



TARGETED CASE MANAGEMENT

Chart Form Training



Housekeeping



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Agenda

- Why now?
- Advantages
- Overview of forms





Questions? Comments?



TCM Scenario #1

New Referral

24 year old primigravida delivered preterm infant at 32 weeks gestation. Apgars 1, 1, and 6. Birth weight 1.5 kg; length 17 inches; head circumference 28 cm. Infant was in the NICU for 6 weeks. Discharged yesterday. Discharge weight= 2.3 kg; length 19 1/4 inches; and head circumference 36 cms. On breast milk fortified with Enfacare to 24 cal. Family lives 30 miles outside of town.

1st home visit made 10 days after discharge.

Weight today 2.4 kg; length 19 1/2 inches; head circumference 38 cms. Child saw pediatrician yesterday. Given 2 month immunizations. Told to return in 2 months. Mother told that infant is doing well. Synagis was not mentioned.

Currently, mother pumping breast milk. Mixing 5 ounces of breast milk with 1 teaspoon of Enfacare. Infant feeding 1 1/2 ounces every 3-4 hours except at night. Infant sleeping from 10:00 PM to 7:00 AM.

cont.

Mom is concerned about constipation. Describes infant as fussy, gassy and spitty. Very relieved that infant sleeps “through the night.” CHN noted infant sleeping on abdomen. Mom states that Dr. told her it was OK since baby was a “preemie.”

Mom employed part time at Fred Meyer. Dad was laid off when mom was 20 weeks pregnant. Not eligible for unemployment. Mom was on OHP during pregnancy. Infant now on OHP. Not on WIC or food stamps. “Family doesn’t want government charity.” Family has car but little money for gas. Living in one bedroom rental house. Home owned by great grandfather. Rent very low but family pays utilities. Oil heat. Maternal grandmother supportive but lives in town and works full time. MOB has a sister that is also supportive but has four children under the age of five. Lives in town also. Planned pregnancy. Parents have been married one year. Both parents very excited that infant is home now but somewhat overwhelmed by infant’s needs.

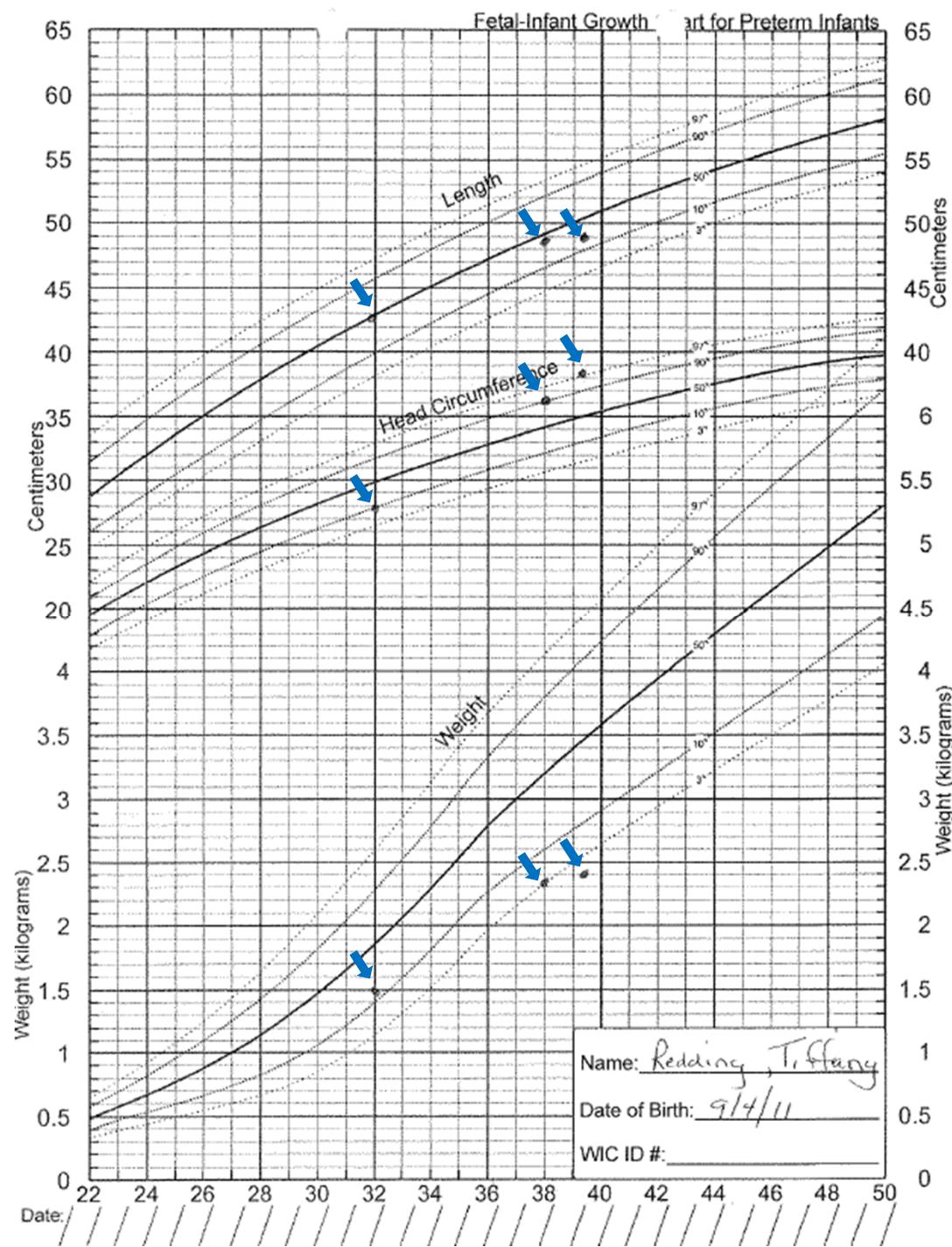
Nursing Issues to Address in a Nursing Care Plan



- Weight loss
- Inappropriate feeding schedule
- Inappropriately mixing breast milk with formula—not 24 cal
- Increasing head size
- Not following “safe sleep” guidelines
- Meets AAP criteria for Synagis
- High risk for reflux
- No medical follow up for two months

Issues to Address in a TCM Plan

- Low income with high expenses pending
- Transportation
- Eligible for WIC and food stamps but hasn't applied
- Infant fits criteria for Synagis but MD hasn't ordered and OHP hasn't approved
- May be eligible for SSI
- May need frequent medical follow up



Babies First/CaCoon Targeted Case Management (TCM) Assessment**TCM CARE ELIGIBILITY:** (all must be checked to bill)

- The child has at least one Babies First!/CaCoon risk factor and is enrolled in B1st, CaCoon or NFP
 The child has not reached 5th birthday (Babies First!/NFP) or 21st birthday (CaCoon)
 The child is enrolled in Medicaid at the time of the TCM visit

Other services child/family is receiving:

EI DHS – Child Welfare Developmental Disabilities Other TCM program (specify): _____

Caseworker/Caregiver _____ Phone number: _____

(Documentation of service coordination required for billing)

The child's/family's strengths that can be leveraged to support TCM plan:

Parent's concerned about infants health & development

Support System (current natural and community supports):

Maternal grandmother & Mothers sister

Family Assessment:	Need Help	No Help Needed	Family Assessment	Need Help	No Help Needed
Dental care	<input type="checkbox"/>	<input type="checkbox"/>	Accessing quality childcare	<input type="checkbox"/>	<input type="checkbox"/>
Early education services	<input type="checkbox"/>	<input type="checkbox"/>	Advocating for child	<input type="checkbox"/>	<input type="checkbox"/>
Health Ins/OHP: maintaining coverage	<input type="checkbox"/>	<input type="checkbox"/>	Clothing and basic supplies	<input type="checkbox"/>	<input type="checkbox"/>
Immunizations	<i>Synagis</i> <input checked="" type="checkbox"/>	<input type="checkbox"/>	Establishing & maintaining stable income	<input type="checkbox"/>	<input type="checkbox"/>
Medical specialty care	<input type="checkbox"/>	<input type="checkbox"/>	Maintaining stable housing	<input type="checkbox"/>	<input type="checkbox"/>
Special therapies like PT/OT/speech	<input type="checkbox"/>	<input type="checkbox"/>	Scheduling & keeping appointments	<input type="checkbox"/>	<input type="checkbox"/>
Social security income	<i>maybe</i> <input checked="" type="checkbox"/>	<input type="checkbox"/>	Securing adequate food	<input type="checkbox"/>	<input type="checkbox"/>
Well child care	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input type="checkbox"/>
WIC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Relief nursery	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>

Scenario #1

- The child's family **does not need** assistance accessing and/or utilizing needed services
- Family is acting as an effective advocate for their child
 - Knowledgeable of services and how to access services
 - History of being able to adequately access and utilize needed services
 - Adequate social supports
 - TCM Case Manager already in place and meeting needs (see above for details)
 - Other: _____

- The child's family **does need** assistance accessing and/or utilizing needed services

- Inability to fill out paperwork because of language barrier, low literacy, etc.
- Inability to secure basic child needs (food, clothing, shelter, etc.)
- Family health needs impacting the child's ability to access and utilize needed services
- Lack of awareness regarding health and human resources available in the community
- History of not following through with accessing or utilizing needed services
- Family with limited advocacy skills
- Cultural/language barriers to services
- Inadequate caregiver literacy
- Inadequate caregiver health literacy
- Transportation difficulties
- Instability of finances/housing/environment
- Lack of awareness regarding preventive health care services
- Inadequate support system
- Other: (specify) _____

Assessment notes:

TCM RN Case Manager Signature:

Sue Bnel RN

Client name:

Tiffany Bedaline

Date:

10/28/11

DOB:

9/4/11

TCM SERVICE PLAN & GOALS**Date of Next TCM Plan Review:**2/1/12**Scenario #1****GOALS:** Client-identified top two priorities/goals:

1. Stable transportation Income to cover expenses

Agreed upon goals (Case Manager and Family)**Target date for completion:**

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Demonstrate ability to identify and independently access needed health services by
(WCC Immunizations, vision, hearing and dental) | <input type="text"/> |
| <input type="checkbox"/> Demonstrate ability to identify and independently access needed early learning services or quality childcare by
(Early Intervention, Special Education, Early Literacy, Headstart and EHS) | <input type="text"/> |
| <input checked="" type="checkbox"/> Demonstrate ability to identify and independently access needed social services by
(transportation, support system, basic needs, housing, food and SSI) | <input type="text" value="2/1/12"/> |
| <input type="checkbox"/> Other (specify) | <input type="text"/> |

Planned ACTIVITIES/INTERVENTIONS planned to achieve goal(s):

- Ongoing identification of barriers
- Ongoing identification of strengths
- Assist family in increasing knowledge of community resources
- Assist family in working with needed services and agencies
- Assist family in completing paperwork for: SSI Food Stamps
- Assist family to gain skills to become an effective advocate
- Assist family to expand support system
- Problem solve with family to obtain transportation to needed services
- Motivate family to adhere to the schedules for treatment and services
- Other (specify): Synagis

Scenario #1

Planned REFERRAL/LINKING: (check all that apply)

- Assist family to schedule and keep appointments
 Dental Child Care Early Intervention/ECSE Special Education OHP/Health Insurance
 Specialty Health Care Provider Transportation WIC Immunizations
 Basic Needs: food, clothing, shelter (specify) Food Stamps
 Primary Health Care Provider Other (specify) Synagis Other (specify) Other (specify)

Planned MONITORING:

- Monitor the family's ability to access and utilize needed resources
 Monitor for commitment to TCM Plan
 Monitor progress toward goals
 Other: _____

NOTES:

RN Case Manager Signature: Doreen

Home Visitor Signature: _____

Client Name: Bedaling, Tiffney

Rev/11.2011

Date: 10/28/11

Date:

DOB: 9/4/11

TCM Scenario #2 Tracy & Alex

The Family: Tracy is an 18 year old MCM Client who dropped out of school before completing her senior year when she became pregnant. She had OHP coverage for her pregnancy. She delivered baby boy Alex at 39 weeks gestation. You received a call from the hospital discharge planner who wanted to make a referral to B1st.

Reason for the newborn referral: The family birth center staff report concerns about bonding, breastfeeding, and conflict between the maternal grandmother and father of the baby (FOB). The conflict was exacerbated when the father of the child “brought the client a case a beer to celebrate”. Hospital security escorted the FOB out of the hospital as he smelled of alcohol, was unsteady on his feet and was yelling and throwing items around the room. You know from your MCM history that this client has a history of marijuana and alcohol abuse.

You made several attempts to reach the client, including a drive by home visit. The neighbor who had previously been with the client at a prenatal appointment comes out to talk with you. She tells you the client has moved to her moms and gives you her new cell phone number. You reach the client and successfully schedule a visit.

cont.

1st postpartum home visit at 8 weeks.

The infant and mother of child have moved in with the maternal grandmother. The house smells of stale smoke. You note on your approach to the house a coffee can on the front porch overflowing with cigarette butts. The family has moved in with grandmother as the father of the child who was previously the sole support was arrested and is in jail for an unknown length of time. Grandmother smokes but is “trying to smoke outside” since the teen and infant moved in. The client reports missing her 6 week postpartum visit because the father of baby refused to drive her. She still has not “had time to find a pediatrician” and the child has not had any medical follow up since discharge from the hospital. The client states, “now that Jack’s in jail there’s no need for a Post Partum visit, I don’t need birth control since he’s not here” The grandmother arrives home at this point, she demonstrates care and concern for her daughter and the newborn and states the baby “doesn’t need a doctor, he’s perfectly healthy”.

cont.

You complete a postpartum nursing assessment with Tracy, and no physical concerns are identified. Client is exclusively breastfeeding, reports it's going well & has no concerns. Tracy talks to infant, makes eye contact with infant and makes positive statements about Alex throughout the visit.

You complete weights and measure on the infant which are WNL. You spend a significant part of the visit listening to Tracy and grandmother talk about the financial stress of not having FOB income for support. Grandmother states "I can put a roof over their heads, feed them and love them, but I don't have any money left over for diapers or anything else". The client is enrolled with WIC, but family doesn't remember when her next appointment is, she states "I can't remember anything anymore". Tracy discloses being teary since FOB arrest, and having difficulty getting out of bed some days, she cries as she talks about this.

cont.

Grandmother is pressuring Tracy to get a job or go to school. Tracy states she doesn't want her baby going to a "dumpy daycare". Tracy discloses she's "had a few beers" since the infant's birth, and she wants to reconnect with her friends from treatment, but has lost their phone numbers that were stored on her old cell phone.

You notice that the Grandmother has foul breath, and a swollen jaw. When you ask about the symptoms she discloses that she needs to have one of her teeth pulled, but doesn't have insurance, she says she's in a lot of pain, and it's gotten worse in the last couple of days, but she's got no options. She's thought about trying to pull the tooth herself. You encourage her to take her temperature. She has a temp of 101.0. You refer the grandmother to the urgent dental clinic at the FQHC, help her call and get a next day appointment.

Nursing Issues to Address in Nursing Notes & Nursing Care Plan

Maternal Record:

- Post Partum Assessment
- S&S Maternal Depression, Substance Use
- School/Career Goals & planned interventions
- Health Maintenance, Need for PP follow up care
- Roles/Relationship Changes r/t FOC leaving household and Grandmother's Role, maternal support system

Nursing Issues to Address in Nursing Notes & Nursing Care Plan (cont.)

Infant Record:

- Newborn Assessment including Weights & Measures
- Health Maintenance, Need for Well Child Care
- Tobacco exposure
- Parent Child Interaction
- Safety planning r/t infant care and maternal substance use

Grandmother Record???

- Follow your agency guidelines on how to document referral and guidance provided to grandmother

Issues to Address in a TCM

Assessment & Plan

- 
- Family health needs impacting the Child's ability to access and utilize needed services
 - Well Child Care/PCP/Immunizations
 - WIC
 - Low Income/basic needs
 - Transportation

Babies First/CaCoon Targeted Case Management (TCM) Assessment

TCM CARE ELIGIBILITY: (all must be checked to bill)

- The child has at least one Babies First!/CaCoon risk factor and is enrolled in B1st, CaCoon or NFP
 The child has not reached 5th birthday (Babies First!/NFP) or 21st birthday (CaCoon)
 The child is enrolled in Medicaid at the time of the TCM visit

Other services child/family is receiving:

EI DHS – Child Welfare Developmental Disabilities Other TCM program (specify): _____

Caseworker/Caregiver _____ Phone number: _____

(Documentation of service coordination required for billing)

The child's/family's strengths that can be leveraged to support TCM plan: *successfully breastfeeding, + bonding, + physical health,*

Support System (current natural and community supports): *Maternal grandmo , neighbor from old address- Sarah*

Family Assessment:	Need Help	No Help Needed	Family Assessment	Need Help	No Help Needed
Dental care	<input type="checkbox"/>	<input type="checkbox"/>	Accessing quality childcare	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early education services	<input type="checkbox"/>	<input type="checkbox"/>	Advocating for child	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health Ins/OHP: maintaining coverage	<input type="checkbox"/>	<input type="checkbox"/>	Clothing and basic supplies	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Immunizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Establishing & maintaining stable income	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical specialty care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Maintaining stable housing	<input type="checkbox"/>	<input type="checkbox"/>
Special therapies like PT/OT/speech	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Scheduling & keeping appointments	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Social security income	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Securing adequate food	<input type="checkbox"/>	<input type="checkbox"/>
Well child care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WIC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Relief nursery	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>

Scenario #2

- The child's family **does not need** assistance accessing and/or utilizing needed services
- Family is acting as an effective advocate for their child
 - Knowledgeable of services and how to access services
 - History of being able to adequately access and utilize needed services
 - Adequate social supports
 - TCM Case Manager already in place and meeting needs (see above for details)
 - Other: _____

- The child's family **does need** assistance accessing and/or utilizing needed services

- Inability to fill out paperwork because of language barrier, low literacy, etc.
- Inability to secure basic child needs (food, clothing, shelter, etc.)
- Family health needs impacting the child's ability to access and utilize needed services
- Lack of awareness regarding health and human resources available in the community
- History of not following through with accessing or utilizing needed services
- Family with limited advocacy skills
- Cultural/language barriers to services
- Inadequate caregiver literacy
- Inadequate caregiver health literacy
- Transportation difficulties
- Instability of finances/housing/environment
- Lack of awareness regarding preventive health care services
- Inadequate support system
- Other: (specify) _____

Assessment notes:

TCM RN Case Manager Signature:

C. Kata, RN

Client name: Alex Smith

Date:

11-1-11

DOB:

8-15-11

TCM SERVICE PLAN & GOALS**Date of Next TCM Plan Review:** 11/2012**GOALS:** Client-identified top two priorities/goals:

1. BASIC Needs - Drugs
2. Income

Agreed upon goals (Case Manager and Family)**Target date for completion:** ↓

- | | |
|--|-------------|
| <input checked="" type="checkbox"/> Demonstrate ability to identify and independently access needed health services by
(WCC Immunizations, vision, hearing and dental) | <u>2/12</u> |
| <input type="checkbox"/> Demonstrate ability to identify and independently access needed early learning services or quality childcare by
(Early Intervention, Special Education, Early Literacy, Headstart and EHS) | <u> </u> |
| <input checked="" type="checkbox"/> Demonstrate ability to identify and independently access needed social services by
(transportation, support system, basic needs, housing, food and SSI) | <u>2/12</u> |
| <input type="checkbox"/> Other (specify) | <u> </u> |

Planned ACTIVITIES/INTERVENTIONS planned to achieve goal(s):

- Ongoing identification of barriers
- Ongoing identification of strengths
- Assist family in increasing knowledge of community resources
- Assist family in working with needed services and agencies
- Assist family in completing paperwork for:
- Assist family to gain skills to become an effective advocate
- Assist family to expand support system
- Problem solve with family to obtain transportation to needed services
- Motivate family to adhere to the schedules for treatment and services
- Other (specify): _____

Scenario #2

Planned REFERRAL/LINKING: (check all that apply)

- Assist family to schedule and keep appointments

Dental Child Care Early Intervention/ECSE Special Education OHP/Health Insurance

Specialty Health Care Provider Transportation WIC Immunizations

Basic Needs: food, clothing, shelter (specify)

Primary Health Care Provider Other (specify) _____
church closet,
diapers

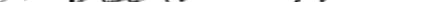
Other (specify) _____

Other (specify) _____

Planned MONITORING:

- Monitor the family's ability to access and utilize needed resources
 - Monitor for commitment to TCM Plan
 - Monitor progress toward goals
 - Other:

NOTES:

RN Case Manager Signature: 

Home Visitor Signature: _____

Client Name: Alex Smith

Date: 1-11

Date: _____

DOB: 8-15-11

TCM Scenario #3

PHN receives referral from DHS-Self Sufficiency

6 year old boy, expelled from kindergarten for aggressive behavior-mo reports he bites, hits and screams at other children and his teachers. Mother says she cannot control him. At DHS for DV housing and other supports. Mom wants help for child.

PHN calls number given and is invited to a home visit. When she goes to the home an elderly woman opens door to apartment, identifies herself as Great-grandmother of Bobby who is in the room dressed in T-shirt, underwear and one sock. PHN asks if Bobby is cold and Great-grandmother states she cannot make him dress, that they don't have many clothes for him and if he was cold he would find something to wear. Great-grandmother is in several layers of clothing. Home is cluttered and cold. Great-grandmother states they cannot afford heat as she returns to recliner. Bobby hides behind chair as PHN begins to talk with Grandmother.

Grandmother states mom just got a job at McDonalds so is not at the visit. Grandmother does not know if the child has a medical card though she says mom has been working on something since her last fight with her boyfriend. This apartment is Great-grandmother's, she has a small disability check but cannot afford to support her granddaughter and her son. When asked what the needs are related to Bobby, the PHN is told he is just like every other male she has known-wild, crazy and mean.

cont.

What she and mom want is for him to be back in school and for him to straighten out. They cannot discipline him because hitting him doesn't change his behavior; it even seems to make it worse. Mom can't watch him all the time, she has her own life, and Grandmothers hands hurt too much from her arthritis to care for him.

PHN asks about meals and Grandma says he gets his own food but they are at the end of the month now so there isn't much but she doesn't worry about his eating since he hides food in his sleeping bag. Grandma doesn't know if he has a doctor or whether he has seen a dentist. When asked if she thinks he can hear and how he speaks Grandma says he must be able to hear because he yells loud. PHN comments that he has not spoken since she came in. Grandma said that was a relief to her.

PHN asks to see medical card, Grandma did not have it and she cannot provide mom's work number.

cont.



PHN makes an appointment to come back the next week to see child and mom. At that visit mom shares many of the same things that Great-grandmother shared plus her desire to have her own home. She was evicted from her last apartment did not finish high school and did attend special ed classes until leaving school at 15. She is 18 now.

Her number one goal is to get Bobby back in full-time school. Her second goal was that he quite being mean. She has no car, rides the bus to work or depends on others for rides. At this visit Bobby is dressed the same and again spends the visit behind a chair. Mom doesn't know if she has a medical card for him, he has not seen a doctor or dentist and she says he hears Great-grandmother and mumbles a lot because he is a bad boy.

Nursing Issues to Address in a Nursing Care Plan (cont.)

- **Can PHN TCM for 1st visit?** No, the Grandma is not the guardian and the Mother is not present. This is her initial nursing visit and she charts from this visit.
- **Can PHN TCM this visit?** Maybe. PHN goes back to the office and looks up whether child has a medical card. He does have one, so she can TCM this visit.
- PHN primary nursing goal is a full assessment of child safety, she shares with mom her concern that Bobby may have a problem hearing or speaking or making himself understood. PHN makes appointment to come back again next week, gives mom numbers for food pantry, Salvation Army for clothing, number for transportation and asks what happened to the DHS DV assistance money. Mom says she does not know what happened to it.

Babies First/CaCoon Targeted Case Management (TCM) Assessment**TCM CARE ELIGIBILITY:** (all must be checked to bill)

- The child has at least one Babies First!/CaCoon risk factor and is enrolled in B1st, CaCoon or NFP
 The child has not reached 5th birthday (Babies First!/NFP) or 21st birthday (CaCoon)
 The child is enrolled in Medicaid at the time of the TCM visit

Other services child/family is receiving:

EI DHS – Child Welfare Developmental Disabilities Other TCM program (specify): _____

Caseworker/Caregiver _____ Phone number: _____

(Documentation of service coordination required for billing)

The child's/family's strengths that can be leveraged to support TCM plan:

Support System (current natural and community supports):

Family Assessment:	Need Help	No Help Needed	Family Assessment	Need Help	No Help Needed
Dental care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Accessing quality childcare	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early education services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Advocating for child	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health Ins/OHP: maintaining coverage	<input type="checkbox"/>	<input type="checkbox"/>	Clothing and basic supplies	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Immunizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Establishing & maintaining stable income	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical specialty care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Maintaining stable housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Special therapies like PT/OT/speech	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Scheduling & keeping appointments	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Social security income	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Securing adequate food	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Well child care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WIC	<input type="checkbox"/>	<input type="checkbox"/>	Relief nursery	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>

Scenario #3

- The child's family **does not need** assistance accessing and/or utilizing needed services
- Family is acting as an effective advocate for their child
 - Knowledgeable of services and how to access services
 - History of being able to adequately access and utilize needed services
 - Adequate social supports
 - TCM Case Manager already in place and meeting needs (see above for details)
 - Other: _____

- The child's family **does need** assistance accessing and/or utilizing needed services

- Inability to fill out paperwork because of language barrier, low literacy, etc.
 - Inability to secure basic child needs (food, clothing, shelter, etc.)
 - Family health needs impacting the child's ability to access and utilize needed services
 - Lack of awareness regarding health and human resources available in the community
 - History of not following through with accessing or utilizing needed services
 - Family with limited advocacy skills
 - Cultural/language barriers to services
 - Inadequate caregiver literacy
 - Inadequate caregiver health literacy
 - Transportation difficulties
- Instability of finances/housing/environment
- Lack of awareness regarding preventive health care services
- Inadequate support system
 - Other: (specify) _____

Assessment notes:

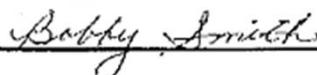
TCM RN Case Manager Signature:



Date:

1-1-11

Client name:



DOB:

9-6-05

TCM SERVICE PLAN & GOALS**Date of Next TCM Plan Review:** _____**GOALS:**

- Client-identified top two priorities/goals:

1. School for Bobby FT 2. Behavioral change for Bobby

Agreed upon goals (Case Manager and Family)**Target date for completion:** ↓

- Demonstrate ability to identify and independently access needed health services by (WCC Immunizations, vision, hearing and dental) by 11/12
- Demonstrate ability to identify and independently access needed early learning services or quality childcare by (Early Intervention, Special Education, Early Literacy, Headstart and EHS) by 6/12
- Demonstrate ability to identify and independently access needed social services by (transportation, support system, basic needs, housing, food and SSI) by 11/12
- Other (specify) _____

Planned ACTIVITIES/INTERVENTIONS planned to achieve goal(s):

- Ongoing identification of barriers
- Ongoing identification of strengths
- Assist family in increasing knowledge of community resources
- Assist family in working with needed services and agencies
- Assist family in completing paperwork for:
- Assist family to gain skills to become an effective advocate
- Assist family to expand support system
- Problem solve with family to obtain transportation to needed services
- Motivate family to adhere to the schedules for treatment and services
- Other (specify): _____

Scenario #3

Planned REFERRAL/LINKING: (check all that apply)

- Assist family to schedule and keep appointments
- Dental Child Care Early Intervention/ECSE Special Education OHP/Health Insurance
- Specialty Health Care Provider Transportation WIC Immunizations
- Basic Needs: food, clothing, shelter (specify)

- Primary Health Care Provider Other (specify) Other (specify) Other (specify)

Planned MONITORING:

- Monitor the family's ability to access and utilize needed resources
 Monitor for commitment to TCM Plan
 Monitor progress toward goals
 Other: _____

NOTES:

See nursing care plan and nurse progress notes

RN Case Manager Signature:

Date: 1-1-11

Home Visitor Signature:

Client Name: Bobby Smith

Date: _____

DOB: 9-6-05

1 unit/encounter

Babies First/CaCoon Targeted Case Management (TCM) Visit Form

Use with TCM Assessment and Plan

TCM CARE PLAN REVIEW:

Client and RN identified needs/priorities reviewed Initial visit – see plan Change No Change

Client TCM plan reviewed Initial visit – see plan Change No Change

(Identified changes to be documented on client TCM service plan and TCM Assessment Form)

ACTIVITIES:

Client identified barriers this date of service: transportation

Identified strengths this date of service: family wants child in school

Shared info about community resources:

Assisted family to work with agencies: (list agency)

Assisted family to complete paperwork for: sustenance resources

Supported and advocated for needed services:

Problem solved with family to expand support system:

Problem solved with family to obtain transportation to services:

Used motivational interviewing techniques to motivate client to adhere to plan:

Other: _____

REFERRALS:

Made referrals: (record referrals on ORCHIDS data form)

Dental Child Care Early Intervention/ESCE

Special Education

OHP/Health Insurance

Specialty Health Care Provider

Transportation

WIC

Immunizations

Basic Needs: food, clothing, shelter (specify) *Salvation Army / food pantry*

Primary Health Care Provider

Other (specify)

Other (specify)

Other (specify)

Assisted Client with Appointment Scheduling:

Appointment: _____ Date: _____

MONITOR:

Referral outcomes from previous visit: _____

UTD on well child care Next WCC due: _____

UTD Immunizations Next Immunizations due: _____

UTD on specialty care Access to quality child care Early education services

Access to basic needs/supplies SSI Transportation Health insurance/OHP status

Continuing to access previous referral connections as recommended

Parent/Caregiver commitment to service plan continues

Other: _____

TCM RN Case Manager Signature: *Debbie Johnson* **Date:** *1-1-11*

Home Visitor Signature: _____ **Date:** _____

Client Name: *Bobby Smith* **DOB:** *9-6-05*

TCM Assessment Form

1 unit/encounter

County Health Department

Babies First/CaCoon Targeted Case Management (TCM) Assessment

TCM CARE ELIGIBILITY: (all must be checked to bill)

- The child has at least one Babies First!/CaCoon risk factor and is enrolled in B1st, CaCoon or NFP
- The child has not reached 5th birthday (Babies First!/NFP) or 21st birthday (CaCoon)
- The child is enrolled in Medicaid at the time of the TCM visit

Other services child/family is receiving:

EI DHS – Child Welfare Developmental Disabilities Other TCM program (specify): _____
Caseworker/Caregiver _____ Phone number: _____
(Documentation of service coordination required for billing)

The child's/family's strengths that can be leveraged to support TCM plan:

Support System (current natural and community supports):

Family Assessment:	Need Help	No Help Needed	Family Assessment	Need Help	No Help Needed
Dental care	<input type="checkbox"/>	<input type="checkbox"/>	Accessing quality childcare	<input type="checkbox"/>	<input type="checkbox"/>
Early education services	<input type="checkbox"/>	<input type="checkbox"/>	Advocating for child	<input type="checkbox"/>	<input type="checkbox"/>
Health Ins/OHP: maintaining coverage	<input type="checkbox"/>	<input type="checkbox"/>	Clothing and basic supplies	<input type="checkbox"/>	<input type="checkbox"/>
Immunizations	<input type="checkbox"/>	<input type="checkbox"/>	Establishing & maintaining stable income	<input type="checkbox"/>	<input type="checkbox"/>
Medical specialty care	<input type="checkbox"/>	<input type="checkbox"/>	Maintaining stable housing	<input type="checkbox"/>	<input type="checkbox"/>
Special therapies like PT/OT/speech	<input type="checkbox"/>	<input type="checkbox"/>	Scheduling & keeping appointments	<input type="checkbox"/>	<input type="checkbox"/>
Social security income	<input type="checkbox"/>	<input type="checkbox"/>	Securing adequate food	<input type="checkbox"/>	<input type="checkbox"/>
Well child care	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input type="checkbox"/>
WIC	<input type="checkbox"/>	<input type="checkbox"/>	Relief nursery	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>

TCM Assessment Form

(bottom of page 1)

The child's family **does not need** assistance accessing and/or utilizing needed services

- Family is acting as an effective advocate for their child
- Knowledgeable of services and how to access services
- History of being able to adequately access and utilize needed services
- Adequate social supports
- TCM Case Manager already in place and meeting needs (see above for details)
- Other: _____

The child's family **does need** assistance accessing and/or utilizing needed services

- Inability to fill out paperwork because of language barrier, low literacy, etc.
- Inability to secure basic child needs (food, clothing, shelter, etc.)
- Family health needs impacting the child's ability to access and utilize needed services
- Lack of awareness regarding health and human resources available in the community
- History of not following through with accessing or utilizing needed services
- Family with limited advocacy skills
- Cultural/language barriers to services
- Instability of finances/housing/environment
- Inadequate caregiver literacy
- Lack of awareness regarding preventive health care services
- Inadequate caregiver health literacy
- Inadequate support system
- Transportation difficulties
- Other: (specify) _____

Assessment notes:

TCM RN Case Manager Signature: _____

Date: _____

Client name: _____

DOB: _____

TCM Service Plan & Goals

TCM SERVICE PLAN & GOALS

Date of Next TCM Plan Review: _____

GOALS:

Client-identified top two priorities/goals:

1. _____ 2. _____

Agreed upon goals (Case Manager and Family)

Target date for completion: ↓

- | | |
|--|-------|
| <input type="checkbox"/> Demonstrate ability to identify and independently access needed health services by
(WCC Immunizations, vision, hearing and dental) | _____ |
| <input type="checkbox"/> Demonstrate ability to identify and independently access needed early learning services or quality childcare by
(Early Intervention, Special Education, Early Literacy, Headstart and EHS) | _____ |
| <input type="checkbox"/> Demonstrate ability to identify and independently access needed social services by
(transportation, support system, basic needs, housing, food and SSI) | _____ |
| <input type="checkbox"/> Other (specify) | _____ |

Planned ACTIVITIES/INTERVENTIONS planned to achieve goal(s):

- Ongoing identification of barriers
- Ongoing identification of strengths
- Assist family in increasing knowledge of community resources
- Assist family in working with needed services and agencies
- Assist family in completing paperwork for:
- Assist family to gain skills to become an effective advocate
- Assist family to expand support system
- Problem solve with family to obtain transportation to needed services
- Motivate family to adhere to the schedules for treatment and services
- Other (specify): _____

TCM Service Plan

(bottom of page)

Planned REFERRAL/LINKING: (check all that apply)

- Assist family to schedule and keep appointments
 Dental Child Care Early Intervention/ECSE Special Education OHP/Health Insurance
 Specialty Health Care Provider Transportation WIC Immunizations
 Basic Needs: food, clothing, shelter (specify)
 Primary Health Care Provider Other (specify) Other (specify) Other (specify)
-
-

Planned MONITORING:

- Monitor the family's ability to access and utilize needed resources
 Monitor for commitment to TCM Plan
 Monitor progress toward goals
 Other: _____
-

NOTES:

RN Case Manager Signature: _____

Date: _____

Home Visitor Signature: _____

Date: _____

Client Name: _____

DOB: _____

TCM Visit Form

1 unit/encounter

Babies First/CaCoon Targeted Case Management (TCM) Visit Form

Use with TCM Assessment and Plan

TCM CARE PLAN REVIEW:

- Client and RN identified needs/priorities reviewed Initial visit – see plan Change No Change
Client TCM plan reviewed Initial visit – see plan Change No Change
(Identified changes to be documented on client TCM service plan and TCM Assessment Form)
-

ACTIVITIES:

- Client identified barriers this date of service: _____
 - Identified strengths this date of service: _____
 - Shared info about community resources: _____
 - Assisted family to work with agencies: (list agency) _____
 - Assisted family to complete paperwork for: _____
 - Supported and advocated for needed services: _____
 - Problem solved with family to expand support system: _____
 - Problem solved with family to obtain transportation to services: _____
 - Used motivational interviewing techniques to motivate client to adhere to plan: _____
 - Other: _____
-

TCM Visit Form (bottom of page)

REFERRALS:

Made referrals: (record referrals on ORCHIDS data form)

Dental Child Care Early Intervention/ESCE

Special Education

OHP/Health Insurance

Specialty Health Care Provider Transportation

WIC

Immunizations

Basic Needs: food, clothing, shelter (specify) _____

Primary Health Care Provider Other (specify) _____

Other (specify) _____

Other (specify) _____

Assisted Client with Appointment Scheduling:

Appointment: _____ Date: _____

MONITOR:

Referral outcomes from previous visit: _____

UTD on well child care Next WCC due: _____

UTD Immunizations Next Immunizations due: _____

UTD on specialty care Access to quality child care Early education services

Access to basic needs/supplies SSI Transportation Health insurance/OHP status

Continuing to access previous referral connections as recommended

Parent/Caregiver commitment to service plan continues

Other: _____

TCM RN Case Manager Signature: _____ Date: _____

Home Visitor Signature: _____ Date: _____

Client Name: _____ DOB: _____



What about
EHR's?



Review

- These forms are designed to capture your TCM activities. Nursing notes and Nursing Care Plans are also required per your B1st and CaCoon contracts and nursing practice standards.
- Start using these forms now. They can be downloaded from the Babies First web page.
- Mandatory by July 1, 2012
- Contact your state nurse consultant with questions/concerns/feedback