

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

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Contact: Anna Stiefvater (Public Health Division) Anna.K.Stiefvater@oha.oregon.gov

General Questions

1. Q: What services are TCM billable?

A: TCM billable services include TCM assessment, development of a TCM service plan, referral and coordination of services, monitoring and follow-up. These services are designed to help the client gain access to needed medical, social, educational and other services. ([OAR 410-138-0007](#)). Direct delivery of services such as taking a blood pressure are not TCM billable services.

2. Q: What is a “unit of TCM service”?

A: A unit consists of one documented visit with the client (or other person acting on behalf of the client). Case management providers are paid on a unit-of-service basis that does not exceed 1 unit per day. ([Oregon Medicaid State Plan Amendment](#))

TCM Assessments

3. Q: How often do I need to reassess the client’s case management needs?

A: A reassessment must be conducted at least annually or more frequently if changes occur in an individual’s condition or situation (e.g. the birth of a baby). You can reassess the case management needs as often as needed based on changes in the client’s condition. ([OAR 410-138-0007](#))

4. 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 and includes the physical exam. A TCM assessment is more

narrowly focused on assisting the client to access and utilize services. ([OAR 410-138-0000](#)) The nursing assessment and plan should be used to inform the TCM assessment and plan.

TCM Services

5. Q: The home visitor is following the home visiting program's schedule for visits. Each time the home visitor 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 activities such as motivational interviewing or problem solving to address extensive barriers to scheduling and keeping appointments may constitute a TCM billable service. 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 discuss this with the client and update the TCM assessment and plan with revised goals or activities.

6. 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 a TCM billable service. However, if you assist the client in making arrangements for the home certification, that linkage is a billable TCM service as long as it is reflected in your TCM assessment and plan.

7. Q: Can I submit a TCM claim for weighing and measuring a child?

A: No, weighing and measuring a child is considered a direct service provision and therefore not a TCM billable service.

8. Q: If I am seeing a family where the child and the parent are enrolled in the program, can I submit two TCM claims for services provided during one visit?

A: 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 must create separate, distinct TCM visit form documentation for 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 services 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 service. Medicaid does not allow two payments for the same service (regardless of whether it benefits more than one person). Ensure your documentation is adequate to identify the unique needs and TCM services provided to each individual client.

9. Q: Can I submit claims for multiple parents or caregivers in a family?

A: If multiple caregivers are enrolled in the program, both caregivers have separate and individualized TCM assessments and TCM goals/plans, and the TCM services are different, you may submit claims for both caregivers. Ensure your documentation is adequate to identify the unique needs and TCM services provided to each individual client. Only the birthing parent can be enrolled in the NFP program, but multiple parents or caregivers may be enrolled in the Babies First! or CaCoon programs.

10. Q: Can I submit a claim for TCM services provided during a phone call?

A: If you provide a telehealth visit by telephone that is considered the equivalent of face-to-face services, that meets the established criteria for a telehealth visit per your program guidelines, and comprehensive TCM services are provided, a TCM claim may be submitted. In the Nurse Home Visiting programs, TCM services are most often provided in the context of a visit in the client's home. However, telehealth visits may be provided in some situations (see [Telemedicine/Telehealth Visit Guidance](#)).

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

A: If you are working with the child's parent on TCM billable services that help link the child with medical, social, educational, or other services providers identified in the TCM Service Plan, a TCM claim may be submitted.

12. Q: Can I submit a TCM claim for a client in foster care?

A: Children in foster care are covered by Medicaid and may be enrolled in public health nurse home visiting programs however collaboration with the client's child welfare caseworker is required and consultation with your supervisor or a state nurse consultant is recommended. The Oregon Department of Human Services (ODHS) is the legal guardian

of a child in foster care; however, resource parents may be able to consent for some services. You may bill Medicaid for TCM services provided to children in foster care that are enrolled in a home visiting program. The child's caseworker may also be billing for TCM. Connect with the caseworker to ensure your TCM plan is different than what child welfare would provide. Document this in your client's records.

13. Q: Can I submit a claim for TCM services even if the client declines the referral? For example, I have referred a client to dental care, but they have expressed that they are not interested in an appointment with a dentist.

A: Providing motivational interviewing to address barriers to receiving dental care may constitute a TCM billable service. If a case manager finds they are repeating the same interventions that do not result in progression toward a TCM goal, then it is important to update the assessment and plan with revised goals and/or interventions.

Documentation

14. Q: Can we alter the TCM Assessment, Plan, and Visit Forms? Should the forms be included in the Electronic Medical Record (EMR)?

A: The TCM Assessment, TCM Plan, and TCM Visit Forms are designed to ensure you are meeting the TCM documentation requirements. You can adjust the format to meet your local requirements (e.g., add logos), but the content should not be altered. EMRs should contain all the content from the TCM forms, but the forms themselves do not need to be included.

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

A: The TCM Visit Form is designed to ensure appropriate documentation for TCM billable services (Activities, Referrals, or Monitoring) and should be used on any visits where you provide TCM Services (Activities, Referrals, or Monitoring). The Visit Form isn't required at the first visit if the TCM Assessment and Plan forms are completed because completing the assessment and creating the service plan are TCM billable services and meet the documentation requirements.

16. Q: Do all sections of the TCM Visit Form have to be completed at each visit? If multiple TCM Activities or Referrals are provided at one visit, do I complete more than one form?

A: No, not all sections of the TCM Visit Form need to be completed at each visit. For every visit where a TCM claim is submitted, there should be documentation of at least one TCM billable service. TCM Services (TCM Activities, Referrals, or Monitoring) provided at a visit should be documented the same form.

17. Q: How do I document updates to the TCM plan?

A: You can document updates on the original form, but it may be clearer to complete a new form.

Community Health Workers

See also: [Community Health Worker Role in Babies First!/CaCoon Programs](#)

18. Q: Do RNs need to sign the Community Health Worker's documentation of a TCM billable service?

A: Yes. Signing the chart demonstrates that the RN has reviewed the Community Health Worker's documentation of TCM services to ensure that the Community Health Worker is appropriately implementing the TCM service plan and assignment developed by the RN and to determine if any changes in the TCM service plan or assignment are necessary.

19. Q: Can a CHW make updates to the TCM Service Plan?

A: If a CHW identifies needed changes to the TCM plan and goals, the information should be communicated with the RN per agency policy and any changes to the plan must be completed by the RN Case Manager.

References and Resources

- 1) [TCM Documentation Forms and other Resources](#)
- 2) [Oregon's TCM State Plan Amendment \(SPA\)](#)
- 3) 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 FCH and CaCoon Nurse Home Visiting TCM, the term caregiver and caretaker relative have the same meaning.

- 4) Health Systems Division (HSD) Supplemental information and guidelines: [Targeted Case Management Services Program, administered by the Oregon Health Systems Division](#)
- 5) Program Policies: LPHA [Program Element 42](#), [Babies First!/CaCoon Program Manual](#)