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Guidance Document Title:	Interim COVID-19 Babies First!, CaCoon and Nurse-Family Partnership (NFP) Telehealth Visit Guidance		
Target Audience:	Public Health Maternal-Child Health Nurse Home		
	Visitors including: Babies First!, CaCoon, and NFP		
	Nurses and Community Health Workers		
Date Updated:	04/09/2020		
Date of Next Review:	03/2021		

PURPOSE:

To provide guidance on what constitutes a telehealth visit for the Babies First!, CaCoon, and NFP nurse home visiting programs to ensure consistent process for providing home visiting content via phone or video conferencing during the COVID-19 response.

BACKGROUND:

Babies First!, CaCoon, and NFP clients are assessed in the physical, mental and social determinants of health domains. The nurse and client agree upon a visit schedule, location and content based on the client's goals and needs and the nursing assessment. Visits should occur in the home with the nurse or a community health worker; however, during the COVID-19 pandemic response, this may not be feasible, and home visiting services may be best supported via an encounter method other than in the home.

The Maternal and Child Health Section of the Oregon Health Authority defers decisions to halt in-home visiting services to local implementing agencies. If the local agency operations center decides to stop in-home services, rather than halting the home visiting program, it is preferable to provide telehealth visits.

The mode of telehealth visits for the nurse home visiting programs may include:

- Synchronous (live two-way interactive) video and audio transmission resulting in a real time communication between the home visitor and the client using a platform approved by the local implementing agency
- In the absence of an approved video platform, telephone is an acceptable mode

Check with your client on the phone and find out what phone or video platforms they may already use or be familiar with. Ask what method they would prefer or would work best for them.

PROCESS

- Obtain and maintain technology used in telehealth communication that is compliant with privacy and security standards and approved by local implementing agency.
- At a minimum, review your agency's informed consent with all new clients and obtain a verbal signature and date and document in the client chart.
- Verify client identity at start of telehealth visit by confirming name and date of birth.
- If using video conferencing on an approved local implementing agency platform, ensure any material with identifying information is out of view of the client.
- Ensure the telehealth visit occurs in a private area where no other person can hear the conversation with the client.
- If an interpreter is needed, they should be patched into the call or given the number to call into the video conference.
- Follow requirements for telehealth visits (identified below).
- Document telehealth visit per local implementing agency's standard documentation rules in the client chart; ensure documentation includes reason for telehealth visit.
- Enter telehealth visit in the state data collection system (ORCHIDS). See section below for more information on documenting telehealth visits in MMIS and ORCHIDS.
- Ensure policies and procedures are in place to prevent a breach in privacy or exposure of patient health information or records to unauthorized individuals.
- Maintain clinical and financial documentation related to telehealth services.
- When submitting a claim to Medicaid for Targeted Case Management (TCM), see section below for information on entering telehealth visits in MMIS.

REQUIREMENTS FOR TELEHEALTHVISITS

- NFP nurses should follow National Service Office telehealth guidance.
- Telehealth visit must include at least the client (or caregiver) and the nurse or community health worker (CHW) working under a nurse care plan.
- The client should be oriented to a telehealth visit: have a conversation at the beginning of the first telehealth visit to discuss the transition to remote service delivery—how the visits will remain the same, and what might be different. After the first telehealth visit, and continuing throughout remote service delivery, it is best practice to reflect with families on what is working and what is challenging, just as would happen for in-person visits.
- An initial in-person visit for new clients is not required. For all clients, the telehealth visit must
 include work on at least one screening or assessment, per the Babies First! or CaCoon
 manual; OR, one intervention (case management, motivational interviewing, health education);
 OR BOTH.
- If a nurse conducts the telehealth visit, a nursing care plan must be documented.
- A CHW must conduct visits per a nursing care plan, and they may do so via a telehealth visit.
 The CHW must document the telehealth visit per usual CHW visit documentation policy.
- In order to bill Medicaid for Targeted Case Management (TCM) provided during a telehealth visit, a targeted case management service must be provided, per the TCM rules. The appropriate TCM documentation must be completed in the chart.
- Remember: a case management phone call that is a follow-up activity to a previous client visit is
 included in the TCM rate and is not a separate billable visit; however, if you provide a telehealth
 visit that is considered the equivalent of face- to-face services, and comprehensive TCM
 services are provided, a TCM visit may be claimed.

CONSIDERSATIONS FOR NURSING ASSESSMENTS PROVIDED VIA TELEHEALTH

Nurses in home visiting programs use a broad range of assessment skills to gather information, analyze, interpret and plan for client care. Nurses are particularly adept at using a relationship-based approach to ask questions to gather appropriate data for physical and mental health assessments. These same skills can be utilized successfully via telehealth visits. Conducting history and physical assessments and mental health assessments via telehealth should be done much the same way as inperson. The inability to conduct hands-on assessment – feel, listen, or look closely – will provide some limitations; however, nurse home visitors should probe for accurate description of issues through careful questioning and being curious. When discussing a specific clinical issue (e.g., rash, fever), the nurse home visitor should gather information on standard assessment components of Symptoms, Characteristics, History, Onset and Duration, Location, Aggravating or associated factors and Relieving factors (SCHOLAR). Whenever possible, clinical best practices should be followed; when not possible due to limitation in telehealth, this should be documented in the client chart.

Guidance on specific assessments is still being obtained. Programs that use DANCE should have received guidance directly from the DANCE program.

Guidance for ASQ assessments will be forthcoming.

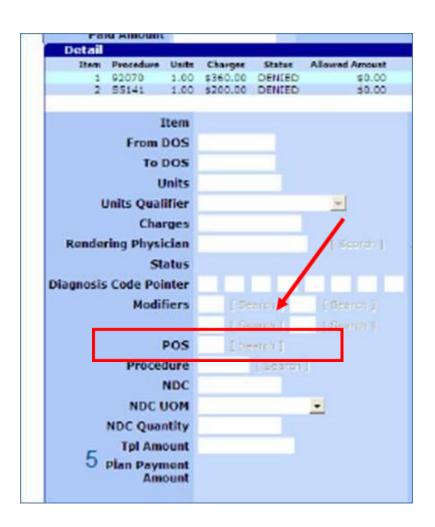
It may be possible to conduct IPV assessments \underline{if} you are able to ensure client privacy in their home. If there is any doubt, an IPV assessment should be delayed and replaced with a discussion on healthy relationships. Note in the chart why you are not able to complete an IPV assessment.

DOCUMENTING TELEHEALTH VISITS IN MMIS AND ORCHIDS: MMIS Place of Service and ORCHIDS Location Fields

The "POS" field in the MMIS and the "Location" field in ORCHIDS record where a visit occurred. CMS maintains the POS code set and added a code for telehealth services a few years ago.

Telehealth Visits with Clients in Babies First (0-5 Years), CaCoon (0-21), and NFP (0-2 Years)

- TCM Billing –
- The GT modifier should be used to indicate TCM services provided using telehealth
- Submit a Medicaid claim with "02" in the "POS" field. This code means "Telehealth" and represents a visit that occurred through a telecommunication system (e.g., by telephone or videoconference). On the Professional Claim screen of the MMIS Provider Portal, the POS field is located in the "Detail" section. See the lower left side of the Professional Claim screen.



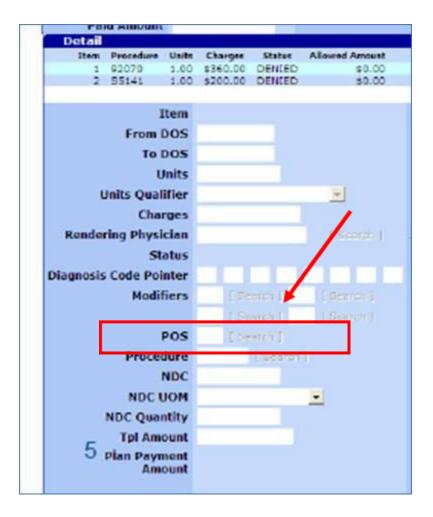
- **ORCHIDS Data Entry** Enter the location "5 Telephone" or "9 Other" in the "Location" field. See Visit Tab 3, lower left corner of the screen or page 3 of the data entry form.
 - Select "5 Telephone" for telephone only visits.
 - Select "9 Other" for visits that include video.

Referrals Out (Check a	il that apply.)	Referral Follow-Up (Us record the outcome of ref		Jp" field to	Reason Case Closed *
12 - EI 53 - Immunizations 79 - Primary Provider 90 - SSI 94 - TANF 1 - WIC Other (See co Other (See co Other (See co	des) Referred	LEASERS TO THE STATE OF THE STA		A. Tarrest Carl Carl	02 - Unable to locate 03 - Family moved out of state 04 - Child deceased 05 - Child no longer age eligible 06 - Child moved out of county 07 - Child no longer needs service 08 - Passive decline 09 - Unable to visiticase load limitations 10 - Transfer to CaCoon
County Codes	-	Li control de la	Estimated Date of N	lext Visit	Date Case Closed*
Location* (Required 1 - Home / Field 4 - School 7 - Group Home / S	2 - Hosp 5 - Telep		3 - Health Department 6 - Tertiary Care Evalu 9 - Other		Submit TCM Claim

"Location" field of Visit Tab 3 (Page 3 of Babies First and CaCoon data entry form

Telehealth Visits with Parents/Caregivers in Babies First and NFP

• **TCM Billing** – Submit a Medicaid claim with "02" in the "POS" field. This code means "Telehealth" and represents a visit that occurred through a telecommunication system (e.g., by telephone or videoconference). On the Professional Claim screen of the MMIS Provider Portal, the POS field is located in the "Detail" section. See the lower left side of the Professional Claim screen.



 ORCHIDS Data Entry – ORCHIDS no longer has a location field on visits for the Babies First or NFP parent or caregiver. The field was removed when the billing fields were turned off a few years ago.