

## **MCH Nurse Home Visiting Programs (Babies First!, CaCoon, Nurse Family Partnership) Targeted Case Management (TCM) Frequently Asked Questions**

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### **General**

See also:

Oregon Administrative Rules (OARs): [See Chapter 410, Division 138 Targeted Case Management OARs](#)

Health Systems Division (HSD) Supplemental information and guidelines: [Targeted Case Management Services Program, administered by the Oregon Health Systems Division](#)

Program Policies: [Program Element 42](#)

#### **1. Q: What is a SPA?**

**A:** A State Plan Amendment. This is our agreement with the Centers for Medicare & Medicaid Services (CMS). Oregon's TCM SPA is posted [here](#). OARs are written to provide additional guidance that reflects the agreements made in the SPA.

#### **2. Q: The SPA and OARs do not reflect the exact same language. Which one should I follow?**

**A:** Both. As a federal requirement, the State Plan Amendment always takes precedence. Oregon Administrative Rules reflect the language in the SPA and provide the definitive framework for how the program should be implemented. HSD Supplemental Guides, Program Contracts and Program Manuals provide additional details that are intended to guide practice and assure compliance with the program design. These documents work in concert and must be followed for compliance.

#### **3. Q: Can you give an example of "unit of TCM service"?**

**A:** A unit is one visit or one encounter per day per client. The reimbursement rate for a TCM unit of service includes costs for both the home visit and follow-up activities. Each contact with the client does not constitute a unit of TCM service. For example, a reminder call or making arrangements for a client's transportation to a medical appointment following a home visit does not constitute a new unit of TCM service.

**4. Q: What is “double-dipping” and why is CMS so concerned about it?**

**A:** “Double-dipping” is a situation where a provider is paid twice for the same service. Direct medical services are payable by Medicaid fee-for-service or a Coordinated Care Organization (CCO) and are therefore not a part of the TCM rate base.

**Covered Services**

See also:

OAR 410-138-0000 Definitions

OAR 410-138-0007 Covered Services

OAR 410-138-0009 Services not covered

**1. Q: The nurse is following the home visiting program’s schedule for visits. Each time she goes out, she asks if the client has scheduled the next well child visit. Can a TCM claim be submitted for each home visit?**

**A:** Maybe. Asking a client if they have scheduled a well child visit does not reflect a comprehensive TCM Assessment or Plan. Providing TCM services to address extensive barriers to scheduling and keeping appointments may constitute a valid service for reimbursement. If a case manager finds she is repeating the same interventions that do not result in progression toward the TCM goal, then it is important to update the assessment and plan with revised interventions. Keep in mind the TCM rate assumes case management services provided within a visit and follow-up services as needed.

**2. Q: If I refer the mom to treatment for maternal depression, or family planning is this a billable activity?**

**A:** Yes, if you have a TCM Assessment and Plan for the mom and the mom is an enrolled client of the Home Visiting program these activities may constitute a valid service for reimbursement purposes. If the mom is not an enrolled client, and does not have a TCM Assessment and Plan, you cannot bill for TCM services. Caregivers of CaCoon clients are not eligible.

**3. Q: Can I submit a TCM claim for delivering WIC vouchers or performing a WIC Certification in the home?**

**A:** No, these are both examples of direct service provision and are therefore not eligible for TCM reimbursement. Billing Medicaid for TCM services for the delivery of WIC vouchers or performing a WIC Certification in the home is “double-dipping” because the WIC program already funds these activities. However, if you determine in your TCM assessment that the family has significant irresolvable barriers to going to the WIC office, and your local WIC policies allow for home certifications, you can assist the client in making arrangements for the home certification and that linkage is a billable activity as long as it is reflected in your TCM Assessment and Plan.

**4. Q: Is the application of fluoride varnish provided during a home visit a TCM reimbursable service?**

**A:** No, the application of varnish is a direct service and is not eligible for TCM reimbursement.

**5. Q: How often do I need to reassess the client's case management needs? Are there any frequency requirements for the "reassessments"?**

**A:** A reassessment must be conducted at least annually or more frequently if changes occur in an individual's condition. You can reassess the case management needs as often as needed based on changes in the client's condition.

**6. Q: Can I submit a TCM claim for weighing and measuring a child? Client weight and measuring may be part of an assessment?**

**A:** No, weights and measures are considered the provision of a direct nursing service and therefore not covered under TCM.

**7. Q: How do I know if a service I provide is part of a nursing assessment or TCM assessment?**

**A:** TCM Assessment is defined as "the act of gathering information and reviewing historical and existing records of an eligible client in a target group to determine the need for medical, educational, social, or other services. To perform a complete assessment, the case manager will gather information from family members, medical providers, social workers, and educators if necessary." Taking a history is a component of a nursing assessment; however physical exam and other hands on screens are considered direct service provision and not reimbursed by TCM. TCM assessments are focused on assisting the client to access and utilize services.

**8. Q. If I am seeing a family where the child and the mother (or caregiver) is enrolled in my program (BF! or NFP), can I submit two TCM claims for services provided during that one visit?**

**A:** Maybe. Concern about "double-dipping" should call for caution here. If both the mom and child have separate and individualized TCM assessments and TCM goals/plans, and the TCM services provided to each during the visit were different, you may submit separate claims for both the mom and child. You would need to be clear that the case management services provided to the mom were different than the services that would have been provided if the baby was the only eligible/enrolled client. You must create separate, distinct TCM visit form documentation of your TCM work on each client for that visit. For example, if you refer the mother to mental health services and the child to well child checks, these are different TCM activities and you may submit two TCM claims for that visit; however, if you refer the mother and child to housing, you may not submit two TCM claims, as this is one TCM activity. Medicaid does not allow two payments for the same activity (regardless of whether it benefits more than one person). Keep in the mind that the TCM rate assumes intensive case management activities provided during the visit and follow-up services as needed.

**9. Q. If I am seeing a family where more than one child is enrolled in my program (BF! or CaCoon), can I submit more than one TCM claim for services provided during that one visit?**

**A:** Maybe. If all children have separate and individualized TCM assessments and TCM goals/plans, and the TCM services provided to each during the visit were different, you may bill on each child. You must create separate, distinct TCM visit forms documentation of your TCM work on each child for that visit. For example, if you refer one child to mental health services and the other child to well child checks, you may submit two TCM claims for that visit; however, if you are working with the family to address barriers to receiving routine well child checks for both children, you may not submit two TCM claims, as this is one TCM activity. Medicaid does not allow two payments for the same activity (regardless of whether it benefits more than one child).

**10. Q: Is it possible to bill TCM for a telephone call?**

**A:** No. The cost of the visit and case management work related to the client visit is accounted for in the TCM rate. However, if you provide a telehealth visit that is considered the equivalent of face to face services, meets the established criteria for a telehealth visit per your program guidelines, and comprehensive TCM services are provided, a TCM telehealth visit may be claimed. For Nurse-Family Partnership, telehealth visits must meet the requirements for a telehealth visit defined by the National Service Office. Babies First! and CaCoon guidance on the use of telehealth is coming. Babies First!, CaCoon and NFP are home based programs and most TCM services are provided in the context of home visits.

**11. Q: Can I submit a TCM claim for a child if I meet with a caregiver, but the child is not present?**

**A:** Maybe. You can work with the child’s caregiver or the client’s authorized health care decision maker(s) and others to develop goals and identify a course of action to respond to the assessed needs of the eligible client. Activities that help link the eligible client with medical, social, or educational providers or other programs and services outlined in the care plan are covered services. A comprehensive nursing assessment should be completed and documented in the medical record. It is important to differentiate between a claimable service provided at a visit and follow-up activities that may not be claimed.

**Documentation**

See also

[MCH supported TCM Assessment and Visit Forms](#)

**1. Q: When do I use the TCM Visit Form? On the first visit, or just on later visits?**

**A:** The Visit Form is designed to record TCM interventions. The TCM Assessment form is designed to record your assessment and the TCM Care Plan form is designed to record your TCM plan. Use the Visit Form on any visits where you conduct TCM interventions. This may be the first visit as well as follow-up visits.

**2. Q: How should I document eligibility criteria and follow-up information for a child versus a parent? What can go in the child record related to eligibility criteria that reflects parental risk factors?**

**A:** All eligibility criteria should be noted in the child’s medical record. Follow-up interventions that address the parental risk (mental health, drug or alcohol use, and other health condition) should be documented in a way that protects the parent’s personal health information. Local policies and procedures need to be in place to protect against accidental release of personal health information. The easiest way to assure the protection of personal health information is to document in separate adult and child medical records. If the parental risk factor is impacting the child’s ability to access and utilize services that can be documented on the TCM Assessment Form as “Caregiver health needs impacting child’s ability to access and utilize needed services”. The detailed follow-up actions taken to address the parent issue (mental health, drug and alcohol use, etc.) should then be documented in the parent’s chart. Your MCH nurse consultant is available to help you with individual documentation scenarios.

**3. Q: Can we alter the TCM Assessment, Plan, and Visit Forms? How must they be included in an Electronic Medical Record (EMR)?**

**A:** You can adjust the format to meet your local requirements, e.g. add logos. However, the content should not be altered. EMRs should contain all the content from the three TCM forms.

**4. Q: Does the TCM Visit form meet the TCM documentation requirements?**

**A:** Yes, when used in conjunction with the TCM Assessment and TCM Plan forms, the TCM Visit Form meets the TCM documentation requirements. You will also need to document your nursing process utilizing nursing assessment forms, nursing care plans, and/or nursing progress notes.

**5. Q: Do TCM units have to be recorded in our nurse's note? Or is online documentation sufficient?**

**A:** TCM units should be documented with the TCM documentation in your medical record. Units have been pre-printed on the MCH supported TCM Assessment and Visit Forms. A unit is equal to one encounter or one home visit.

**6. Q: Are we required to complete SOAP charting along with the TCM Visit form?**

**A:** No. ORS 851-045-0060 requires that nurses use and document the nursing process. Using SOAP charting assures that your documentation includes subjective, objective, assessment and plan information. Documentation of the nursing process is a nurse practice requirement in addition to TCM documentation requirements; however, you can use a method other than SOAP to meet this requirement.

**7. Q: What if multiple referrals are made at a visit; how do we document all of them on the Visit Form?**

**A:** All referrals should be documented. Only one TCM Visit Form needs to be completed per visit, and all referrals made during the visit may go on this form.

**Community Health Workers (also known as Family Advocates, Promotoras, etc.)**

See also  
OAR 410-138-0060 Provider Requirements

**1. Q: Do you need to sign the Community Health Workers charting as an RN?**

**A:** Yes. Signing the chart is one way to demonstrate that the community health worker is working under the direction of the RN.

**2. Q: Are there any guidelines as to how frequently the Community Health Worker must meet with the supervising RN?**

**A:** No, per the OAR, you need to be able to provide oversight and evaluation of TCM activities. Refer to guidance from the Babies First! and CaCoon programs for more information on oversight and evaluation of community health workers in these programs.

## **Other TCM Providers**

**1. Q: What about Children’s Mental Health Providers? Do they use TCM? I attend meetings with them for wrap around services for a client.**

**A:** Children’s mental health providers may provide case management/care coordination; however, they are not a Targeted Case Management Provider. PHN TCM services should be coordinated with all other services providers involved with the child.

**2. Q: I see a 1-year-old with Down syndrome through the CaCoon program. He is also being served in the Healthy Families program through our agency. I see the family every three months; the Healthy Families worker sees the family weekly. Can the Healthy Families worker bill for a TCM eligible activity?**

**A:** No, Healthy Families workers are not Targeted Case Management Providers. CaCoon services may overlap with Healthy Families activities but the nurse must have a specific Targeted Case Management plan, as well as a nursing plan developed with the family.

## **Billing**

**1. Q: If I deliver TCM services to a home visiting client who has dual insurance coverage including Medicaid coverage can I bill TCM?**

**A:** Yes, if the other insurance provider has been billed and the claim has been denied. In general, the Medicaid program is the payer of last resort and a provider is required to bill other resources before submitting the claim to Medicaid. This requirement means that other payment sources must be used before the Health Systems Division may be billed for covered TCM services. Note: the denial from the other payer must be submitted with the claim.

**2. Q: Can I submit a retro-active claim?**

**A:** Yes, see OAR 410-138-0390 and consult the Health Systems Division for additional guidance. The claim should be submitted within 12 months of the date of service. Once the claim has been submitted, you have 18 months from the date of service to continue to rebill the claim.

**3. Q: Is there a maximum number of visits that can be billed?**

**A:** No, there is no maximum number of visits that can be billed.

**4. Q: Is the ability to bill for visits for perinatal women only available for women enrolled in NFP or is it available for women served through prenatal Babies First!?**

**A:** You are able to submit claims for visits to perinatal women enrolled in Babies First! as well as NFP.

**5. Q: May we submit claims for home visits to another caregiver, other than the parenting mother?**

**A:** Yes. You may submit claims for visits to another caregiver who is enrolled in the Babies First! or NFP programs. This is intended to capture the primary caregiver, not occasional caregivers such as a child care provider.

**6. Q: What does “TT” mean? If we were to bill more than one person in a household, would we use that modifier on the billing?**

**A:** “TT” is a secondary informational modifier that would follow the initial identifying modifier. Yes, you would use TT when billing for two clients at the same visit. If you bill for two clients in the same home visit, you must be working on unique TCM Assessments and Plans and providing unique TCM services for those individual clients.

**7. Q: Can both parents in a family be opened in the Babies First! program, if the nurse is doing TCM work with both parents and the work is different for each family member?**

**A:** Yes. Please ensure your documentation is adequate to identify the unique needs of the individual clients for whom you have opened discrete Babies First! cases.

