



# **Targeted Case Management (TCM)**

Rev Nov. 2011

# **TCM Target Population – Mental Health**



**People w/severe & persistent psychiatric illness or co-occurring severe & persistent psychiatric and substance dependence disorders as evidenced by one or more disorders as defined by the current edition of the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association that is of sufficient severity to cause serious functional impairment in any of the following domains:**

- Occupation**
- Social relationships**
- Education**
- Housing**
- Ability to manage tasks of daily living**

# Why Is This Important?



**Maintaining TCM  
revenue is critical for  
DMHAS state-operated  
and private nonprofit  
providers in mitigating  
potential service  
reductions.**

# TCM DATA Converts To \$\$\$



**PNP & State-Operated providers enter TCM service data electronically into the DMHAS data system for DMHAS funded TCM eligible services**

**DMHAS completes screen of TCM data to identify missing/unacceptable DX, client Medicaid #**

**DMHAS creates extract of TCM data & sends electronic file to Collections Services at CT Department of Administrative Services (DAS)**

**DAS Collections Services sends file to the State's Medicaid claims administrator, Hewlett-Packard (HP)**

**HP reports total payments to CT DSS (Department of Social Services)**

**DSS bills the federal Centers for Medicare & Medicaid Services (CMS)**

**The CT State General Fund is then reimbursed by CMS by 50%**

**The CT General Fund is the source of funds allocated to fund DMHAS services**



# Recovery Oriented Services



**Staff spend time doing a variety of tasks**

- **Services for skill building**
- **TCM services & interventions**
- **Medication management**
- **Supportive counseling & therapy**
- **Chart documentation**
- **In-service training**

**TCM is one type of service delivered among the array of recovery services**

**Use the service code on the progress & encounter note that matches the service that is entered in the data system**

**Not all service types are billable under TCM**

# TCM Service Definition



**TCM Services are delivered with or on behalf of a client & include activities & interventions related to:**

- **assessment,**
- **planning,**
- **linking,**
- **support, &**
- **advocacy.**

**TCM Services include assisting a client to access:**

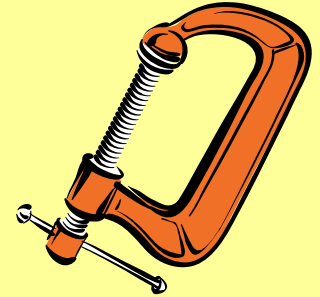
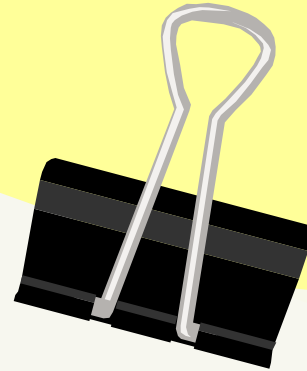
- **housing,**
- **medical,**
- **clinical,**
- **social,**
- **educational, &**
- **other services.**

# **Skill Building Services Are Not TCM Billable**



- **Skill Building services are an array of activities and interventions that provide face to face teaching and coaching of skills needed for living successfully in recovery and independently in the community.**
- **Skill Building services focus on development of self management and coping skills needed to conduct day-to-day life activities, navigate the systems of services, and utilize community resources.**

# Definition – *Getting a Grip on TCM - CLAMP*



**C - Coordinating**  
**L - Linking**  
**A - Accessing/assisting**  
**M - Monitoring**  
**P - Planning**



# Examples: Language for TCM Billable Services

- **Obtaining, coordinating, maintaining or linking people to resources and services (e.g., housing, entitlements, employment, legal assistance, education, transportation, etc.)**
- **Planning, arranging, coordinating, obtaining, monitoring, or following up on specific aspect of treatment (e.g. medical tx, substance dependence treatment, appointments with other providers)**
- **Working with and collaborating with collateral contacts external to the agency including family members, landlords, and employers**

**EVERY TCM service delivered in any setting, including a car, MUST be documented in the client's chart.**

**NO TCM services can be delivered to people in hospitals, in jail or in a nursing home.**

# Examples: Services Not Related To TCM



- **Doing ADL and personal care tasks or assisting with activities of daily living e.g., assisting with budgeting, cooking, shopping, laundry, moving residences, payee services, etc.**
- **Performing routine services including courier services, e.g., running errands or picking up and delivering food stamps or entitlement checks, etc.**
- **Providing other services that are billable through other Medicaid mechanisms, e.g., medical exams, treatment, therapy, etc.**
- **Transporting a client or family member**
- **Unsuccessfully attempting to provide a service such as calling and leaving a message; no shows, cancellations, etc. – *These do not constitute engagement or outreach.***

***NO TCM services can be delivered to people in hospitals, in jail or in a nursing home.***


## Required Elements for TCM Billing

- ✓ *TCM Service Code*
- ✓ *Valid DSM Diagnoses*  
*(NO 799.xx & Max specificity in DX)*
- ✓ *Client's Medicaid Number*

∞ **Put Data Required For TCM Billing** ∞  
**In The DMHAS Data Base**

*TCM services cannot be billed without a valid Medicaid Number.  
Please check for eligibility and accuracy.*

# TCM Service Codes in AVATAR



**5001 TCM w/ Collateral** - use when TCM services are provided with a collateral contact on behalf of a client – may include phone contacts

**5002 TCM Face-to-Face w/ Client** - use when TCM services are provided directly to the client in person–does not include phone contacts

**5003 TCM On Phone w/ Client** - use when TCM services are provided directly to the client via telephone

# TCM Service Codes in DDaP



**TCM01 – Face-to-Face w/ Client** - use when TCM services are provided directly to the client in person–does not include phone contacts

**TCM02 – On Phone w/ Client** - use when TCM services are provided directly to the client via telephone

**TCM03 – w/ Collateral** - use when TCM services are provided with a collateral contact on behalf of a client – may include phone contacts

# Required Data Elements

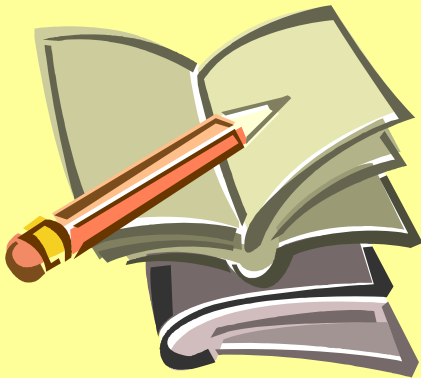


**Specific diagnoses that can be used for billing TCM have been identified and agreed upon by DSS (CT Medicaid authority) and DMHAS**

- **Cannot bill for 799.9 or Deferred DX – *DO NOT USE!***
- **Most prevalent mental health diagnoses for DMHAS population are included in DDaP; report highest level of specificity possible on diagnoses**
- **Individual's Medicaid Number**
- **Description of service delivered, including date, time, duration & location of service delivered**
- **All services of 8 minutes or more will be used in TCM billing**

# Chart Documentation That Supports TCM Services

**Chart/Record information should tell the client's story and document the need for services**



- **Assessment – Identifies Medical Necessity**
- **Treatment Plan – Identifies Plan for Services**
- **Progress Notes – Identifies Services Delivered**

***If it isn't documented, it didn't happen!***

# Elements for TCM Chart Review



- All documentation must be legible
- The medical record must contain a diagnostic evaluation that determines medical necessity
- The record must contain a comprehensive assessment to identify areas of service needs



# Elements for TCM Chart Review



The Treatment Plan must:

- Contain identified problem(s) or area(s) of need
- Contain goals and objectives related people's recovery
- Contain interventions with duration, frequency and target date for completion, including those related to TCM interventions
- Identify responsible persons and community agency
- Be current
- Show evidence of client involvement and participation

# Documentation Requirements for TCM Billing



## Evidence of Client Involvement In Treatment Planning:

- Description of involvement on treatment plan
- Progress Notes that detail involvement of and discussion with client
- Client signature on treatment plan
  - *NOTE: if client refuses to sign the plan - document it!*
- Client receives a copy of the signed, completed plan

# Documentation Requirements for TCM Billing

## The progress note for TCM services must:

- Document the TCM service & show its relationship to the treatment plan
- Include date, time, duration & location of service delivered
- Include description of service delivered
- Include signature & credentials of staff delivering service
- Include progress towards treatment plan goals
  - ☞ “**At baseline**” is not acceptable
- Include a plan for the next time you see the client
  - ☞ “Continue with plan” is NOT acceptable
  - ☞ Short term plan cannot reiterate the Treatment Plan

# TCM Data Quality Review & Audits



## Develop and Conduct Internal Agency TCM Audits

**Conduct monthly reviews to verify required data is collected and submitted to DMHAS, and that data entered into the DMHAS data system is complete and accurately reflects the work completed.**

- ☞ Ensure your provider service codes map to appropriate DMHAS TCM codes**

# **TCM Data Quality Review & Audits**



## **External TCM Audits**

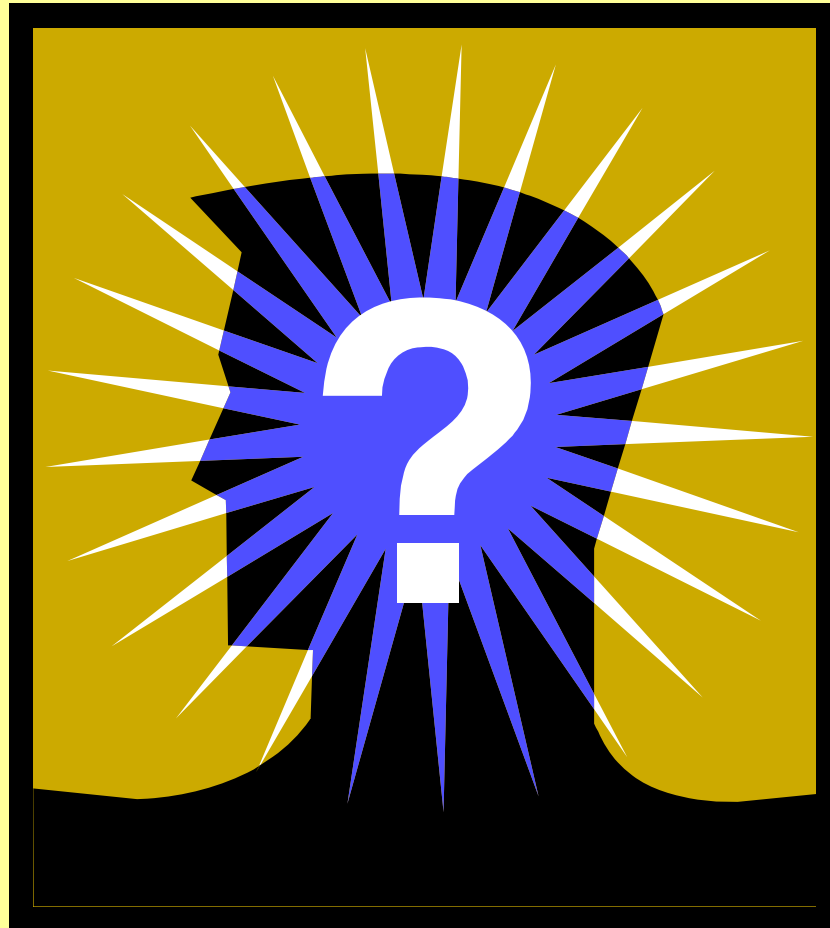
- **State operated LMHAs conduct reviews of TCM data collection & data quality, and provides follow up with affiliates in their service system.**
- **OOE EQMI conducts reviews of TCM data collection, data quality, and provides follow up with contracted providers.**
- **State auditors conduct audits of claims submitted on behalf of the state.**
- **All TCM claims are subject to federal audits by the Department of Health & Human Services.**

# Summary



- **Maintaining TCM revenue is critical for DMHAS state-operated and private nonprofit providers in mitigating potential service reductions**
- **DMHAS can bill for appropriate TCM Target Population services ONLY if services are properly coded & documented.**
- **TCM focuses on “CLAMP” services.**
- **Cannot bill TCM for ADL, skill building, transportation, or medication delivery services.**
- **Cannot bill for TCM services for people in jails, hospitals and nursing homes.**
- **Each agency needs internal processes for reviewing client eligibility, chart documentation and data submission to ensure compliance with DMHAS contract requirements.**

# Questions



**NOTES:**