PerformCARE®	Policy and Procedure

Name of Policy:	Targeted Case Management Contact Expectations
Policy Number:	CM-039
Contracts:	☒ All counties ☐ Capital Area ☐ Franklin / Fulton
Primary Stakeholder:	Clinical Care Management Department
Related Stakeholder(s):	All Departments
Applies to:	Associates
Original Effective Date:	11/07/05
Last Revision Date:	02/07/22
Last Review Date:	02/07/22
Next Review Date:	02/01/23

Policy: TCM providers will follow Chapter 5221 Regulations, "Intensive Case Management Services" and Mental Health Bulletin OMH-93-09 "Resource Coordination Implementation" and Blended Case Management - DPW/OMHSAS Chapter 5221 Waiver Approval.

Purpose: To define PerformCare contact expectations for Targeted Case Management Services.

Definitions: None

Acronyms: **TCM:** Targeted Case Management which includes Intensive Case Management, Resource Coordination and Blended Case Management
ICM: Intensive Case Management
BCM: Blended Case Management
RC: Resource Coordination
MH: Mental Health
SU: Substance Use

Procedure:

1. ICM:
   - 1.1. ICM services, with the exception of SU ICM, must be available 24 hours a day, 7 days per week.
   - 1.2. In order to assure that all appropriate alternatives to hospitalization are considered, ICMs should provide a face-to-face assessment prior to requesting inpatient hospitalization from PerformCare, including cases where an involuntary commitment is being considered (per Chapter 5221.22, ICM regulations).

1.2.1. If providing a face-to-face contact prior to requesting inpatient hospitalization is contra-indicated, it must be addressed in the Member's service plan.

1.2.2. In the event that an obstacle to face-to-face assessment occurs, such as dangerous road conditions, emergency situations, or situations where the Member is being served in an emergency room that is both in a County other than the County of residence and is more than one hour travel time distant, the ICM is expected to establish telephone contact to assist with the assessment and provide written documentation.

1.3. ICMs assigned to adults and children/adolescents should have a face-to-face contact with the Member or Guardian, a minimum of one time every two weeks. If during a transition to a lower level of care, a face-to-face contact is not warranted every two weeks, the service plan must reflect this.

1.4. ICMs will document the reason for contacts being out of compliance with PerformCare and/or state requirements on all reauthorization requests.

1.5. If Family Based MH Service provider is also involved with the identified Member, providers will follow the letter of agreement between Family Based, ICM and Crisis Intervention to determine who will provide the face-to-face assessment. The Member's service plan should reflect whose responsibility this would be.

2. RC:

2.1. RCs assigned to adults should have a face-to-face contact with the Member a minimum of once every two months.

2.2. RCs assigned to children/adolescents should have a face-to-face contact with the Member and/or Guardian a minimum of once every month.

2.3. RCs will document the reason for contacts being out of compliance with PerformCare and/or state requirements on all reauthorization requests.

3. BCM:

3.1. BCMs assigned to adults should have face-to-face contact with the Member a minimum of once every two months.

3.2. BCMs assigned to children/adolescents should have face-to-face contact with the Member or Guardian (for a child), a minimum of once every month.

3.3. BCMs will document the reason for contacts being out of compliance with PerformCare and/or state requirements on all reauthorization requests.
3.4. BCM services must be available 24 hours a day, 7 days per week.
3.5. In order to assure that all appropriate alternatives to hospitalization are considered, BCMs should provide a face-to-face assessment prior to requesting inpatient hospitalization from PerformCare, including cases where an involuntary commitment is being considered (per Chapter 5221.22, ICM regulations).
3.5.1. If providing a face-to-face contact prior to requesting inpatient hospitalization is contra-indicated, it must be addressed in the Member's service plan.
3.5.2. In the event that an obstacle to face-to-face assessment occurs, such as dangerous road conditions, emergency situations, or situations where the Member is being served in an emergency room that is both in a County other than the County of residence and is more than one hour travel time distant, the BCM is expected to establish telephone contact to assist with the assessment and provide written documentation.

4. If a Family Based MH Services provider is also involved with the identified Member, the provider needs to follow the letter of agreement between Family Based, BCM and Crisis Intervention to determine who will provide the face-to-face assessment. The Member's service plan should reflect agreed upon responsibilities.

Related Policies: *CM-036 Mental Health/Substance Abuse Targeted Case Management Initial and Reauthorization Requests and Discharges*
CM-037 Mental Health/Substance Abuse Reimbursable/Non-reimbursable Services
CM-040 Targeted Case Management Role Expectations

Related Reports: *OMHSAS Regulations Chapter 5221 Mental Health Intensive Case Management*

Source Documents and References: None

Superseded Policies and/or Procedures: None

Attachments: None

Approved by:

Primary Stakeholder