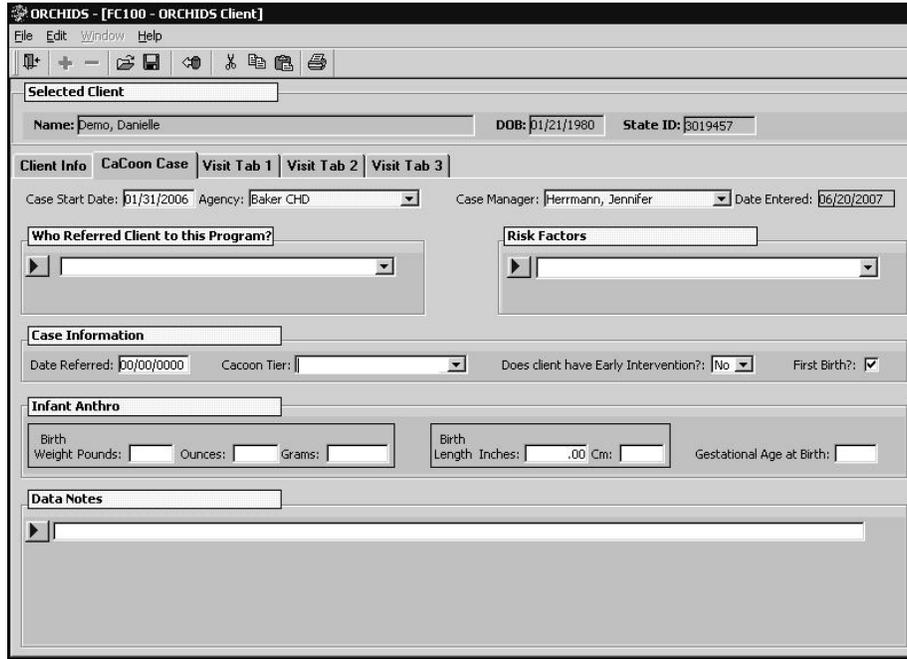


Figure 14. ORCHIDS - [FC100 - ORCHIDS Client] screen, with the CaCoon Case tab displaying

4. Click the **CaCoon 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 CaCoon care coordinator conducting the Home Visit or the care coordinator supervising the visit, if conducted by a non-nurse. Select the case manager’s name from the drop-down list.

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 with today's date 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 name of the program that referred the client to the CaCoon program.</p> <p>Select from the drop-down menu one or more programs.</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].)
Risk Factors	<p>Enter codes for all risk factors that apply.</p> <p>Notes:</p> <ul style="list-style-type: none"> • If additional risk factors are identified throughout the case, return to this field and record the additional risk factors. • Do not delete risk factors that resolve over the life of a client's case. • 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].) <p>For a list of risk factors, see Appendix A: CaCoon Risk Factors/Eligibility Criteria, page 107.</p>

Field	Description
Date referred	The date the agency received the referral, via fax, phone call, or email. <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. Enter the date in MMDD/YYYY format.
CaCoon Tier	The tier level assigned to the family after the nursing assessment. Select from the drop-down menu one of the following. <ul style="list-style-type: none"> 0 – Used to designate a onetime service where the nurse did not assign a tier level. If the PHN plans to see the child more than one time, a tier level of 1, 2, or 3 should be assigned. 1 – See Tier level guide. Minimal need for care coordination. 2 – Moderate need for care coordination. 3 – High need for care coordination 9 – Used to designate a teenager and their family that the nurse is providing guidance around adolescent transition for. (OBSOLETE)
Early Intervention?	Indicates whether or not the client is enrolled in Early Intervention, either through publicly or privately funded therapies. Select one of the following. YES NO
First Birth?	Indicates whether or not the client is the first live birth for the mother. Check the box if this is a first birth.
Birth Weight	The weight of the client, in pounds and ounces or in grams. Enter the weight in pounds and ounces <i>or</i> in grams.
Birth Length	The length of the client, in inches or centimeters. Enter the length in inches <i>or</i> centimeters.
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 data notes, double-click the **Data Notes** field. The **GW 1015 – Notes** window appears (Figure 25).

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

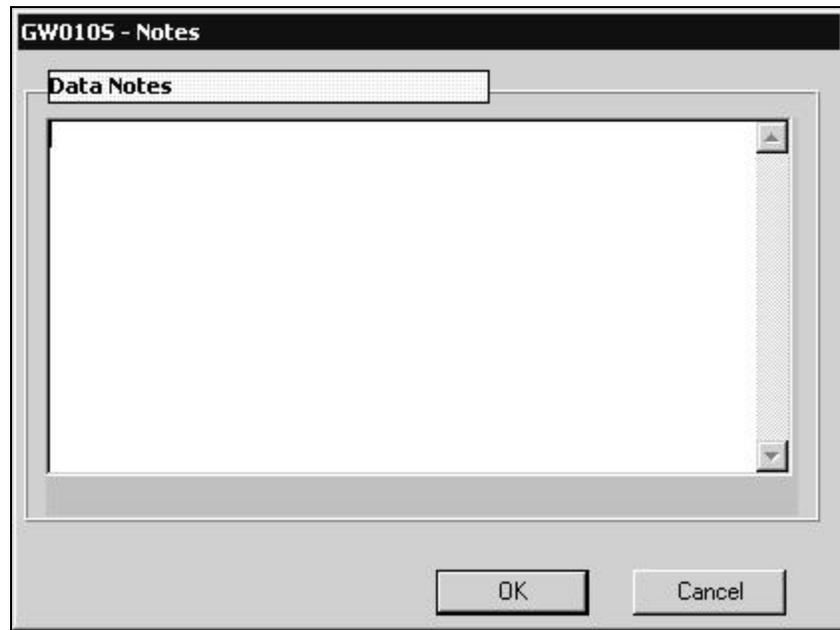


Figure 25. GW0105 - Notes window

6. Enter data notes in the **GW 1015 – Notes** window.

Notes:

- Use the **Data Notes** window to communicate to the data-entry staff. (Important or confidential medical notes should go on the client's medical chart.)
 - Data notes saved within one case are not visible from another case. For example, notes saved within CaCoon cannot be viewed from within Babies First!.
7. Click the **[OK]** button.
 - 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 second window appears, in which you may enter more notes, and then click the **[OK]** button.
 - To delete a note, click the blue  arrow next to the note you want to delete, and then click the red **Minus**  icon in the toolbar at the top of the screen (or press **[Ctrl] + [d]**). A window appears, asking if you want to remove that row. Click the **[Yes]** button (or press **[y]**.)



To **enter visit information** under the **CaCoon Visit Tab 1**, continue to Step 3 on page 77.

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]**.)
9. Click the **Close**  icon in the toolbar at the top of the screen to close the screen. The **Select Module** screen appears.

CaCoon Case Tab – Adding or Changing Case Information to an Existing 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 file is already open, begin with Step 1, below.)

Required Fields in ORCHIDS

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

On the ORCHIDS screens for CaCoon:

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

To add or change case information:

1. In the **ORCHIDS – [FC100 – ORCHIDS Client]** screen with the **Client Info** tab selected, click to highlight the open CaCoon case in the Cases window (Figure 6).

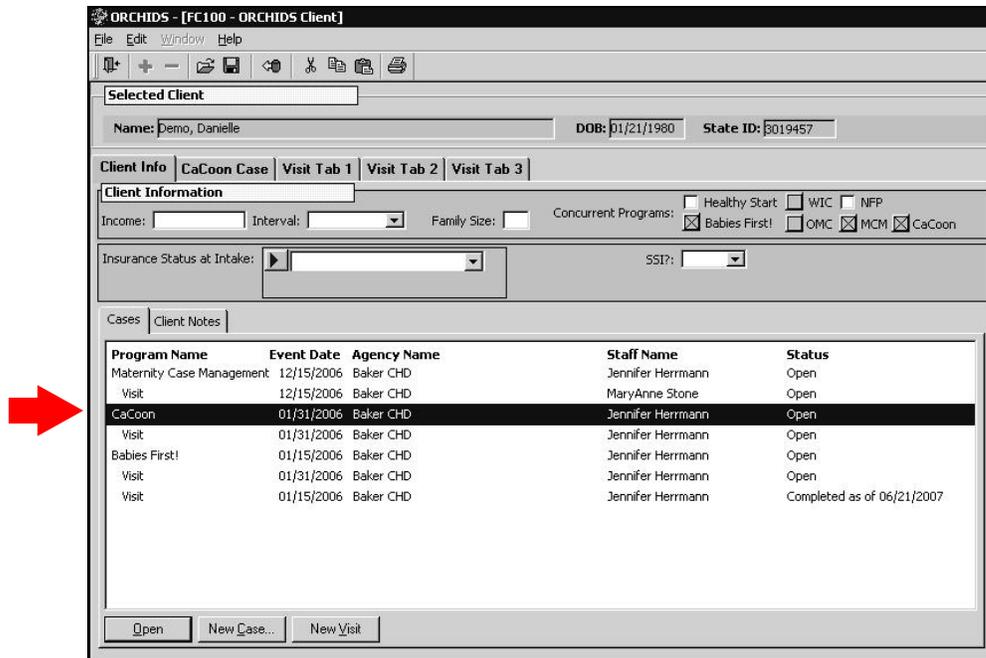


Figure 16. ORCHIDS [FC100 - ORCHIDS Client] screen with the open case highlighted

2. Click the **[Open]** button at the bottom of the **ORCHIDS – [FC100 – ORCHIDS Client]** screen (or press **[Alt] + [o]**). New tabs appear on the screen (Figure 3).

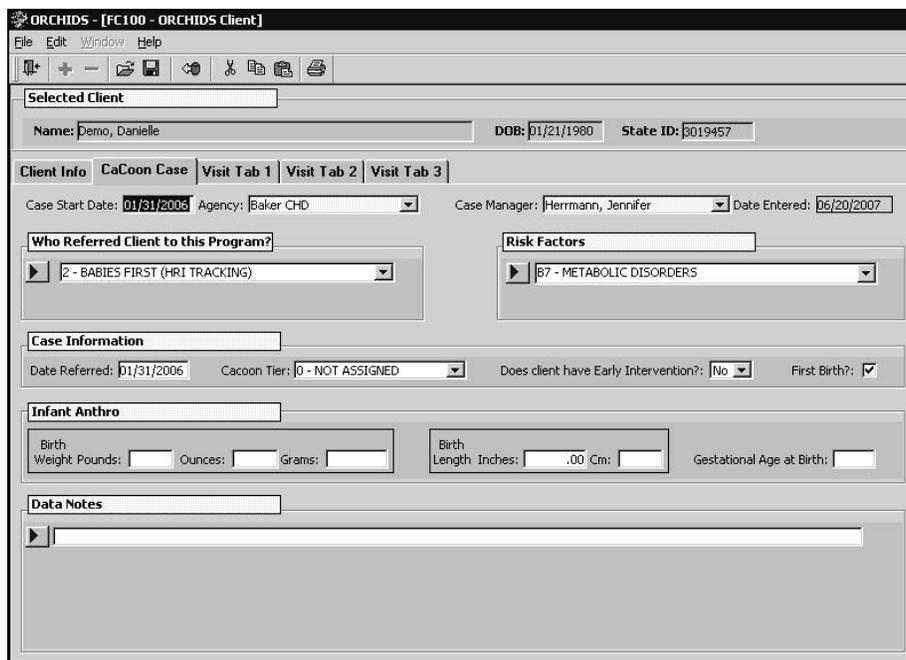


Figure 3. ORCHIDS - [FC100 - ORCHIDS Client] screen with new tabs

3. Click the **CaCoon Case** tab and enter the following case information.

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	(Agency is a required field, but is automatically filled in by the system.) The name of the agency for which the home visitor works. Select from the drop-down menu the name of the agency.
CASE MANAGER	(Required) The name of the CaCoon care coordinator conducting the Home Visit or the care coordinator supervising the visit, if conducted by a non-nurse. Select the case manager's name from the drop-down list.
Date Entered	The date when the case information is saved in the system for the first time. This field automatically populates with today's date the first time you save the case. The date will not change if you save additional case information at a later time.
Who Referred Client to This Program?	The name of the program that referred the client to the CaCoon program. Select from the drop-down menu one or more programs. <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 additional risk factors are identified throughout the case, they should be recorded in this section. • Never delete risk factors that resolve over the life of a client's case. • To add additional rows to the field 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].) <p>For a list of risk factors, see Appendix A – CaCoon Risk Factors (B Codes), page 107.</p>
Date referred	<p>The date the agency received the referral, via fax, phone call, or email.</p> <ul style="list-style-type: none"> • If the client is a walk-in, enter the date the client came in. • Date Referred can be the same as the Case Start Date. <p>Enter the date in MMDD/YYYY format.</p>
CaCoon Tier	<p>The tier level assigned to the family after the nursing assessment.</p> <p>Select from the drop-down menu one of the following.</p> <ul style="list-style-type: none"> 0 – Used to designate a onetime service where the nurse did not assign a tier level. If the PHN plans to see the child more than one time, a tier level of 1, 2, or 3 should be assigned. 1 – See Tier level guide. Minimal need for care coordination. 2 – Moderate need for care coordination. 3 – High need for care coordination 9 – Used to designate a teenager and their family that the nurse is providing guidance around adolescent transition for. (OBSOLETE)

Field	Description
Early Intervention?	Indicates whether or not the client is enrolled in Early Intervention, either through publicly or privately funded therapies. Select one of the following. YES NO
First Birth?	Indicates whether or not the client is the first live birth for the mother. Check the box if the child is a first birth.
Birth Weight	The weight of the client, in pounds and ounces or in grams. Enter the weight in pounds and ounces <i>or</i> in grams.
Birth Length	The length of the client, in inches or centimeters. Enter the length in inches <i>or</i> centimeters.
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.

4. 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).

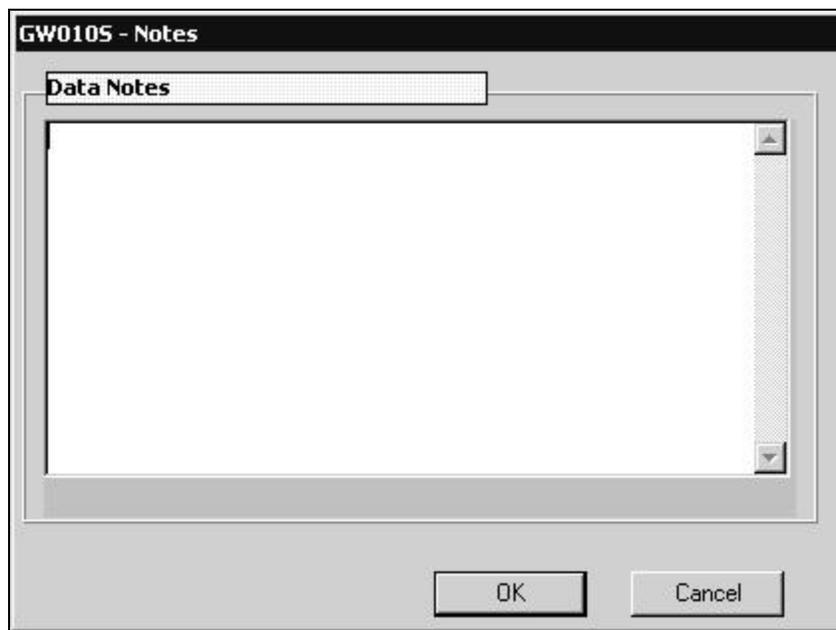


Figure 18. GW1015 - Notes window

5. 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.

6. 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 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 **CaCoon Visit Tab 1**, continue to Step 3 on page 77.

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. To exit ORCHIDS, click the **Close**  icon in the toolbar at the top of the screen (or press **[Alt] + [F4]**).

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

Data Entry Lesson 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. See the explanation of how to do this in Data Entry Lesson 2: Performing a Client Search, page 43.

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

Required Fields in ORCHIDS

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

On the ORCHIDS screens for CaCoon:

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

Visit Tab 1

To enter information from the **Visit Tab 1** section of the CaCoon Encounter/Data Form:

1. To enter information on a **new visit**, click to select the Babies First! **case** in the **Cases** window. (See the arrow in Figure 49 below).

Note: To add information on a **visit that has already been saved**, click to select the desired CaCoon **open visit** on the **Client Info** tab, and then click **Open** (or enter **[Alt] + [o]**). **Visit Tab 1** opens. Skip to Step 3 below.

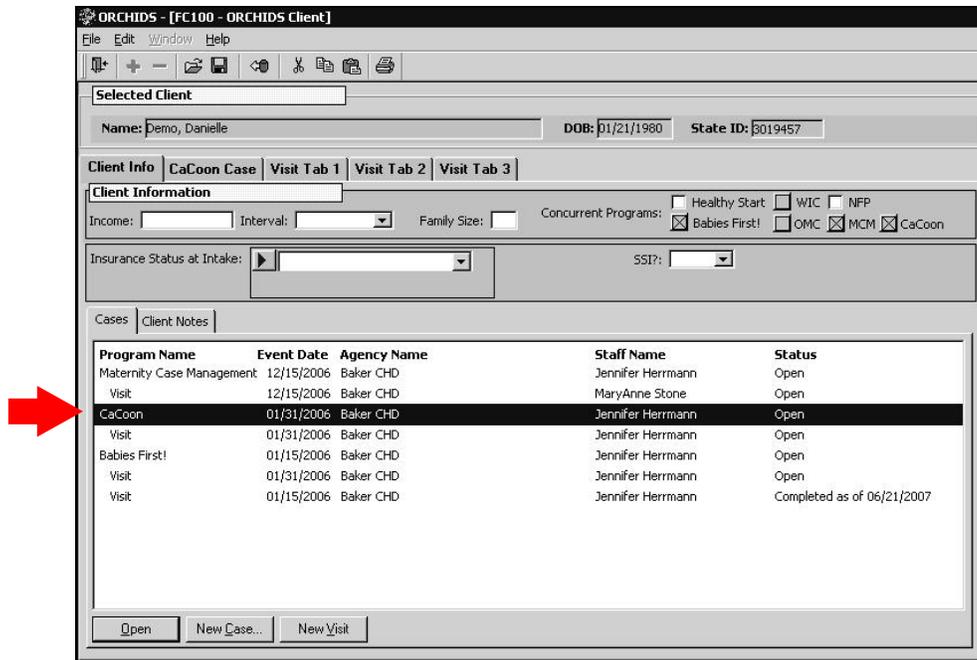


Figure 4. ORCHIDS [FC100 - ORCHIDS Client] screen with the CaCoon case selected

2. In the **ORCHIDS – [FC100 – ORCHIDS Client]** screen, click the **[New Visit]** button (or enter **[Alt] + [v]**). Tabs are added to the screen (Figure20).

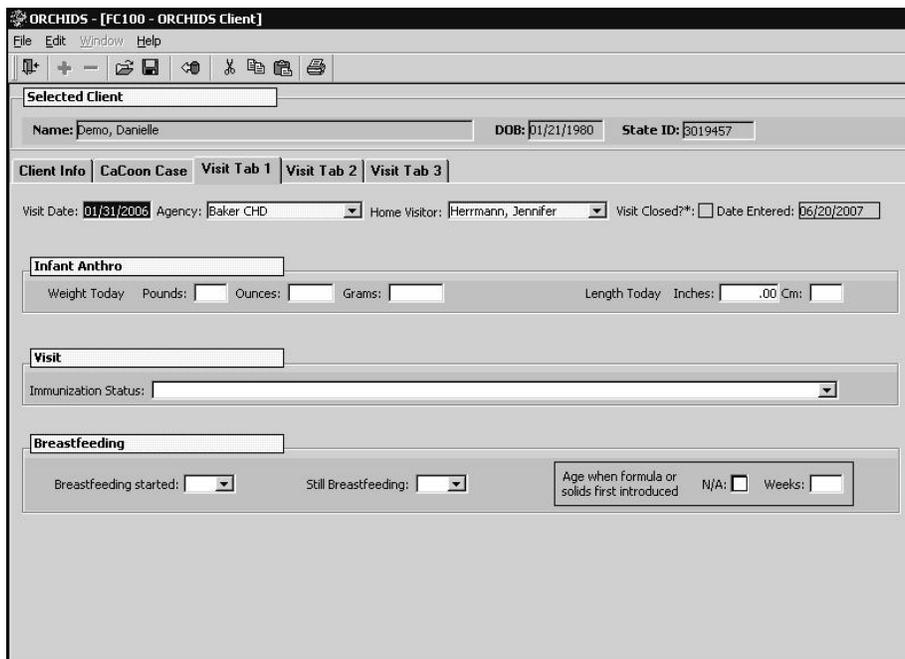


Figure 20. ORCHIDS - [FC100 - ORCHIDS Client] screen with Visit Tab 1 tab displaying

3. Click on **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 visit 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.
Date Entered	The date when the visit is saved in the system for the first time. This field automatically populates with today's date the first time you save the visit. The date will not change if you save additional case information at a later time.
Weight Today	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	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.
Immunization Status	The child's vaccination history, based on a review of the client's immunization record. Select from the drop-down menu one of the following. 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)

Field	Description
Breastfeeding started	Indicates whether or not breastfeeding ever started. Select one of the following. Yes: the client started receiving breast milk. No: the client did not start receiving breast milk.
Still Breastfeeding	Indicates whether or not the client is still breastfeeding. Select one of the following. Yes: the infant is still breastfeeding. No: the infant has stopped breastfeeding.
Age when formula or solids first introduced	The chronological age (not corrected age) when the client stopped receiving nourishment <i>solely</i> from breast milk. Enter the age in weeks. NA (not applicable): indicates that the client never started breastfeeding or is still fed <i>only</i> breastmilk. Weeks: enter the age in weeks when the client stopped receiving nourishment solely from breastmilk.



To **enter information** under the **Visit Tab 2**, continue to Step 1 on page 79.

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.

Visit Tab 2

Enter information from the **Visit Tab 2** section of the CaCoon 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 21).

The screenshot shows the ORCHIDS - [FC100 - ORCHIDS Client] application window. At the top, there's a menu bar (File, Edit, Window, Help) and a toolbar. Below that, the 'Selected Client' information is displayed: Name: Demo, Danielle; DOB: 01/21/1980; State ID: 0019457. The main area has tabs for Client Info, CaCoon Case, Visit Tab 1, Visit Tab 2 (selected), and Visit Tab 3. Under Visit Tab 2, there are fields for Visit Date (01/31/2006), Agency (Baker CHD), Home Visitor (Herrmann, Jennifer), Visit Closed?*, and Date Entered (06/20/2007). A 'FastEntry' field is present. The main content area is divided into four sections: Nutrition, Injury, Parenting, and Child Development. Each section has radio buttons for status and checkboxes for interventions. For example, under Nutrition, there are radio buttons for 'Meets body requirements', 'Less than body requirements', and 'More than body requirements', and checkboxes for 'Individual Teaching', 'Case Management', and 'Nutritional Monitoring'. At the bottom, there is a 'Smoking' section with a 'Household smoking rules:' dropdown menu.

Figure 21. 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 D: FastEntry Guidelines and Codes, page 119.
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>

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



To **enter information** under the **Visit Tab 3**, continue to Step 1 on page 81.

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

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

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

Visit Tab 3

Enter information from the **Visit Tab 3** section of the CaCoon Encounter/Data Form.

1. On the **ORCHIDS – [FC100 – ORCHIDS Client]** screen, click the **Visit Tab 3** tab (Figure 2).

(For a list of FastEntry codes, see Appendix E: FastEntry Guidelines and Codes, starting on page 123.)

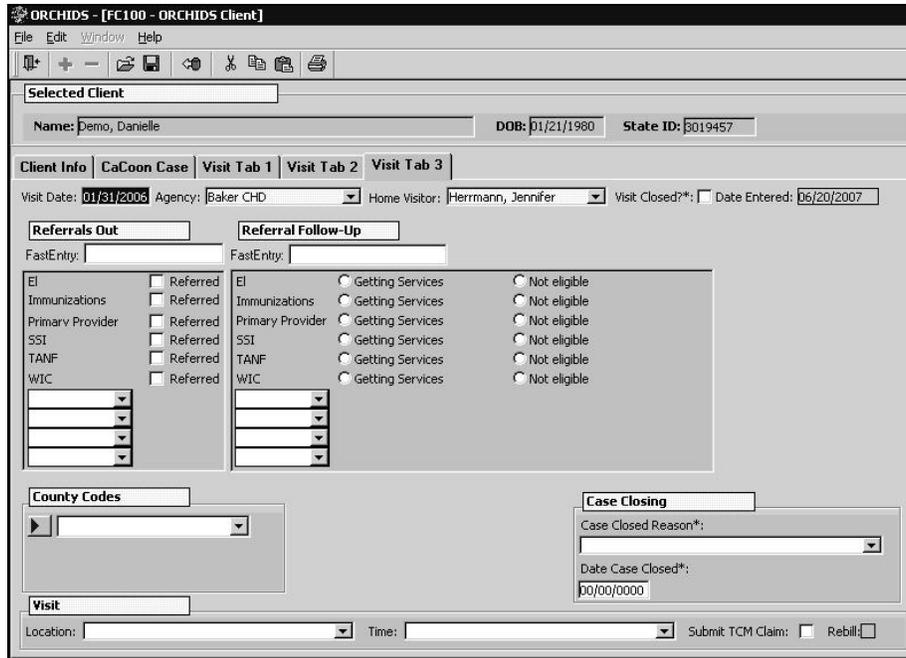


Figure 22. ORCHIDS - [FC100 - ORCHIDS Client] window with Visit Tab 3 displaying

2. 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.

Field	Description
Visit Closed? *	(Required to close a visit 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.
Date Entered	The date when the visit is saved in the system for the first time. This field automatically populates with today's date the first time you save the visit. The date will not change if you save additional case information at a later time.
FastEntry	The field in which to enter a FastEntry code to enter a referral selection. For a complete list of issues/outcomes and interventions with their corresponding FastEntry codes, see Appendix E: FastEntry Guidelines and Codes, page 123.

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 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.

Field	Description
Primary Provider	A primary health care provider. Select: Referred: the client has been referred.
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 with their corresponding codes, see Appendix B: Referral Codes (by number), page 115; Appendix C: Referral Codes (by name), page 117; or Appendix D: Referral Codes (by category), page 119.

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 the referral, do not check a selection in the **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 are assigned by county program staff 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 visit) The location where the nurse conducted the visit. 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 one of the following from the drop-down menu.</p> <ul style="list-style-type: none">1 – 15 MINUTES2 – 30 MINUTES3 – 45 MINUTES4 – 1 HOUR5 – 1 HOUR 15 MINUTES6 – 1 HOUR 30 MINUTES7 – 1 HOUR 45 MINUTES8 – 2 HOURS9 – 2 HOURS 15 MINUTES10 – 2 HOURS 30 MINUTES11 – 2 HOURS 45 MINUTES12 – 3 HOURS13 – 3 HOURS 15 MINUTES14 – 3 HOURS 30 MINUTES15 – 3 HOURS 45 MINUTES16 – 4 HOURS <p>Note: Consult your county supervisor to determine if driving time is included in time spent at the visit.</p>

Field	Description
<p>Submit TCM Claim *</p>	<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.”
<p>Rebill *</p>	<p>(Required to bill a visit)</p> <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 *	<p>(Required to close a case) The reason for case closure. Select one of the following from the drop-down menu.</p> <p>01 – DECLINES SERVICE 02 – UNABLE TO LOCATE 03 – FAMILY MOVES OUT OF STATE 04 – CHILD DECEASED 05 – CHILD NO LONGER AGE ELIGIBLE 06 – CHILD MOVES OUT OF COUNTRY 07 – CHILD NO LONGER NEEDS SERVICE 08 – PASSIVE DECLINE 09 – UNABLE TO VISIT/CASE LOAD LIMITATIONS 90 – OTHER</p>
Date Case Closed*	<p>(Required to close a case) The date on which the case was closed.</p> <p>If the client was lost to follow-up: List the date the Case Manager realized that the client was lost to follow-up. Do NOT list the date of the last encounter with the client.</p> <p>Enter the date in MM/DD/YYYY format.</p>

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 (Figure23).



Figure 23. 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 54).



Figure 5. 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 90.

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

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

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

Closing a 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, page 43. (If the client case file is already open, begin with Step 1, below.)

To close a visit:

1. On the **Client Info** tab of the **ORCHIDS – [FC100 – ORCHIDS Client]** screen, click on the visit you want to close (Figure 65).

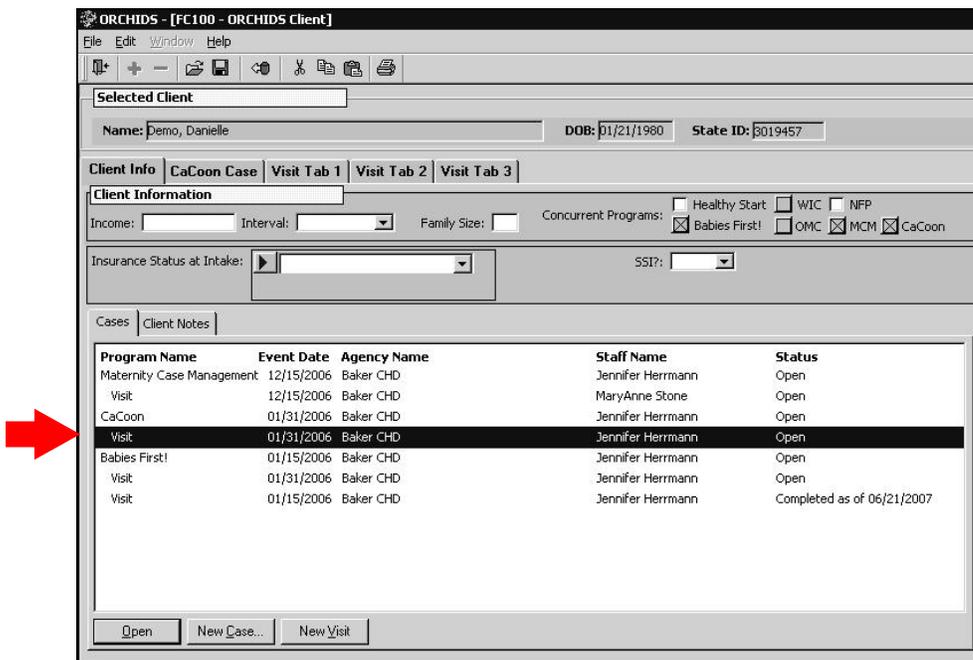


Figure 6. ORCHIDS - [FC100 - ORCHIDS Client] screen with an open visit selected

2. Click the **[Open]** button. The **ORCHIDS – [FC100 – ORCHIDS Client]** screen appears and **Visit Tab 1** of the selected visit displays.
3. Click on **Visit Tab 3** tab (Figure 76).

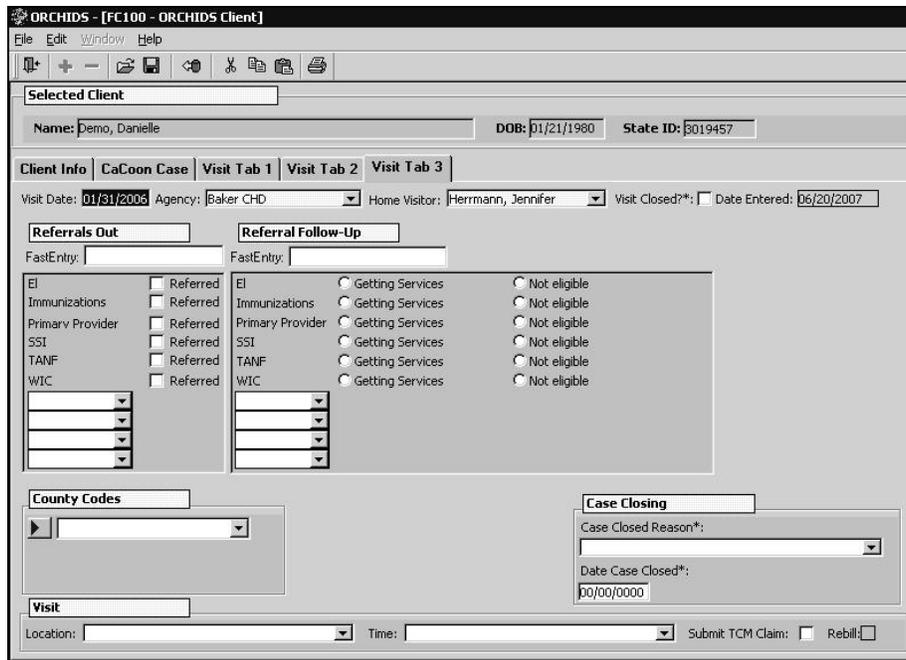


Figure 76. ORCHIDS - [FC100 - ORCHIDS Client] screen with Visit 3 tab displaying

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

Notes:

- A visit must be closed before it can be billed, but the case does not have to be closed.
- If you have not finished entering all the data for a particular visit, leave that visit open. An open visit on the **Client Info** tab will remind you to return and finish entering data.

5. Click the **Save**  icon 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 87).



Figure 87. ORCHIDS Client Message: “Save Performed”

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



To **close a case**, continue to Step 4 on page 95.

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

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

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

Closing a Case

Notes:

- All visits must be closed before the case can be closed. For instructions on closing a visit, refer to page 89.
- Before entering client information, you must first search for the client in the FamilyNet database and return with the client's data to ORCHIDS. See page 43, Data Entry Lesson 2: Performing a Client Search, for an explanation on how to do this.

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

Required Fields in ORCHIDS

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

On the ORCHIDS screens for CaCoon:

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

To close a case:

1. In the **ORCHIDS - [FamilyNet]** window, click to select the client's name. (Figure 98, below).

ORCHIDS - [FamilyNet]

File Edit View Window Help

Client Search Guardian Search

Note: The % symbol acts as a multiple character wildcard

Last Name First Middle Range for Date of Birth State ID

demo dan 00/00/0000 00/00/0000

Street # Street Name Street Type City Zip Code Phone Number Local ID

Gender Agency Application App ID Social Security # Medicaid

State ID	Last	First	Middle	Suffix	DOB	Name Type
3019456	Demo	Daniel			11/11/2000	Real
3019457	Demo	Danielle			01/21/1980	Real
3019458	Demose	Daniella			09/09/2000	Real
3019459	Demoss	Daniel			11/30/2004	Real
3019460	Demotey	Dannny			09/09/1980	Real

Search New Search 5 Clients found Add New Client Return W/Client Return W/O Client

Figure 98. ORCHIDS - [FamilyNet] screen with 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 109, below).

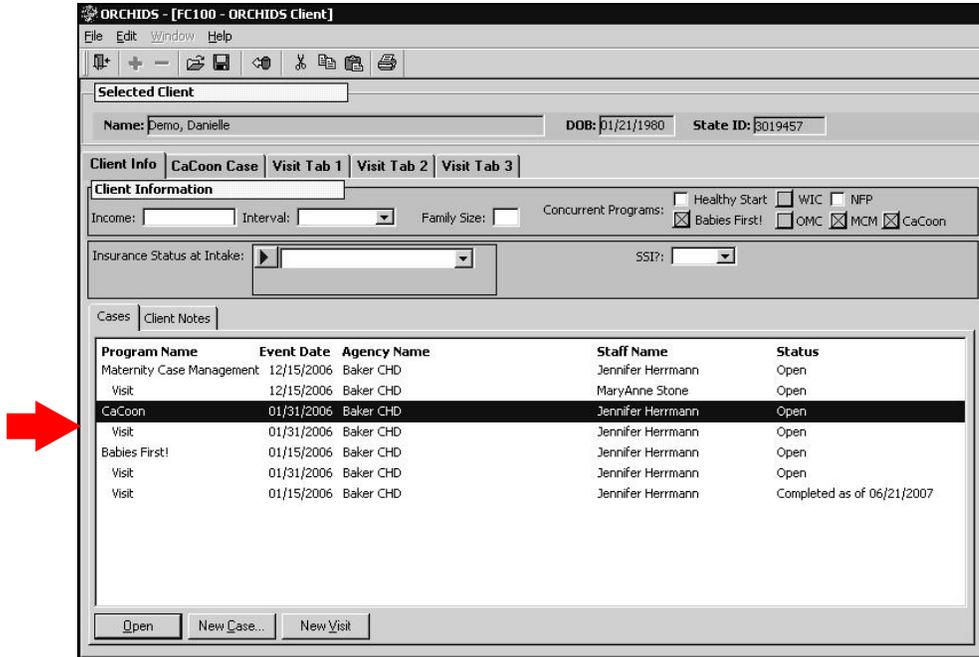


Figure 10. ORCHIDS - [FC100 - ORCHIDS Client] screen with an open case selected

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]**). Additional tabs appear on the screen (Figure30).

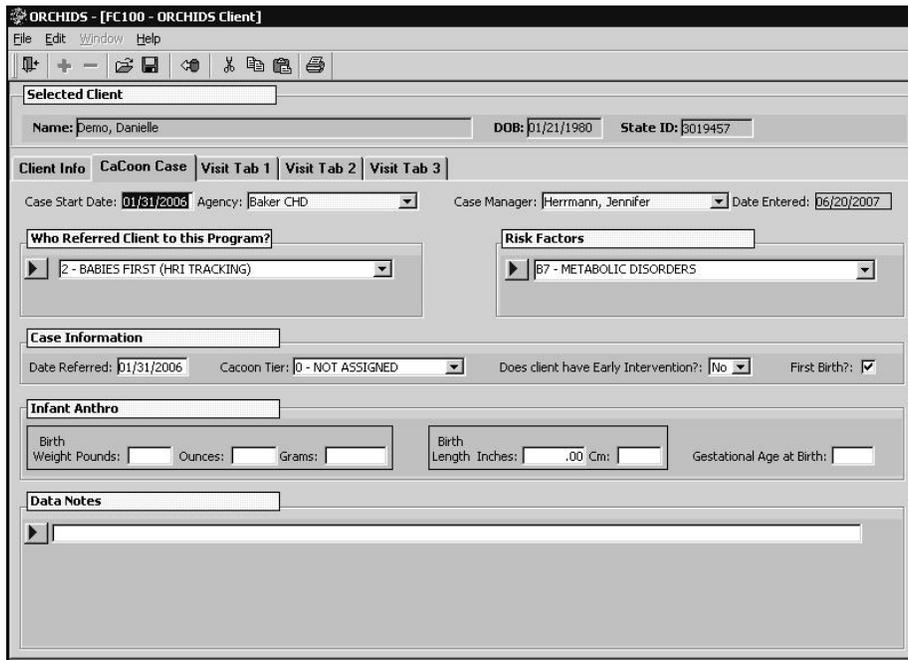


Figure 30. ORCHIDS - [FC100 - ORCHIDS Client] screen with the CaCoon Case tab displaying

- Click on the **Visit Tab 3** tab (Figure 31).

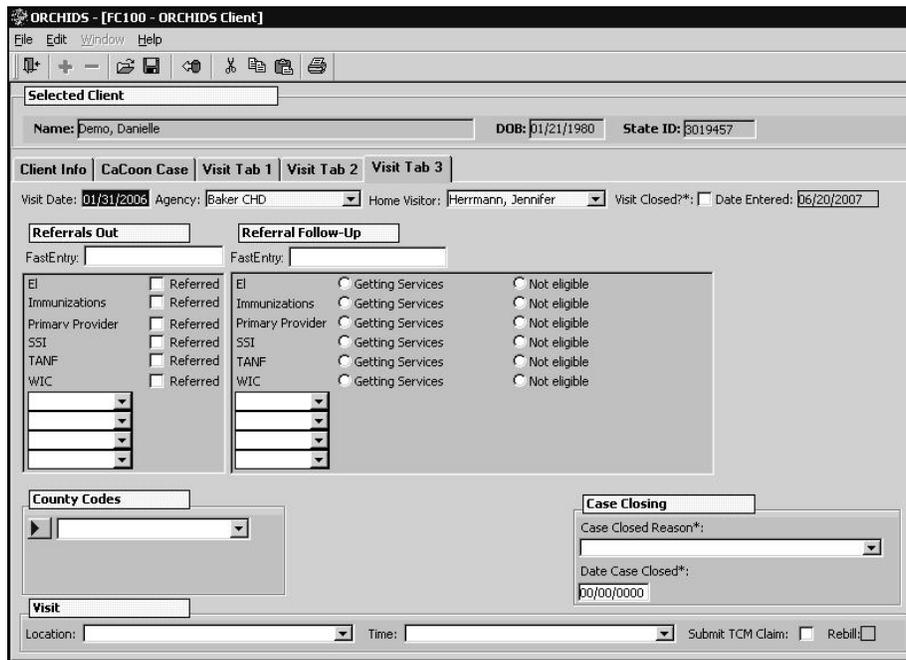


Figure 31. ORCHIDS - [FC100 - ORCHIDS CLIENT] screen with Visit 3 tab displaying

- 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, which starts on page 89.)

Field	Description
Reason Case Closed*	(Required to close a case) The date on which the case was closed. Enter the date in MM/DD/YYYY format.
Case Closed Date*	(Required to close a case) Date 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.

- Click the **[Save]**  button in the toolbar at the top of the screen (or press **[Ctrl] + [s]**) to save your entries.
- To exit ORCHIDS, click the **Close**  icon in the toolbar at the top of the screen to close the screen (or press **[Alt] + [F4]**).

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

Data Entry Lesson 6: 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 CaCoon case in another county. See Figure 32, below.

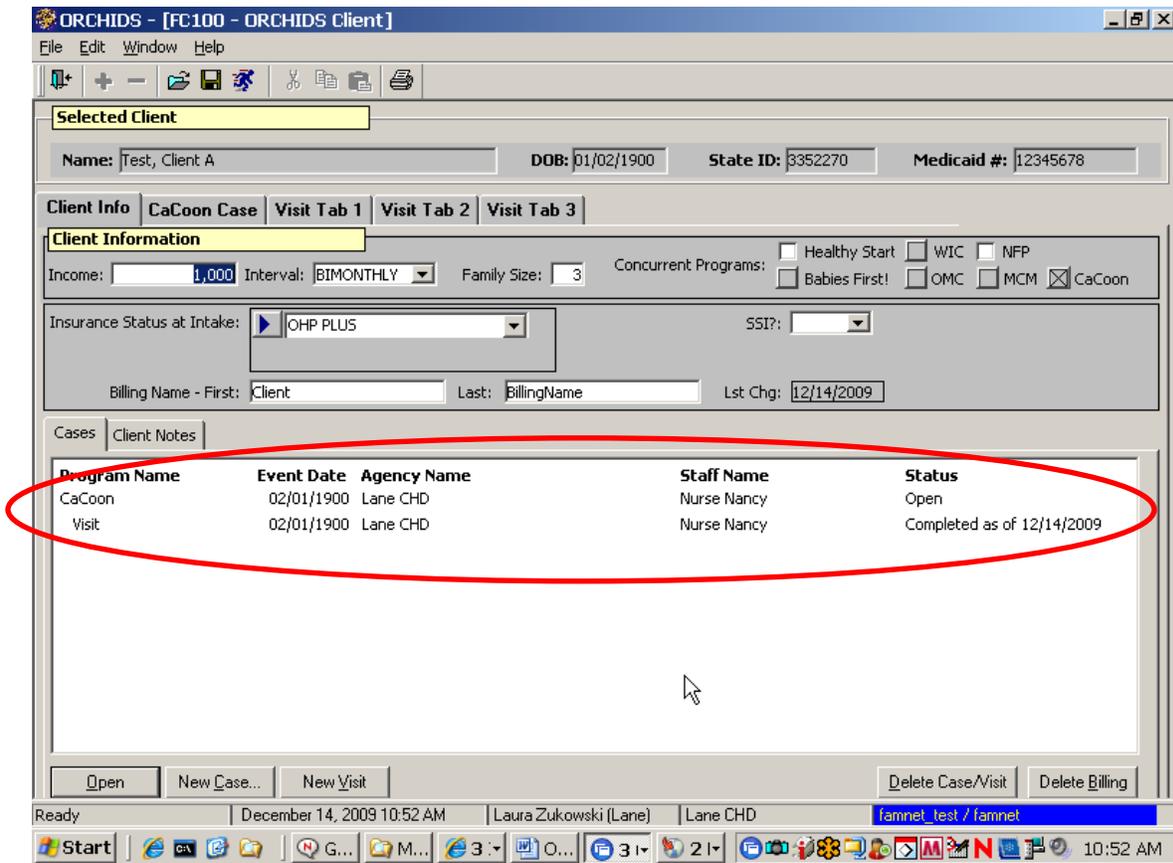


Figure 32. ORCHIDS - [FC100 - ORCHIDS CLIENT] screen with an open CaCoon case

Before you will be able to open a new CaCoon 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: September 6, 2009

The health department receives a referral from the local hospital for a newborn baby girl who was born with a cleft lip and palate.

Client Primary Tab

- Baby's full name: Holly Gale Jones
- Date of Birth: August 31, 2009
- Holly's family is currently staying at the local American Red Cross shelter. Their mailing address is: 3333 E. Main Street; Salem, Oregon 97302.
- Cell phone: 503-222-2222.
- Holly is white and Hispanic.
- Her parents speak and write English
- Holly lives with her parents, David and Laura Jones, and has no siblings. Because David works during the day, Laura takes care of baby Holly.
- Holly's Medicaid number is XY123Z4T

Client Info Tab

- David works at a convenience store. His income is \$800/month.
- Holly lives with her parents in the shelter and has no siblings.
- Holly currently is on OHP Plus.

CaCoon Case Tab

- The hospital referred Holly to CaCoon on August 31, 2009.
- Risk factor: Cleft lip and palate.
- Nursing assessment resulted in CaCoon Tier 2.
- This is David and Laura's first baby.
- Holly's birth weight is 7lbs. 12oz. Her length is 19 inches. She was born at 38 weeks of gestation.
- Holly's weight at the visit is 7 lbs 1 oz. Her length at the visit is 19 inches.
- The baby is taking pumped breast milk with a cleft palate squeeze bottle, but continues to take up to 45 minutes to take 2 ounces of breast milk. Holly's parents would like information on their baby's condition and help with feeding.

Visit Tab 2

- You teach Laura how to enlarge the hole in the nipple and how to gently squeeze the bottle so that baby doesn't have to work so hard to take the milk.
- The hospital temporarily lent Holly's mother a breast pump but she needs to obtain a more permanent one. You refer Laura to WIC by making the phone call to the local WIC office and setting up the first appointment.
- You briefly review information about cleft lip and palate and explain why the baby is having difficulty feeding.
- The visit took place in the Group Home/Shelter and took 2 hours.

Visit 2: September 24, 2009

You visit with Laura and Holly.

- Holly now weighs 7 lbs. 5 oz. Laura states that feeding is going better. Holly takes approximately 30 minutes to take 2 oz. of pumped breast milk. You praise mom for the baby's weight gain and improved feeding.
- You explain the recommended number of ounces a baby needs at her age to ensure continued weight gain.
- Holly's pediatrician referred her to the craniofacial team at OHSU, and Holly has an appointment for next week. You describe the usual routine that will occur at Holly's initial appointment with the cleft team.
- Laura does not know how to obtain more cleft palate bottles. You explain how and where she can obtain more at a lower cost than usual.
- Because Laura still does not know that much about Holly's condition, you give Laura a packet of information from the American Cleft Palate Foundation.
- You find out that Laura and Holly are now enrolled in WIC and receiving services.
- The visit took place in the shelter and was 1 hour long.

October 15, 2009 – Case Closes

You attempt to confirm your third home visit with Laura, David, and Holly but cannot get in touch with them. They are no longer at the shelter, and the cell phone number has been disconnected. You mailed them a letter several weeks ago and did not receive a response. You contact WIC and the craniofacial clinic to request that they let you know if David and Laura turn up with a new address. You decide to close the case.

Form for First Visit, Page 2

Last Name <u>Jones</u>		First Name <u>Holly</u>		Middle Name <u>Gale</u>		Date of Birth <u>8/31/2009</u>	
Visit Tab 1	VISIT DATE <u>9/6/2009</u>		HOME VISITOR <u>(home visitor's name)</u>				
	Weight Today	Pounds / Ounces <u>7lb. / 0oz.</u>	Grams	Length Today	Inches <u>19</u>	Cm <u>OR</u>	
	Head Circumference Today		Inches	Cm <u>35</u>	<u>OR</u>		
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> NA _____ weeks			
Visit Tab 2	Issues / Outcomes		Interventions				
	Basic Needs (BN)						
	<input type="radio"/> Met		<input type="checkbox"/> Individual Teaching				
	<input checked="" type="radio"/> Not met		<input checked="" type="checkbox"/> Case Management				
			<input type="checkbox"/> Food				
			<input type="checkbox"/> Transportation				
			<input checked="" type="checkbox"/> Shelter				
			<input type="checkbox"/> \$ Assistance				
			<input type="checkbox"/> Utilities				
	Nutrition (NU)						
	<input type="radio"/> Meets body requirements		<input checked="" type="checkbox"/> Individual Teaching				
	<input checked="" type="radio"/> Less than body requirements		<input checked="" type="checkbox"/> Case Management				
	<input type="radio"/> More than body requirements		<input type="checkbox"/> Nutritional Monitoring				
		<input type="checkbox"/> Breastfeeding Assistance					
		<input type="checkbox"/> Infant Cues					
Nutrition Issues (NI)							
<input type="radio"/> No nutrition issues		<input checked="" type="checkbox"/> Individual Teaching					
<input type="radio"/> Potential nutrition issues		<input type="checkbox"/> Case Management					
<input checked="" type="radio"/> Actual nutrition issues		<input type="checkbox"/> Infant Cues					
		<input checked="" type="checkbox"/> Nutritional Monitoring					
		<input checked="" 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"/> Case Management					
<input type="radio"/> Impaired parenting*		<input type="checkbox"/> Attachment Promotion					
		<input type="checkbox"/> NCAST®					
		<input type="checkbox"/> Promoting First Relationships®					
		<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 type="radio"/> Delayed development		<input type="checkbox"/> Pain					
		<input type="checkbox"/> Case Management					
		<input type="checkbox"/> IMS®					
		<input type="checkbox"/> Hearing Questionnaire					
		<input type="checkbox"/> H.O.M.E.®					
		<input type="checkbox"/> Developmental Enhancement					
		<input type="checkbox"/> ASQ®					
		<input type="checkbox"/> Reflexes					
		<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							

Form for First Visit, Page 3

Last Name <i>Jones</i>		First Name <i>Holly</i>		Middle Name <i>Gale</i>	Date of Birth <i>8/31/2009</i>
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 checked="" 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 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 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 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 checked="" 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 _____ (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"/> 90 - Other	
County Codes			Estimated Date of Next Visit <i>9/24/2009</i>	Date Case Closed *	
Location Code <input type="checkbox"/> 1 - Home / Field <input type="checkbox"/> 4 - School <input checked="" 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 <i>2 hours</i>	<input checked="" type="checkbox"/> Submit TCM Claim	

Form for Second Visit, Page 1

		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			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"/> 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 <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		
CASE START DATE		CASE MANAGER					
CaCoon Case Tab	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			
				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 OR	Birth Length	Inches	Cm	Gestational Age at Birth (weeks)
	Data Notes						

See page 1 of Visit 1 form.

Form for Second Visit, Page 2

Last Name Jones		First Name Holly		Middle Name Sale		Date of Birth 8/31/2009	
Visit Tab 1	VISIT DATE 9/24/2009		HOME VISITOR (home visitor's name)				
	Weight Today	Pounds / Ounces 7lb. 5oz.	Grams	Length Today	Inches	Cm OR	
	Head Circumference Today		Inches	Cm OR 35			
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> NA _____ weeks			
Visit Tab 2	Issues / Outcomes		Interventions				
	Basic Needs (BN)						
	<input type="radio"/> Met		<input type="checkbox"/> Individual Teaching				
	<input checked="" type="radio"/> Not met		<input checked="" type="checkbox"/> Case Management				
			<input type="checkbox"/> Food				
			<input type="checkbox"/> Transportation				
			<input checked="" type="checkbox"/> Shelter				
			<input type="checkbox"/> \$ Assistance				
			<input type="checkbox"/> Utilities				
	Nutrition (NU)						
	<input checked="" type="radio"/> Meets body requirements		<input checked="" type="checkbox"/> Individual Teaching				
	<input type="radio"/> Less than body requirements		<input type="checkbox"/> Case Management				
	<input type="radio"/> More than body requirements		<input type="checkbox"/> Nutritional Monitoring				
		<input type="checkbox"/> Breastfeeding Assistance					
		<input type="checkbox"/> Infant Cues					
Nutrition Issues (NI)							
<input type="radio"/> No nutrition issues		<input checked="" type="checkbox"/> Individual Teaching					
<input type="radio"/> Potential nutrition issues		<input type="checkbox"/> Case Management					
<input checked="" type="radio"/> Actual nutrition issues		<input type="checkbox"/> Nutritional Monitoring					
		<input type="checkbox"/> Breastfeeding Assistance					
		<input type="checkbox"/> Infant Cues					
		<input checked="" type="checkbox"/> Feeding Intervention					
		<input type="checkbox"/> Nutrition Care Plan					
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"/> Case Management					
<input type="radio"/> Impaired parenting*		<input type="checkbox"/> Attachment Promotion					
		<input type="checkbox"/> NCAST®					
		<input type="checkbox"/> Promoting First Relationships®					
		<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 type="radio"/> Delayed development		<input type="checkbox"/> Pain					
		<input type="checkbox"/> Case Management					
		<input type="checkbox"/> IMS®					
		<input type="checkbox"/> Hearing Questionnaire					
		<input 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							

Form for Second Visit, Page 3

Last Name Jones		First Name Holly		Middle Name Gale	Date of Birth 8/31/2009	
Issues / Outcomes 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="radio"/> No abnormal development (OD) <input type="radio"/> At risk for abnormal development <input type="radio"/> Abnormal development			Interventions <input type="checkbox"/> Individual Teaching <input type="checkbox"/> Fluoride Varnish Application <input type="checkbox"/> Case Management <input type="checkbox"/> Oral Health Screening <input type="checkbox"/> Individual Teaching <input type="checkbox"/> Case Management			
Access to Medical Care (AM) <input checked="" 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 checked="" 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 checked="" type="radio"/> No			<input type="checkbox"/> Individual Teaching <input checked="" 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 checked="" type="radio"/> No			<input type="checkbox"/> Individual Teaching <input type="checkbox"/> Parenting Promotion <input type="checkbox"/> Family Assessment <input type="checkbox"/> Case Management <input checked="" 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 checked="" type="checkbox"/> Smoking permitted anywhere inside						
Visit Tab 3	Referrals Out (Check all that apply.) 12 - EI <input type="checkbox"/> Referred 53 - Immunizations <input type="checkbox"/> Referred 79 - Primary Provider <input type="checkbox"/> Referred 90 - SSI <input type="checkbox"/> Referred 94 - TANF <input type="checkbox"/> Referred 1 - WIC <input type="checkbox"/> Referred Other _____ (See codes) <input type="checkbox"/> Referred		Referral Follow-Up (Use this "Referral Follow-Up" field to record the outcome of referrals you made.) 12 - EI <input type="checkbox"/> Getting Services <input type="checkbox"/> Not eligible 53 - Immunizations <input type="checkbox"/> Getting Services <input type="checkbox"/> Not eligible 79 - Primary Provider <input type="checkbox"/> Getting Services <input type="checkbox"/> Not eligible 90 - SSI <input type="checkbox"/> Getting Services <input type="checkbox"/> Not eligible 94 - TANF <input type="checkbox"/> Getting Services <input type="checkbox"/> Not eligible 1 - WIC <input checked="" type="checkbox"/> Getting Services <input type="checkbox"/> Not eligible Other _____ (See codes) <input type="checkbox"/> Getting Services <input type="checkbox"/> Not eligible Other _____ (See codes) <input type="checkbox"/> Getting Services <input type="checkbox"/> Not eligible Other _____ (See codes) <input type="checkbox"/> Getting Services <input type="checkbox"/> Not eligible Other _____ (See codes) <input type="checkbox"/> Getting Services <input type="checkbox"/> Not eligible		Reason Case Closed * <input type="checkbox"/> 01 - Declined services <input checked="" type="checkbox"/> 02 - Unable to locate <input type="checkbox"/> 03 - Family moved out of state <input type="checkbox"/> 04 - Child deceased <input type="checkbox"/> 05 - Child no longer age eligible <input type="checkbox"/> 06 - Child moved out of county <input type="checkbox"/> 07 - Child no longer needs services <input type="checkbox"/> 08 - Passive decline <input type="checkbox"/> 09 - Unable to visit/case load limitations <input type="checkbox"/> 90 - Other	
	County Codes		Estimated Date of Next Visit 10/15/2009		Date Case Closed * 10/15/2009	
	Location Code <input 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 checked="" type="checkbox"/> 7 - Group Home / Shelter <input type="checkbox"/> 8 - Client Not Home / Failed Visit <input type="checkbox"/> 9 - Other				Time 1 hour <input checked="" type="checkbox"/> Submit TCM Claim	

Appendix A: Risk Factors and Definitions (A Codes/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;">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;">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;">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;">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;">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 of Babies First Risk Factors (A Codes)

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 (Dept. 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	Dept. of Ed. Programs (Regional Program)	44	GED Program
22	Developmental Disabilities Services (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)

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

Appendix C: Referral Codes by Name

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

50	Home Health Clinical Services	6	PH Other not specified
11	Hospital	77	Physical Therapy
51	IHS (Indian Health Service)	105	Planned Parenthood
52	Immigration Services	78	Prenatal Care
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

Appendix D: Referral Codes by Category

Health Care

Mental Health

- 30 Faith-Based Organization
- 66 Mental Health Crisis Line
- 67 Mental Health/Counseling
- 88 Smoking/Tobacco Cessation
- 92 Substance Abuse Treatment Agency

Breastfeeding

- 19 Community Breastfeeding Resource not specified
- 56 La Leche League
- 57 Lactation Consultant
- 71 Nursing Mothers Council

Miscellaneous: Health Care

- 18 Children's Hospital (e.g., Doernbecher, Emanuel)
- 11 Hospital
- 70 NICU (neonatal intensive care unit)
- 15 Audiology
- 20 Dental
- 26 Emergency Room
- 10 Family Planning
- 45 Genetic Counseling/Testing
- 50 Home Health Clinical Services
- 51 IHS (Indian Health Service)
- 53 Immunization
- 59 Lead Program

- 62 Local Health Department
- 65 Medical Evaluation
- 68 Metabolic Screening
- 69 Multidisciplinary Team
- 72 Nutrition Counseling
- 6 PH Other not specified
- 77 Physical Therapy
- 78 Prenatal Care Provider
- 79 Primary Health Care Provider
- 80 Public Health Nurse (PHN)
- 85 School-Based Health Center
- 91 STD Counseling/Testing/Treatment
- 97 Tertiary Care/Specialty Clinic (e.g. CDRC)
- 98 Vision
- 102 Well Child Care

Home Visiting Programs

- 2 Babies First!
- 3 CaCoon
- 46 Head Start
- 7 Healthy Start
- 5 Maternity Case Management
- 9 Nurse Family Partnership
- 76 Parents as Teachers

Public HealthMiscellaneous: Public Health

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

Social Service Agencies and Other Community ResourcesChildcare

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 Codes 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 Guidelines

FastEntry allows you to quickly add visit information from the Issues-Outcomes-Interventions section of the Encounter/Data Form for Babies First!, CaCoon, and Maternity Case Management into ORCHIDS using your keyboard.

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

- Simple surveys, which can be entered in ten-key
- Issue-Outcome-Intervention surveys

Simple Surveys

Simple surveys offer the same possible responses for each category (Figure33):

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 33. 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 113 (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 data.

Issue-Outcome-Intervention (IOI) Surveys

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

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

In IOI surveys, different categories have different possible responses (Figure 124).

The screenshot shows the FastEntry interface with a search bar at the top. Below it, three categories are listed: Nutrition (NU), Injury (IN), and Parenting (PA). Each category has a set of radio buttons for outcomes and checkboxes for interventions.

Category	Outcomes (Radio Buttons)	Interventions (Checkboxes)
Nutrition (NU)	<input type="radio"/> Meets body requirements <input type="radio"/> Less than body requirements <input type="radio"/> More than body requirements	<input type="checkbox"/> Individual Teaching <input type="checkbox"/> Breastfeeding Assistance <input type="checkbox"/> Case Management <input type="checkbox"/> Nutritional Monitoring
Injury (IN)	<input type="radio"/> Not at risk for injury <input type="radio"/> At risk for injury	<input type="checkbox"/> Individual Teaching <input type="checkbox"/> Safety Checklist <input type="checkbox"/> Case Management <input type="checkbox"/> Safe Sleep
Parenting (PA)	<input type="radio"/> Readiness for enhanced parenting <input type="radio"/> At risk for impaired attachment <input type="radio"/> Impaired parenting	<input type="checkbox"/> Individual Teaching <input type="checkbox"/> Attachment Promotion <input type="checkbox"/> Case Management <input type="checkbox"/> NCAST <input type="checkbox"/> Promoting First Relationships <input type="checkbox"/> H.O.M.E.

Figure 124. Sample IOI input survey in ORCHIDS

Input IOI data for CaCoon clients on Visit Tab 2.

Figure 35 shows positioning of the fields for Issues, Outcomes, and Interventions. Issues for which no data has been entered are highlighted on screen in blue.

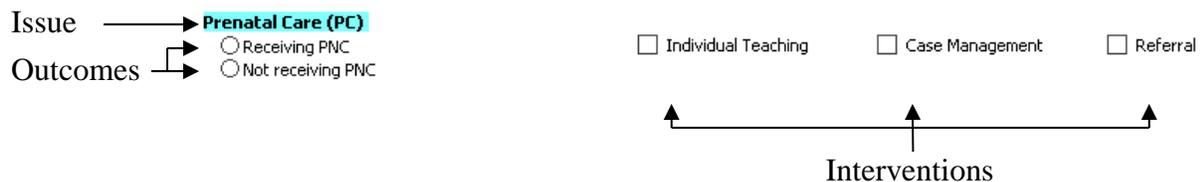


Figure 35. Location of Issues, Outcomes, and Intervention fields in ORCHIDS

Note: Different ORCHIDS programs track different Issues, Outcomes, and Interventions.

Entering Issues, Outcomes, and Interventions with FastEntry:

- Each **Issue** has a **two-letter** FastEntry code, noted in parentheses, on 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 code for the Issue is PC.

The Outcomes **Receiving PNC** and **Not receiving PNC** are A and B, respectively.

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

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

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

In the following example, the Outcome **Not receiving PNC** has been selected, along with the Intervention **Individual Teaching**.

The screenshot shows a software window titled 'FastEntry'. At the top is a text input field. Below it, the section 'Prenatal Care (PC)' is displayed. Under this section, there are two radio buttons: 'Receiving PNC' (unselected) and 'Not receiving PNC' (selected). To the right of these are three checkboxes: 'Individual Teaching' (checked), 'Case Management' (unchecked), and 'Referral' (unchecked).

Figure 36: Prenatal Care with an Outcome and Interventions selected

(Note that, in Figure 36 above, the Issue name Prenatal Care is no longer highlighted, because data has been entered into this field.)

Using the system explained above, the FastEntry code string for the data under Prenatal Care, in Figure 36, is **PCB1**, which means:

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

Type the codes 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 with 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 36) 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 each 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**.

CaCoon 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	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	Individual Teaching	1
					Case Management	2

Issue	FastEntry Code	Outcome	FastEntry Code	Intervention	FastEntry code
				Nutritional Monitoring	3
				Breastfeeding Assistance	4
				Infant Cues	5
		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
		Potential nutrition issues	B	Individual Teaching	1
				Case Management	2
				Nutritional Monitoring	3
				Breastfeeding Assistance	4

Issue	FastEntry Code	Outcome	FastEntry Code	Intervention	FastEntry code
				Infant Cues	5
				Feeding Intervention	6
				Nutrition Care Plan	7
		Actual nutrition issues	C	Individual Teaching	1
				Case Management	2
				Nutritional Monitoring	3
				Breastfeeding Assistance	4
				Infant Cues	5
				Feeding Intervention	6
				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

Issue	FastEntry Code	Outcome	FastEntry Code	Intervention	FastEntry code
				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
				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

Issue	FastEntry Code	Outcome	FastEntry Code	Intervention	FastEntry code
				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
				Pain	10
				H.O.M.E.	11
				M-CHAT	12
		At risk for delayed development	C	Individual Teaching	1
				Case Management	2

Issue	FastEntry Code	Outcome	FastEntry Code	Intervention	FastEntry code
				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
Well Child Care	WC	Has medical home	A	Individual Teaching	1
				Case Management	2
		No medical home	B	Individual Teaching	1

Issue	FastEntry Code	Outcome	FastEntry Code	Intervention	FastEntry code
				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

Issue	FastEntry Code	Outcome	FastEntry Code	Intervention	FastEntry code		
OHP Follow-Up Information	OF	Client refused referral	A				
		OHP Pended	B				
		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
Oral Health Development	OD	No abnormal development	A	Individual Teaching	1		

Issue	FastEntry Code	Outcome	FastEntry Code	Intervention	FastEntry code
				Case Management	2
		At risk for abnormal development	B	Individual Teaching	1
				Case Management	2
		Abnormal development	C	Individual Teaching	1
				Case Management	2
Access to Medical Care	AM	Family has access	A	Individual Teaching	1
				Case Management	2
				Health System Guidance	3
		Family does not have access	B	Individual Teaching	1
				Case Management	2
				Health System Guidance	3
Community Resources	CR	Family is knowledgeable	A	Individual Teaching	1
				Case Management	2
				Sustenance Support	3
		Family is not knowledgeable	B	Individual Teaching	1

Issue	FastEntry Code	Outcome	FastEntry Code	Intervention	FastEntry code	
				Case Management	2	
				Sustenance Support	3	
Family Knowledge of Chronic Condition	FK	Family is knowledgeable	A	Individual Teaching	1	
				Case Management	2	
				Normalization Promotion	3	
				Parenting Promotion	4	
				Teaching: Disease Process	5	
				Child Health Assessment	6	
				Family Assessment	7	
			Family is not knowledgeable	B	Individual Teaching	1
					Case Management	2
					Normalization Promotion	3
					Parenting Promotion	4
					Teaching: Disease Process	5
					Child Health Assessment	6
				Family Assessment	7	
Tobacco	TO	Yes (Secondhand smoke exposure)	A	Individual Teaching	1	

Issue	FastEntry Code	Outcome	FastEntry Code	Intervention	FastEntry code
				Case Management	2
				5As	3
		No (No secondhand smoke exposure)	B	Individual Teaching	1
				Case Management	2
				5As	3

Appendix F: Required Fields for CaCoon

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 closing a visit or closing a case. 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.”

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
	Home Visitor	Save entry on screen

Tab Name	Field Name	Required to:
	Visit Closed?	Bill a visit and close a case
	Location	Bill a visit
	Date Case Closed	Close a case
	Case Closed Reason	Close a case

Appendix G: Keyboard Shortcuts

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

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

For FastEntry support, see Appendix E, page 123.

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

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

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

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

Checkboxes	
Space bar	Check/uncheck checkbox

Drop-Down List Boxes	
F4	Show/hide list
Down arrow	Scroll to next entry (down)
Up arrow	Scroll to next entry (up)
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	

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