TCM Update transcript, Sept. 27, 2011

Speaker: Good afternoon. This is Cynthia Ikata with the Office of Family Health with the Babies First Program. Welcome to our webinar. We want to please remind everyone to mute your phone. It's really important to keep your phone muted because the noise is really difficult. You'd be surprised at a little paper shuffle and how interruptive it is. Also if you have a phone without a mute button, you can use Star 6 to mute and Pound 7 to unmute. Also, really critical, please don't place your, your call on hold. We will hear whatever static comes out of your hold or music and we had that on Tuesday and it was, uh, really disruptive. If you need to make another call, uh, during the webinar, please hang up and attend to whatever you need to do and feel free to, to join the conference call when you're done. So, um, we appreciate everybody helping us keep the line clear. As we go throughout the webinar, if you have questions, feel free to type those in and/or use the raise your hand function and we'll pause periodically to take questions. We're going to try and leave a significant amount of time at the end for discussion as well. Helping us, uh, with the webinar today is –

Next Speaker: Sue Omell, Washington County.

Next Speaker: And we also have –

Next Speaker: Candace Otomenko, Cocoon and from Roseburg today.

Next Speaker: Great. Here are our objectives for, um, our session today. This really is a reminder. Um, there's not any real new information but it's an opportunity to have a discussion and make sure we're all on the same page with our understanding around targeted case management and, uh, we're going to kind of organize the presentation by starting with a little bit of history about targeted case management, how it came to be. Uh, we're going to familiarize you with some reference tools that relate to targeted case management, and then we're going to go over, Candace is going to walk us through the rules, um, and make sure that, you, we all understand the different sections and how the rules, um, support the work that we do, and then she will walk us through some steps of how to do a chart audit and what to do with your chart audit findings, and then finally we're going to wrap up with some scenarios where you can check your knowledge and understanding.

Next Speaker: Okay, this is Sue and I just want to do a very, very brief, um, little history, um, around TCM. Um, prior to the 19 –

Next Speaker: How do we, oh wait, we're on green.

Next Speaker: You're, you're talking.

Next Speaker: Oh good, how do we sign up as a group?

Next Speaker: You need to mute your phone.

Next Speaker: Thank you.

Next Speaker: If you want us to know that you're watching in a group you can just type into the chat function who's in the room with you.

Next Speaker: Okay, so –

Next Speaker: Uh, actually Debra Johnson, Josephine Morrison and Ann Hudson.

Next Speaker: I'm gonna type it in Ann.

Next Speaker: In Coos County.

Next Speaker: We're gonna type it in. Thanks.

Next Speaker: Okay, back ,back to the history, um, before the, before 1990 there were about, uh, a dozen county health departments that were doing home visiting programs, but they were all doing their own thing. Nothing was standardized at all across the state, um, although several of those programs were doing Cocoon. Nobody had any ability to bill so that the programs were paid for with county general funds and MCH block grant dollars. Um, then in the late 1980s, early 1990s there became a lot more interest about finding ways to get Medicaid reimbursement for some of the things that we were doing and at that time the Medicaid office sat down with, uh, with us here at the Health Division and talked to us about doing a targeted case management plan. The reason that they were very interested in that was because targeted case management targets federal funding, so it really doesn't cost the state very much, um, to do targeted case management, so they were really promoting for a lot, a lot of different programs that they look at doing targeted case management programs, so in 1991 they helped us move toward, um, a targeted case management, uh, component and then, um, the state plan was sent in and it was approved in 1991 and since that time it's been revised and **** two more times, once in 1994 and again in 2009. It's not moving forward here. There, okay, so the point I want to make right now is the targeted case management plan that was developed back in 1991 was intended to fund Babies First and Cocoon. It was never intended to fund the nursing portion because that's not what TCM plans do. TCM plans are designed to pay for the case management component of various programs and the whole idea of a TCM plan is that you target a high-risk population and then you provide that population with a variety of case management services.

Next Speaker: I think they've already started. There's two different phone numbers.

Next Speaker: Excuse me. You're not on mute and we're hearing you. Um, it was designed to, um, a TCM plan is designed to target a high-risk population **** case management services to that population. It was never designed to fund, um, skill nursing or direct nursing services or anything like that. It was designed to fund the case management portion of what we were doing with Babies First and Cocoon and so when you look at the term screening and assessment that are referred to in the OARs what they're talking about is the screening and assessment that's needed to determine does this child need help accessing and utilizing other services. So the term does not mean doing ASQs or assessing feeding. It means this child need help accessing and utilizing other services and if so why.

Next Speaker: Okay, we're gonna take a minute before we jump into the Oregon Administrative Rules, which Candice is gonna walk you through. We want to take a minute to make sure you have on hand, um, a copy of the rulebook. A link was sent out to you but I'm also gonna quickly show you how to find that via the web, so in the future you can pull it up. So this is the Oregon.gov web page and if you go to the internal search box and type Babies First Program **** the link that you want to choose and we're gonna go over here on the left in the side panel to coordinator resources and then we're gonna scroll down to the targeted case management resources and the **** provider guidelines. Here you can sign up for TCM notices. I really encourage everyone to do that, um, by signing up there you'll get a notice anytime the rules are going to be revised. But right here is the rulebook and this is updated by DMacs at least annually, sometimes the updates are housekeeping and sometimes they're more significant than that so it's a good idea to check back here around July and make sure that you're functioning with the most current rulebook. It looks like this. Another document that we sent out that we'll be referencing today is this document called Levels of Control for Medicaid and Children's Health Insurance Programs and this is a **** memo that came from the Office of Family Health and DMacs last year that talks about all the Oregon Administrative Rules, the state plan amendment, program contracts and program manuals all come together to work in concert to ensure that we're within the guidelines that the feds provide as well as providing the quality services that, that this program is intended to do. So these are all documents that you want to review and be familiar with and frequently your questions can be answered within these documents. Also we sent out the targeted case management frequently asked questions. Those are all based on real questions that we receive here, um, and we'll be updating those FAQs following this webinar. You'll have an even more current version. Okay, so another thing we want to make sure to talk about here, um, that helps provide some clarity is around the term case management. Uh, case management is a global term. It's often used in our **** with care coordination, service coordination, and there's a difference between case management, good clinical care coordination and targeted case management. So were here today to talk about targeted case management and within targeted case management we do provide case management but it's important to recognize that targeted case management is designed by the Centers for Medicaid and Medicare as, um, a specific service offered to a targeted group of eligible clients with the point of helping them to access needed medical, social, educational and other services and that definition comes straight out of your OAR and the number is referenced there on the slide.

Next Speaker: This is Sue again, um, I want you to think about or remember that the whole purpose of TCM was if you get people in to other services, if you help them meet their basic needs all of those things are going to help their health outcome and the, the, um, theory behind all this was if their health needs are being met because their social and other needs are being met then it's not gonna cost the Medicaid system so much money. So it was done in order to improve the entire high-risk client population's health status by helping make sure that we meet their basic needs. So what is covered then through the TCM plan is a TCM assessment which means looking at what does the child need, what are the barriers and so on and then a periodic reassessment because sometimes with families things are going well and then **** or vice versa. Um, and then once that information is known, developing a targeted case management care plan, carrying out that plan by making referrals, following up on referrals, helping the family remove barriers and so on and then constantly monitoring to see what else is going on that is creating a

problem for this family. What's getting in the way of them helping their child access and utilize other services?

Next Speaker: Let's just pause for a second. We're getting some feedback on the typing that the audio is not clear. Um, can you raise your hand on the webinar feature if you're having a challenge with the audio? Only if you're having problems with the audio raise your hand. I think we're having feedback from unmated phones. If, if people, um, don't have a mute button please use Star 6 to mute and let's see if that helps clear up the line a little bit. The Star 6 ****. Ah, better. Okay, so this is where we'd like to hand off to Candice.

Next Speaker: All right, can you hear me?

Next Speaker: Yes we can.

Next Speaker: Good. Um, you know, the part that I'm going to present is something I think people are really familiar with and I'm just gonna re-emphasize some of the things that **** said. The slide is duplicative of that, um, TCM assessment is that comprehensive nursing assessment, um, related to, um, gathering the information related to medical, social, education or other needed services. The TCM care plan is what develops in concert with your nursing care plan. They're not completely isolated services. They're just not the same service. So again trying to, um, identify the differences is those nursing, direct nurse services types of things that we're all familiar with, um, for example, go into the home weigh a child, you do a feeding assessment. You would, uh, give the mother information **** babies reflexes, some other things. The nursing care plan is written around that. The targeted case management care plan after assessment, comprehensive nursing assessment of that need might be something like access to services. It might be, you know, that's your general finding related to that and then specifically the mother may need access to, um, appropriate foods for her child. Maybe that's through specialty services. Whatever you find, but you have a nursing care plan, a targeted case management plan of care. We want to note that you could be working with the eligible client, the child, healthcare decision makers. Those family members, other providers, other entities ore individuals that would develop the goals, so this may be that when you're meeting with, um, the grandmother that is in line with direct TCM activities for the client. So I want you to be sure and, and think about that. Um, we're gonna move to referrals and linkages and those, when I'm out and about, these are pretty things clear on. Uh, you know, um, what a referral is, what linkage and coordination of services are and the piece that I think gets bogged down is what is my TCM care coordinates activity and what other care coordination activities. Maybe as we go through this presentation today you can thinking about if you have some specific questions, uh, with that but it's these things are in support of the areas of need that have been identified your **** assessment. So we'll go to monitoring. Of course monitoring is case follow up, um, you could be even monitoring with healthcare decision makers and others a decision maker would be a child, the child's parent for example. The purpose of that contact though is directly related to managing those accesses to services or linkages. Targeted case management services not covered are those other things, those other important things that you're doing as a professional public health nurse. The direct delivery of services such as weighing, uh, um, almost anything, um, the screening that one would do, um, all those nursing activities related to assessing the home and the family apart from your targeted case management issues. So of course providing

transportation or escorting clients or providing **** care are not covered in TCM. Something else covered in TCM is assisting an individual who has not yet been determined eligible for Medicaid. Assisting someone to apply for Medicaid is not TCM eligible. They're not eligible yet. Once they are eligible, of course, that's fine. Um, case management payment for TCM is, comes with several things. You, you have a corresponding local ****. You may or may not be involved in that depending on, you know, whether your supervisor, administrator or sometimes those of use dong the service don't even have to worry about that, but you would bill only for assisting individuals to gain access for services. There's no federal funds that can be used for the match. Your provider requirements are that you would be a Babies First or Cocoon TCM provider working with your, um, local health department or public health authority. You're working under the policies and procedures of the programs that you're delivering there and for this targeted case management population it's Babies First or Cocoon. The child must apply for Babies First or Cocoon services then you work under the policies and procedures of that program in addition to under the targeted case management rules. So you do your comprehensive nursing assessment for TCM services and, um, you will be, you know, meeting those requirements to work in your health department. Um, in the past we have had in OARs very specific things about experience and, uh, knowledge base. Those things, uh, were eliminated from the OARs in this last revision but they are still part of the recommendation from the programs that you would have experience and, um, some knowledge base that would support doing these comprehensive types of nursing, um, activities that lead you to do targeted case management. The non-nurse qualifiers are related to community health workers, family advocacies **** and they must work under the direction of a licensed registered nurse. We recommend that we, for those people they experience in human growth and development, health occupations, health occupation, two years of experience in those areas or **** of experiences, and again, while the language was removed from the OARs, this will remain a recommendation of the program. Documentation requirements are pretty clear, and, and many of these things are similar, uh, not identical to what you have to do in any nursing documentation; your names, dates, assessment plan with goals. If the service was **** activities of the visit, what occurred, coordination with other, um, case managers and the reason that we're going over this is not because you don't know it, but as in the course of working, um, sometimes things get missed or dropped and it's very, very helpful to do, um, a self-audit. Those kinds of things that allow you to just go back and, and look specifically did I do these things. Um, if the service is declined, you definitely need to document, you know, why it was declined. What occurred? If there's any coordination with other case managers then document who they are and that you understand what you're doing and what they're doing. It doesn't have to be lengthy to, to answer those questions. Sometimes though we'll have complex, um, cases where there will be multiple case managers. You will need to write a little bit more. Um, on Slide 21, um, we're really just talking about knowing the potential partners in your community, potential partners in targeted case management and those vary by county. They vary by family and targeted case management partners may not have the same awareness **** unfamiliarity with the TCM programs. We have programs on the right side of the slide that really shows those other TCM partners that are around the state. Many of them are in every county but some of them aren't. So let me look here. Do you have any questions about TCM potential partners that you might seeing?

Next Speaker: Candice, we do have some questions that have come in over the webinar.

Next Speaker: Okay.

Next Speaker: One is, um, we'd like to take a moment to clarify the difference between a nursing care plan verse a targeted case management plan. Um, I think earlier there might have been a little slip in with those phrases as if they were interchangeable. So we just want to confirm that nursing care plans focus on the nursing process and your comprehensive overall assessment and goals for family and they might include some direct nursing care provision, things like weights and measures and feeding intervention. Your targeted case management plan is specific to assisting the family to access and utilize services that they need. so hopefully if you can think about your nursing care, your direct nursing care as your direct care plan and the targeted case management plan some people it's helpful for them to think of it more as the social work part of their job where they're helping ling family to things. They're not providing things for them but they're helping them access things that they need. So I hope that helps clarify.

Next Speaker: Thank you Cindy.

Next Speaker: We have another question about non-nurse qualifications and, uh, the question that came in would a Healthy Start advocate with many years of experience qualify for community, a CW. I think they mean a community health worker and most likely they would, so that's going to depend a lot of local policy, um, but based on the guidelines that we're putting out probably that person would qualify and if you have specific questions about that, um, we'd be happy to connect you with your regional nurse consultant either Larry or Fran and they could look at your individual situation and position descriptions and make sure you're in compliance. Another question, have we dropped the reference to advocacy as a TCM activity? In some ways yes. That term has dropped out of the rule. The drop occurred when DMac streamlined several of the TCM rules to align and use the same language. Advocacy is still a very strong component of referral and linkage so it's a covered activity but that word and that label has been dropped from the OARs.

Next Speaker: But again we want to emphasize it hasn't been dropped as a TCM activity. How we doing with the questions?

Next Speaker: Um, we have a specific questions from, uh, or comment from Multnomah County and I just want to comment that we'll work with you offline on that. Um, we have a question about Healthy Start. Of course Healthy Start is a partner, however Healthy Start is not a TCM partner. The partners listed on the Slide 21 are all examples of other targeted case management state plan amendments that all have their own set of Oregon Administrative Rules. They all use TCM claiming as a funding source. Healthy Start does not fit into that list but of course they're a very strong and important partner.

Next Speaker: And, and the reason that's import to delineate is when you're doing your TCM comprehensive assessment it's not that you don't want to know who the other partners are working with the client, but when you're billing for targeted case management one of the things we want to avoid in our clear documentation is that we are not duplicating the service of another TCM partner and therefore having double billing and I think that we have been clearer, meaning we in public health and the Babies First Cocoon **** have been clear on that than some of the

other TCM partners, but the number of TCM partners has gone up and so the reason these are important is because they have their own TCM **** when we're partnering with them. We want to be very clear in our documentation that we know what service we're providing and we know what service they're providing and that that's demonstrated in our assessment. So not that it's not important. You will note probably in your nursing notes, there's a Healthy Start partnership and how you'll work together with that, that role, but in TCM we're especially looking at, at other TCM providers.

Next Speaker: All right, we're gonna move along here. Um, I just want to summarize for a second and then we're gonna actually talk more about some of the nuisances of billing and doing chart review, but just to summarize, I want to make sure that everybody out in the local, at the local level realizes and understands that we're the providers of, and that means that we're responsible. We at the local level, the local health department is responsible for submitting appropriate claims. We are the ones held responsible if the claim is not appropriate. So we have to be absolutely sure that what we're doing meets all of the eligibility requirements because again we'll be held accountable, not the State Health Division, not ****, us. Um, and, and what that means is, is that we have to be absolutely sure that one of the following TCM activities have taken place, one or more, when we file a claim and those things are, again, comprehensive targeted case management assessment, comprehensive care plan for case management activities, referrals, linking, advocacy that maybe involved in all of that and then monitoring what is happening with the client. How their status is changing and reassessing and redoing our care plans. It's an ongoing process and again, just to reiterate. The child is the client and the whole purpose of TCM is to assure that the child has, is getting access and utilizing other services that that child may be eligible for. So let's talk for a minute about billing TCM. So this is for the nurse that would be making the home visit and then coming back and asking herself or himself; is this a billable visit? So these are the criteria that first must be met. It's is the child enrolled in Babies First or Cocoon? That means are they in your data system as being a Babies First of Cocoon child and are you following the criteria that's list for Babies First and Cocoon in the program manual. The second thing is, is the child receiving nurse home visits because this is Babies First and Cocoon are home visit programs. They were always designed to be delivered in the home. Then has the child's need for TCM been screened and assessed? If you didn't get around to it on your first visit then you can't bill this. You have to have screened and assessed the need for TCM and then, then from that there needs to be a TCM assessment and a plan n the chart. So those are the things to ask yourself before you hit that OR-Kids button that says bill TCM. As a nursing supervisor it is a critical function that we be doing the kind of monitoring, um, to assure, um, quality improvement in the Babies First and Cocoon program around the billing issue. Monitoring what our staff is billing and making sure that we could easily pass an audit are critical, critical supervisory roles and if you have not instituted some kind of a quality assurance plan around monitoring what's being billed assuring that it's accurate you really need to do that. This is a critical accreditation function that should be, uh, developed and, uh, implemented if it hasn't already been. So let's talk briefly about what you would do as a nursing supervisor if you were doing a TCM chart review. So what you would need first of all is you would, you would have to have a way of knowing what was billed and in OR-Kids easy and you have to have the, the chart in front of you, so you look at the chart and you look at OR-Kids and you see what visits were billed and you're first question then is does this child have a current

OHP number because remember if the child is not on OHP we don't need to be monitoring billing.

Next Speaker: Mm hmm.

Next Speaker: Because billing can't take place. Secondly is this child clearly enrolled in Babies First, Cocoon or a Nurse Family Partnership? If the child, if the child is in Babies First and/or NFP the child has to be under the age of 5 for the TCM encounter to be billed and if the child is in Cocoon they have to be under the age of 21. So that means all the Cocoon children are eligible for TCM billing but only children under 5 are eligible for Babies First and NFP. Now unfortunately, if a child older than 5 is billed it'll be paid and it didn't use to be that way in the old system but it's that way now. So it's really important again in your quality assurance program as your monitoring billing and charting that, that if this was billed and the child is over 5 it means that you need to pay back those funds. Has to be children under 5 and then finally does the child need targeted case management services and is the need for targeted case management services clearly documented in the chart? So you, as someone picking up the chart and reading it, can you clearly see that there was a need and that that need was well documented? Opps, got to go back here. Okay, um, the next thing you're gonna look for is is there a, a current TCM plan in, in place in the chart and as, as the reader of the record can you clearly see what TCM activities were conducted on that particular visit that made this a billable encounter? Then, not only do you ask yourself that, but you say if an auditor came in here and was sitting beside me could the auditor easily find the answer to all those questions? Is there as TCM assessment? Is there a TCM plan and can they easily find which TCM activities made this a billable encounter. The next thing to look at is the date of the, the date that was billed as the encounter is that the same date as the visit in the chart and I can't tell you how many times I find that they're not and it's usually because the nurses are in a hurry and what I find are two things that happen very often, one is that the date gets, the numbers get turned around. So for instance if the date of the visit was 10/13, what might get billed is 10/31 because the, the 3 and the 1 have been, you know, accidently switched. Now my staff in Washington County do their own data entry into OR-Kids and so they're doing their own billing and they get in a really big hurry and so this happens a lot.

Next Speaker: Hmm.

Next Speaker: But I can also seeing it happen if your staff are filling out the forms and someone else is data entering them because sometimes the handwriting isn't very good. You can't tell the difference between a 3 and an 8 so there's a, and you know, other numbers like that, so this is a, something that happens really quite often and it needs to be fixed, so, um, and we'll talk in a minute about how you can do that. Then finally, again, as a supervisor, you need to ask yourself if, if this chart was audited could I defend this documentation to the auditor and if you can't unequivocally say yes then you need to, you need to act on that and what does that mean? It means that you need to send money back to DMacs. Um, if you have been accidently paid for the wrong visit, if there is not documentation to support the, um, billing of that encounter, if the TCM plan or someone is not in place you, you received those monies and, and you have to send them back and you can do that, uh, through the MMIS and we'll talk more about that. Not today so much but we will come up with steps that you can follow to do that. It's really not very hard.

Um, but the second thing is, um, you've really got to start working with your staff to improve their ability to document, uh, their TCM assessments, plans and activities and the very best way to do that is do standardized forms and you know I have to tell you, I don't like standardized forms very much but I have come to love them around TCM because as someone who I, I read every single chart when it's closed and check every single **** for billing and if I am not happy, if I have to dig through the chart to try and figure out where in the world the documentation is for a particular billing that was done standardized forms make it so easy. Everything is together and you can just see clearly what was done in the TCM arena. Okay, um –

Next Speaker: Oh and where did the adequate documentation go?

Next Speaker: Yeah.

Next Speaker: Oh we did that one, all right. So just, just to sum up again, um, a couple of things to remember as a nursing supervisor or as a nurse providing these services, um, we need to make sure that we are working carefully to avoid duplication. Another area of duplication can occur is around, um, Medicaid administrative match or MAC. Some of you are doing MAC. The MAC training has been very, very clear about how to avoid making sure that you are not double billing, uh, when you're doing MAC and when you're billing TCM but just as a reminder if it's a MAC survey day and a nurse makes the visit and feels TCM on a particular encounter then that block of time that was devoted to, would be devoted to MAC in the time study must be coded either as E of F and that way there would be no double, no double dipping. An A1B1 or C1 code cannot be used when TCM is billed and then finally putting a good QA process in place is going to really help you avoid having to pay money back to DMac.

Next Speaker: Okay, so we're gonna, um, stop here to insert a couple questions that have come through here. One was going back to use of the word advocate and advocacy and somebody wanted to know if they used the advocate or advocacy in their nursing notes would that be okay and of course we do lots of advocacy as nurses and we're going to do lots of advocacy as part of our TCM work, however, as far as documenting billable activities we really are going to encourage you to use the standard forms and you won't see the work advocate as a major, um, category on the TCM forms. So the best way to document your TCM activity is going to be using the standardized forms. The second question that we had, um, is regarding dual coverage. We're seeing it coming more common for children to have dual coverage with the Healthy Kids expansion and it's important for you all to know that Medicaid is always the payer of last resort. So you would, and this is gonna be more common with children with special needs, so you would need to bill Blue Cross Blue Shield for instance first. Blue Cross Blue Shield is going to deny the claim for targeted case management assistance and then you would, um, use that denial to then, um, bill Medicaid, so it's going to be more cumbersome, but it is important that you utilize TCM as the payer of last resort. We had a question come in about the standardized targeted case management forms and, um, we will be, uh, talking about that towards the end of or webinar today, so just stay tuned on that one. Okay, here's an opportunity for us to kind of check our knowledge and kind of apply what we know and what we've learned today, um, what we're, what we want you to begin to think about is targeted case management claiming in terms of white, black and grey. So white means that it's an activity that's simple and direct forward, uh, you know, easy to determine that it's billable. Somebody is not on mute. If you could use Star 6

please to mute your phone. Thanks and then black is an activity that would never be allowed and grey is an area where it may be allowed. Uh, we've been in consultation continuously with our partners at DMac. There's been turnover with the person assigned to TCM at DMac. We have a new contact, um, and, uh, our, our new person has a very strict interpretation of the rules and when I consult her she says to me, "Cynthia, I'm not the TCM police. I'm here to advise you Rick" and if a county needs audited it is the county who is responsible and who will pay back, however, um, if a federal audit had findings our state partners at DMac would also have a finding against them and so by one county taking significant risk it does put the rest of our **** in jeopardy. So it's important that we all work together to assure we're functioning in the white zone and that we stay completely out of the black and frankly avoid the grey as much as possible. Are we ready to launch the poll?

Next Speaker: We have another question.

Next Speaker: Oh we have another question.

Next Speaker: ****

Next Speaker: So we have a question about how do we avoid duplicate billing and you know, you know, nursing documentation and charting is certainly an art. I think that what we do in the home is extremely complex and it's always going to be a challenge to take the complex activities that we do and streamline into an efficient documentation. Um, the standardized TCM forms that are gonna be launched very soon have been drafted with this in mind. They are checklist based. They are intended to be short, fast, to the point. They're intended to focus completely on TCM and not on nursing, so unfortunately you will have nursing documentation and case management documentation but frankly to try and blend the two causes problems and in an audit and it leads to problems in practice. We see in counties on tri-annual reviews that try to blend the two, uh, a lot of problems, so that's why we're really advocating that we keep those documentations separate and distinct. We are more than happy to offer individual consultation to come out to look at your charting systems and to look for areas where we can help you with efficiencies. Frequently, it's been a while since I've done a chart audit. My role doesn't put me out in the field very often, but um when I was involved in chart audits I typically found a lot of, uh, excessive documentation and, and I was able to help people kind of streamline it and, and get rid of some of the things they were doing. So Fran and Larry are happy to help with that on an individual basis by request. The slides were sent prior to the webinar and they will be posted along with the audio when we're done. We just got a question about that. Okay, one more question? Yes, there are new TCM documents coming. So again we'll touch base on that at the end of the, the webinar. So what we want to do now is go ahead and give you an opportunity to practice. Um, we're gonna be putting some scenarios up on the screen. We want to read the scenario but not add any additional information, not tweak it to match the home visit you did this afternoon. We want you to just have it be what you see on the screen. This isn't a test. This is intended to keep this a little bit more interactive and less of just us chatting at you and, um, we truly do, uh, change our teaching strategies based on feedback we get from things like this activity. So there's, uh, although and correct and incorrect answer, there's learning that comes out of all of this. So don't hesitate. Don't be shy, please do vote. All right so here's your first scenario, um, so just go ahead and read the screen. Once we launch the poll you won't be able to

see the slide. So hopefully you have the slides printed in front of you and if you need to reference the question we're talking about Slide 32. Okay let's go ahead and launch our poll. There's somebody on the phone that, that doesn't have their phone muted. Can you be sure and mute your phone and if you don't have a mute button press Star 6. We've got about 70 percent of people have voted, um, does anyone else want to chime in before I offer the answer? I'll give you a couple more seconds to click. Yea! Thank you for chiming in. Okay, um, we have 82 percent of our respondents who chose the correct answer, which is yes. This is a very direct straightforward example of a claimable activity. Um, and the rest of our respondents chose, no, so hopefully you've learned, those 20 percent of people learned one new thing today. All right, we're gonna move on to our next scenario. The nurse goes to the home to weigh the baby and she finds the baby has not gained weight well. She completes and assessment of infant feeding and gives mom recommendations to increase the baby's intake. Go ahead and launch the poll. Okay it looks like most of the folks that are choosing to participate in the poll have voted. The correct answer is no and the vast majority of you did chose no as your option. So let's take a look at our next scenario. Is that right?

Next Speaker: Yeah.

Next Speaker: Okay, so this is a tricky one.

Next Speaker: Mm hmm.

Next Speaker: We get a lot of requests from this scenario. You have a community health worker who's working either for Babies First or Cocoon and she also happens to be a WIC certifier. The community health worker is completing a WIC certification in the home and during that visit she discovers, um, that based on the WIC protocol she needs to consult with the registered dietitian. She returns to the office and consults with the dietitian and she also happens to pull in the public health nurse. It's determined that the client needs a referral to the primary care provider and the referral is made. Based on everything we've talked about today do you think, do you think it's billable? This one's tougher. If you need to reference the question you can look at Slide 34. A couple people are holding out. They're not being brave enough to weigh in on this one.

Next Speaker: You know that's a good example that we're in a grey area.

Next Speaker: This scenario is, um, not billable and in fact, um, it's never gonna be billable. So let's walk through the rational. This is a community health worker who's gone into the home under the WIC program. She's working under the WIC policies and procedures and she's not working under the direction of the nurse. Yes a referral was made, but it doesn't say anything here about the targeted case management assessment of the targeted case management service plan. So this scenario is absolutely not billable. It's a direct service provision of WIC services.

Next Speaker: Yes, and this is Candy. I wanted to correct. I said this is a grey area. I feel like once we even begin to start talking about how many different people talk you at least it's not white. Slow down.

Next Speaker: Okay, so let's look at our, our next scenario. The community health worker was sent to the home under the direction of the nurse to monitor what's going on with the TCM plan. While visiting she also did a WIC ****. In addition she checked on the status of the immunization follow up, which was part of the TCM care plan, and the community health worker discovers mom has not followed through as planned with the immunizations. New barriers are discussed and problem solving occurs. Is this billable? So I have a request to reread the question. You can also look at Slide 35. The community health worker was sent to the direction of the nurse, meaning the Babies First or Cocoon nurse, to monitor what's going on in the TCM plan. While visiting, the community health worker also happened to do a WIC cert. In addition she checked on the status of the immunization follow up, which is part of the TCM plan and the chart. Community health worker discovers that mom has not followed up with the immunizations and there are new barriers identified and discussed and problem solving occurs. Great, okay, so we have a lot of you voting on this one. Thanks for, uh, participating. Um, this is what we call the grey scenario. The community health worker was working under the direction of the nurse and she's clearly working –

Next Speaker: I'm sorry, I'm sorry. Forgive me. Forgive me.

Next Speaker: She's working on information that's directly related to the TCM plan. We want to stress that the WIC cert is not the billable part of the visit. It's the follow up with the TCM plan and the immunizations and that's why it's billable and you'd want to be really careful with your documentation. So nice work everybody on that one. So somebody asked, I should just repeat that out loud. Somebody here asked why is it grey and I was explaining its grey because some of the activities were clearly billable but some of them weren't so that gets a little tricky. We need to make sure we're careful with our documentation. Okay, so here's our next scenario. The nurse makes arrangements for a home WIC cert because the client cannot attend the WIC office visit. Go ahead and launch. We've had some people decide not to play. Maybe they had to go get coffee. Um, the answer to this one is yes, this is a billable activity. Making arrangements for the home WIC cert and the referral and coordination so the home WIC cert can occur is billable, but performing the WIC cert would not be billable, okay? So next scenario.

Next Speaker: Can I, can I just add?

Next Speaker: Sure.

Next Speaker: On, on this particular one, it would be the visit where the nurse went out and determined that the family was having trouble getting into WIC she would explore with the family why, what the barriers were, what was creating the problem and then decide as part of her plan that there was no way to overcome those barriers and the easiest thing to do would be to have somebody come out and do it. So that's the visit that would be billable.

Next Speaker: Mm hmm

Next Speaker: Not the visit where somebody goes and does the WIC cert.

Next Speaker: Mm hmm.

Next Speaker: Okay, so our next scenario; after a home visit, um, to, okay. Oh okay. You do a home visit to a postpartum mom and a newborn and you realize that the postpartum mom needs a referral related to her depression and that there were no other activities that looked at all like TCM-able activities during the visit. Can you make a TCM claim based on the referral for the maternal depression? Okay, we've had most of the people vote. I'm happy to see that a narrow majority of you recognize that this is not billable. Um, there is a rare situation where this might be billable that I'll go over right now, and that is in your community if you have true dyadic treatment available, meaning you have a clinician who is trained to work with mothers and babies in a dyadic way then you are technically referring the baby as well as the mother and that would be billable. The vast majority of you do not have access to that type of clinician and referring a mom, um, to treatment for depression would not be billable. Now this is typically where I say now wait, wait, wait, you know, and I'm on the phone with DMac and I say if mom is depressed and we treat that depression, it's gonna help this baby to access and utilize services and this is where DMac will tell me yes, we understand that and we understand that a case could be made for any parental referral would eventually benefit the child, but we have to draw the line somewhere and we have so many targeted case management plans in Oregon that if the referral or other TCM activity gets strayed from the targeted client, who is the child, they see that as a very risky area and highly likely to be a finding in an audit. So although this is good nursing care, it's something we want you to continue to do. You would have to work in other claimable activities if you want to submit a claim on that day. Now we had a question come in, um, on Slide 36 which was the question about, um, the WIC cert arrangement and somebody said well you could also do other claimable activities on that day. Yes, and remember the instruction, don't imagine or invent anything. Just read what's on the slide. We absolutely understand that nurses are doing WIC certs and it's a direct service and it's not billable, bottom line. The other thing –

Next Speaker: You can't bill it in WIC Clinic, so why could you bill it in the home?

Next Speaker: And you know, there are circumstances were families need to have home WIC certs, but again if you think globally about the purpose of targeted case management it's helping to improve their ability to access and utilize services and we want them to be able to do that independently. Sometimes it takes lots of steps to get there and a home WIC cert might be the first step in helping them gain independence, but it's never gonna be billable to do a WIC cert. Okay, so somebody's asking on 37 if it would have been billable if other TCM activities were done. Probably. If there were TCM activities that were specific to the child you could work in a bill for that day. So let's look at our next scenario and then we'll take some more questions in a minute. So this is Slide 37. Thank you. Scenario **** Slide 38. So this is common. You've gotten a referral from the NICU on a teen mom and on your first visit you're really focused on that teens postpartum needs which is what happens and you end up discussing family planning and you determine that she needs some assistance to ensure that she can access birth control? Is this billable? Star 6 to mute. Great, okay, um, the majority of you have voted and this is unfortunately great nursing care but not billable. Again it's, it's, um, no focused on the targeted client, the child. We have a question about helping a mom access WIC is a billable service. That's correct. Assisting her to access WIC by helping her address barriers, problem solving, making a referral, assisting her with the appointment, providing her with advocacy with the WIC

office. All of that is billable. The second part of the question is so would taking out voucher for a breast pump for her be billable and the answer is no. That's direct service provision. Um, and that's not billable. Great question. Keep typing 'em in. I think we're getting close to our last scenario here. So you happen to be sitting at your desk, um, this used to happen to me a lot and it wasn't the favorite days of mine when this occurred. I don't know if it's ever happened to you, but you have a worried person wandering over from WIC looking for a nurse because she has a rash in the clinic that she's concerned about and wants your nursing consultation. So you go over to the WIC Clinic. You take a look at the rash and you indeed think it's quite concerning and you help the child access their physician. Is this billable? Okay, it looks like the software isn't wanting to let us have you vote so I'll just give you the answer. This is not billable. It's direct service provision. Um, the client, there's no reference here to the client being enrolled in Babies First or Cocoon and there's no reference to the care plan and it doesn't matter anyway because it's direct nursing care, so this is not billable. So we've had a couple questions come in while we were launching the poll that I want to review with you. Um, sometimes we get questions about if a nurse can refer to herself or community health worker for that matter, if they can refer to themselves because they have multiple roles and multiple hats that they play and that is a really tricky area. I would say the majority of the time that's going to fall within the grey zone and it's going to really depend on the situation. For instance if in your community you happen to be the Head Start nurse and you refer a child to Head Start, that's probably billable. Um, if you happen to work for the local family practice doctor and you refer to the local family practice that's probably billable. Referrals back and forth between the community health worker and the nurse are absolutely not billable. You are to be working in collaboration under the same plan. Um, if you work for WIC and you work for Babies First and you refer to WIC that's billable. Um, but again be real careful at the WIC certs are not billable. Delivering vouchers not billable. Okay, so that wraps up our scenarios. We just have a little summary here. We want to encourage you to stay in the white, move towards the light. I know it can get really tricky and foggy and that they grey places can be frustrating. So don't ever hesitate to call us. Fran and Larry have great expertise as does Candice in answering these questions. Um, when you ask us questions it helps us improve the training that we do and we like adding them the FAQs so **** can benefit from your questions. I think the majority of confusion has historically come from not understanding that the **** OARs and the program policies and elements all must be followed. They don't have the exact same language. It is the intent that they build on one another. The **** is intentionally kept as vague as we can possibly get it and still receive federal approval. The OARs get a little more specific and then we try to keep the majority of our detail in our policies and manual because that's in our span to adjust and change as we need to as we grow and develop our program. Um, want to remind you that DMac does offer excellent online help, um, they've got extensive web page references and manuals that they themselves support and provide. They have lots of online tutorials and training classes available. Um, provider services really doesn't take very many phone calls anymore. They really want you to access them using the web portal and other methods. Um, but do take advantage of the training opportunities that they provide and we also want to offer our app support for assistance with billing related questions. Oh we have a typo in Larry Peterson's extension.

Next Speaker: And her phone number.

Next Speaker: And her phone number so you just want to say the correct number?

Next Speaker: Mm hmm, it's 971-673-0260 and there's no extension associated with it.

Next Speaker: This was Penny's.

Next Speaker: Uh oh. We left Penny's old number in there.

Next Speaker: Yeah.

Next Speaker: My apologies. But I think all of you know Larry and know how to find her. Um, so we have a couple more minutes, um, I don't know what happened to my slide. Oh here it is. So about the forms. We've had a couple questions coming in via the typing about, about the form. Um, we spent the last year kind of piloting them and many of you have been using them and giving us feedback. We've also been gathering feedback from our triennial reviews. So those forms are being updated. Soon we'll be picking a date for a second webinar where we will train on the forms and release the forms and the new forms will become mandatory in January 2012. The new forms include a one page assessment, a one page plan and then a one page, um, visit form that you will do on every visit in which you submit a claim for. The TCM assessment is **** annual of more often as the circumstances change. So stayed tuned. There'll be more information coming soon around the forms. So right now we don't have any more questions coming in. We'll just pause for a minute to see if there's any last minute, um, items that we need to discuss. The webinar software should be automatically sending you an email with a Survey Monkey so that's an opportunity for you to give us feedback about this webinar. So please do participate in that. All right, I, I will sign off. We'll say goodbye and thanks so much for your participation and attendance.

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