

<h1>PerformCARE</h1>		<h2>Policy and Procedure</h2>
Name of Policy:	Targeted Case Management Role Expectations	
Policy Number:	CM-040	
Contracts:	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Bedford / Somerset <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
Primary Stakeholder:	Clinical Care Management Department	
Related Stakeholder(s):	All Departments	
Applies to:	Associates	
Original Effective Date:	06/01/06	
Current Effective Date:	07/01/08	
Last Revision Date:	07/01/08	
Last Review Date:	07/01/14	
Next Review Date:	07/01/15	

Policy: PerformCare TCM providers are expected to follow PerformCare role expectation guidelines as well as DPW and state guidelines regarding the request and provision of TCM services, including but not limited to, Title 55 Department of Public Welfare Chapter 5221 Regulations, “Intensive Case Management Services” and MH Bulletin OMH-93-09, “Resource Coordination”, and PA Code Chapter 1153. Blended Case Management - DPW/OMHSAS Chapter 5221 Waiver Approval.

Purpose: To outline the PerformCare role expectations and guidelines of Targeted Case Management providers in a variety of situations.

Definitions: **TCM** - Targeted Case Management which includes **Intensive Case Management, Resource Coordination and Blended Case Management**

ICM: Intensive Case Management

RC: Resource Coordination

BCM: Blended Case Management

CCM: Clinical Care Manager

TSS: Therapeutic Staff Support

BSC: Behavioral Specialist Consultant

MT: Mobile Therapist

CA: Clinical Associate

DBI: Developmental Behavior Intervention

ASP: After School Program

CRR HH: Community Residential Rehabilitation – Host Home

STAP: Summer Therapeutic Activities Program
TAG: Therapeutic Activities Group
IDT: Intensive Day Treatment
FBMHS: Family Based Mental Health Services
BHRS: Behavioral Health Rehabilitative Services
RTF: Residential Treatment Facility
C&Y: Children and Youth
JPO: Juvenile Probation Office
ISPT: Interagency Service Planning Team

- Procedure:**
1. TCM Role in Behavioral Health Rehabilitation Service Referrals
 - 1.1. The TCM assigned to a Member will complete the necessary paperwork for all requests for services that require pre-certification via a paperwork review when there is no current provider currently working with the Member.
 - 1.2. If there is a current provider working with the Member, the provider will be responsible to ensure a complete request. TCM will be responsible to participate in assisting with this process.
 - 1.3. TCM and/or current providers may help refer Members to services that do not require authorization, such as outpatient services, or that do not require HealthChoices funding.
 - 1.4. PerformCare will make referrals for FBMHS, IP, and PHP.
 - 1.5. TCM staff will not be authorized for the sole purpose of completing paperwork related to requesting services (i.e., RTF referrals).
 2. TCM Role in Residential Placement Referrals (JCAHO RTF, Non-JCAHO RTF, CRR Host Home)
 - 2.1. PerformCare is responsible for making the medical necessity determination based on information provided with the request for mental health residential services. If PerformCare authorizes residential level of care, one of the following two (2) scenarios will occur:
 - 2.2. Scenario 1
 - 2.2.1. If the Member has TCM, that case manager will be asked to manage the referral process in conjunction with the PerformCare CCM. The PerformCare CCM will provide the TCM with the full listing of network residential placement providers for their convenience. If the needs of the Member cannot be met by a network provider,

CCM will collaborate with TCM to identify the most appropriate provider. In addition the CCM will work with the PerformCare PR representative to ensure an out-of-network arrangement is negotiated with the provider.

- 2.2.2. The TCM will ask the family (or C&Y/JPO if the child is in custody) for their preference of providers or will ensure family agreement with any out-of-network provider which may be identified. The TCM will manage the information necessary to make a referral in consultation with the PerformCare CCM to ensure that all parties have access to necessary information. The TCM will be the primary point of contact for the residential provider. PerformCare CCMs should be notified of any difficulty the TCM experiences so that appropriate PerformCare interventions can occur.
- 2.2.3. At no time should a referral be made, or a family notified of a placement prior to the determination of medical necessity. Case managers who are aware of available placements can convey this information to PerformCare to assist in making timely placements.
- 2.2.4. Upon acceptance and admission of a PerformCare Member by a residential provider, the TCM will notify the PerformCare CCM who will generate an authorization and coordinate concurrent reviews. Throughout the residential referral process, it is important that the TCM remain available to assist the Member/family with other appropriate needs. TCM staff can bill for their time coordinating these referrals.

2.3. Scenario 2

- 2.3.1. If the Member does not have a TCM, PerformCare will coordinate all referral and admission activities.
- 2.3.2. PerformCare may contact Administrative Case Managers for information they may have to use in the referral process, but the County Administrative Case Manager will not be asked to coordinate any residential referral activities.

3. TCM roles in the Initial ISPT Process

- 3.1. For BHRS, the evaluator is to obtain provider choice and submit the referral to the designated provider. If there is a TCM assigned to the Member, the TCM should assist

the designated provider in coordinating and facilitating the ISPT meeting and submitting the request for services.

- 3.2. For other levels of care (i.e., FBMHS, RTF, CRR-HH), if there is no provider involved with the Member and there is TCM assigned to the Member, PerformCare staff will inform TCM when the evaluation is scheduled so the TCM can begin to coordinate the initial ISPT Meeting. If TCM services are active with a Member the TCM will schedule and facilitate the initial ISPT meeting.

PerformCare must be invited to all ISPT meetings and can be notified via facsimile on the *PerformCare ISPT Meeting Notification Form*.

- 3.2.1. TCM ensures the facilitation of the ISPT meeting.

- 3.2.2. TCM ensures the completion of the ISPT meeting.

- 3.2.3. TCM will complete the required ISPT documentation and submit to PerformCare within 3 business days of the initial ISPT meeting along with the rest of the complete request.

- 3.2.4. If at any time during the scheduling of the Initial ISPT meeting TCM services end, the TCM must notify PerformCare staff immediately so the ISPT meeting process can continue to be completed by PerformCare staff.

4. Preparation for ISPT meetings is critical in order to use the meeting time most effectively. Guidelines for ISPT meetings include:

- 4.1. If the family has never been involved in an ISPT meeting, the family should be briefed in advance as to the purpose of the ISPT meeting.

- 4.2. The facilitator should make an introductory statement regarding the purpose of the meeting to include what services the Member is currently receiving.

- 4.3. Introductions by all participants should occur, including their relationship to the Member.

- 4.4. The facilitator should maintain the focus and objective of the meeting in order to present a report on what was discussed and recommended.

- 4.5. Case managers, existing providers, and other involved service systems should lead the discussion about the Member's strengths and needs.

- 4.6. Treatment goals and plan of care information are identified for the child/adolescent.

- 4.7. A discussion about the array of children's services including natural community supports that are available also occurs during this meeting

- 4.8. The facilitator should discuss the recommendations for service and explain the continuum of services to the family (i.e., roles of TSS/BSC/MT, FBMHS, RTF program, other services such as therapeutic after school program, etc.).
- 4.9. Discuss least restrictive/least intrusive concept and explore applicable levels of care.
- 4.10. Inform family that they have choice of service provider and Freedom of Choice document is confirmed at the meeting.
- 4.11. The ISPT Summary and Signature Sheet are reviewed and signed by all participants. If applicable, the facilitator will provide any additional information from the ISPT meeting to the Evaluator.
- 4.12. Discuss ISPT's, consensus or disagreement with the plan and document accordingly on the ISPT Signature Sheet.
- 4.13. The PerformCare CCM name & phone number should be given to the family.
- 4.14. Discuss the authorization process with the family (what happens after the meeting, etc.).
- 4.15. Specific topics to discuss when facilitating the ISPT meeting should include:
 - 4.15.1. Discuss primary concerns/current presenting problems.
 - 4.15.2. Identify level of services provided over the past authorization period, if applicable.
 - 4.15.3. Review of current diagnoses.
 - 4.15.4. Review of current medication(s), medication issues, and treating physician information.
 - 4.15.5. Brief history of previous treatment.
 - 4.15.6. Reports of progress or lack of progress from each discipline represented, as well as the Member and parent/guardian. Report from treating physician and school district, if applicable.
 - 4.15.7. Review of current educational placement. Discuss behavioral issues in school setting if related.
 - 4.15.8. Review of current service plan with supporting data, if applicable. Modify goals, target dates, and interventions on service plan, if applicable. Obtain input from Member and parent/legal guardian through focused discussion regarding the Member's strengths and opportunities in achieving personal recovery.
 - 4.15.9. Identify level of involvement and investment in treatment services from the family.

- 4.15.10. Explore community involvement/natural supports (Boys Club, Girl Scouts, YMCA, after-school programs, sports, and extracurricular activities.)
 - 4.15.11. Discuss discharge goals and plan.
 - 4.15.12. Discuss crisis plan
 - 4.15.13. If applicable, plan for the next ISPT meeting date at the conclusion of the meeting.
5. PerformCare recognizes the importance of continuity in care and the valued role that TCM plays in maintaining Members in the community. Proper discharge planning from inpatient or residential care (RTF) is imperative in ensuring the Member has a successful transition in returning to the community. Guidelines for TCM Services while the Member is in Residential Placement includes:
- 5.1. When a child/adolescent is placed in residential placement, TCM services may be requested to continue throughout placement beyond the allotted eight (8) contacts (per regulations). TCM and RTF providers will coordinate service provision and work with Member/families regarding the role of each provider.
 - 5.2. Cases where additional support from TCM was deemed beneficial in maintaining a Member in the RTF will be audited by PerformCare through use of units used by TCM, provider reports and audits of the Member clinical records held by the TCM and RTF.
 - 5.3. TCM services should not duplicate services of the residential staff.
 - 5.4. TCM services can be re-initiated up to 90 days prior to discharge, based on a Member's needs. This decision will be requested as part of the treatment team/ISPT discharge planning discussion.
6. TCM services concurrent with FBMHS includes the following guidelines:
- 6.1.1. As allowed by Appendix BB of the Program Standards and Requirements, PerformCare waived the requirement for TCM to be limited to two contacts while FBMHS is concurrently being provided.
 - 6.1.2. TCM services as approved will continue as authorized until the thirty (30) day treatment team/ISPT meeting where continuation and coordination of services must be discussed. TCM and FBMHS providers will coordinate service provision and work with Member/families

- regarding the role of each provider.
 - 6.1.3. When TCM continues alongside FBMHS, the current TCM authorization remains active.
 - 6.1.4. Cases where additional support from TCM was deemed beneficial in maintaining a Member in FBMHS will be audited by PerformCare. These audits will be conducted using the number of units utilized by TCM providers along with the Member clinical records held by the TCM and FBMHS providers.
 - 6.1.5. TCM services should not duplicate services provided by FBMHS staff.
7. TCM Services for People in Prison, Nursing Homes, or Detention include:
- 7.1. PerformCare follows the instructions provided in Appendix V.
 - 7.2. Services cannot be authorized if a Member is disenrolled from managed care, and therefore no longer a PerformCare Member.
 - 7.3. When a Member has been disenrolled due to a placement (example listed below), PerformCare and the current provider will coordinate a transfer of eligibility.
 - 7.4. TCM providers are responsible to advise PerformCare of Member placement in prison, nursing homes, or detention centers.
 - 7.5. Members who enter prison lose their eligibility the day before they are admitted to prison. PerformCare will notify the CAO when a request is made for a Member in prison whose eligibility hasn't been updated. PerformCare will not authorize for services.
 - 7.6. Members in nursing homes remain eligible for PerformCare for 30 days from admission. PerformCare will notify the CAO when a request is made for a Member in a nursing home past 30 days if the eligibility has not been updated.
 - 7.7. Members in detention may be authorized for services provided off site of the center during the first 35 days. PerformCare will notify the CAO when a request is made for a Member in detention beyond 35 days. It is imperative to differentiate between a detention and a shelter placement, as there are different requirements for each.
 - 7.8. The above does not apply to children in shelters.
8. TCM Discharge Planning as Part of Treatment Planning or for

Non-Participation

- 8.1. PerformCare expects that service planning includes discharge planning.
 - 8.2. At the time that a TCM determines that discharge is appropriate for non-participation, in conjunction with the Member or Member's family if appropriate, the TCM will submit a MH TCM Discharge Report within 30 days of the discharge from services.
9. Differentiation of PerformCare Care Management from Targeted Case Management:
- 9.1. Targeted Case Management (which includes Intensive Case Management (ICM), Resource Coordination (RC) and where applicable, Blended Case Management (BCM)) focuses on day-to-day and face-to-face activities including linking to and monitoring of community services. TCM providers are contracted and paid for by PerformCare, MA fee-for-service, or county funding depending on the consumer's eligibility for benefits. TCM roles include:
 - 9.1.1. Providing support to consumers in their quest for recovery.
 - 9.1.2. Assisting in accessing Behavioral and/or Physical Health services as well as getting benefits, helping work with the justice system, finding a job or vocational assistance or helping with educational needs.
 - 9.1.3. Conducting face-to-face assessments and identifying treatment needs.
 - 9.1.4. Assisting consumers with appointments and advocating for needed services.
 - 9.1.5. Facilitating ISPT and/or treatment team meetings.
 - 9.1.6. Coordinating all services necessary to support the consumer's recovery plan. This includes coordination with PerformCare Care Manager and treating providers and making necessary referrals.
 - 9.1.7. Assisting consumers with increasing independence in the community.
 - 9.1.8. Identifying natural and community supports for the consumer.
 - 9.1.9. Facilitating the creation and coordination of an adequate crisis plan between all systems serving the Member
 - 9.2. A PerformCare CCM focuses on coordinating Mental Health and Substance Abuse treatment services that a Member may need. A Member is defined as a consumer

who is actively eligible with PerformCare. The role of the CCM includes:

- 9.2.1. Responsible for assessing treatment needs and determining the appropriate level of care through the application of medical necessity criteria.
- 9.2.2. CCM staff issue authorizations for care.
- 9.2.3. CCM staff are office-based and usually do not have any face-to-face interactions with PerformCare Members.
- 9.2.4. Promote recovery and resiliency to support Members in achieving personal recovery.
- 9.2.5. Ensure coordination of Mental Health and Substance Abuse services
- 9.2.6. Participate, as indicated, in ISPT meetings for children and adolescents and other treatment team meetings for adults.
- 9.2.7. Identify Quality of Care Concerns and consult with PerformCare Medical Director and/or other Physician / Psychologist Reviewer.

9.3 Below is a table to reference the differentiation of TCM and CCM responsibilities for PerformCare Members.

Service provided	TCM	CCM
See Member Face-to-Face	X	
Assess Members needs (MH and other life needs)	X	
Assist with appointments	X	
Link Members to services	X	X
Facilitate ISPT meetings for children seeking BHR Services	X	X
Assist with developing relationships between Member and TCM/CCM	X	X
Assist the Member to become more independent in the community	X	

Help the Member identify interests and natural community supports	X	
Coordination of all services necessary to support the Members recovery plan	X	X
Identification of treatment needs	X	X
Authorization of services		X
Office-based services		X
Determine best level of care to meet Member needs		X
Direct inpatient bed searches		X
Ensure coordination of Mental Health and Substance Abuse services	X	X
Identify quality of care concerns and consult with PerformCare Physician Advisor		X
Crisis plan creation and coordination between all systems	X	

Related Policies: *CM-013 Denial Notice Procedure*
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 Public Welfare Chapter 5221 Regulations, "Intensive Case Management Services"*
MH Bulletin OMH-93-09, "Resource Coordination PA Code Chapter 1153. Blended Case Management -

DPW/OMHSAS Chapter 5221 Waiver Approval.

**Superseded Policies
and/or Procedures:** None

Attachments: *Attachment 1 TCM Discharge Report*
Attachment 2 PerformCare ISPT Meeting Notification Form
Attachment 3 ISPT Summary and Signature Sheet

Approved by:



Primary Stakeholder