

# Targeted Case Management Training



DEPARTMENT OF  
**PUBLIC HEALTH &  
HUMAN SERVICES**

# Behavioral Health & Developmental Disabilities Division (BHDD)

- Adult Behavioral Health
  - Treatment Bureau
  - Prevention Bureau
- Children's Mental Health Bureau



# Targeted Case Management

- Mental Health TCM for SDMI adults
- Substance Use Disorder TCM for youth and adults
- Mental Health TCM SED for youth





# TCM Definitions

Per CFR 440.169, targeted case management (TCM) is defined as services that assist eligible individuals in gaining access to needed medical, social, educational, and other services that are medically necessary. This includes the following:

- Medical Services
- Behavioral health services (PACT, crisis services, substance use treatment, etc.)
- Housing (independent housing, group home, foster home)
- Financial (education, employment, SSI, Medicaid, SNAP benefits, etc.)





# Characteristics of TCM

1. Generally brief specific to acquiring needed resources and services.
2. Responds to crises related to resource needs only (e.g., housing and/or financial).
3. Referral/linkage to resources that provide direct services.
4. A “quick response” in order to provide immediate results and to link them with agencies/services who would provide the direct care ongoing service.



# Medical Necessity Criteria

## Adult Mental Health

- Must be 18 years of age or older;
- Must meet SDMI criteria as outlined in Policy # 105 of the Montana Medicaid Service Provider Manual for Substance Use Disorder and Adult Mental Health;
- The member/representative gives consent and agrees to participate in TCM;
- The need for TCM must be documented by a licensed professional; and
- The member is receiving other adult mental health or substance use disorder services.



# Medical Necessity Criteria

## Substance Abuse Disorder

- Must be 18 years of age or older;
- Must have a substance use disorder diagnosis from the most current edition of the DSM or ICD as the primary diagnosis;
- The member/representative gives consent and agrees to participate in TCM;
- The need for TCM must be documented by a licensed professional; and
- The member is receiving other adult mental health or substance use disorder services.



# Medical Necessity Criteria

## Children's Mental Health

- Youth must meet the SED criteria as defined in the CMHB Medicaid Services Provider Manual on pages 12-15;
- Parent or caregiver must give consent and agree to participate in TCM;
- Within 14 days of admission, the youth and family or caregiver have been assessed and have documented need for case management based on:
  - Complexity of youth and family service needs and/or interventions;
  - Severity of the youth's behavioral health symptoms; or
  - Strengths, preferences, and needs within family or caregiver capacity; and
- Youth and family or caregiver's needs have been assessed and documented that TCM services are necessary to maximize benefit and leverage resources from other systems in which the family or caregiver is involved, with an emphasis on natural supports.







# Allowable TCM Components

- 1) *Comprehensive assessment and periodic reassessment of the member's needs to determine the need for any medical, educational, social, or other services.*** These assessment activities include the following:
- Taking member history;
  - Identifying the needs of the member and completing related documentation; and
  - Gathering information from other sources, such as family, medical providers, social workers, and educators



# Allowable TCM Components

2) ***Development (and periodic revision) of a specific care plan*** based on the information collected through the assessment and includes the following:

- Specifies the goals and actions to address the medical, social, educational, and other services needed;
- Includes activities to ensure the member's active participation; and
- Identifies a course of action to respond to the assessed needs of the member.
- For youth with SED: Care plans must be completed within the first 21 days of admission to TCM services and must be updated at least every 90 days or whenever there is a significant change to the youth's condition.





# Allowable TCM Components

**3) *Referral and related activities*** to help the member obtain needed services, including activities that help link the member with medical, social, and educational providers or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan.





# Allowable TCM Components

- 4) *Monitoring and follow-up activities***, including activities and contacts that are necessary to ensure that the care plan is effectively implemented and adequately addresses the needs of the member.
- This includes at least one annual monitoring to help determine if the member continues to meet medical necessity.



# Additional Requirements and Information

- Gatekeeping is **NOT** allowed: A provider cannot condition receipt of case management services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management services.
- Must not use TCM services to restrict a member access to other services under the plan.
- Timeline of the service is required. This is a time-based code and must include the time the services began and ended or the length of service. A billing unit is based on a 15-minute increment. However, it is important to note the following time restrictions for case management:



# Billing Units VS. Time

Units	Time
1	= to 8 minutes but > 23 minutes
2	≤ 23 minutes but > 38 minutes
3	≤ 38 minutes but > 53 minutes
4	≤ 53 minutes but > 68 minutes
5	≤ 68 minutes but > 83 minutes
6	≤ 83 minutes but > 98 minutes

**Helpful tips:** Only four 15-minute units can be billed for a 60-minute hour. Also, 3 separate case management services of 7 minutes, equaling 21 total time minutes, must be billed as one 15-minute service.



# What is not a Covered TCM Service

- Direct delivery of a medical, educational, social, or other service to which an eligible member has been referred.
- Services that are less than eight minutes in duration.
- Duplicate payments that are made by other funding sources.
- Direct crisis service.
- Transportation is not a TCM billable service by Montana Medicaid.
- Time spent documenting (writing or recording in the medical record).
- Representative payee services.





# Progress Notes for TCM

Per ARM 37.85.410 and 37.85.414, notes must reflect specific services provided and be detailed enough for a person reading them to clearly see what took place.

***If it's not documented, it didn't happen.***

- Progress notes must state the name of the providing agency, name of the member receiving the service, and the case manager providing the service must be identifiable with credentials if applicable. The case manager must sign and date the record.
- Document the medical necessity.







# Progress Notes Examples

Following are examples of case notes from some SURS Audits:

1. Linked with the member and she reports that her son is in the home, and she does not want him in her home, she reports he likes her phone and does not give it back or give her messages. We discussed coping skills and boundaries. The consumer was tearful, and she discussed that her son calls her stupid and calls her other names. *(for 6 units.)*
2. Assisted member with necessary health related services in Missoula to obtain health treatment. *(for 24 units.)*
3. Called guardian to refer member for mentor services. She is in agreement that a mentor would help member. Staffed with possible mentor regarding the member and his needs. Mentor reviewed clinical information and agreed to work with the member. *(for 1 unit)*
4. Linked with medical services in Great Fall to meet member's medical needs. Member needs eye exam and glasses. *(for 48 units)*





# Progress Notes Examples

## Continued

1. CM accompanies member to Family Health Urgent Care. Member presents as agitated, confused, and intermittently makes statements about provider, talking in a loud voice and using profanity. Member is unable to pay the copay. Urgent Care refuses to treat her. CM transports member to emergency room. Member is tearful and at the same time begins cursing and talking loudly about the care she received at office and that they would not let her drive home. CM listens and empathizes by nodding and making sounds of agreement when statements are appropriate. Member gradually calms and is dozing by the time the doctor arrives. CM stays with member until doctor ordered tests are complete, and member has remained stable and quiet for approximately 30 minutes. *(for 15 units)*
2. CM turned in the mentoring referral form on behalf of the member and staffed the case with the program manager. CM stated that the member's need for a mentor had risen due to her homelessness. CM did mention that since the homelessness, member's home life was quite chaotic, and that she was being singled out more and more by her mother. *(for 1 unit)*



# TCM for Youth with SED Provider Requirements

- ARM 37.87.823 contains many requirements for providing TCM services to youth with SED. We strongly encourage TCM providers to read this rule in its entirety. This rule includes, but is not limited to:
  - Details of what must be documented in the care plan
  - Requirements for communication with the youth's family or caregiver
  - Requirements for discharge from services





# Resources

- Code of Federal Regulations (CFR) 440.169 – Case Management Services
- Code of Federal Regulations (CFR) 441.18 – Case Management Services
- AMDD Medicaid Services Provider Manual SUD and Adult Mental Health Services, Policy 405 and 510
- Children’s Mental Health Medicaid Services Provider Manual
- Administrative Rules of Montana (ARMs) 37.86.3301 and 37.86.3305
- ARM 37.106.1935 Minimum standards for mental health centers
- Montana Healthcare Programs Notice, June 13, 2017; Policy Clarification of Activities Billed as Targeted Case Management

# Contact Information

## Adult Mental Health, Treatment Bureau

**Chelsey Hallsten**  
Medicaid Waiver & State Plan  
Program Officer  
Phone: (406)444-9330  
[Chelsey.Hallsten@mt.gov](mailto:Chelsey.Hallsten@mt.gov)

**Cody Magpie, LAC**  
SUD Program Officer  
Phone: (406)444-9582  
[Cody.Magpie@mt.gov](mailto:Cody.Magpie@mt.gov)

**Ashley Bair**  
Behavioral Health Section Supervisor  
Phone: (406)444-3964  
[Ashley.Bair@mt.gov](mailto:Ashley.Bair@mt.gov)

## Children's Mental Health Bureau

**Brittany Craig**  
Medicaid Program Officer  
Phone: (406)444-6018  
[Brittany.Craig@mt.gov](mailto:Brittany.Craig@mt.gov)

**Renae Huffman**  
Medicaid Program Section Supervisor  
Phone: (406)444-7064  
[Rhuffman@mt.gov](mailto:Rhuffman@mt.gov)

