

Babies First! and CaCoon

Manual 2024- Chapter 1



Oregon
Health
Authority

Babies First! and CaCoon

Manual 2024- Chapter 4



PUBLIC HEALTH DIVISION
Maternal and Child Health

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Role of State Agencies (OHA and OCCYSHN)

The Maternal and Child Health (MCH) Section of the Oregon Health Authority (OHA) administers the Babies First! Program and the Oregon Center for Youth with Special Health Needs (OCCYSHN) at the Oregon Health Sciences University (OHSU) administers the CaCoon program. OHA and OHSU have contractual agreements with local public health authorities (or their designated contractors) to implement Babies First! and CaCoon home visiting services in their county.

OHSU and OHA collaborate in their administration of these two programs to ensure continuity at the county level, increase efficiency of training efforts and maximize the dollars available to provide a continuum of care for children and families. In many counties, the same home visitors provide the services of both programs to families. Both programs have worked together to standardize the quality of primary, secondary and tertiary services available to infants and children and their families throughout the state.

Program Funding and Resources

In general, there are five main sources of program funding for Babies First! and CaCoon: State General Funds, Title V MCH Health Block Grants Funds, Medicaid claiming for Targeted Case Management (TCM), County General Funds, and Medicaid Administrative Claiming. Obtaining grant funding may be possible to support some activities; contact your state nurse consultant for more information.

State Funds

State General funds for Babies First! are passed through to local public health authorities (LPHAs) (or their designated contractor) through the Maternal Child and Adolescent Health Program Element (PE) 42 of the contract between the state Public Health Division and LPHAs (or their designated contractors). Contract requirements are located here.

Title V (Federal Funds)

Title V MCH funds are passed through to local grantees through PE 42. Grantees are required to use Title V funding to support designated Title V priorities areas.

OCCYSHN is Oregon's Maternal and Child Health Bureau (MCHB) Title V public health agency for children and youth with special health care needs (CYSHCN). Title V funds are passed to the local level through a contract between OCCYSHN/OHSU and the local implementing agency.

Targeted Case Management

Providing Medicaid Targeted Case Management (TCM) services offers local agencies a way to submit claims and receive reimbursement for some of the costs of nurse home visiting program delivery. Regardless of whether billing for services occurs, the Babies First! and CaCoon Programs must be offered at no cost to the family.

TCM rules are described in Oregon Administrative Rules 410-138-000 through 410-138-0390.

TCM services are services furnished to assist individuals in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance:

- Comprehensive assessment (done by the nurse) and periodic reassessment of individual needs (may be done by CHW or nurse).
- Development (and periodic revision) of a specific care plan that is based on the information collected through the nursing assessment.
- Referral and related activities (such as scheduling appointments with the individual or coaching them to make their own appointment) to help an eligible individual obtain needed services.
- Monitoring and follow-up activities: activities and contacts necessary to ensure the care plan is implemented and adequately addresses the individual's needs.

These are the only TCM-billable activities. Provision of direct nursing services is not billable.

TCM activities (assessment, plan, referral and monitoring) must be well documented. Use of the OHA TCM Assessment, TCM Service Plan, and TCM Visit forms is highly recommended. If using an electronic charting system, please ensure all data elements from the forms are captured and easily retrievable for auditing purposes.

Please see the TCM Frequently Asked Questions document for more information.

TCM Billing

See the TCM Guidance for Coding Claims

All claims (requests for reimbursement) are processed within the OR-MMIS (Oregon Medicaid Management Information System), which is Oregon's Medicaid database.

Each reimbursement covers services connected to one visit, or a single date of service. A client must have Oregon Health Plan coverage on the day of the visit for the visit to be reimbursable, and the visit must include at least one of the required activities noted above: assessment, care plan development, referral, monitoring or follow-up activities.

Entering claims directly into the MMIS provider portal or billing through an electronic health record are fast, efficient ways to bill and receive payment for Medicaid claims. All claims that enter the MMIS throughout a week undergo financial processing on Friday night. An estimate of benefit document (EOB), a remittance advice document (RA), and payment typically arrive early the following week.

Payment may be through a paper check or through an electronic transfer of funds.

Note that Medicaid is always the payer of last resort. This means that services for clients with the Oregon Health Plan and another type of health insurance must be billed to the other insurance first. If the client's other insurance denies the claim, then the denial should be submitted to the MMIS along with the claim. For specific information about Targeted Case Management requirements, please see:

- Oregon Administrative Rules 410-138-0000 through 410-138-0390
- TCM Services Program (HSD website)

For help with MMIS logins and information about claim denials, contact HSD Provider Services: 1-800-336-6016. For questions about documenting services and whether specific services are reimbursable, contact your MCH State Nurse Consultant.

County General Funds

TCM providers as a public entity, unit of government, must pay the non-federal matching share of the amount of the TCM claims, calculated using the Federal Medical Assistance Percentage (FMAP) rates in effect during the quarter when the TCM claims will be paid. Oregon Medicaid local match rates can be found here. <https://www-auth.oregon.gov/oha/HSD/OHP/Pages/Local-Match.aspx>

Medicaid Administrative Match

Medicaid Administrative Claiming (MAC) is a method of identifying and accounting for the time spent by public health department staff on administrative activities related to Medicaid-covered services. County health departments (or health districts) can then be reimbursed for the cost of performing these activities. For more information, contact Dave Anderson, Medicaid Administrative Claims Specialist, Public Health Division, Oregon Health Authority at 971-276-041 or david.v.anderson@oha.oregon.gov

Collaboration and Coordination between Programs

In the ever-evolving landscape of public health, it's crucial that county programs engage in active collaboration for the betterment of our communities. By sharing insights, learning from each other's successes and challenges, and even enabling new staff to shadow more experienced personnel, counties can more effectively leverage resources and best practices. This isn't just an exercise in knowledge-sharing; it's an essential practice that can significantly amplify the impact of our collective work. Collaboration doesn't just make individual county programs stronger; it makes the entire system more resilient and responsive to the needs of our communities. Sharing policies, templates, and learning resources can save time and energy that can then be redirected towards family services. Examples include participating in Basecamp (sign in) and monthly Community of Practices.