Targeted Case Management Update

September 2011

Webinar Logistics

- Please mute your phone
- If your phone does not have a mute button:
  - use *6 to mute and #7 to un-mute
- Please do not place the call on hold, all listeners will hear your hold music or static sounds.

Introductions

- Sue Omel, BSN, MPH, MS

  MCH-CLHO Chair, Washington County

  Field Team Supervisor

- Cynthia Ikata RN, MPH, Babies First Nurse Consultant, Office of Family Health, Maternal Child Health Section

- Candace Artemenko RN, BSN, CaCoon Nurse Consultant, Oregon Center for Children and Youth with Special Health Needs

Objectives

After today's presentation, you will:

- Have a clear understanding of the history and intent of Babies First and CaCoon TCM (HRI & Child TCM).
- Be familiar with the SPA and OARs
- Know how to find TCM Rules and understand how the rules relate to program contracts and program manuals.
- Know how to conduct a chart audit for TCM.
- Know who to contact if you need help.

History of TCM for “Babies First!” and CaCoon

1990 LHD’s able to bill DMAP for a home visit- rate similar to that of MCM

1991 DMAP stopped home visit billing and helped move toward TCM as a funding mechanism

1991 TCM plan was approved and OAR’s were completed

TCM plans were updated again in 1994 & 2009

Intent of B1st and CaCoon TCM Funding

- TCM was intended to target children enrolled in “Babies First!” and CaCoon and who were actively receiving home visit services by a nurse.
- TCM was always intended to fund the case management component of “Babies First!” and CaCoon.
- The screening and assessment referred to in the plan and OARS refers to screening and assessing the need for targeted case management

TCM Policy Documents

http://public.health.oregon.gov/HealthyPeopleFamilies/Babies/HealthScreening/BabiesFirst/Pages/index.aspx

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

B1st! and CaCoon TCM State Plan Amendment (SPA) , Oregon Administrative Rules (OARS), and Program Policies all work together in concert to assure both compliance and quality of services.

Case Management Definitions

Case Management: Services furnished by a case manager to assist individuals eligible under the Medicaid State plan in gaining access to and effectively using needed medical, social , educational, and other services (such as housing or transportation) in accordance with 42 CFR 441.18. 410-138-0000 (3).

Targeted Case management services furnished to a specific target group of eligible clients under the Medicaid State plan to gain access to needed medical, social, educational, and other services (such as housing or transportation). 410-138-0000 (22).

Covered Services

- **Rule 410-138-0007**
  - TCM Assessment and periodic reassessment
  - Development of TCM Care Plan
  - Referral and related activities
  - TCM Monitoring

TCM Assessment

- Comprehensive Assessment and periodic reassessment of individual needs
- Assessment to include history, individual needs
  - Medical, social, education, other services

TCM Care Plan

- Development (and periodic revision) of a specific TCM care plan
- Working with an individual to develop goals

TCM Referral & Linking

- Referral, linking and coordination of services such as:
  - Scheduling appointments for client
  - Help link client with other services
  - Reminding and motivating the client

Monitoring

- On-going face to face or other contact to conduct follow-up activities with the participating eligible client or the client's health care decision maker(s), family members, providers or other individuals when the purpose of the contact is directly related to managing the eligible client's care to ensure implementation of client care plan.

Targeted Case Management Services Not Covered

- **410-138-0009**
- TCM services not covered include:
  - Direct delivery of services
  - Providing transportation
  - Escorting client
  - Providing child care

Targeted Case Management Payment for TCM

- **410-138-0005**
  - Corresponding local match payment
  - Bill only for assisting individuals to gain access to services
  - No Federal Funds can be used for Match, e.g. Title V dollars.

Provider Requirements

- Babies First/CaCoon TCM Providers must be Public Health Authorities
- Working under policies/procedures
- Comprehensive Nursing Assessment
- Targeted Case Manager
  - Licensed RN, with specific experience

Non Nurse Qualifications

- Community Health Workers, Family Advocates or Promotoras must work under direction of licensed RN

Recommended Non Nurse Qualifications

- Course work in human growth & development, health occupations or health education
- 2 years experience in public health, mental health or alcohol drug treatment settings
- **Or** satisfactory combination of experience/training demonstrating ability to perform case management duties

Documentation Requirements

- Name, date of service, provider, case manager
- Assessment & Plan with Goals
- If services are declined
- Activities of visit (what occurred today)
- Coordination with other case managers

Know Potential Partners in TCM

- Varies by County
- Varies by Family
- TCM Partners may not have the awareness to avoid duplicate billing

- Healthy Homes
- Early Intervention
- Developmental Disabilities
- Child Welfare
- Tribal
- HIV
- TANF Teen jobs program

TCM Claim Reminders

- Provider is responsible for submitting appropriate claims
- Assure service provided meets the eligibility requirement
- One or more of these activities must occur:
  - Assessment
  - Care Planning
  - Referral/linking
  - Monitoring

Billing TCM

- Before billing TCM, ask..
  - Is the child enrolled in “Babies First!” or CaCoon?
  - Is the child receiving nurse home visits?
  - Has the child’s need for TCM been screened/assessed?
  - Is there a TCM Assessment and Plan in the chart?

TCM Chart Review

- Does child have a current OHP number?
- Is child enrolled in B1st, CaCoon, or NFP
- Is child <5 if B1st/NFP and <21 if CaCoon
- Does child need TCM services? Is the need clearly documented?

TCM Chart Review (cont)

- Is a current TCM plan in place?
- Are there clearly documented TCM activities listed?
- Could an auditor easily find them in the record?
- Does the date billed equal the date of service?
- Ask yourself…if audited, could I defend this documentation?

Inadequate Documentation

- No TCM Plan in chart
- Date of visit in chart doesn't match date of visit on Remittance Advice
- Only direct services charted
- TCM billable activities are scattered throughout the progress note
- TCM "like" activities related to the mother or other family member

Inadequate documentation: Next Steps

- Return funds to DMAP
- Work with staff to improve documentation and/or practice as needed
- Use Standardized TCM assessments, plans and follow up chart forms

Risks Hazards Concerns

- To mitigate risks for federal reimbursement for TCM activities performed, we all need to work together to avoid duplication.

- Beware of Medicaid Administrative Claiming (MAC)

  If billing TCM for an encounter, claiming A1, B1 or C1 for the same encounter on a MAC survey day would be considered double billing. The MAC survey time would need to be coded as either “E” time or “F” time if TCM is billed

- Local county internal QA will help avoid county paybacks.

TCM: White, Black, Grey,

Always allowed

Never allowed

Maybe allowed

Practice Scenarios: Use only the information provided in the vignette, do not add additional information or make assumptions.

This is not a Test!

Please participate in the poll. Your answers will help us improve our teaching strategies and will also help inform our follow up discussion.

On the 1st visit the nurse completed a TCM assessment and enrolled the family in B1st. The nurse & mom also talked about the family's need for quality childcare, and the nurse referred her to Child Care Resource and Referral. Now @ the 2nd visit mom reported that she called CCRR, but it wasn't helpful, she returns to work in 2 weeks. The nurse and mom problem solved other childcare options.

Scenario 2

Nurse goes to the home to weigh the baby. She finds the baby is not gaining weight adequately. She completes an assessment of infant feeding and gives mom recommendations to increase baby's intake.

Scenario 3

CHW is working for B1st! or CaCoon and also happens to be a WIC certifier. CHW is completing a WIC certification in the home. During that visit she determines a consult is needed with the WIC RD. She returns to the office and consults with the RD and the PHN. It's determined that the client needs a referral to the PCP and the referral is made.

Scenario 4

CHW was sent to the home under direction of nurse to monitor what's going on in r/t TCM plan. While visiting she also did WIC cert, in addition she checks on the status of immunization follow up (which is part of the TCM care plan in the chart). CHW discovers mom has not followed through as planned, new barriers are discussed and problem solving occurs

Scenario 5

Nurse makes arrangements for home WIC cert because client can not attend WIC office visit.

Scenario 6

After a home visit to a newborn and postpartum women. A referral is made to address maternal depression. No other activities during the visit reflect TCM requirements, no other referrals were made.

Scenario 7

Teen mom is referred to B1st! by the NICU. On your first visit you spend 45 mins. discussing mom's postpartum needs including family planning and you make a referral to help assure her access to birth control.

Scenario 8

WIC calls PHN into WIC appointment to "take a look" at an infant rash. PHN determines the rash needs medical attention and refers the mom and child to the MD. Is this billable?

Stay in the **White**-

- Use Standardized *TCM forms. They will lead you to compliance.*
- *Read the TCM FAQs, they were developed after questions from YOU!*
- *Make sure you understand how the SPA, OARS and Program Policies work in concert.*

TCM forms are currently being updated with your suggested improvements.

They will be released soon at a follow up Webinar training.

New forms will be Mandatory beginning January 2012.

- DMAP Provider Services
- dmap.providerservices@state.or.us
- 1-800-366-6016
- DMAP Tools for Providers: http://www.oregon.gov/OHA/healthplan/tools_prov/main.shtml
- DMAP Provider Training: http://www.oregon.gov/OHA/healthplan/tools_prov/training.shtml

Questions

For Clinical or Policy Questions Contact Regional Nurse Consultants:

- Lari Peterson 971-673-0260 Lari.peterson@state.or.us
- Fran Goodrich 971-673-0262 francine.goodrich@state.or.us
- Candace Artemenko, CaCoon Nurse Consultant 541-673-3842 artemenk@ohsu.edu

For Billing or data collection Questions Contact

- ORCHIDS App Support 971-673-0382

Babies First A Risk Codes
Rule 410-138-0040

Risk Codes Revised 2/1/2010

Birth through 4 years of age

Medical Risk Factors

- 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
- 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

Social Risk Factors

- 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

Other

- 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

CaCoon B Risk Codes
Rule 410-138-0040

Risk Codes Revised 2/1/2010

Diagnoses

- 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

Very High Risk Medical Factors

- B16. Intraventricular hemorrhage (grade III, IV) or cystic periventricular leukomalacia (PVL) or chronic subdurals
- B17. Perinatal asphyxia accompanied by 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

Developmental Risk Factors

- B22. Developmental delay

Other

- B90. Other chronic conditions