

Babies First! And CaCoon Targeted Case Management Frequently Asked Questions

General

See Division 138 Targeted Case Management OARS

<http://www.dhs.state.or.us/policy/healthplan/guides/tcmngmt/138%20RB%20220%20-0711.pdf>

1. Q: What is a SPA?

A: A State Plan Amendment. This is our agreement with the Centers for Medicare & Medicaid Services. You can request a copy of the TCM SPA from your regional nurse consultant. OARS are written to provide additional guidance that reflects the agreements made in the SPA.

2. Q: The SPA and OARS do not reflect the exact same language. Which one should I follow?

A: Both. The State Plan Amendment is designed to include the minimal federal requirements. Oregon Administrative Rules, DMAP Supplemental Guides and program policies, (Program Element 42) CaCoon Contracts, and Program Manuals provide additional details that are intended to guide practice and assure compliance with the program design. **All of these documents work in concert and must be followed for compliance.** OAR 410-138-0060, Provider Requirements (5) (c) working under the policies, procedure, and protocols of the State Title V Maternal and Child Health Program and Medicaid

3. Q: Is the October TCM Update Webinar available to review?

A: Yes, you can listen to the audio and follow along with the power point slides by going to <http://public.health.oregon.gov/HealthyPeopleFamilies/Babies/HealthScreening/BabiesFirst/Pages/coord.aspx>. Scroll down to last posting under TCM resources.

4. Q: Could you give an example of “unit of TCM service”

A: A unit is one visit or one encounter

Covered Services

See OAR 410-138-0000 Definitions 410-138-0007, Covered Services and 410-138-0009 Services not covered

- 1. Q: The nurse is following the Babies First schedule for visits. Each time she goes out, she asks if the client has scheduled the next well child visit. Is this billable each time?**

A: Maybe, asking a client if they have scheduled a well child visit does not reflect a comprehensive TCM Assessment or Plan. If in fact the family has extensive barriers to scheduling and keeping appointments and that is documented and is a central component of the TCM service plan than this may be billable. If a casemanager finds she is repeating the same interventions that do not result in progression toward the TCM goal, then it is important to update the assessment and plan with revised interventions.

- 2. Q: If I refer the mom to treatment for maternal depression, or family planning is this a billable activity?**

A: No, Although the caregivers medical conditions and unmet needs may be one reason a child qualifies for TCM services, due to the caregivers medical factors creating barriers to service access for the child, referrals and other interventions that are specific to maternal or caregiver needs are not a covered TCM activity as the target population for the Babies First! and CaCoon TCM program is the child. If your community has a mental health provider that treats the child and the mom together as a dyad, than that type of referral may be a TCM activity.

- 3. Q: Can I submit a TCM claim for delivering WIC vouchers or performing a WIC Certification in the home?**

A: No, These are both examples of direct service provision and are therefore not billable. If however you determine in your TCM assessment that the families has significant irresolvable barriers to going to the WIC office, and your local WIC policies allow for home certifications, you can assist the client in making arrangements for the home certification and that linkage is a billable activity as long as it is reflected in your TCM Assessment and Plan.

- 4. Q: Is the application of Fluoride Varnish provided during a Babies Home visit a TCM reimbursable service?**

A: No, the application of varnish is a direct service and is not eligible for TCM reimbursement. You may be able to pursue reimbursement from the client's Dental Service Organization.

- 5. Q: Can I submit a TCM claim for participation at a care coordination meeting?**

A: Yes, gathering information from other sources, such as a medical providers, social workers, and educators is a covered service.

6. Q: How do I report care coordination meetings in ORCHIDS

A: OAR 410-138-0007 TCM Covered Services (4) (C) allows for TCM claiming when participating in case conferences. When submitting claims for case conferences in ORCHIDS complete the data form as you typically would for a home visit. Record Issues Outcomes and Interventions (IOIs) that relate to the information obtained/or contributed during the case conference. If none of the IOIs are applicable, leave them blank. For location use the location of the case conference. Document the case conference in your nursing notes, and on your TCM follow-up form and service plan as applicable. Be aware that ORCHIDS will store these contacts as a “home visit” on many reports. If you do a large volume of these types of contacts your reports may be skewed.

7. Q: How often do I need to reassess the client’s case management needs? Are there any frequency requirements for the “reassessments”?

A: A reassessment must be conducted at least annually or more frequently if changes occur in an individual’s condition. You can reassess the case management needs as often as needed based on changes in the client’s condition.

8. Q: Can I submit a TCM claim for weighing and measuring a child? Client weight and measuring may be part of an assessment (example FTT or very low birth weight child).

A: No, Weights and measures are considered the provision of a direct nursing service and therefore not covered under TCM.

5. Q: How do I know if a service I provide is part of a nursing assessment or TCM assessment

A: TCM Assessment is defined as “the act of gathering information and reviewing historical and existing records of an eligible client in a target group to determine the need for medical, educational, social, or other services. To perform a complete assessment, the case manager will gather information from family members, medical providers, social workers, and educators if necessary.” Taking a history is a component of a nursing assessment; however physical exam and other hands on screens are considered direct service provision and not reimbursed by TCM. TCM assessments are focused on assisting the client to access and utilize services.

7. Q: Is it possible to bill TCM for a telephone call?

A: No. Babies First and CaCoon TCM does not have a telephone reimbursement. The Babies First and CaCoon TCM Program recognize that additional phone calls will be needed. The cost of these follow up telephone calls are worked into the visit rate.

8. Q: Can I submit a TCM claim if I meet with a caregiver, but the child is not present?

A: Yes, You can work with the child's caregiver or the client's authorized health care decision maker(s) and others to develop goals and identify a course of action to respond to the assessed needs of the eligible client. Activities that help link the eligible client with medical, social, or educational providers or other programs and services outlined in the care plan are billable. A comprehensive nursing assessment should be completed and documented in the medical record.

Documentation

See TCM Babies First/CaCoon State Plan Amendment Transmittal #08-13 Supplement 1 to Attachment 3.1-A page 27 & OAR 410-138-0060 Provider Requirements

1. Q: When do I use the TCM Visit Form? On the first visit, or just on later visits?

A: Both, the Visit Form is designed to record TCM interventions. The TCM Assessment form is designed to record your assessment and TCM Care Plan form is designed to record your TCM plan. Use the Visit Form on any visits where you conduct TCM interventions. This may be the first visit as well as follow up visits.

2. Q: How should I document follow up information related to eligibility criteria that reflects parental risk factors?

A: All eligibility criteria should be noted in the child's medical record. Follow up interventions that address the parental risk (mental health, drug, alcohol use, and other health condition) should be documented in a way that protects the parent's personal health information. Local Health Department policies and procedures need to be in place to protect against accidental release of personal health information. The easiest way to assure the protection of personal health information is to document in separate adult and child medical records. If the parental risk factor is impacting the child's ability to access and utilize services that can be documented on the TCM Assessment Form as "Caregiver health needs impacting child's ability to access and utilize needed services" The detailed follow up actions taken to address the parent issue (mental health, drug and alcohol use, etc.) should then be documented in the parent's chart. Referrals and other activities focused on parent needs may not be billable under TCM. However you are likely to have many TCM claimable activities that are specific to the child that need attention, examples may include problem solving childcare and

transportation to and from childcare. Remember that the TCM client is the child and TCM services must be focused on helping the child access and utilize needed services. Your regional nurse consultant is available to help you with individual documentation scenarios and provide sample documentation processes that assure protection of the parent's personal health information and meet TCM documentation standards. You are encouraged to consult your county health department legal counsel for final guidance related to protected health information and HIPAA regulations.

3. Q: Can we alter the TCM Assessment, Plan and Visit Forms?

A: You can adjust the format to meet your local county requirements, e.g. add logos. However the content should not be altered. Please use these forms with the original content and format.

4. Q: Does the TCM Visit form meet the TCM charting requirements?

A: Yes, You will also need to chart your nursing process utilizing nursing assessment forms, nursing care plans, and or nursing progress notes.

5. Q: Do TCM units have to be recorded in our nurse's note? Or is online documentation sufficient?

A: Yes, TCM units should be documented in your TCM documentation in your medical record. Units have now been pre-printed on the Office of Family Health supported TCM Assessment and Visit Forms. These forms can be down loaded from the Babies First! Web page. There is not a place in the ORCHIDS system to record number of units. A unit is equal to one encounter or one home visit.
<http://public.health.oregon.gov/HealthyPeopleFamilies/Babies/HealthScreening/BabiesFirst/Pages/coord.aspx#form>

6. Q: Are we required to complete SOAP charting along with the TCM follow up form?

A: ORS 851-045-0060 requires that nurses use and document the nursing process. Using SOAP charting assures that your documentation includes subjective, objective, assessment and plan information. Documentation of the nursing process is in addition to TCM documentation requirements. The TCM Visit Form is for TCM activities.

Community Health Worker, Family Advocate and Promotora

See TCM Babies First/CaCoon State Plan Amendment Transmittal #08-13 Supplement 1 to Attachment 3.1-A page 27 & OAR 410-138-0060 Provider Requirements

1. Q: Do you need to sign the advocate's charting as an RN?

A: Signing the advocate charting is one way to demonstrate that the community health worker, family advocate, or promotora is working under the direction of the RN. Documentation must be in compliance with TCM OARS, local policy, and Nurse Practice Standards.

2. Q: Are there any guidelines as to how frequently the non-nurse qualified visitor must meet with the supervising RN?

A: Consultation from the Oregon State Board of Nursing indicates OAR Division 45, Standards and Scope of Practice for the Licensed Practical Nurse and Registered Nurse indicate that frequency of supervision and direction oversight of non nurses are to be determined based on professional nursing assessment. OAR 851-045-0030 (2) (p) defines "supervision" as the provision of guidance, direction, oversight, evaluation and follow-up by a licensed nurse for the accomplishment of nursing tasks and activities by other nurses and nursing assistive personnel." OAR 410-138-0060 (5) (b) addresses the standards related to the Registered Nurse's responsibility for quality of care and states the Registered Nurse "applies the knowledge and tools of continuous improvement in practice to improve the delivery of healthcare." See CaCoon Policies or your CaCoon consultant for guidelines specific to CaCoon.

Other TCM Providers

See TCM Babies First/CaCoon State Plan Amendment Transmittal #08-13 Supplement 1 to Attachment 3.1-A page 27 & OAR 410-138-0000 Targeted Case Management Definitions

1. **Q: Can more than one TCM provider deliver TCM services and submit claims for the same child (Public Health, Developmental Disabilities (DD), Children and Families (CAF), Early Intervention (EI))?**

A: Yes, Payments are considered “duplicate” if more than one payment is made for the same services to meet the same need for the same client at the same point in time. To assure services and payments are not duplicate the TCM case manager must identify and coordinate services with other TCM providers. Service coordination must be documented and the TCM care plan and follow up notes must reflect services that are unique to that provider. The EI case manager or child welfare case worker can not have the same service plan or interventions as the PHN. If the above documentation is in the medical record and the child has a documented need for various TCM provider types, then the PHN can co-manage the client in partnership with another provider type.

2. **Q: What about Children’s Mental Health Providers? Do they use TCM? I attend meetings with them for wrap around services for a client.**

A: Children’s mental health providers may provide case management/care coordination, however they are not a “Targeted Case Management” Provider. PHN TCM Services should be coordinated with all other services providers involved with the child.

CaCoon Scenarios and examples

1. **Q: I provide CaCoon services to a young teen with mild Cerebral Palsy. She is now pregnant. Can I serve her in MCM and CaCoon?**

A: Maybe. MCM has specific activities and CaCoon has specific activities. CaCoon TCM cannot be claimed if the service is actually a MCM service. If the client requires assistance related to her chronic condition, such as linkage to a specialty clinic for her CP or referral related to assistive equipment, those referrals are CaCoon services and you would be able to claim TCM for TCM eligible activities. MCM services are about improving pregnancy outcomes. CaCoon services are related to care coordination and related services for childhood chronic conditions. MCM recommends that TCM and MCM are not billed on the same day for the same client.

2. **Q: I see a 1 year old with Down syndrome through the CaCoon program. He is also being served in the Healthy Start program through our agency. I see the family every three months; the Healthy Start worker sees the family weekly. Can the Healthy Start worker bill for a TCM eligible activity?**

A: No. The Healthy Start worker is in the home to accomplish Healthy Start goals and carry out curriculum which is specific to assure Healthy Start program fidelity. CaCoon service may overlap Healthy Start activities but the nurse has a specific targeted case management plan as well as a nursing plan developed with the family which is not the same as the HS plan. The HS worker and the nurse share the client but not a funding stream through CaCoon TCM.

3. **Q: I work with a Healthy Start worker who also is employed as a community health worker; two days a week in one program, two days a week in the other program. Can she bill TCM when she is working with a CaCoon client?**

A: Maybe. If she is working as a CHW, and the nurse and the CHW are following the TCM guidelines, she may claim TCM in her CHW role. If she is working in her Healthy Start role, she may not claim TCM.

4. **Q: I see a CaCoon client who is also served by a Healthy Start worker with another agency. Can I use that Healthy Start worker as my CHW and have her bill TCM for the CaCoon client?**

A: No. Babies First!/CaCoon TCM is only through local health departments.

5. **Q: My CaCoon clients have multiple case managers from other agencies such as Developmental Disabilities, Early Intervention or Child Welfare. They all have their own TCM programs. I am concerned our county will have to pay-back due to duplicate billing. Should I use TCM anyway?**

A: Maybe. CaCoon clients often have complex systems of care and support. Each agency has their own focus. You are expected to know, to the best of your ability, which TCM partners there are for the client. You may attend multidisciplinary teams where many TCM partners are at the table. Your role as a CaCoon nurse is unique. In order to support a TCM claim in this scenario your documentation should demonstrate that TCM plans have been exchanged with other TCM providers involved. In addition documentation should indicate the unique components of the plans. For example the TCM plan with Seniors and People with Disabilities might focus on case management of respite care and the CaCoon TCM plan may be focused on health and other social service care coordination.

- 6. Q: I have a CaCoon client who is also served by another agency who uses TCM. The agency representative has informed me that I cannot see my CaCoon client in order for them to avoid duplication of TCM payments. Is this accurate?**

A: No. As shared above, multiple agencies claim TCM and your CaCoon service is unique. You can refer the other agency person to the state DMAP representative, Linda Williams or to their state representative for clarification of the rules. Continue to serve your client while preserving collaborative professional relationships.

Billing

See OAR 410-138-0080 Billing Policy and Codes

- 1. If I deliver TCM services to a Babies First or CaCoon client who has dual insurance coverage including Medicaid coverage can I bill TCM?**

A: Yes, if the other insurance provider has been billed and the claim has been denied. In general, the Medicaid program is the payer of last resort and a provider is required to bill other resources before submitting the claim to Medicaid. This requirement means that other payment sources must be used before the Department may be billed for covered TCM services.

- 2. Q: Can I submit a retro-active claim for a 4 year old Babies First client or a 6 year old CaCoon Client?**

A: Yes, see OAR 410-138-0390 and consult Medicaid for additional guidance on retro active claiming.

- 3. Q: I bill through ORCHIDS and have had claims denied due to age.**

A: With the revisions from July 2010 you can now bill through age 4 for Babies First and through age 20 for CaCoon the actual date when the client reaches 5 years or 21 years not the month in which their age changes. Example: you can bill up to 4yrs 364 days for Babies First; if you bill on or after the 5th or 21st birthday you may be asked to pay back that reimbursement. ORCHIDS does not have edits that stop claims for Babies First on 5 year olds. It is the TCM provider's responsibility to assure claims are only submitted for eligible services.

- 4. Q: What if multiple referrals are made at a visit; how do we code all of them on the Visit Form?**

A: All planned referrals can be recorded on the TCM Service Plan. Few families that need assistance accessing and utilizing services can manage more than a very limited number of referrals at a single time. We encourage you to start with the referral that is most important to the family and do a follow up visit to make additional referrals as indicated when the family demonstrates readiness for

additional referrals. All referrals should be documented in the medical record on the TCM Visit Form and recorded in ORCHIDS, for data reporting.

Regional Nurse Consultants

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References

Targeted Case Management Oregon Administrative Rules

<http://www.dhs.state.or.us/policy/healthplan/guides/tcmngmt/138%20RB%20220%20-0711.pdf>

SPAs are available on the web at

http://www.oregon.gov/DHS/healthplan/tools_policy/stateplan.shtml click on 3.1A through 3.2A under State Plan Attachments. Then you can do edit find for SPA number 08-13 (page 27), or use find function and search for Babies.

State Board of Nursing Standards of Practice

<http://www.oregon.gov/OSBN/adminrules.shtml>

Understanding HIPPA

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/index.html>

Summary of the HIPPA Privacy Rule

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html>

Summary of the HIPPA Security Rule

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/srsummary.html>

Disclosures for PH activities

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/publichealth/publichealth.pdf>

Training materials

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/training/index.html>