

DMHAS Targeted Case Management (TCM) Operational Manual

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Introduction and Purpose

This manual outlines operations and protocols required to conduct TCM services. The term agency is used throughout this document to reference both the private non-profit (PNP) DMHAS contracted agencies and state operated facilities that deliver TCM services. This manual is intended to provide mid and senior level managers with an overview of the processes and requirements related to TCM services.

Additional documents and resources relevant to the TCM initiative including guides providing more in-depth information regarding services and documentation, the RMTS, and compliance and quality improvement are posted on the TCM website. DMHAS contacts are also provided should you have unanswered questions or need additional information. DMHAS routinely provides TCM trainings throughout the year. Additional trainings can be negotiated based on agency or regional need by contacting staff on the TCM website.

Definitions

The following definitions and terms will be used through this manual:

- State operated facility: An agency directly operated by DMHAS
- Private Non-Profit (PNP) agency: An agency under contract with DMHAS to provide services
- Recovery Plan: the plan of services, i.e. Service Plan, Treatment Plan, etc. for an individual. This plan contains the goals, interventions and objectives for providing services
- WITS (Web Infrastructure for Treatment Services): The health record and service data system used by state operated facilities
- DDaP (DMHAS Data Performance System): The data system used by PNP agencies to report admissions, discharges and services
- Enterprise Data Warehouse (EDW): The EDW is DMHAS's central reporting repository that combines client data from WITS and DDaP for enterprise reporting
- Random Moment Time Study (RMTS): The RMTS is conducted as part of the DMHAS rate setting process. The RMTS randomly samples and collects information on staff activities to determine the percentage of staff time spent on the delivery of TCM service

Overview

Targeted Case Management (TCM) is a voluntary service that helps individuals gain access to medical, social, educational resources and services in the community. Connecticut can receive Medicaid reimbursement for TCM services delivered by or funded by the Department of Mental Health and Addiction Services (DMHAS) if services meet specific federal regulations and standards set by the Center for Medicare and Medicaid Services (CMS).

TCM standards and requirements are detailed in Connecticut's Medicaid State Plan Amendment (SPA) approved by CMS. DMHAS works collaboratively with Connecticut's lead Medicaid Agency, the Department of Social Services (DSS), to implement TCM.

Providers eligible to provide TCM services are limited to those who meet the full qualifications and are approved by DMHAS as having the competencies necessary to provide the service. These providers are:

- DMHAS public psychiatric hospital outpatient departments
- DMHAS public outpatient mental health clinics
- Private providers specialized in rendering services to individuals with serious chronic mental illness including but not limited to private outpatient mental health clinics and private hospital outpatient departments

DMHAS has identified the following levels of care where TCM services are likely and expected to occur:

- Assertive Community Treatment
- MH Case Management
- MH Residential Support
- MH Supportive Housing
- Community Support Programs
- MH Intensive Residential
- MH Supervised Apartments
- MH Transitional Residential

Other levels of care not listed may become enrolled as a TCM provider if the agency feels they can meet the service, documentation and billing requirements.

Population

Connecticut's Medicaid SPA defines the TCM target population as individuals with serious chronic mental illness. DSS maintains an updated list of the specific ICD 10 diagnosis codes in Table 17 at:

https://www.ctdssmap.com/CTPortal/Portals/0/StaticContent/Publications/Fee_Schedule_Instructions.pdf. The target population also includes individuals with co-occurring mental health and substance use disorders. This is the standard definition for eligibility for almost all DMHAS services available to people 18 years of age and older. TCM services can be billed for services provided to individuals who are receiving them for one of the primary ICD-10 diagnosis on the target group list which is updated every October.

Clients with a diagnosis not on the approved list can still receive TCM services. However, these services will not be billed. Agencies that do not provide clinical services should have the individual sign a Release of information (ROI) to obtain the individual's most recent diagnosis information for both their records and reporting into DDaP.

Like most DMHAS services, TCM participation is voluntary on the part of the client. If an individual is not interested in participating in a TCM service or does not give permission to work with outside agencies, then other types of services must be provided. Under no circumstances should TCM participation be a requirement for admission to a program.

Agency Requirements and Restrictions

Each PNP agency is required to serve clients according to the standards and deliverables outlined in their DMHAS contract. These standards differ according to level of care or service. TCM requirements are also outlined in each agency's contract.

TCM services can only be delivered by agencies with training, expertise and experience in providing services to individuals with serious and persistent mental illness. This includes DMHAS state operated facilities and most PNP contracted agencies. If eligible, DMHAS operated and PNP agencies are required to provide TCM services.

PNP agencies can only bill for TCM through DMHAS and TCM services are not eligible for reimbursement through any other Medicaid billing system. In addition, PNPs providing TCM services are required to submit TCM services data to DMHAS no later than the 15th day of the month following the provision of services. Data submission is a part of a PNP's overall data reporting process through a data upload or through direct entry into DDaP.

State operated facilities must enter and submit TCM services through WITS. Service data are required to be audited and submitted to DMHAS' Billing and Revenue Enhancement Units each month. The auditing and submission schedule should follow the same standards and processes for other billable services.

PNP agencies must enter and submit TCM services through DDaP. This can be done through either direct entry or data upload. Like state operated facilities, PNP agencies are also required to audit TCM services prior to entry and submission to DMHAS.

TCM Provider Enrollment

Additional and more detailed information and online enrollment/re-enrollment can be found at the following website: <https://www.ctdssmap.com>. **It is strongly recommended that enrollment is initiated as soon as possible to ensure timely completion.**

All PNP agencies providing TCM services must complete enrollment as a Medicaid TCM performing provider through the Department of Social Services (DSS). Enrollment and re-enrollment of state operated facilities is completed by the Office of the Commissioner Billing and Revenue Enhancement Units.

After enrolling, an agency will be issued a unique Medicaid agency number. Re-enrollment in Medicaid is required every 3 years. A notification to re-enroll is sent automatically by DSS months prior to the due date.

During the process of enrollment and re-enrollment, DSS requests the Social Security Number and Date of Birth for all agency board members. This information is required by CMS to ensure that an agency is a legitimate entity and that funds will be managed properly.

Specific information requested for both enrollment and reenrollment includes: Taxonomy; Taxonomy Code; NPI; Tax ID and Tax ID Start Date; All Board Members DOB, SSN, and addresses; Full 9- digit zip code for all address (service location, mailing, home office, Enrollment); License Number; Medicare Number (if applicable); and Supervising Physician's Name, NPI, and License number.

Out of state providers must also submit a copy of their license and submit a claim to DXC Technology. This documentation must contain the Application Tracking Number (ATN) at the end of the online portion of the enrollment.

TCM Program Designation

In both DDaP and WITS, individual programs must be identified as a TCM billable program if TCM services are provided. Not all programs within a PNP agency or state operated facility will be billed for TCM services. PNP agencies and state operated facilities must keep track of the status of each program and should request needed changes directly to DMHAS.

For PNP agencies, change requests must be communicated to the DMHAS LMHA local contract manager. Change requests for supportive housing or young adult services programs must be made directly to DMHAS OOC program contacts. State operated facilities should work with their local quality director to complete a change request.

If provider staff are unsure who to contact, they should reach out to any of the contacts listed on the DMHAS TCM website or in the manual appendix for guidance.

Staff Qualifications

TCM services must only be delivered by staff with specific qualifications. For state operated facilities, staff eligible to perform TCM services are identified by state job classification.

These state job classifications are:

- Advanced Nurse Practitioner
- Associate Professional Counselor
- Behavioral Health Program Manager
- Behavioral Health Unit Supervisor
- Certified Addiction Counselor
- Certified Occupational Therapy Assistant
- Children Services Worker
- Clinical Nurse Coordinator (Psychiatric)
- Clinical Social Worker
- Clinical Social Worker Associate
- Clinical Social Worker Licensure Candidate
- Community Clinician
- Developmental Specialist 1
- Developmental Specialist 2
- DMHAS Behavioral Health Clinical Manager
- Head Nurse
- Housing Program Coordinator
- Lead Children Services Worker
- Lead Nurse Clinician
- Licensed Practical Nurse
- Marital & Family Therapist
- Mental Health Assistant 1
- Mental Health Assistant 2
- Mental Health Associate
- Mental Health Trainee
- Nurse
- Nurse Clinical Specialist
- Nurse Clinician
- Occupational Therapist
- Occupational Therapist Supervisor
- Professional Counselor
- Psychiatric Social Worker Assistant
- Psychiatric Social Worker Associate
- Psychiatric Social Worker Supervisor
- Psychologist (Clinical)
- Recovery Support Specialist
- Recovery Support Specialist Trainee
- Registered Nurse (Per Diem)
- Rehabilitation Counselor 2
- Rehabilitation Therapist 1 (Therapeutic Recreation)
- Rehabilitation Therapist 2 (Therapeutic Recreation)
- Rehabilitation Therapy Assistant 1
- Rehabilitation Therapy Assistant 2
- Rehabilitation Therapy Supervisor 1
- Rehabilitation Therapy Supervisor 2
- Supervising Addiction Counselor
- Supervising Clinician
- Supervising Psychologist 1 (Clinical)
- Supervising Psychologist 2 (Clinical)
- Vocational Rehabilitation Counselor (Client/Patient)
- Vocational Rehabilitation Counselor Coordinator (Client/Patient)

PNP agencies must ensure that staff meet standard credential, education and or and/or experience requirements. In addition, individuals must be employed by or under contract with the PNP.

For PNP agencies, one of the following qualifications is required of staff delivering TCM services:

1. Credentialed physician; licensed psychologist; advanced practice registered nurse/nurse practitioner; physician assistant; licensed clinical social worker; licensed marital and family therapist; licensed professional counselor; licensed alcohol and drug counselor; or licensed or certified by the Department of Public Health as a registered nurse, licensed practical nurse, certified alcohol and drug counselor.
2. Education and/or training: a license-eligible individual whose education, training, skills and experience satisfy the criteria for any of the practitioner categories describe immediately above but who has not yet passed the licensure or certification exam; an individual with a minimum of an Associate's Degree in a behavioral health related field or with two (2) years of college training in a behavioral health or rehabilitation therapy field; an individual with one (1) or more years of experience working with individuals with mental illness involving participation in an interdisciplinary team process and the development, review and implementation of an individual's plan of services (completion of a mental health trainee program issued by a college or university may be substituted for six (6) months of the General Experience); or an individual with Recovery Support Specialist Certification issued by DMHAS or is an authorized representative along with six (6) months of experience as a Recovery Support Specialist Trainee.

Random Moment Time Study

All PNP agencies and state facilities providing TCM services must participate in the Random Moment Time Study (RMTS). This ongoing study is conducted by DMHAS to gather information for the TCM rate setting process. The RMTS collects information on staff activities to determine the percentage of time spent on the delivery of TCM service. The DMHAS RMTS is conducted continually and moments distributed on a quarterly basis using a valid statistical method. Information gathered is not used to track or evaluate employees.

Each state operated facility and PNP agency has a designated RMTS coordinator. The coordinator is responsible for submitting quarterly rosters of RMTS participating staff. Coordinators also serve as the agency point of contact for the study including reminders and announcements regarding RMTS trainings.

More detailed information can be found on the DMHAS TCM website: <https://portal.ct.gov/DMHAS/Initiatives/DMHAS-Initiatives/TCM> and by contacting your facility or agency RMTS coordinator.

Agency Quality Review Tool and Internal Review Policy

All PNP agencies providing TCM services are required to develop a self-auditing tool and internal review policy. The review policy must include details regarding how often TCM services will be reviewed, percent of TCM services to be reviewed, identified staff conducting audit/review, and how poor results will be addressed through education and systems changes. New PNP agencies must submit a copy of the tool and policy to the DMHAS Fiscal Services within 30 days of agency enrollment with DSS.

Cost Reporting: Schedule D

Connecticut's Medicaid SPA requires certain specific expenses to be reported separately for Targeted Case Management Programs. These five specific expenses are Mileage Reimbursement, Leasing of Office Equipment, Office Supplies, Training, and Translation/Interpretation. Cost reporting standards and processes for TCM are included in the larger financial reporting and contracting process for DMHAS.

Service Requirements

TCM are services provided to help individuals access medical, social, educational, and other community based supports. To help identify and document those services that are eligible for TCM billing, DMHAS uses the acronym CLAMP;

- **C**oordinating with external providers; to address identifies needs and achieve goals specified in the care plan
- **L**inking individuals with/referring individuals to external agencies; such as scheduling appointments for the individual to help them obtain needed services
- **A**ssessing for service needs, **A**ccessing service, **A**dvocating; to capture any changes to the medical, social, educational or other needs of the client.
- **M**onitoring & following-up on utilization of services; Includes activities and contacts that are necessary to ensure that the care plan is effectively implemented and adequately addresses the needs of the eligible individual. Monitoring may include the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to help determine whether the following conditions are met:
 - Services are being furnished in accordance with the individual's care plan.
 - Services in the care plan are adequate.

- There are changes in the needs or status of the eligible individual. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.
- **P**lanning with the individual for their service needs. The case manager must determine, on an ongoing basis, if the services and supports have been delivered, and if they are adequate to meet the needs/wants of the individual. Frequency and scope (face-to-face and telephone) of case management monitoring activities must reflect the intensity of the individual's health and welfare needs identified in the individual plan of services.

In some cases, services cannot be coded as TCM. These limitations include:

- The service is being billed to a 3rd party
- Medical, educational, social or skill building services
- Other services within your organization

Some services will not meet TCM requirements. Some services, for example taking a client to the grocery store, skill building activities, delivery of medications, supervision or direct observations of medications, transportation, leaving a message for a client and budgeting, are not TCM services. Activities like these should be coded as another service such as case management.

Assessment

TCM services require completion of a comprehensive assessment at admission and ongoing reassessments to determine the need for any medical, social, educational or other services and be substantiated by clear documentation in the individual's service chart. This assessment is intended to guide service planning and provision; it is not the DMHAS Periodic Assessment required for WITS or DDaP.

These assessments include;

1. Taking a client history
2. Identifying client needs and completing related documentation
3. Gathering information from other sources such as medical providers, family members, mental health professionals and teachers to form a complete assessment of needs of the individual
4. After admission, an assessment must be completed at least annually or more frequently based on individual needs. Some levels of care require more frequent assessments. In these cases, program staff must follow these requirements as long as there is an assessment completed at least once per year

Recovery Plan

In order to be eligible for billing, TCM services must be supported by an **active** recovery plan. The recovery plan must be developed at least annually but may be required to be more frequent based on level of care and agency specific requirements. The Recovery Plan is based on the information collected through the assessment. A recovery plan identifies, in detail, an individually developed plan for services including specific goals and activities. Each plan must be based on the individual's strengths and existing recovery resources, as well as their choices and preferences. The recovery plan should address identified needs in areas such as employment, education, self-management and life skills, relapse prevention, and social skills training. It should include needed medical, clinical, social, educational or other services. The recovery plan should contain:

- Goals and objectives
- TCM interventions with anticipated duration, frequency, target dates, and the person(s) responsible

- Client signature or evidence of client participation or the opportunity to participate in the development and monitoring of the recovery plan - if the individual refuses to sign and/or participate, document as to why the individual is refusing to do so
- Services provided without a Recovery Plan or with an expired Recovery Plan should not be coded as TCM and cannot be billed

Progress Notes

Once the plan is in place, services must be documented to show progress toward meeting recovery plan goals including client participation and responses. Progress notes should provide any auditor or chart reviewer with a clear picture of the work completed, responses and interactions with the individual, and how it qualifies as a TCM service.

Progress notes must include:

- Client name
- Agency and program
- Staff providing the service including signature and credentials
- Date, start time, end time, total duration in minutes
- Location where the service is being delivered
- Nature, content, description of service
- Details concerning the involvement of the client including response
- Recovery plan goal addressed, and progress towards that goal
- Collateral agencies or individuals involved, including coordination with staff of other programs/agencies
- If the client has declined services in the plan, staff must document a plan to engage the client
- A specific plan for next time you will meet with the client

NOTE: The Goal, Intervention, Response and Plan (GIRP) format used by DMHAS meets these requirements.

Service Duration and Location

All TCM services should be documented with true duration. Do not round in any way. DMHAS has implemented a standard that will not bill any services less than 8 minutes, but DMHAS would like to see all services provided regardless of time.

In addition to the service duration requirements, TCM services cannot be billed if provided in certain locations. If a client is inpatient, incarcerated or is a resident of a Skilled Nursing Facility, services do not meet the criteria for TCM. It is important to accurately document service location to avoid these services provided in ineligible locations from being billed.

Coding

TCM services must be coded and entered into data reporting systems using specific identified codes. Agencies are required to have service codes that are aligned with these identified categories of TCM services in order to process billing. In addition, aligned codes will ensure that TCM services are correctly matched to TCM activities in the DMHAS EDW. PNP agencies using direct data entry, as well as state operated facilities must use the following codes:

DDAP (PNP) Codes

TCM 01 – with client face-to-face
 TCM 02 – with client by telephone
 TCM 03 – with collateral

WITS (State Operated) Codes

TCM Face to Face with Client - 2023T1
 TCM on Phone with Client - 2023T2
 TCM with Collateral - 2023T3

PNP agencies that provide a monthly file upload to DMHAS should ensure that the proper service codes are mapped appropriately in the DDaP batched submissions upload.

Compliance and Quality Improvement

TCM INTERNAL REVIEW

Each agency and facility designated to deliver TCM services is responsible for establishing protocols for internal TCM quality reviews. These reviews should ensure complete and accurate reporting of services into DDAP or WITS, and accurate service documentation occurs. Providers should conduct regular reviews to verify required data is collected and submitted to DMHAS, and that data entered is complete and accurate. Each agency should regularly audit a sample of Client TCM services as outlined in each agencies auditing policy and procedures, to ensure documentation requirements have been met. DMHAS recommends agencies conduct at minimum quarterly reviews but suggests more frequent reviews if resources allow.

EXTERNAL AUDIT

All documentation related to the provision of TCM services delivered by DMHAS and the private providers may be subject to audit. External auditors (DSS, State Auditors, OIG and others) may audit TCM services at any time. Providers must retain records for a minimum of 7 years after discharge.

DMHAS EDW Reports

There are two data reports currently available to monitor TCM data and services. These reports, Service Intensity TCM and TCM Missing Data EDW, can be accessed through the DMHAS EDW.

The TCM Missing Data Report identifies reasons why services were not billed with data submitted to DMHAS and information about the individuals who receive TCM services essential for billing purposes. The report identifies the TCM data issues that prevent DMHAS from being able to bill for services.

Agencies are responsible to routinely run the TCM Missing Data report, and identify and correct any fixable data errors identified. Any manually corrected data will appear in the data system on the following day. Data corrections made through electronic submissions will appear in the next monthly extract.

The EDW contains a second report to monitor TCM activity. The TCM Service Intensity Report provides details regarding TCM services, including types, minutes and enrollment. Agencies are responsible for regularly running this report and using it as a supervision and quality improvement tool. It is good practice to run these reports at least monthly.

Additional Resources

Additional resources including links to online trainings, audit tools and more in depth guidance can be found on the DMHAS TCM webpage at: <https://portal.ct.gov/DMHAS/Initiatives/DMHAS-Initiatives/TCM> .

Information regarding data reporting and EDW (including access) can be found on the DMHAS EQMI webpage at: <https://portal.ct.gov/DMHAS/Divisions/EQMI/EQMI---Home-Page> .