Targeted Case Management

Rule changes July 1, 2010
Introductions

Cyndi Durham RN, MPH, Babies First Nurse Consultant, Office of Family Health, Maternal Child Health Section

Candace Artemenko RN, BSN, CaCoon Nurse Consultant, Oregon Center for Children and Youth with Special Health Needs
TCM Policy Documents
Objectives

After today’s presentation, you will:

- Have a clear understanding of the Rule Revisions effective of as July 1, 2010
- Know the expanded rates and TCM Match for Babies First and CaCoon
- Know the expanded age changes for Babies First and CaCoon
- Participants will identify potential TCM risks for duplicate billing related to CaCoon
- Know how to find Targeted Case Management Rules
- Know the revised TCM Assessment and Follow Up Forms
- Know who to contact if you need help
NEW RATE July 1, 2010!

- Based on cost work done Dec. 2008
- Increase in reimbursement rate from $241 to $303 ($62.00 increase)
- The Medicaid and CHIP match rates will not change due to reimbursement rate change
- The actual amounts paid will change but not the rates
Babies First A Risk Codes
Rule 410-138-0040
Risk Codes Revised 2/1/2010

Birth through 4 years of age

Medical Risk Factors
- A1. Drug exposed infant (See A29)
- A2. Infant HIV positive
- A3. Maternal PKU or HIV positive
- A4. Intracranial hemorrhage (excludes Very High Risk Factor B16)
- A5. Seizures (excludes VHR Factor B18) or maternal history of seizures
- A6. Perinatal asphyxia
- A7. Small for gestational age
- A8. Very low birth weight (1500 grams or less)
- A9. Mechanical ventilation for 72 hours or more prior to discharge
- A10. Neonatal hyperbilirubinemia
- A11. Congenital infection (TORCH)
- A12. Central nervous system infection
- A13. Head trauma or near drowning: monitoring change
- A14. Failure to grow
- A16. Suspect vision impairment: monitoring change

A18. Family history of childhood onset hearing loss
A24. Prematurity
A25. Lead exposure
A26. Suspect hearing impairment: newborn hearing screen REFER
A29. Alcohol exposed infant

Social Risk Factors
- A19. Maternal age 16 years or less
- A21. Parental alcohol or substance abuse
- A22. At-risk caregiver
- A23. Concern of parent/provider
- A28. Parent with history of mental illness
- A30. Parent with developmental disability
- A31. Parent with Child Welfare history
- A32. Parent with domestic violence history
- A33. Parent with limited financial resources
- A34. Parent with sensory impairment or physical disability
- A35. Parent with inadequate knowledge and supports
- A36. Other evidence-based social risk factor

Other
- X99. Child is not being enrolled in High Risk Infant Tracking protocol
- X00. Change in X99 status to enrollment in High Risk Infant Screening Protocol

Webinar July 13 and July 15, 2010
CaCoon B Risk Codes
Rule 410-138-0040
Risk Codes Revised 2/1/2010

Diagnoses
- B1. Heart disease
- B2. Chronic orthopedic disorders
- B3. Neuromotor disorders including cerebral palsy & brachial nerve palsy
- B4. Cleft lip and palate & other congenital defects of the head and face
- B5. Genetic disorders (i.e., cystic fibrosis)
- B6. Multiple minor physical anomalies
- B7. Metabolic disorders
- B8. Spina bifida
- B9. Hydrocephalus or persistent ventriculomegaly
- B10. Microcephaly & other congenital or acquired defects of the CNS including craniosynostosis
- B12. Organic speech disorders (dysarthria/dyspraxia)
- B13. Hearing loss
- B23. Traumatic brain injury
- B24. Fetal Alcohol Spectrum Disorder
- B25. Autism, Autism Spectrum Disorder
- B26. Behavioral or mental health disorder with developmental delay
- B28. Chromosome disorders (e.g., Down syndrome)
- B29. Positive newborn blood screen
- B30. HIV, seropositive conversion
- B31. Visual impairment

Very High Risk Medical Factors
- B16. Intraventricular hemorrhage (grade III, IV) or cystic periventricular leukomalacia (PVL) or chronic subdurals
- B17. Perinatal asphyxia accompanied by seizures
- B18. Seizure disorder
- B19. Oral-motor dysfunction requiring specialized feeding program (gastrostomies and/or failure to grow, both organic and non-organic)
- B20. Chronic lung disease (e.g., on oxygen, infants with tracheostomies)
- B21. Suspect neuromuscular disorder including abnormal neuromotor exam at NICU discharge

Developmental Risk Factors
- B22. Developmental delay

Other
- B90. Other chronic conditions

Webinar July 13 and July 15, 2010
Covered Services

- Rule 410-138-0007
- Assessment and periodic reassessment
- Development of Care Plan
- Referral and related activities
- Monitoring
Assessment

- Comprehensive Assessment and periodic reassessment of individual needs
- Assessment to include history, individual needs
  - Medical, social, education, other services
Care Plan

- Development (and periodic revision) of a specific care plan
- Working with an individual to develop goals
Referral & Linking

- Referral, linking and coordination of services such as:
  - Scheduling appointments for client
  - Help link client with other services
  - Reminding and motivating the client
Monitoring

On-going face to face or other contact to conduct follow-up activities … with client’s health care decision maker(s), family members, providers or other individuals when the purpose of the contact is directly related to managing the eligible client’s care to ensure implementation of client care plan.
Targeted Case Management Services Not Covered

- **410-138-0009**
- TCM services not covered include:
  - Direct delivery of services
  - Providing transportation
  - Escorting client
  - Providing child care
Targeted Case Management
Payment for TCM

410-138-0005

- Corresponding local match payment
- Bill only for assisting individuals gain services
Provider Requirements

- Babies First/CaCoon TCM Providers must be Public Health Authorities
- Working under policies/procedures
- Comprehensive Nursing Assessment
- Targeted Case Manager
  - Local Public Health Authority
  - Licensed RN
Non Nurse Qualifications

Community Health Workers, Family Advocates or Promotoras must work under supervision of licensed RN
Non Nurse Qualifications

- Course work in human growth & development, health occupations or health education
- 2 years experience in public health, mental health or alcohol drug treatment settings
- Or satisfactory combination of experience/training demonstrating ability to perform case management duties
TCM Services

- Comprehensive nursing assessment
- Reassessment
- Comprehensive care/service plan
- Linking/coordination services
- Ongoing Monitoring
TCM Claim Reminders

Provider is responsible for submitting appropriate claims
Assure service provided meets the eligibility requirement
One or more of these activities must occur:
- Assessment
- Care Planning
- Referral/linking
- Monitoring
Know Potential Partners in TCM

- Varies by County
- Varies by Family
- TCM Partners may not have the awareness to avoid duplicate billing

- Healthy Homes
- Early Intervention
- Developmental Disabilities
- Child Welfare
- Tribal
- HIV
- TANF Teen jobs program
Avoid duplicate billings

- DMAP audits have shown some billing for overage children
- WCHDS vs. ORCHIDS and TCM
- County providers are responsible for accurate submissions
- TCM can be self audited. Consider your systems
Risks    Hazards    Concerns

- To Maximize federal funding opportunities we all need to work together to avoid duplications.
- Local county internal QA will help avoid county paybacks.
- CaCoon age expansion raises the possibility that another partner may be involved.
Summary of New Revisions

- Babies First: Infants and preschoolers through 4 yrs with risk factors
- CaCoon: Children through 20 yrs with diagnosis or very high risk factor....
- New rate increases
- Comprehensive nursing assessment
See Table of Contents Handout for Revised Rules; July 1, 2009 is the retroactive effective date for rules; approved July 1, 2010

Handout Babies First Targeted Case Management Assessment/Plan/Follow Up Form

Babies First/CaCoon Risk Codes

Link to Oregon Administrative Rules:

http://www.dhs.state.or.us/policy/healthplan/guides/tcmngmt/main.html
Documentation Requirements

- Documentation must occur
- Name, date of service, provider, case manager
- Content, units of TCM Services
- Goals Achieved
- Declined services
- Coordination with other case managers
**Optional Targeted Case Management Assessment Form**

**County Health Department**

**Babies First/CaCoen Targeted Case Management (TCM) Assessment**

<table>
<thead>
<tr>
<th>Client name:</th>
<th>DOB:</th>
</tr>
</thead>
</table>

**TCM ELIGIBILITY:** (all must be checked to bill)
- [ ] The child has at least one Babies First/CaCoen risk factor
- [ ] The child has not reached 5th birthday (Babies First) or 21st birthday (CaCoen)
- [ ] The child has a Medicaid card at the time of the TCM visit

**TCM ASSESSMENT:**

<table>
<thead>
<tr>
<th>Date of initial assessment:</th>
<th>Date next assessment due:</th>
</tr>
</thead>
</table>

Other services child/family is receiving:
- [ ] Health
- [ ] CAP
- [ ] Developmental disabilities
- [ ] Other TCM program (specify):

Contact person:
Phone number:

(Insert service coordination required for billing:

The child’s/family’s strengths that can be leveraged to support TCM plan:

**Family-reported client (child) identified needs:**
- [ ] Medical:
- [ ] Economic:
- [ ] Nutrition:

- [ ] Educational:
- [ ] Social/behavioral:

- [ ] The child’s family does not need assistance accessing and/or utilizing needed services at time of this assessment due to (can only be filled once):
- [ ] Knowledge of service and how to access services
- [ ] History of being able to adequately access and utilize needed services
- [ ] Adequate social supports
- [ ] Other (specify):
- [ ] TCM Case Manager already in place (see above for details):

- [ ] The child’s family does need assistance accessing and/or utilizing needed services due to:
- [ ] Difficulty to fill out paper work because of language barrier, literacy, developmental delay or low functioning (specify):
- [ ] Unable to secure basic infant supplies due to:
- [ ] In currently unable to advocate for family needs due to:
- [ ] Inadequate caregiver literacy
- [ ] Inadequate caregiver health literacy
- [ ] Transportation/Access issues, e.g.:

**Assessment notes:**

TCM Case Manager signature: ____________________________ Date: ____________________________

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**INSTRUCTIONS:** Date and initial any updates, changes or additions to the TCM assessment and/or plan.

**TCM CARE PLAN:**

<table>
<thead>
<tr>
<th>Date of initial TCM plan development:</th>
<th>Date of TCM plan review:</th>
</tr>
</thead>
</table>

- [ ] Client identified top three priorities:
- [ ] RN identified top three needs:
- [ ] Agreed upon priorities (RN and client):

**Client self assessment:**

<table>
<thead>
<tr>
<th>Need help</th>
<th>Don’t need help</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shelter</td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td></td>
</tr>
<tr>
<td>Clothing</td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
</tr>
<tr>
<td>Primary physician</td>
<td></td>
</tr>
<tr>
<td>Specialty physician</td>
<td></td>
</tr>
<tr>
<td>Dental</td>
<td></td>
</tr>
<tr>
<td>Early learning</td>
<td></td>
</tr>
<tr>
<td>How to advocate for my child</td>
<td></td>
</tr>
<tr>
<td>Immune/ other health</td>
<td></td>
</tr>
</tbody>
</table>

**Activities/interventions planned to achieve goal(s):**

<table>
<thead>
<tr>
<th>Natural supports</th>
<th>Community supports</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals to:</td>
<td></td>
</tr>
</tbody>
</table>

**REFERRAL/LINKING:**

<table>
<thead>
<tr>
<th>Linkage to food, transportation, child care, housing assistance, other:</th>
<th>(circle all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduling appointments for the client</td>
<td></td>
</tr>
<tr>
<td>Demonstrate scheduling and assist family towards independent appointment scheduling</td>
<td></td>
</tr>
</tbody>
</table>

**MONITOR:**

- [ ] Consistent on-going well child check and immunizations
- [ ] Monitor the family’s ability to access needed resources
- [ ] Monitor for commitment to Service Plan
- [ ] Update plan as indicated based on ongoing assessments/screens
- [ ] Other:

Non-fatal nursing activities/interventions planned to achieve goal(s):

- [ ] See nursing care plan (e.g. Bengal X)
- [ ] See progress notes
- [ ] See screening tools

Plan completed on (date): ____________________________ Date: ____________________________

Case Manager signature: ____________________________ Date: ____________________________

Home Visitor signature: ____________________________ Date: ____________________________

July 2016
Optional Targeted Case Management
Follow-Up Form

<table>
<thead>
<tr>
<th>Babies First/CaCoon Targeted Case Management (TCM) Follow-Up Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use with TCM Assessment and Plan</td>
</tr>
</tbody>
</table>

**Client name:** ___________  **DOB:** ___________

**TCM CARE PLAN REVIEW:**
- [ ] Client and RN identified needs reviewed  [ ] Change  [ ] No change
- [ ] Client Plan reviewed  [ ] Change  [ ] No change

(Document identified changes on client service plan.)

**Notes:**

**REFERRAL:**
- [ ] Made referrals: __________________________
- [ ] Scheduled appointments: __________________
- [ ] Demonstrated scheduling and assisted family towards independent appointment scheduling
- [ ] Reminded and motivated the client to adhere to the treatment and service schedules

**Notes:**

**MONITOR:**
- [ ] Last well child check completed: ___________  **Next WCC due:** ___________
- [ ] Immunizations due: __________________________
- [ ] Modified for commitment to service plan:  [ ] On target  [ ] Revisions needed and noted on service plan
- [ ] Other: __________________________

**Notes:**

- [ ] Non-billable nursing activities/interventions delivered.

**Notes:**

**TCM Case Manager signature:** ___________________________  **Date:** ___________

**Home Visitor signature:** ___________________________  **Date:** ___________

July 2010
Questions

For Clinical or Policy Questions Contact
Regional Nurse Consultants:

- Penny Paynter 541-386-2962 x 200
  penny.d.paynter@state.or.us
- Pat Foley 971-673-0351
  patricia.h.foley@state.or.us
- Fran Goodrich 971-673-0262
  francine.goodrich@state.or.us
- Candace Artemenko, CaCoon Nurse Consultant 541-673-3842
  artemenk@ohsu.edu

For Billing Questions Contact
- ORCHIDS App Support 971-673-0382
- DMAP Provider Services, 1-800-336-6016