



Guidance Document Title:	Interim COVID-19 Babies First!, CaCoon and Nurse-Family Partnership (NFP) Telehealth Visit Guidance
Target Audience:	Public Health Maternal-Child Health Nurse Home Visitors including: Babies First!, CaCoon, and NFP Nurses and Community Health Workers
Date Updated:	04/09/2020
Date of Next Review:	03/2021

PURPOSE:

To provide guidance on what constitutes a telehealth visit for the Babies First!, CaCoon, and NFP nurse home visiting programs to ensure consistent process for providing home visiting content via phone or video conferencing during the COVID-19 response.

BACKGROUND:

Babies First!, CaCoon, and NFP clients are assessed in the physical, mental and social determinants of health domains. The nurse and client agree upon a visit schedule, location and content based on the client’s goals and needs and the nursing assessment. Visits should occur in the home with the nurse or a community health worker; however, during the COVID-19 pandemic response, this may not be feasible, and home visiting services may be best supported via an encounter method other than in the home.

The Maternal and Child Health Section of the Oregon Health Authority defers decisions to halt in-home visiting services to local implementing agencies. If the local agency operations center decides to stop in-home services, rather than halting the home visiting program, it is preferable to provide telehealth visits.

The mode of telehealth visits for the nurse home visiting programs may include:

- Synchronous (live two-way interactive) video and audio transmission resulting in a real time communication between the home visitor and the client using a platform approved by the local implementing agency
- In the absence of an approved video platform, telephone is an acceptable mode

Check with your client on the phone and find out what phone or video platforms they may already use or be familiar with. Ask what method they would prefer or would work best for them.

PROCESS

- Obtain and maintain technology used in telehealth communication that is compliant with privacy and security standards and approved by local implementing agency.
- At a minimum, review your agency's informed consent with all new clients and obtain a verbal signature and date and document in the client chart.
- Verify client identity at start of telehealth visit by confirming name and date of birth.
- If using video conferencing on an approved local implementing agency platform, ensure any material with identifying information is out of view of the client.
- Ensure the telehealth visit occurs in a private area where no other person can hear the conversation with the client.
- If an interpreter is needed, they should be patched into the call or given the number to call into the video conference.
- Follow requirements for telehealth visits (identified below).
- Document telehealth visit per local implementing agency's standard documentation rules in the client chart; ensure documentation includes reason for telehealth visit.
- **Enter telehealth visit in the state data collection system (ORCHIDS). See section below for more information on documenting telehealth visits in MMIS and ORCHIDS.**
- Ensure policies and procedures are in place to prevent a breach in privacy or exposure of patient health information or records to unauthorized individuals.
- Maintain clinical and financial documentation related to telehealth services.
- When submitting a claim to Medicaid for Targeted Case Management (TCM), **see section below for information on entering telehealth visits in MMIS.**

REQUIREMENTS FOR TELEHEALTHVISITS

- NFP nurses should follow National Service Office telehealth guidance.
- Telehealth visit must include at least the client (or caregiver) and the nurse or community health worker (CHW) working under a nurse care plan.
- The client should be oriented to a telehealth visit: have a conversation at the beginning of the first telehealth visit to discuss the transition to remote service delivery—how the visits will remain the same, and what might be different. After the first telehealth visit, and continuing throughout remote service delivery, it is best practice to reflect with families on what is working and what is challenging, just as would happen for in-person visits.
- An initial in-person visit for new clients is not required. For all clients, the telehealth visit **must** include work **on at least** one screening or assessment, per the Babies First! or CaCoon manual; **OR**, one intervention (case management, motivational interviewing, health education); **OR BOTH**.
- If a nurse conducts the telehealth visit, a nursing care plan must be documented.
- A CHW must conduct visits per a nursing care plan, and they may do so via a telehealth visit. The CHW must document the telehealth visit per usual CHW visit documentation policy.
- In order to bill Medicaid for Targeted Case Management (TCM) provided during a telehealth visit, a targeted case management service must be provided, per the TCM rules. The appropriate TCM documentation must be completed in the chart.
- Remember: a case management phone call that is a follow-up activity to a previous client visit is included in the TCM rate and is not a separate billable visit; however, if you provide a telehealth visit that is considered the equivalent of face- to-face services, and comprehensive TCM services are provided, a TCM visit may be claimed.

CONSIDERATIONS FOR NURSING ASSESSMENTS PROVIDED VIA TELEHEALTH

Nurses in home visiting programs use a broad range of assessment skills to gather information, analyze, interpret and plan for client care. Nurses are particularly adept at using a relationship-based approach to ask questions to gather appropriate data for physical and mental health assessments. These same skills can be utilized successfully via telehealth visits. Conducting history and physical assessments and mental health assessments via telehealth should be done much the same way as in-person. The inability to conduct hands-on assessment – feel, listen, or look closely – will provide some limitations; however, nurse home visitors should probe for accurate description of issues through careful questioning and being curious. When discussing a specific clinical issue (e.g., rash, fever), the nurse home visitor should gather information on standard assessment components of Symptoms, Characteristics, History, Onset and Duration, Location, Aggravating or associated factors and Relieving factors (SCHOLAR). Whenever possible, clinical best practices should be followed; when not possible due to limitation in telehealth, this should be documented in the client chart.

Guidance on specific assessments is still being obtained. Programs that use DANCE should have received guidance directly from the DANCE program.

Guidance for ASQ assessments will be forthcoming.

It may be possible to conduct IPV assessments **if** you are able to ensure client privacy in their home. If there is any doubt, an IPV assessment should be delayed and replaced with a discussion on healthy relationships. Note in the chart why you are not able to complete an IPV assessment.

DOCUMENTING TELEHEALTH VISITS IN MMIS AND ORCHIDS: MMIS Place of Service and ORCHIDS Location Fields

The “POS” field in the MMIS and the “Location” field in ORCHIDS record where a visit occurred. CMS maintains the POS code set and added a code for telehealth services a few years ago.

Telehealth Visits with Clients in Babies First (0-5 Years), CaCoon (0-21), and NFP (0-2 Years)

- **TCM Billing –**
- The GT modifier should be used to indicate TCM services provided using telehealth
- Submit a Medicaid claim with “02” in the “POS” field. This code means “Telehealth” and represents a visit that occurred through a telecommunication system (e.g., by telephone or videoconference). On the Professional Claim screen of the MMIS Provider Portal, the POS field is located in the “Detail” section. See the lower left side of the Professional Claim screen.

Detail

Item	Procedure	Units	Charge	Status	Allowed Amount
1	Q2070	1.00	\$360.00	DENIED	\$0.00
2	B5141	1.00	\$200.00	DENIED	\$0.00

Item

From DOS

To DOS

Units

Units Qualifier

Charges

Rendering Physician [Search]

Status

Diagnosis Code Pointer

Modifiers [Search] [Search]
 [Search] [Search]

POS [Search]

Procedure [Search]

NDC

NDC UOM

NDC Quantity

Tpl Amount

5 Plan Payment Amount



- **ORCHIDS Data Entry** – Enter the location “5 – Telephone” or “9 – Other” in the “Location” field. See Visit Tab 3, lower left corner of the screen or page 3 of the data entry form.
 - Select “5 – Telephone” for telephone only visits.
 - Select “9 – Other” for visits that include video.

Visit Tab 3	Referrals Out (Check all that apply.)		Referral Follow-Up (Use this "Referral Follow-Up" field to record the outcome of referrals you made.)		Reason Case Closed *	
	12 - EI	<input type="checkbox"/> Referred	12 - EI	<input type="checkbox"/> Getting Services <input type="checkbox"/> Not eligible	<input type="checkbox"/> 01 - Declined services	
	53 - Immunizations	<input type="checkbox"/> Referred	53 - Immunizations	<input type="checkbox"/> Getting Services <input type="checkbox"/> Not eligible	<input type="checkbox"/> 02 - Unable to locate	
	79 - Primary Provider	<input type="checkbox"/> Referred	79 - Primary Provider	<input type="checkbox"/> Getting Services <input type="checkbox"/> Not eligible	<input type="checkbox"/> 03 - Family moved out of state	
	90 - SSI	<input type="checkbox"/> Referred	90 - SSI	<input type="checkbox"/> Getting Services <input type="checkbox"/> Not eligible	<input type="checkbox"/> 04 - Child deceased	
	94 - TANF	<input type="checkbox"/> Referred	94 - TANF	<input type="checkbox"/> Getting Services <input type="checkbox"/> Not eligible	<input type="checkbox"/> 05 - Child no longer age eligible	
	1 - WIC	<input type="checkbox"/> Referred	1 - WIC	<input type="checkbox"/> Getting Services <input type="checkbox"/> Not eligible	<input type="checkbox"/> 06 - Child moved out of county	
	Other _____ (See codes)	<input type="checkbox"/> Referred	Other _____ (See codes)	<input type="checkbox"/> Getting Services <input type="checkbox"/> Not eligible	<input type="checkbox"/> 07 - Child no longer needs services	
	Other _____ (See codes)	<input type="checkbox"/> Referred	Other _____ (See codes)	<input type="checkbox"/> Getting Services <input type="checkbox"/> Not eligible	<input type="checkbox"/> 08 - Passive decline	
	Other _____ (See codes)	<input type="checkbox"/> Referred	Other _____ (See codes)	<input type="checkbox"/> Getting Services <input type="checkbox"/> Not eligible	<input type="checkbox"/> 09 - Unable to visit/case load limitations	
Other _____ (See codes)	<input type="checkbox"/> Referred	Other _____ (See codes)	<input type="checkbox"/> Getting Services <input type="checkbox"/> Not eligible	<input type="checkbox"/> 10 - Transfer to CaCoon		
Other _____ (See codes)	<input type="checkbox"/> Referred	Other _____ (See codes)	<input type="checkbox"/> Getting Services <input type="checkbox"/> Not eligible	<input type="checkbox"/> 90 - Other		
County Codes			Estimated Date of Next Visit		Date Case Closed*	
Location* (Required for billing) <input type="checkbox"/> 1 - Home / Field <input type="checkbox"/> 2 - Hospital <input type="checkbox"/> 3 - Health Department <input type="checkbox"/> 4 - School <input checked="" type="checkbox"/> 5 - Telephone <input type="checkbox"/> 6 - Tertiary Care Evaluation <input type="checkbox"/> 7 - Group Home / Shelter <input type="checkbox"/> 8 - Client Not Home / Failed Visit <input checked="" type="checkbox"/> 9 - Other				Time	<input type="checkbox"/> Submit TCM Claim *	

“Location” field of Visit Tab 3 (Page 3 of Babies First and CaCoon data entry form)

Telehealth Visits with Parents/Caregivers in Babies First and NFP

- **TCM Billing** – Submit a Medicaid claim with “02” in the “POS” field. This code means “Telehealth” and represents a visit that occurred through a telecommunication system (e.g., by telephone or videoconference). On the Professional Claim screen of the MMIS Provider Portal, the POS field is located in the “Detail” section. See the lower left side of the Professional Claim screen.

Item	Procedure	Units	Charge	Status	Allowed Amount
1	92070	1.00	\$360.00	DENIED	\$0.00
2	95141	1.00	\$200.00	DENIED	\$0.00

Item

From DOS

To DOS

Units

Units Qualifier

Charges

Rendering Physician [Search]

Status

Diagnosis Code Pointer

Modifiers [Search] [Search]
 [Search] [Search]

POS [Search]

Procedure [Search]

NDC

NDC UOM

NDC Quantity

Tpl Amount

5 Plan Payment Amount

- **ORCHIDS Data Entry** – ORCHIDS no longer has a location field on visits for the Babies First or NFP parent or caregiver. The field was removed when the billing fields were turned off a few years ago.