

# Targeted Case Management Services

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# TCM Training

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- Definition of TCM
- Target Population
- Providers
- TCM Activities
- Medical Records Requirements
- Fiscal / Billing / RMTS Overview
- Examples



# What is Targeted Case Management (TCM)?

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- Targeted Case Management (TCM) is set of services provided to an identified population for which the federal government provides reimbursement to the states.
- TCM in Connecticut is defined within the Medicaid State Plan Amendment (SPA) which has been approved by the Centers for Medicare and Medicaid (CMS). In CT, the Department of Social Services is the agency responsible for oversight of Medicaid and the SPA.

# What is Targeted Case Management (TCM)?

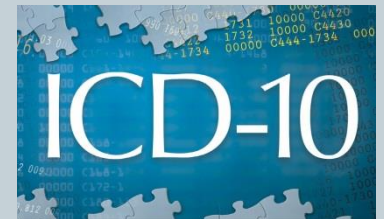
4

- The Medicaid State Plan Amendment (SPA) defines TCM services as: “services furnished to assist individuals eligible under the State Plan in gaining access to needed medical, social, educational, and other services.”
- The Medicaid Provider Manual defines case management services as “the continuum of assessment, planning, linkage, support and advocacy activities systematically carried out by an individual case manager that are available to assist and enable an individual to gain access to needed medical, clinical, social, educational or other services.”

# Who is the Target Population for TCM?

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- The Medicaid SPA defines the TCM target population as “individuals with serious chronic mental illness as defined by DMHAS, inclusive of individuals with substance use disorders and co-occurring mental illness.”
- DMHAS and DSS worked together to define the TCM target population based on ICD10 diagnosis codes(see handouts provided). DSS maintains an updated approved codes in Table 17 at [https://www.ctdssmap.com/CTPortal/Portals/o/StaticContent/Publications/Fee\\_Schedule\\_Instructions.pdf](https://www.ctdssmap.com/CTPortal/Portals/o/StaticContent/Publications/Fee_Schedule_Instructions.pdf)
- Data used for reimbursement billing comes directly from the Enterprise Data Warehouse (EDW).





# TCM Providers

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- Provider organization requirements are defined by the Medicaid SPA. DMHAS-operated facilities and qualified private provider entities may provide TCM.
- Any willing *qualified* provider is defined as a qualified provider who must have training, experience, and other expertise in working with the target population.



# TCM Providers

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- The Medicaid SPA includes details on the requirements that individual staff members at the provider agencies must meet in order to qualify to provide TCM services.
- Medicaid requires that clients have free choice of any qualified Medicaid providers of case management services.
- On a quarterly basis, the provider entities submit the roster of the qualified TCM staff members that will be included in the RMTS.

# TCM Level of Care(LOC)

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DMHAS has identified following levels of care (LOC) for which TCM is expected:

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

***These LOCs are subject to change based on new DMHAS initiatives.***



# Contract Language



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- In 2015, the Centers for Medicare and Medicaid Services approved the CT Medicaid SPA for TCM. As a result, DMHAS agreed to amend contract language in Part I, C (4) to state the following:

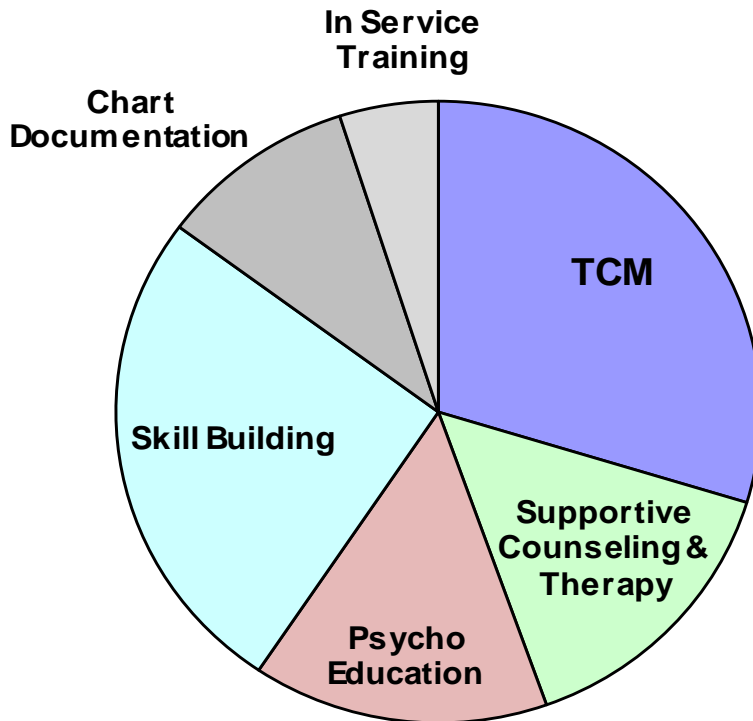
## “Targeted Case Management (TCM) Reports:

- ✓ Contractors shall only bill for TCM through the Department and shall not be eligible for reimbursement through any other Medicaid billing system.
- ✓ Contractors designated by the Department to provide TCM services shall submit to the Department TCM services data no later than the 15<sup>th</sup> day of the month following the provision of services. Such data shall be submitted in the form and manner prescribed by the Department.”

# Recovery Services

\* \* \* \* \*

## Example of a variety of activities Staff perform



**TCM is one service type in the broad array of recovery services**

**Use the code on the progress note that matches the service being provided**

**Not all services are billable under TCM**

# TCM Service Codes

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- DDAP TCM Codes:
  - TCM01 – face to face with client
  - TCM02 – on the phone with client
  - TCM03 – with collateral

# Case Management Service Codes

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- **DDAP Case Management Codes**
  - **T1016** – face to face with client
  - **T116C** – on the phone with client
  - **T116B** – with collateral

# WHAT ARE TCM ACTIVITIES?

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## CLAMP

- Coordinating a plan of external service linkages.
- Linking client with/referring client to collateral agencies.
- Accessing Services; Assessing for Service Needs;  
Advocating on the client's behalf.
- Monitoring & following-up on utilization of services.
- Planning with the client for their service needs.



**Referral**

# What are TCM Activities?

## Coordinating Services, Resources & Plans

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### **COORDINATING**

- **Coordinating** a plan of services, including review of services and activities to ensure that the plan continues to meet the needs of the individual.
- **Coordinating** schedules and appointments with outside agencies either for or with the client.
- **Coordinating** referrals and supports.



**Referral**

## What are TCM Activities? Linking to Services & Resources

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### LINKING

- Linking the client with medical, social, educational providers, and other agencies that provide services which address the individuals needs and help them achieve goals documented in the recovery plan. Can include referrals for services and supports.

# What are TCM Activities?

## Accessing

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- Accessing – linking & referring
- Assessing & reassessing
- Advocacy & support activities

Activities defined in the Medicaid Provider Manual as case management are services that assist and enable an individual to gain access & maintain needed medical, clinical, social, educational or other services.

- Comprehensive assessment at admission.
- Reassessment performed at least annually or more frequently based on individual needs



# What are TCM Activities? Monitoring and Follow-Up



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- **MONITORING** to determine that:
  - ✓ Activities and contacts are necessary to ensure that the plan is implemented and that it adequately addresses the client's needs.
  - ✓ Services in the recovery plan are adequate,
  - ✓ Changes in the needs or status of the individual are reflected in service plan.
  - ✓ Adjustments in the plan and service arrangements with providers are made as necessary and as situations change for the client.

# What are TCM Activities?

## Monitoring and Follow-Up (continued)

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- **Monitoring** activities may be:
  - ✓ Face-to-face or by telephone contact.
  - ✓ With the individual and by case conference.
  - ✓ Through collateral contact with family members, service providers, or other entities or individuals.
  - ✓ With the individual, family members, services providers, or other entities or individuals.
  - ✓ Conducted as frequently as prescribed in the recovery plan.

# What are TCM Activities?

## Planning: Development of Recovery Plan

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- **PLANNING**

Development of the service plan is based on information collected through the assessment. The PLAN must:

- ✓ Ensure the opportunity for active participation of the client and others to develop those goals.
- ✓ Identify a course of action to respond to the needs.
- ✓ Identify needed services and anticipated frequency, duration, and limitations of case management services.
- ✓ Specify the goals and actions to address the medical, social, education, and other services needed.

# Examples of TCM Services

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- Assist a client with finding a place to live or keeping current housing.
- Help a client access job training and placement.
- Help a client to enroll in educational programs.
- Help a client get involved in social activities.
- Help a client stay engaged in treatment by enlisting the help of a relative or other community resource.

# Examples of TCM Services(Cont.)

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- Coordinate dental care, medical care, or transportation for a client
- Facilitate client appointments
- Monitor self-administration of medication
- Monitor a client's budget to maintain their ability to live in their community.
- Monitor client's adherence to nutritional plan.

# Examples of Non-TCM Services

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- Services to clients who have no assessment, no treatment plan, or an expired treatment plan.
- Services to clients in an inpatient setting, nursing home, or jail. Please ensure that the service location is input into DDap & WITS.
- Medication delivery.
- Transporting a client or family member.
- Budgeting / paying bills.
- Moving a client to a new apartment.
- Taking a client grocery shopping.

# Examples of Non-TCM Services(cont.)

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- Skill building activities.
- Directly assisting with personal care or activities of daily living.
- Transportation and delivery services are not TCM.
- Unsuccessfully attempting to provide a services such as calling and leaving a message, no shows, cancellations.
- Health education and promotion.



# Limitations

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- Double billing is prohibited. TCM codes cannot be used if the service is being billed to a 3<sup>rd</sup> party.
- TCM codes cannot be used for medical, educational, social or skill building services.
- TCM code cannot be used for conducting collateral services within your organization.
- TCM codes cannot be used if the client is inpatient, in a skilled nursing facility, or in jail. Please ensure that the service location is input into DDap & WITS.



# TCM vs. Skill Building vs. Case Management

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TCM	Skill Building or Psycho Education	Case Management
<ul style="list-style-type: none"><li>• Monitoring self administration of medication</li><li>• Review medication orders, fax to pharmacy, and follow-up with external provider</li></ul>	<ul style="list-style-type: none"><li>• Medication education</li><li>• Demonstrate and assist with packing medication box</li></ul>	<ul style="list-style-type: none"><li>• Medication delivery</li></ul>
<ul style="list-style-type: none"><li>• Coordinating medical care and transportation</li></ul>	<ul style="list-style-type: none"><li>• Coach client to prepare list of questions to ask the doctor</li><li>• Practice asking questions</li></ul>	<ul style="list-style-type: none"><li>• Transport client to medical appointment</li></ul>

# TCM vs. Skill Building vs. Case Management (continued)

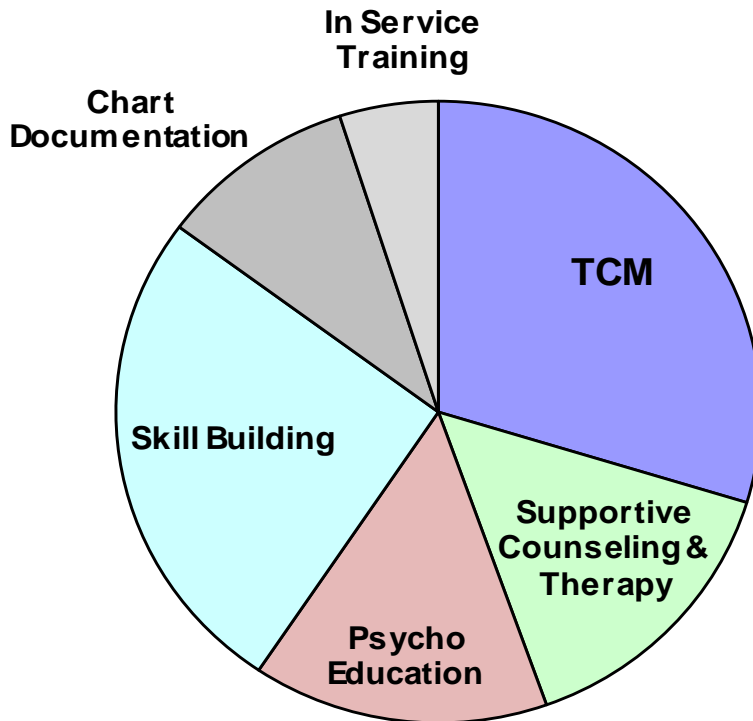
26

TCM	Skill Building or Psycho Education	Case Management
<ul style="list-style-type: none"> <li>• Monitoring budget to maintain ability to live in community</li> <li>• Follow up with DSS regarding entitlement status</li> </ul>	<ul style="list-style-type: none"> <li>• Teach client how to develop a budget</li> <li>• Prompt client to pay bills</li> <li>• Teach client how to fill out entitlement paperwork</li> </ul>	<ul style="list-style-type: none"> <li>• Budgeting/paying bills</li> <li>• Take client to bank</li> </ul>
<ul style="list-style-type: none"> <li>• Maintaining housing, coordinating and planning housing resources</li> <li>• Liaison with landlord</li> <li>• Coordinate and link client with housing subsidy resources</li> </ul>	<ul style="list-style-type: none"> <li>• Coach client to look for apartment rentals in newspaper</li> <li>• Develop with client a list of pros and cons for moving</li> </ul>	<ul style="list-style-type: none"> <li>• Moving client to new apartment</li> </ul>

# Recovery Services

\* \* \* \* \*

## Example of a variety of activities Staff perform



**TCM is one service type in the broad array of recovery services**

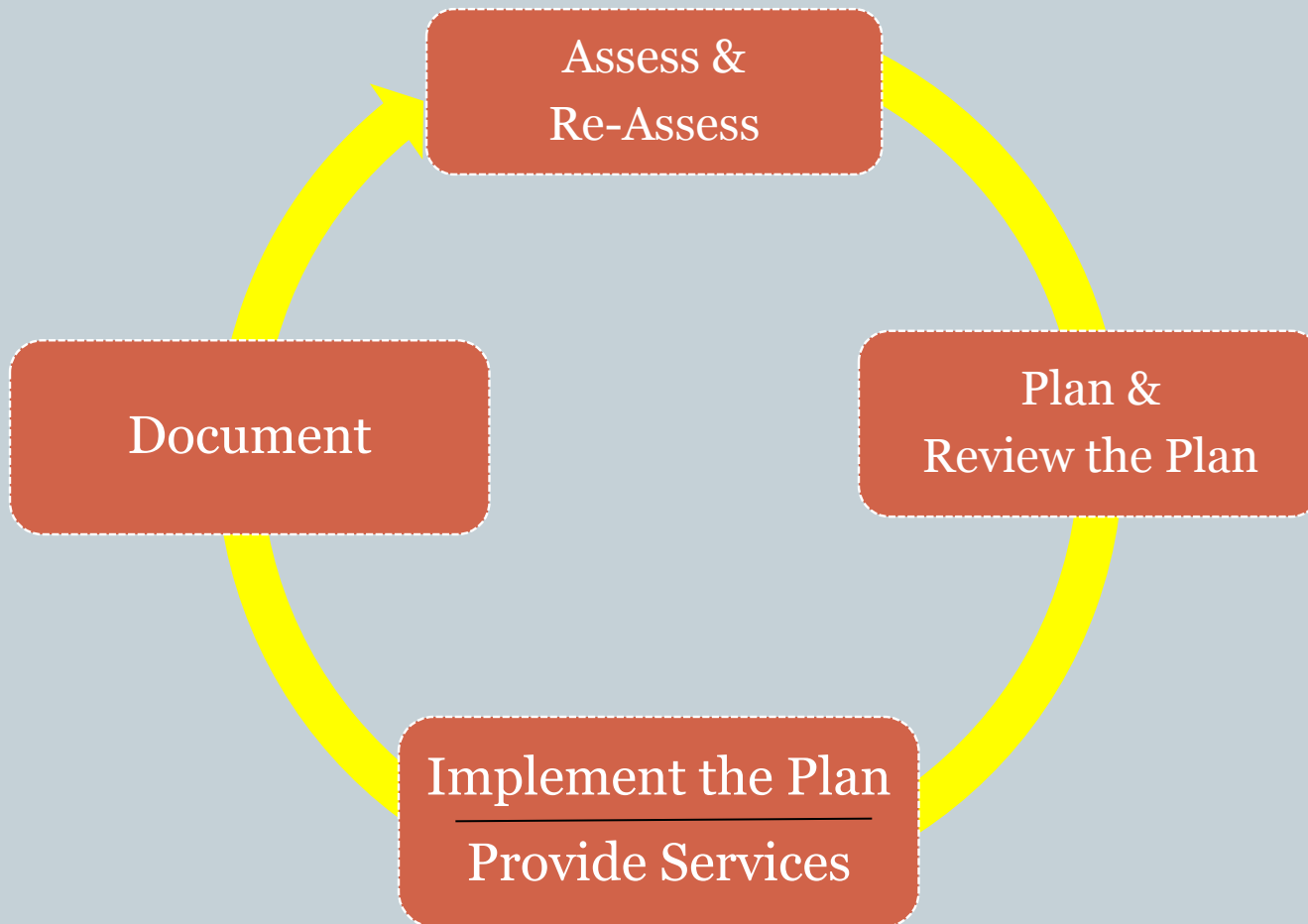
**Use the code on the progress note that matches the service being provided**

**Not all services are billable under TCM**

# DOCUMENTATION

## TELLING THE PERSON'S STORY

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# Medical Record Documentation Requirements

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***If it isn't documented – it didn't happen.***

- TCM services must be:
  - ✓ Based both on a comprehensive assessment at admission and a periodic reassessment of individual needs in order to determine the need for any medical, social, educational, or other services.
  - ✓ Substantiated by clear and legible documentation in the eligible client's permanent service record.

# Medical Record Documentation Requirements(Cont.)

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- Comprehensive assessments at admission and periodic assessments used to determine the need for any medical, education, social, or other services.
- Assessment activities include taking client history, identifying individual needs and completing related documentation, and gathering information from other sources.
- Agencies that do not provide clinical services should have the client sign a release of information to obtain diagnosis information for both their records and reporting into DDaP.
- Reassessments occur at least annually but may be done more frequently based on the client's needs.

# Medical Record Documentation Requirements(Cont.)

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- Recovery plan that identifies the plan for services:
  - ✓ Identified problem(s) or area(s) of need.
  - ✓ TCM goals and objectives.
  - ✓ TCM interventions with anticipated duration, frequency, target dates, and person responsible.
- Client signature and evidence of client participation or the offer to participate in the development and monitoring of the plan.
  - ✓ Note: If the client refuses to sign/participate, document as to why the client refuses.
- Progress notes documenting services delivered.
- A timeline for reevaluation of the plan and reassessment.

# Progress Notes MUST Include

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- Name of the individual.
  - Name of the provider agency and the person providing the service, including signature and credentials.
  - Date, time, units, duration and location of service.
  - Nature, content, description of service(s).
  - Documentation\* of recovery plan goal addressed and progress towards goal .
  - Detail involvement of and discussion with client.
  - Documentation of collateral agencies or individuals involved including coordination with case managers of other programs.
  - Whether the individual has declined services in the care plan.
  - Plan for next time you see the client.
- \* Note the CT DMHAS GIRP (Goals, Intervention, Response, Plan) is consistent with these requirements\***



# DDap Service Input Screen

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The screenshot displays the DDap Service Input Screen within the DMHAS Data Performance System. The interface includes a header with the CT.gov logo, the Department of Mental Health and Addiction Services logo, and the dmhas logo. The main navigation bar shows tabs for Client Profile, Admission, Diagnosis, Services (selected), and Assessments. The left sidebar contains a 'Tools' dropdown menu and user information for 'JOE TESTING'. The main content area is divided into 'SERVICE INFORMATION' and 'TCM INFORMATION' sections. The 'SERVICE INFORMATION' section includes a 'Service' dropdown menu, 'Start Date', 'End Date', 'Duration', 'Service Units', and 'Service Location' fields. The 'TCM INFORMATION' section includes 'First Name', 'Last Name', 'Clinician Credentials', and 'Diagnosis' fields. Annotations with arrows point to the 'Tools' menu and the 'Service' dropdown menu.

**Tools** ▾ [Home](#)

**JOE TESTING** ▾  
BSN: 006132452  
Provider: Wheeler Clinic

**Version**  
Test 1.2

**DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES**

**dmhas**

STATE OF CONNECTICUT DMHAS Data Performance System

Client Profile Admission Diagnosis **Services** Assessments

**SERVICE INFORMATION**

Service: -- Select One -- ▾

Start Date:

End Date:

Duration:

Service Units:

Service Location: -- Select One -- ▾

**TCM INFORMATION**

First Name:

Last Name:

Clinician Credentials: -- Select One -- ▾




Diagnosis: -- Select One -- ▾

**Select the Service from the drop list**

**Select Tools/Documentation for Service Codes**

# DDap Service Input Fields

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<b>SERVICES</b>	<b>REQUIRED FIELD.</b> Select the Service from the drop list or enter the code to display the Service and select it from the list.
<b>START DATE</b>	<p><b>REQUIRED FIELD.</b> Enter the date that a client began to receive a given service in the correct date format - MM/DD/YYYY, or select the date in the calendar.</p>  <p>The date must be greater than or equal to the Admission Date, less than or equal to Service End Date, less than or equal to the discharge date, and less than or equal to the current date.</p>
<b>END DATE</b>	<p><b>REQUIRED FIELD.</b> Enter the date when a client stopped receiving a given service in the correct date format -MM/DD/YYYY, or select the date in the calendar.</p>  <p>The date must be greater than or equal to the admission, greater than or equal to the Service Start Date, less than or equal to the discharge date and less than or equal to the current date.</p>
<b>DURATION</b>	<b>REQUIRED FIELD.</b> Enter the length of time of service, in minutes or days, for a client.
<b>SERVICE UNITS</b>	<p><b>REQUIRED FIELD.</b> This field contains the number of “units” of a service given to a client. For services based on <b>minutes</b>, the <b>unit refers to the number of units of service provided in a given day.</b> Only one service type per client per program is allowed - <b>A single instance of a given service. Each time a service is administered is considered one unit.</b></p>  <p>Ex.: Three (3) Case Management services in a given day would be represented as ‘3’ units. This field is numeric, and is required if services have been provided. <i>Note: Cannot exceed 100.</i></p>
<b>SERVICE LOCATION ID</b>	Select the Service Location from the drop list, e.g. office, where a client received a service. <i>(If a particular service was provided in more than one location, select the location that was used the most, or divide the services up between the locations accordingly.)</i>

# TCM Service Codes

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- DDAP TCM Codes:
  - TCM01 – face to face with client
  - TCM02 – on the phone with client
  - TCM03 – with collateral

# Case Management Service Codes

36

- **DDAP Case Management Codes**
  - **T1016** – face to face with client
  - **T116C** – on the phone with client
  - **T116B** – with collateral

# TCM Audits / Record Retention

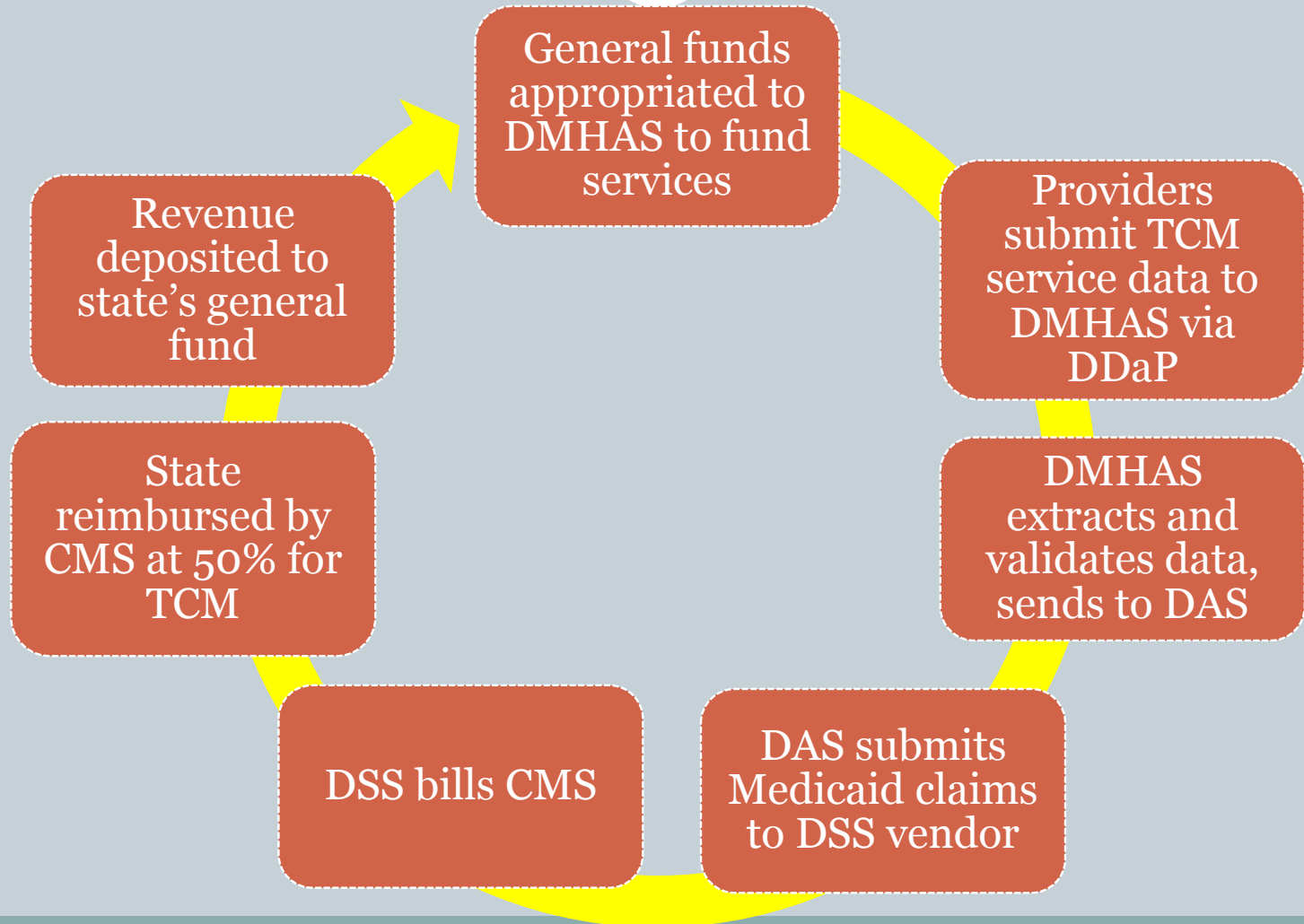


37

- Each provider agency is responsible for internal TCM audits and accurate reporting of services into DDAP or WITS.
- Providers should conduct monthly reviews to verify required data is collected and submitted to DMHAS, and that data entered into the DMHAS data systems is complete and accurate. You can use the DDAP “*TCM Missing Data*” report to check the accuracy of your data
- Providers should retain records for a minimum of 7 years from date of discharge.
- External auditors (DSS, State Auditors, OIG) may audit TCM services and/or rates.

# TCM Billing Overview Flowchart

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# TCM Billing Overview

*Maintaining TCM revenue is critical for DMHAS operated and contracted providers in mitigating potential service reductions.*

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- The general fund allocates money to fund DMHAS services.
- Providers enter TCM services (including service location) into DMHAS data systems (DDaP).
- DMHAS Fiscal extracts TCM services from the data system and screens data for client Medicaid eligibility and covered diagnosis.

# TCM Billing Overview(Cont.)

*Maintaining TCM revenue is critical for DMHAS operated and contracted providers in mitigating potential service reductions.*

40

- Medicaid payment for TCM is a statewide weekly rate.
- DMHAS submits eligible services to Department of Administrative Services (DAS), the billing agent.
- DAS submits claims to the CT DSS Medicaid claims processing vendor.



# TCM Billing Overview(Cont.)

*Maintaining TCM revenue is critical for DMHAS operated and contracted providers in mitigating potential service reductions.*

41

- DSS bills the federal Centers for Medicare and Medicaid Services (CMS).
- CMS reimburses CT for TCM services at 50% Federal Financial Participation (FFP).
- TCM reimbursements are deposited to the state's general fund.
- The general fund is the source of funds allocated to fund DMHAS services.

# CMS Required Rate Setting Process

## Random Moment Time Studies (RMTS)

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- CMS sets guidelines which require states to set adequate and efficient rates.
- Provider staff time is spent performing a variety of tasks, so CMS requires that we randomly sample activities to determine the percentage of staff time spent on the delivery of TCM services.
- UMASS is the vendor that administers the RMTS for DMHAS. (link is listed on the Resource slide)

# CMS Required Rate Setting Process

## Random Moment Time Studies (RMTS) (Cont.)

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- Each quarter, agencies provide DMHAS/UMASS with a roster of staff members to be included in the RMTS.
- RMTS roster participants from State operated facilities should include all qualified staff that are reasonably expected to perform TCM services.
- RMTS roster participants from Private Non-Profit agencies should include all staff from each TCM program.
- The RMTS results are used to determine the TCM allowable direct costs for TCM rate setting purposes.

T C M

44

**The Test**

**Not the  
END**

# Vignette #1

45

- You take a client to the grocery store. While at the store you explain to the client how to shop within her means and prioritize ingredients for nutritious meals.
  - Is this TCM?
  - NO!
  - This is skill building face to face with the client.



# Vignette #2

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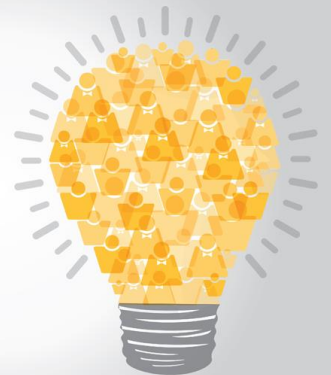
- You call the client to inform him that you scheduled an appointment for him to meet with an admissions counselor at Job Corps. The client agrees to see the admissions counselor at the arranged date and time.
  - Is this TCM?
  - Yes, provided all other criteria are met.
  - This is TCM by phone with the client.

# Vignette #3

47

- During a visit you assist your client in completing an application for Medicaid benefits.
  - Is this TCM?
  - Yes, provided all other criteria are met.
  - This is TCM face to face with client.

**CASE**  
MANAGEMENT  
GET SMART



# Vignette #4

48

- Your client calls to tell you that his roommates have kicked him out of his apartment. You agree to set up an appointment with him. Prior to the appointment, you contact a housing provider to find out if a slot is available for your client.
- Is this TCM?

There are two parts to this situation:

- Part 1 - The phone call with the client may be TCM if housing options were discussed and all other criteria are met; if housing options were not discussed – CM ONLY.
- Part 2 – The phone call with the housing provider is TCM with collateral if all other criteria are met.



# Vignette #5

49

- You arrange a meeting with your client's parents to educate them about her illness, discuss their role in supporting her, and to determine whether the client should consider moving back home.
  - Is this TCM?
  - Yes, provided all other criteria are met.
  - This is TCM with collateral.

# Vignette #6

50

- Your client complains that the pain in her foot has become unbearable. You find a doctor who can examine her foot. You call the client to provide her with the doctor's name and phone number.
- Is this TCM?
- Yes, provided all other
- criteria are met.
- This is TCM with client by phone.



# Vignette #7

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- Your client has run out of medication and is unable to leave the house to get a refill from the pharmacy. You drive to the pharmacy to pick up the medication and spend time discussing the medication's effectiveness and potential side effects with the pharmacist. Then you drop the medication off at the client's house.
  - Is this TCM?
  - Yes, provided all other criteria are met.
  - This is TCM with collateral.

# Vignette #8

52

- Your client was admitted to the local hospital inpatient psychiatric unit. You go there to discuss the client's discharge plan with his clinician on the inpatient unit.
  - Is this TCM?
  - No

**NO TCM SERVICES MAY BE BILLED  
WHEN A CLIENT IS INPATIENT**

- This is case management with collateral.

# Vignette #9

53

- Your client has been complaining about experiencing increased psychiatric symptoms. You consult with the psychiatrist at your agency about the client's medication.
  - Is this TCM?
  - No
  - However, if the psychiatrist was external to your agency it would be TCM if all the other criteria are met.

# Vignette #10

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- You drive your client to his appointment with a primary medical provider.
- Is this TCM?
- No



# Please Remember:

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- Code what you do.
- Documentation is critical to supporting your service.
- Ensure that you have a recovery goal in your plan.
- Keep the recovery plan updated.

# Website Resources

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- DMHAS TCM & BHH Info:  
<http://www.ct.gov/dmhas/cwp/view.asp?a=2901&q=335030>
- RMTS: <https://www.chcf.net/chcfweb/>
- TCM Missing Data Report  
<http://mhadb主v134/Reports/Pages/Report.aspx?ItemPath=%2fData+Quality%2fTCM+Missing+Data+EDW>



# DMHAS OOC/Fiscal Contact Information

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- TCM Program Questions:
  - [Sue.Tharnish@ct.gov](mailto:Sue.Tharnish@ct.gov)
  - [James.Grodzicki@ct.gov](mailto:James.Grodzicki@ct.gov)
- TCM Billing Questions:
  - [Susan.Hamel@ct.gov](mailto:Susan.Hamel@ct.gov)
- RMTS Questions:
  - [DMHASTCMTIMESTUDY@ct.gov](mailto:DMHASTCMTIMESTUDY@ct.gov)
  - [James.Grodzicki@ct.gov](mailto:James.Grodzicki@ct.gov)