Babies First!, Family Connects,
Nurse Family Partnership and CaCoon
Targeted Case Management (TCM)
1 unit/encounter

TCM Assessment

TCM Care Eligibility (All must be checked to bill**):**

☐ The client has at least one eligibility criteria for Babies First!, Nurse-Family Partnership (NFP), or CaCoon or is an infant age 0-6 months for Family Connects.

☐ The client is enrolled in a TCM program (please select one):

- Family Connects (0-6 months)
- Babies First! (<5 years old)
- NFP (<2years old))
- CaCoon (<21 years old)
- Pregnant or primary caregiver of an eligible child (Babies First!/NFP)

☐ The client has Medicaid coverage at the time of the TCM visit.

Other services the client or caregiver is receiving (check all that apply)**:**

☐ Early Intervention (EI)

☐ Child Protective Services

☐ Developmental Disabilities

☐ Other TCM Program: _____

Caseworker name: _____ Phone: _____

Primary Care Home: _____ Phone: _____

CCO: _____ Phone: _____

(Documentation of service coordination throughout client's program participation is required for billing.)

The client's/caregiver's strengths that can be leveraged to support TCM plan:

Support System (current natural and community supports):

Client Name: DOB: Date of Service:

Assessment (check all identified needs):

- ☐ Advocating for self or child
- ☐ Childcare
- ☐ Clothing and basic supplies
- ☐ Dental care
- ☐ Early education services
- ☐ Education, adult
- ☐ Food security
- ☐ Health insurance/OHP
- ☐ Housing stability
- ☐ Income stability
- ☐ IPV resources
- ☐ Legal aid
- ☐ Medical specialty care or therapies
- ☐ Mental health care
- ☐ PN/PP care
- ☐ Respite care
- ☐ Scheduling and keeping appointments
- ☐ Substance use (ATOD)
- ☐ Supplemental Security Income
- ☐ Support system
- ☐ Transportation
- ☐ Well-care visit/immunizations
- ☐ WIC
- ☐ Other: _____

The client/caregiver **does not need** or declines assistance accessing and/or utilizing needed services:

- ☐ Advocating effectively for self/child
- ☐ Aware of services and how to access services
- ☐ Adequate social supports
- ☐ History of adequate access and utilization of needed services
- ☐ TCM Case Manager for another program is already in place and meeting needs (see above for details)
- ☐ Other (specify): _____

The client/caregiver **does need** assistance accessing and/or utilizing needed services:

- ☐ Requests assistance with paperwork because of language barrier, low literacy, etc.
- ☐ Requests assistance to secure basic needs (e.g., food, clothing, shelter)
- ☐ Family health needs impacting the client's ability to access and utilize needed services
- ☐ Requests assistance with health and human service resources available in the community
- ☐ History of challenges accessing or utilizing needed services
- ☐ Requests assistance with advocacy
- ☐ Instability of finances/housing/environment
- ☐ Limited awareness of preventive health care services
- ☐ Limited support system
- ☐ Cultural/language barriers to services
- ☐ Limited client/caregiver literacy
- ☐ Limited client/caregiver health literacy
- ☐ Transportation difficulties
- ☐ Other (specify): _____
- ☐ Other (specify): _____

RN Case Manager Signature: _____ Today's Date: _____

Client Name: _____ DOB: _____ Date of Service: _____