

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](#)

Note: The revised TCM OARs use the term “parent or caretaker relative”. A caretaker relative is defined as: any adult with whom the child is living and who assumes primary responsibility for the child’s care. For the purposes of MCH Nurse Home Visiting TCM, the term caregiver and caretaker relative have the same meaning.

- 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 the Center for Medicare and Medicaid Services (CMS) so

concerned about it?

A: “Double-dipping” is a situation where a provider is paid twice for the same service.

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 the nurse goes out, they ask 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 they are 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 parent (or caretaker relative) to treatment for perinatal depression or family planning, is this a billable activity?

A: Yes, if you have a TCM Assessment and Plan for the parent (or caretaker relative), and the parent (or caretaker relative) is an enrolled client of the Home Visiting program, these activities may constitute a valid service for reimbursement purposes. If you are providing services to the parent (or caretaker relative), the best practice is to enroll the parent (or caretaker relative) in the program. However, if the parent (or caretaker relative) is not an enrolled client, you may be able to bill for TCM services if the adult risk factor is impacting the child’s ability to access and utilize services. See also documentation, question 2 below for consideration in these circumstances. Your MCH nurse consultant is available to help you with individual scenarios.

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 or situation. 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. Client weight and measuring may be part of a nursing assessment.

7.Q: What is the difference between a nursing assessment and a TCM assessment?

A: A nursing assessment includes gathering information about the physical, mental and social needs of the client. It includes the physical exam and other hands-on screens.

A [TCM](#) assessment is more narrowly focused on assisting the client to access and utilize services. In [OAR 410-138-000](#), 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.”

The nursing assessment and plan is used to create a TCM assessment and plan.

8.Q. If I am seeing a family where the child and the parent is enrolled in the program, 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 parent 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 parent and child. You need to be clear that the case management services provided to the parent were different than the services that would have been provided if the child 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 parent 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 parent 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 the program, 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 for TCM services provided during a phone call?

A: Maybe. The cost of providing the visit and case management work (including phone calls) related to the client visit is accounted for in the TCM rate. Telephone calls that do not meet the criteria for a telehealth visit should not be billed. However, if you provide a telehealth visit by telephone 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. For Babies First! and CaCoon, visits must meet the requirements for a telehealth visit defined in the MCH Public Health Home Visiting Telehealth Guidance. 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 parent (or caretaker relative), but the child is not present?

A: Maybe. You can work with the child's parent (or caretaker relative) 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

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. The Visit Form isn't required at the first visit for TCM billing if an Assessment and Plan are completed because those forms meet the documentation requirements for a TCM billable activity. You may choose to use the Visit Form to document any TCM interventions on the first visit. The Visit Form should be used to document TCM interventions at all follow-up visits.

2. Q: How should I document eligibility criteria and follow-up information for a child versus a parent (or caretaker relative)? 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 (or caretaker relative) risk (mental health, drug or alcohol use, and other health condition) should be documented in a way that protects the parent's (or caretaker relative'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 adult risk factor is impacting the child's ability to access and utilize services that can be documented on the TCM Assessment Form as "Caretaker

relative 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 implementing the plan and assignment developed by the RN.

2. Q: Are there any guidelines as to how frequently the Community Health Worker must meet with the RN that developed the TCM plan?

A: No, per the OAR, the RN needs 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 activities 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. Other Targeted Case Management providers in Oregon are described in Oregon Administrative Rules (OAR) 410-138-0020. Public Health Nurse Home Visiting 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 home visitors are not Targeted Case Management Providers. CaCoon services may overlap with Healthy Families activities, but the home visitor 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 retroactive 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 people only available for people enrolled in NFP?

A: You are able to submit claims for visits to perinatal people enrolled in Babies First!, CaCoon, and NFP.

5. Q: May we submit claims for home visits to another caregiver (or caretaker relative), other than the parent?

A: Yes. You may submit claims for visits to another caregiver (or caretaker relative) who is enrolled in the program. A caregiver (or caretaker relative) is defined as: any adult with whom the child is living and who assumes primary responsibility for the child's care. This is intended to capture the primary caregiver, not occasional caregivers such as a child care provider or other relatives living with the child.

6. Q: What does "TT" mean? If we were to bill for services to 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 enrolled in the program, if the nurse is doing TCM work with both parents and the work is different for each family member?

A: Both parents can be enrolled in the Babies First! or CaCoon programs. Please ensure your documentation is adequate to identify the unique needs of the individual clients for whom you have opened discrete cases. Only the birthing parent can be enrolled in the NFP program.

8.Q: What ICD 10 Codes can we use for a CaCoon parent?

A: Just as you would for Babies First! parents outside of the perinatal period, consider why they were "referred" to the program. Consider the parent's risk factors and medical diagnosis. What are the social, emotional, or medical need(s) of the client that made the home visitor enroll them in the program? Your answers will be as diverse as the clients you serve. As stated in the coding guidance: "The "Z-codes" are another chapter of the ICD-10-CM code set. They describe other factors that influence health status and reasons for receiving health-related services. The series of Z-codes between Z55 through Z65 describe "persons with potential health hazards related to socioeconomic and psychosocial circumstances" and are appropriate for some TCM claims. Other series in the Z-codes also may be appropriate for some TCM claims." This is a free website where you can search the current ICD-10-CM code set: <https://icd10cmtool.cdc.gov/> (note: some browsers may not work for this tool). It is good practice to look up codes and read the details. The code set contains special notes about what is included in a code's definition and what is excluded, how many characters are required in each code before it is reimbursable, and whether a code may be used for a primary diagnosis or a secondary diagnosis, etc.

9.Q: Can I submit a Medicaid claim for interpreter services with a TCM claim?

A: No. The TCM rate was developed through the systematic collection of all costs associated with delivering the service including interpreter services.