

PerformCARE [®]		Policy and Procedure
Name of Policy:	Targeted Case Management Role Expectations	
Policy Number:	CM-040	
Contracts:	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
Primary Stakeholder:	Clinical Department	
Related Stakeholder(s):	Providers	
Applies to:	Associates	
Original Effective Date:	06/01/06	
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Last Review Date:	09/10/24	
OMHSAS Approval Date:	09/10/24	
Next Review Date:	09/01/25	

Policy: PerformCare Targeted Case Management (TCM) providers are expected to follow guidelines and regulations set forth by PerformCare, DHS and the state regarding the request and provision of TCM services. This includes but is not limited to Title 55 Department of Human Services Chapter 5221 Regulations “Mental Health Intensive Case Management Services”.
 DHS Bulletin OMH-93-09 “Resource Coordination: Implementation”; DHS/OMHSAS Bulletin OMHSAS- 10-03 “Blended Case Management (BCM)- Revised.”; and DHS/OMHSAS Bulletin OMHSAS-12-03 “Mental Health Targeted Case Management (TCM) Documentation Requirements”.

Purpose: To outline the PerformCare role expectations and guidelines for Targeted Case Management providers.

Definitions: **Targeted Case Management:** Includes Intensive Case Management, Resource Coordination and Blended Case Management.
Out of Home Treatment: Services funded by PerformCare that include Residential Treatment Facilities and Community Residential Rehabilitation Host Home.

Acronyms: **C&Y:** Children and Youth
CAO: County Assistance Office
CASSP: Child and Adolescent Social Service Program

CCM: Clinical Care Manager
CRR-HH: Community Residential Rehabilitation Host Home.
CRR-HH ITP: Community Residential Rehabilitation Host Home Intensive Treatment Program
FBMHS: Family Based Mental Health Services
ISPT: Interagency Service Planning Team
JPO: Juvenile Probation Office
RTF: Residential Treatment Facility
TCM: Targeted Case Management

- Procedure:**
1. TCM Roles:
 - 1.1. Members approved for Out-of-Home Treatment (RTF or CRR-HH):
 - 1.1.1. When a recommendation for out-of-home treatment (RTF or CRR-HH) is made, TCM is responsible for scheduling and facilitating an initial ISPT Meeting for an out of home treatment recommendation.
 - 1.1.2. PerformCare CCM and CASSP/County Mental Health designee are required to participate in all ISPT meetings for out of home treatment.
 - 1.1.2.1. In the absence of a TCM, the Member's PerformCare CCM will schedule and facilitate the ISPT meeting.
 - 1.1.3. Once the meeting occurs, TCM is responsible for assembling and submitting a valid request to PerformCare. (In the absence of a TCM, the Member's PerformCare CCM who facilitated the ISPT meeting will assemble a valid request.) A complete request consists of the following:
 - 1.1.3.1. PerformCare Child/Adolescent Services Request Submission Sheet.
 - 1.1.3.2. Psychiatric evaluation.
 - 1.1.3.3. ISPT Sign-In sheet.
 - 1.1.3.4. ISPT Summary (required).
 - 1.1.3.5. Proposed Treatment Plan.
 - 1.1.4. PerformCare will make a medical necessity decision according to *CM-013 Approval/Denial Process and Notification*.
 - 1.1.5. If approved, the TCM, with feedback from the Member/Family/Guardian, will send referrals to all clinically appropriate PerformCare in-network RTF or CRR-HH providers best able to meet Member needs based on symptom presentation, geographical location and age.

- 1.1.5.1. All out-of-network, out-of-state, and CRR-HH ITP referrals are the sole responsibility of PerformCare. The TCM will coordinate the need for these types of referrals with the PerformCare Clinical Care Manager.
 - 1.1.6. If TCM services end at any time during the scheduling or referral processes noted above, the TCM must notify PerformCare immediately so PerformCare can assume responsibility of the process.
- 1.2. Members admitted to Mental Health Inpatient, Partial Hospitalization Program, or Out-of-Home Treatment (RTF/CRR-HH/CRR-HH ITP)
 - 1.2.1. TCM services may continue beyond the allotted regulatory eight (8) contacts for Members admitted to RTF, CRR-HH or CRR-HH ITP, with all parties' roles clearly defined, so as not to duplicate services.
 - 1.2.1.1. TCM are expected to participate in 30-day planning meetings and pre-discharge planning. Notification and input to PerformCare CCM is required when unable to attend team meeting.
 - 1.2.1.2. If discharged, re-initiation of TCM services may occur up to 90 days prior to discharge from RTF, CRR-HH or CRR-HH ITP, based on a Member's needs and should be discussed as part of pre-discharge planning.
 - 1.2.2. When a Member has been admitted to a Mental Health Inpatient or Partial Hospitalization Program, the TCM should have at least one (1) contact (in person is preferred) with a Member and be an active participant in discharge planning (Refer to OMHSAS-13-01 "Travel and Transportation Guidelines as needed).
 - 1.2.2.1. Following discharge, TCM should contact (in person is preferred) the member within two (2) business days of discharge and confirm medication supply/prescriptions, attendance at all follow-up appointments and assist with coordination of aftercare appointment(s) as needed.

1.3. Members in FBMHS:

1.3.1. TCM services may continue for Members receiving FBMHS, provided all parties' roles are clearly defined, so as not to duplicate services. This should be determined at the first 30-day treatment team meeting and communicated to the PerformCare Care Manager.

1.3.1.1. PerformCare waived the two (2) TCM contact limit **(5260.22.(b) 3:**

Relationship to other parts of the system for Members in FBMHS as permitted by Appendix BB of the Program Standards and Requirements.

1.4. Members in Jail or Juvenile Detention:

1.4.1. TCM services may continue for Members in Jail or Juvenile Detention as long as the member retains eligibility and active with PerformCare.

1.4.2. Program Standards and Requirements Appendix V requires eligibility changes for Members placed in Jail or Juvenile Detention.

1.4.2.1. Members who are placed in jail lose their eligibility the day before they are admitted to jail. PerformCare will notify the CAO.

1.4.2.2. During the first 35 days of detention placement, Members may continue to receive TCM services if delivered offsite from the detention center. Per Appendix V, a Member's eligibility changes to Medical Assistance Fee-for-Service when in Juvenile Detention beyond 35 days. PerformCare will notify the CAO when a Member is admitted to Juvenile Detention.

1.4.2.2.1. The above does not apply to children in shelters, as they remain active with PerformCare with no change in eligibility.

2. TCM Discharge Planning:

2.1. PerformCare expects that discharge planning occur as part of routine TCM service planning.

2.2. PerformCare requires a Forty-Five (45) day pre-discharge planning meeting in which the PerformCare Care Manager is invited.

- 2.3. When a Member declines to participate despite ongoing TCM attempts to engage them, the TCM will consider the following prior to discharge:
 - 2.3.1. Member's circumstances
 - 2.3.2. Clinical situation
 - 2.3.3. Risk factors
 - 2.3.4. Strategies to re-engage the individual.
- 2.4. Should the TCM, in conjunction with the Member and/or Member's family/guardian, determine discharge is appropriate due to a Member's non-participation, the TCM will submit a TCM Discharge Summary within 30 calendar days of the discharge date.
 - 2.4.1. Non-participation should not be related to a mental illness or emotional disorder.
- 3. TCM vs. PerformCare Care Management:
 - 3.1. TCM focuses on linking Members to community services and natural supports, while also addressing social determinants of health. TCM roles include:
 - 3.1.1. Providing support to Members in their recovery.
 - 3.1.2. Assisting Members in accessing Behavioral and/or Physical Health services as well as obtaining benefits, dealing with the justice system, providing vocational assistance, or helping with educational needs.
 - 3.1.3. Conducting face-to-face assessments and identifying treatment needs.
 - 3.1.4. Assisting Members with appointments and advocating for needed services.
 - 3.1.5. Facilitating ISPT/team meetings, treatment, discharge planning and after care
 - 3.1.6. Coordinating all services necessary to support the Member's recovery plan. This includes coordination with PerformCare CCM and treating providers and making necessary referrals.
 - 3.1.7. Promoting Member independence in the community.
 - 3.1.8. Identifying natural and community supports for the Member.
 - 3.1.9. Assisting with social determinants of health and eliminating any related barriers
 - 3.1.10. Coordination of physical health needs and assistance with appointments and follow up.
 - 3.1.11. Follow up after hospitalization to assure after care is in place. Refer to 1.2.1.1

- 3.1.12. Facilitating the development and coordination of an adequate crisis plan between all systems serving the Member.
- 3.2. A PerformCare CCM focuses on coordinating Mental Health and Substance Use treatment services that a Member may need. The role of the CCM includes:
 - 3.2.1. Assessing treatment needs and determining the appropriate level of care through the application of medical necessity guidelines.
 - 3.2.2. Issuing authorizations for treatment.
 - 3.2.3. Promoting recovery and resiliency to support Members in achieving personal recovery.
 - 3.2.4. Ensuring coordination of Mental Health and Substance Use services.
 - 3.2.5. Participating in ISPT/team meetings and pre-discharge planning meetings, as appropriate.
 - 3.2.6. Identifying Quality of Care Concerns and consulting with PerformCare Medical Director and/or other Physician/Psychologist Reviewer.
 - 3.2.7. Coordinating with TCM regarding social determinants of health and any related barriers.
 - 3.2.8. Coordinating with TCM regarding physical health needs and coordinating with Member's Physical Health-Managed Care Company when applicable.
 - 3.2.9. CCM staff are primarily office-based and typically do not have any face-to-face interactions with PerformCare Members. However, individual needs of members are taken into consideration regarding face-to-face meetings and need for mobile care management.

Related Policies: *CM-013 Approval and Denial Process and Notification*
CM-035 Coordination of Behavior Health Treatment for Members who are Detained or Incarcerated
CM-036 Mental Health/Substance Abuse Targeted Case Management Initial and Reauthorization Requests and Discharges
CM-037 Mental Health/Substance Abuse Targeted Case Management Reimbursable/Non-reimbursable Services
CM-039 Targeted Case Management Contact Expectations

Related Reports: None

Source Documents

and References: *Title 55 Department of Human Services, Chapter 5221 Regulations "Mental Health Intensive Case Management Services"; DHS Bulletin OMH-93-09 "Resource Coordination: Implementation"; DHS/OMHSAS Bulletin OMHSAS- 10-03 "Blended Case Management (BCM)- Revised."; and DHS/OMHSAS Bulletin OMHSAS-12-03 "Mental Health Targeted Case Management (TCM) Documentation DHS/OMHSAS Chapter 5221 Waiver Approval. OMHSAS-13-01 "Travel and Transportation Guidelines Program Standards and Requirements Appendix BB Program Standards and Requirements Appendix V*

Superseded Policies

and/or Procedures: None

Attachments: None

Approved by:



Primary Stakeholder