

Cliffs Notes

for ORCHIDS-MDE forms

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Revised: 7/24/07

Frequently Asked Questions

1. How are the ORCHIDS-MDE forms organized?

Each section of the forms is divided by heavy black lines. Each section's name is labeled in bold in the left margin of the form.

The image shows a form titled "Babies First! Encounter/Data Form" with logos for FamilyNet and DHS. The form is divided into several sections, with three large black arrows pointing to the left margin labels: "Client Information", "Client Medical", and "Babies First! Child Data".

Client Information section includes: Local ID, LAST NAME, FIRST NAME, Middle Name, DATE OF BIRTH, SEX (Female/Male), Confidential address/telephone?, Update to address/telephone?, PHYSICAL ADDRESS TYPE (Home/Homeless/Unknown), MAILING ADDRESS (if different from physical address), PRIMARY TELEPHONE NO., Alternate Telephone No., Guardian Last Name, PRIMARY TELEPHONE TYPE (Home/Work/Message/No Phone/Dial Phone), Guardian First Name, Middle Name, RACE (Check all that apply), ETHNICITY (Non-Hispanic/Unknown/Hispanic), SPOKEN LANGUAGE (preferred), WRITTEN LANGUAGE (preferred), Medicaid No., Deceased Date, and Enrollment Program Enrollment (Healthy Start, WIC, NFP, etc.).

Client Medical section includes: State ID, Income, Income Interval, Family Size, Diabetes First, OMC, MCM, CaCoon, Insurance Status at Intake (Check all that apply), and SSIT (Yes/No).

Babies First! Child Data section includes: CASE START DATE, CASE MANAGER, Who referred client to this program?, Date referred, Risk Factors, Birth Weight (Pounds/Ounces or Grams), Birth Length (inches or Cm), and Gestational Age at Birth (weeks). It also has a Data Notes section.

At the bottom, it says "Form Rev. BF 06/22/2007 C", "Continued on next page . . .", and "Page 1 of 3".

2. Do I have to completely fill out the form at every visit?

Page 1 of the forms:

You should fill out the entire first page at your initial visit. On subsequent visits, update only the items that change. For example, update a client's change of address.

Pages 2 and 3 of the forms:

“If you do it, then check it.” This means that if you address a certain health issue or topic, then record it on the form.

Pages 2 and 3 should be copied front-to-back and used for follow-up visits.

3. Do I have to fill out the grayed-out fields?

You do not need to fill out the grayed-out fields. These fields are either auto-populated by the data system or are not relevant to that program.

4. Which fields are required by the computer system?

In the ORCHIDS-MDE computer system, if certain fields are blank, the data-entry staff will be unable to save and move forward unless the field is complete. These fields are referred to as “required” fields. However, home visiting staff should fill out as many fields as possible, whether marked “required” or not.

The following fields are required by the computer system:

- The names of fields required to save a data entry page are displayed in **ALL CAPS**.
- The names of fields required to close a visit or case are followed by an asterisk (*).

5. Which fields are required to bill?

If billing electronically through ORCHIDS-MDE, most of the fields required to bill are already required by the system.

Additional fields required to bill are:

- **Medicaid No.** (found on all forms in the Client Primary Tab).
- **Submit TCM Claim** (found in the Visit Tab 3 on the B1st! and CaCoon Forms).
- MCM Services and Billing fields (found in the Billing Tab on the MCM Form).

Babies First! and CaCoon Forms

Below lists some fields which you might have questions about. If the field is not listed below, please refer to the Babies First! or CaCoon ORCHIDS-MDE Manuals for a complete list of fields and definitions.

Client Primary Tab

See your ORCHIDS-MDE Manual for a full listing of fields.

Client Info Tab

FIELD	DESCRIPTION
Concurrent Program Enrollment	<p>If a Babies First! client must be transferred to the CaCoon program:</p> <ol style="list-style-type: none"> 1. Close the client's B1st! case by entering the Case Closed Date and Reason Case Closed on the previous visit's B1st! form. 2. Enroll the client in CaCoon by filling out a new CaCoon form. <p>This explanation also found in:</p> <ul style="list-style-type: none"> • ORCHIDS-MDE Babies First! Manual, pg. 16. • ORCHIDS-MDE CaCoon Manual, pg. 16.

Babies First! & CaCoon Case Tab

FIELD	DESCRIPTION
CASE START DATE	<p>(Required) The date of the first service, whether a phone call, home visit, field visit, or office visit.</p> <p>Enter the date in MM/DD/YYYY format.</p> <p>This explanation also found in:</p> <ul style="list-style-type: none"> • ORCHIDS-MDE Babies First! Manual, pg. 19. • ORCHIDS-MDE CaCoon Manual, pg. 18.

FIELD	DESCRIPTION
CASE MANAGER	<p>(Required) The name of the B1st! (or CaCoon) case manager conducting the Home Visit or supervising the visit, if conducted by a non-nurse.</p> <p>Enter the case manager's name or initials.</p> <p>This explanation also found in:</p> <ul style="list-style-type: none"> • ORCHIDS-MDE Babies First! Manual, pg. 19. • ORCHIDS-MDE CaCoon Manual, pg. 18.
Who referred client to this program?	<p>When selecting Other:</p> <p>Other: Insert a code representing the agency or provider that referred the client to B1st! or CaCoon if not listed. For example, for Indian Health Services, write in "51."</p> <p>This explanation also found in:</p> <ul style="list-style-type: none"> • ORCHIDS-MDE Babies First! Manual, pg. 20. • ORCHIDS-MDE CaCoon Manual, pg. 19.
Risk Factors	<p>Enter codes for all risk factors that apply.</p> <p>Note: If additional risk factors are identified throughout the case, they should be recorded in this section.</p> <p>The following codes are new or recently developed:</p> <ul style="list-style-type: none"> • A20: Parents with disabilities • A27: Parent with limited resources • A28: Parent with history of mental illness <p>If the child is not enrolled in HRI (High-Risk Infant) protocol: Enter X99. (Applies to Babies First! clients only.)</p> <p>If the child is a non-HRI and then is enrolled in HRI protocol: If a child was designated X99 but, on a subsequent visit, the case manager determines that the child should be enrolled in HRI protocol, enter X00. Do not delete the X99 designation.</p> <p>If a Babies First! client must be transferred to the CaCoon program:</p> <ol style="list-style-type: none"> 1. Close the client's B1st! case by entering the Case Closed Date and Reason Case Closed on the previous visit's B1st! form. 2. Enroll the client in CaCoon by filling out a new CaCoon form. <p>This explanation also found in:</p> <ul style="list-style-type: none"> • ORCHIDS-MDE Babies First! Manual, pg. 21. • ORCHIDS-MDE CaCoon Manual, pg. 20.

FIELD	DESCRIPTION
Data Notes	<p>Use this field to communicate with data-entry staff.</p> <p>For example, enter: “The client’s address has changed. Please update in the computer system.”</p> <p>Note: <i>DO NOT</i> use this field to enter nursing notes. Nursing notes should be recorded in the client’s medical record.</p> <p>This explanation also found in:</p> <ul style="list-style-type: none"> • ORCHIDS-MDE Babies First! Manual, pg. 21. • ORCHIDS-MDE CaCoon Manual, pg. 21.

Visit Tab 1

See your ORCHIDS-MDE Manual for a full listing of fields.

*Visit Tab 2***Issues/Outcomes****Instructions:**

1. Select the Issue/Outcome that you address at the visit.
2. For a particular Issue/Outcome, select all Interventions that apply.
3. For a particular Issue/Outcome, if no Interventions apply, leave it blank.

If an Issue/Outcome has dotted lines:

You may select one Issue/Outcome above the dotted lines, and an additional Issue/Outcome below the dotted line.

Field explanation also found in:

- ORCHIDS-MDE Babies First! Manual, pg. 25-32.
- ORCHIDS-MDE CaCoon Manual, pg. 25-34.

FIELD	DESCRIPTION
Insurance (IS)	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. Select one.
OHP Follow-Up Information (OF)	Status of the client's OHP referral as a result of the nurse assisting the client or because of another agency's help. Select one of the following. Client refused referral: the client did not wish to be referred to OHP. OHP pended: The application is held by OHP and cannot be further processed until the receipt of additional information/documents. OHP declined: the client's application was denied by OHP.

Interventions

FIELD	DESCRIPTION
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 overstimulation, reinforcing normal aspects of infant with special healthcare needs.

FIELD	DESCRIPTION
Breastfeeding Assistance	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> . 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.
Child Health Assessment	Nursing assessment that encompasses the child's physical, developmental, and emotional health. Relies on standardized tools; for more information contact your regional CaCoon nurse consultant.
Family Assessment	Nursing assessment of the family's strengths, the family's structure, and resources. Relies on standardized tools; for more information contact your regional CaCoon nurse consultant.
Health System Guidance	Facilitation of the use of appropriate health services within the client's location.
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.
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.
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 1st Relationships	A specific program that is a strength-based intervention utilizing videotape coaching strategies designed to promote children's social-emotional development. Contact your nurse consultant for more information.
Safe Sleep	Teaching specific to safe sleep environments and risk reduction for sudden infant death (SIDS).
Sustenance Support	Helping a needy individual/family to locate food, clothing, or shelter.

Visit Tab 3

Referrals Out

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

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

Referral Follow-up

Select one of the following for each Referrals Out selection. These are checked as a result of **referrals made by you**, the case manager, not by a different agency.

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

This explanation also found in:

- ORCHIDS-MDE Babies First! Manual, pg. 33-34.
- ORCHIDS-MDE CaCoon Manual, pg. 35-36.

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.

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.
Case Closed Date*	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.
Reason Case 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.

FIELD	DESCRIPTION
	<p>If a Babies First! client needs to be transferred to the CaCoon program:</p> <ol style="list-style-type: none"> 1. Close the client's B1st! case by entering the Case Closed Date and Reason Case Closed on the previous visit's B1st! form. 2. Enroll the client in CaCoon by filling out a new CaCoon form.

MCM Form

Below lists some fields which you might have questions about. If the field is not listed below, please refer to the MCM ORCHIDS-MDE Manual for a complete list of fields and definitions.

Client Primary Tab

See your ORCHIDS-MDE Manual for a full listing of fields.

Client Info Tab

See your ORCHIDS-MDE Manual for a full listing of fields.

MCM Case Tab

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. This explanation also found in: <ul style="list-style-type: none"> • ORCHIDS-MDE MCM Manual, pg. 17.
CASE MANAGER	(Required) The name of the Maternity Case Manager conducting the Home Visit or supervising the visit, if conducted by a professional or para-professional. Enter the case manager's name or initials. This explanation also found in: <ul style="list-style-type: none"> • ORCHIDS-MDE MCM Manual, pg. 17.

FIELD	DESCRIPTION
IS PROGRAM MCM OR MOP?	<p>The Maternity Other Program (MOP) encompasses any woman not enrolled in MCM. This includes postpartum visits to women who were not seen prenatally or women beyond 2 months postpartum.</p> <p>Check the appropriate box.</p> <p>Note: When MOP is checked, MCM billing is disabled for that particular case.</p> <p>To transfer a client from MCM to MOP:</p> <ol style="list-style-type: none"> 1. Close the client's MCM case by entering the Date Case Closed on the previous visit's MCM form. 2. Enroll the client in MOP by filling out a new MCM/MOP form with a new Case Start Date. <p>This explanation also found in:</p> <ul style="list-style-type: none"> • ORCHIDS-MDE MCM Manual, pg. 17.
Perinatal Risk Factors	<p>Other: any other risk factor identified by the Maternity Case Manager. The specific risk factor that this selection represents may be defined on a county-by-county basis.</p> <p>Note: If additional risk factors are identified throughout the case, they should be recorded added to this section.</p> <p>This explanation also found in:</p> <ul style="list-style-type: none"> • ORCHIDS-MDE MCM Manual, pg. 19.
Data Notes	<p>Use this field to communicate with data-entry staff.</p> <p>For example, enter: "The client's address has changed. Please update in the computer system."</p> <p>Note: DO NOT use this field to enter nursing notes. Nursing notes should be recorded in the client's medical record.</p> <p>This explanation also found in:</p> <ul style="list-style-type: none"> • ORCHIDS-MDE MCM Manual, pg. 20.

*Visit Tab***Issues/Outcomes****Instructions:**

4. Select the Issue/Outcome that you address at the visit.
5. For a particular Issue/Outcome, select all Interventions that apply.
6. For a particular Issue/Outcome, if no Interventions apply, leave it blank.

If an Issue/Outcome has dotted lines:

You may select one Issue/Outcome above the dotted lines, and an additional Issue/Outcome below the dotted line.

This explanation also found in:

- ORCHIDS-MDE MCM Manual, pg. 22-31.

FIELD	DESCRIPTION
Breastfeeding (BF)	<p>Breastfeeding issues and outcomes. Select one of the following.</p> <p>Has plans for breastfeeding: the client intends to exclusively breastfeed her infant.</p> <p>No plans for breastfeeding: the client has not made plans to breastfeed her infant.</p> <p>Concerns relating to breastfeeding: Follow up is needed for identified issue related to breastfeeding. The concern may be identified by the client and/or Maternity Case Manager. Concerns may be clinical in nature (e.g. history of breast surgery) or based on clients perceptions (e.g. client reports she doesn't think she can produce enough milk because she has small breasts).</p>

FIELD	DESCRIPTION
HIV Testing & Follow-up (HI)	<p>HIV testing and follow-up issues and outcomes. By state law, every pregnant woman in Oregon must have a prenatal HIV test, unless she opts out of this laboratory test.</p> <p>Select one of the following.</p> <p>Tested: the client has already been tested for HIV.</p> <p>Needs testing: the client needs to be referred for HIV testing.</p> <p>Refused testing: the client refused testing for HIV.</p> <p>Select one of the following:</p> <p>Follow-up done: the client has received appropriate follow-up, as described below.</p> <p>Needs follow-up: if the client has not yet been tested, follow-up would consist of testing. If the client has a positive lab result, follow-up would include education, plans to prevent transmission to any other party, and awareness of a plan for administration of infant medication post delivery of the infant. If the client has a negative lab result, follow-up would not be indicated unless client and/or partner is exhibiting high-risk behavior.</p>

FIELD	DESCRIPTION
Hepatitis B Testing and Follow-up (HB)	<p>Hepatitis testing and follow-up issues and outcomes. By state law, all pregnant women in Oregon must be tested for Hepatitis B.</p> <p>If a client tests positive for Hepatitis B early in pregnancy but continues high-risk behaviors (multiple sex partners, injection drug use, or sex with one partner who has high risk behaviors), she should be retested close to the time of delivery.</p> <p>If a client tests positive on the Hepatitis antigen (HBsAG) blood test, the fetus is at risk for infection, and the baby should receive a dose of Hepatitis B vaccine along with B immune globulin (HBIG) at birth.</p> <p>The Advisory Committee on Immunization Practices (ACIP) recommends that all medically stable infants weighing 2,000 grams or more at birth and born to HBsAG-negative mothers should be vaccinated before hospital discharge.</p> <p>Select one of the following.</p> <p>Tested: the client has already been tested for Hep B.</p> <p>Needs testing: the client needs to be referred for Hep B testing.</p> <p>Refused testing: the client refused testing for Hep B.</p> <p>Select one of the following:</p> <p>Follow-up done: the client has received appropriate follow-up, as described below.</p> <p>Needs follow-up: if the client has not yet been tested, follow-up would consist of testing. If the client has a positive lab result, follow-up would include education, plans to prevent transmission to any other party, and awareness of a plan for administration of infant medication post delivery of the infant. If the client has a negative lab result, follow-up would not be indicated unless client and/or partner is exhibiting high-risk behavior.</p>
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>Select one.</p>

FIELD	DESCRIPTION
OHP Follow-Up (OF)	<p>Status of the client's OHP referral as a result of the nurse assisting the client or because of another agency's help.</p> <p>Select one of the following.</p> <p>Client refused referral: the client did not wish to be referred to OHP.</p> <p>OHP pended: The application is held by OHP and cannot be further processed until the receipt of additional information/documents.</p> <p>OHP declined: the client's application was denied by OHP.</p>
Alcohol Use/ Substance Abuse (AS)	<p>For a breastfeeding and non-breastfeeding postpartum woman any illegal/illicit drug use, or alcohol use which fits one or more of the following criteria:</p> <ul style="list-style-type: none"> • Routine use of greater than or equal to 2 drinks/day • Binge drinking, i.e. drinks 5 or more drinks on the same occasion on at least one day in the past 30 days • Heavy drinking, i.e. drinks 5 or more drinks on the same occasion on five or more days in the previous 30 days <p>Select one of the following.</p> <p>No history of alcohol use/substance abuse: the client does not have a recent history (within the past 12 months) of documented alcohol or other drug abuse.</p> <p>Recent history (within last year): the client has a recent history of documented alcohol or other drug abuse.</p> <p>Current alcohol use/substance abuse: the client currently suffers from alcohol and/or substance abuse.</p>
Tobacco (TO)	<p>Use of tobacco, including use of all tobacco products, by client, mother, or caregiver.</p> <p>Select one of the following.</p> <p>No history of smoking: the client does not have a history of ever having smoked or used smokeless tobacco products.</p> <p>Recent history of smoking: the client has smoked or used other tobacco products within the past 12 months.</p>

Interventions

Note: For a particular Issue/Outcome, select as many Interventions as apply.

FIELD	DESCRIPTION
Behavior Change	<p>Application of the principles of Stages of Change and motivational interviewing to promote a client's health and safety through modification of behavior.</p> <p>For example, assisting a client with assisting a client to identify her conflicting feelings related to an abusive boyfriend: "So, on one hand, you really love him and you don't know what you'd do without him, and on the other hand you're really afraid of his temper and how that will affect the baby."</p> <p>This explanation also found in:</p> <ul style="list-style-type: none"> • ORCHIDS-MDE MCM Manual, pg. 25-32.

Postpartum Tab

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

FIELD	DESCRIPTION
Breastfeeding Started	<p>Fill out once per case.</p> <p>This explanation also found in:</p> <ul style="list-style-type: none"> • ORCHIDS-MDE MCM Manual, pg. 33.
Still Breastfeeding	<p>Report at every visit until the client is not longer breastfeeding.</p> <p>This explanation also found in:</p> <ul style="list-style-type: none"> • ORCHIDS-MDE MCM Manual, pg. 34.
Age when formula or solids first introduced	<p>Report at every visit until the client is first introduced formula or solids.</p> <p>This explanation also found in:</p> <ul style="list-style-type: none"> • ORCHIDS-MDE MCM Manual, pg. 34.
Date Pregnancy Ended	<p>The date when the pregnancy ended, if it did not result in a live birth.</p> <p>This explanation also found in:</p> <ul style="list-style-type: none"> • ORCHIDS-MDE MCM Manual, pg. 34.
Check if multiple births	<p>Note: To record multiple births, use the Postpartum fields on additional MCM forms.</p> <p>This explanation also found in:</p> <ul style="list-style-type: none"> • ORCHIDS-MDE MCM Manual, pg. 34.

Billing Tab

FIELD	DESCRIPTION
MCM Services and Billing	<p>Notes:</p> <ul style="list-style-type: none"> • An initial assessment must be completed before any other MCM service can be performed. • A Home/Environmental Assessment (G9006) and a Case Management Visit (G9012) may be billed the same day as an initial assessment. <p>This explanation also found in:</p> <ul style="list-style-type: none"> • ORCHIDS-MDE MCM Manual, pg. 35.
Location	<p>The location where services were rendered. Select one of the following.</p> <p>Home: the MCM service was performed in the home.</p> <p>LHD (FQHC): the MCM service was performed at a local health department facility <i>that is an FQHC</i>.</p> <p>LHD (Non-FQHC): the MCM service was performed at a local health department facility <i>that is not an FQHC</i>.</p> <p>Other: the MCM service was performed at a location other than listed above.</p> <p>This explanation also found in:</p> <ul style="list-style-type: none"> • ORCHIDS-MDE MCM Manual, pg. 36.
Dx Code	<p>The diagnostic code (v-code) associated with the service performed at the time of the visit.</p> <p>For a list of Dx codes, see Appendix F - Diagnostic V-Codes with Definitions in the MCM ORCHIDS-MDE Manual.</p> <p>This explanation also found in:</p> <ul style="list-style-type: none"> • ORCHIDS-MDE MCM Manual, pg. 36.
Date Case Closed*	<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>This explanation also found in:</p> <ul style="list-style-type: none"> • ORCHIDS-MDE MCM Manual, pg. 36.
County Codes	<p>The codes that are uniquely created by county programs to track projects, outcomes, or interventions. These codes are assigned at the county level and vary from county to county and program to program. For more information, consult your supervisor.</p> <p>This explanation also found in:</p> <ul style="list-style-type: none"> • ORCHIDS-MDE MCM Manual, pg. 36.

