

# TCM Assessment

Babies First!, NFP and CaCoon  
Targeted Case Management (TCM)  
1 unit/encounter

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

- The client has at least one eligibility criteria for Expanded Babies First!, Nurse-Family Partnership (NFP), or CaCoon.
  - The client is enrolled in a TCM program (please select one):
    - <5 years old (Babies First!)
    - <2years old (Nurse-Family Partnership)
    - <21 years old (CaCoon)
    - Pregnant or primary caregiver of an eligible child (Babies First!/NFP)
  - The client has Medicaid coverage at the time of the TCM visit.
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## 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):

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

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

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

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

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

RN Case Manager Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Service: \_\_\_\_\_