



KEPRO Overview of Targeted Case Management

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Purpose & Objectives

- ▶ 1. Identify the Role of KEPRO
- ▶ 2. Discuss Medical Necessity Criteria
- ▶ 3. Overview & Purpose of TCM
- ▶ 4. Identify Staff Qualifications
- ▶ 5. Review TCM Eligibility Criteria & Exclusions
- ▶ 6. Identify TCM Components
- ▶ 7. Discuss Documentation Requirements with Examples
- ▶ 8. Review KEPRO Consultation Scoring Tool for TCM

KEPRO

- ▶ KEPRO is an Administrative Service Organization contracted with three Bureaus within West Virginia Department of Health and Human Resources (DHHR):
 - Bureau for Medical Services (BMS)
 - Bureau for Children and Families (BCF)
 - Bureau for Behavioral Health (BBH)

- KEPRO, in conjunction with the Bureau for Medical Services, is conducting this webinar training for fee-for-service providers.

Medical Necessity

MEDICAL NECESSITY CRITERIA

- Medical Necessity is services that are:
 - ① Appropriate and necessary for the symptoms, diagnosis or treatment of an illness;
 - ② Provided for the diagnosis or direct care of an illness;
 - ③ Within the standards of good practice;
 - ④ Not primarily for the convenience of the member or provider; and
 - ⑤ The most appropriate level of care that can safely be provided.

Demonstrating Medical Necessity for TCM

- ▶ Documentation should demonstrate the link between the diagnosis and/or functional impairment to the necessity of the service by reflecting one or both of the following:
 - Because of inability to process and comprehend information, the member is unable to properly act upon documents or utilize processes regarding benefit eligibility, medication management, budgeting, or otherwise performing activities required to continue to live in a community based setting;
 - Because of interpersonal problems of psychiatric symptomatology, the member is unable to cooperate with others in order to achieve goals and obtain services necessary for community living.

Overview & Purpose of TCM

Targeted Case Management

- Procedure Code: T1017
- Service Units: 15 minutes
- Telehealth: Yes, excluding 90 day face to face contact

If, between regular service planning sessions, the member requires access to a service not previously mentioned on the case management section of his/her service plan, both the member (or their legal guardian) and their case manager must agree and attach an addendum signed and dated by the targeted case manager and the member (or their legal guardian) addressing the needed service to the plan.

For continued eligibility one valid TCM Activity must be rendered for the member at least every 30 days.

The case manager must have at least one face-to-face contact for a valid TCM activity with the member every 90 days.

Service Limits

A TCM unit of service consists of a 15-minute period of time. Claims must not be processed for less than a full unit of service.

- In filing claims for Medicaid reimbursement, the amount of time documented in minutes must be totaled and divided by 15.
- Partial units must be rounded down to arrive at the number of units billed.
- After arriving at the number of billable units, the last date services were rendered must be billed as the date of service.
- The documentation must demonstrate that only one staff person's time is billed for any specific activity provided to the member.
- **The billing period cannot overlap calendar months.**

Member Choice of TCM Provider

- ❖ Members may only receive TCM from one provider.
- ❖ Members must be informed of all TCM providers available to them and then given the choice.
- ❖ A “Medicaid TCM Member Enrollment Form” must be contained in the record serving as the indicator of the member’s choice.
- ❖ A member may choose a new TCM provider at any time. The effective date of the change of providers will be the first day of the month following the change.

Purpose

- Targeted Case Management (TCM) is intended to assist in meeting the assessed medical, educational, behavioral health or other services needs by:
 - Identifying a member's problems, basic needs, strengths, and resources,
 - Coordinating services necessary to meet those basic needs, and
 - Monitoring the provision of necessary and appropriate services.
- TCM may be utilized with family members when appropriate.
- Targeted case management is not a direct service.
- TCM differs from clinical services in that it focuses on identifying and assisting members (and their families) with accessing basic needs and services.
- The goal is to empower members (families) & to assist them in being active participants in their care.

Interagency Collaboration

Interagency collaboration is crucial to ensuring that a member's needs are adequately met without duplication of services. This should include:

- integrated with other services and resources identified through a systems perspective
- communicating with other professionals and involved parties
- coordinating care and services
- meeting the specific needs of each member
- meeting the needs of families, as appropriate
- working knowledge of other community agencies.

Staff Qualifications

523.4 Staff Qualifications

TCM staff must possess one of the following qualifications:

- A psychologist with a Master's or Doctoral degree from an accredited program
- A Licensed Social Worker
- A Licensed Registered Nurse
- A Master's or Bachelor's degree granted by an accredited college or university in one of the following human services fields:
 - Psychology
 - Criminal Justice
 - Board of Regents with Health Specialization
 - Recreational Therapy
 - Political Science

Staff Qualifications Continued

- Nursing
 - Sociology
 - Social Work
 - Counseling
 - Teacher Education
 - Behavior Health
 - Liberal Arts
 - Other Degrees approved by the WV Board of Social Work
- ❖ Providers must maintain documentation of staff qualifications in staff personnel files. Documented evidence includes, but is not limited to transcripts, licenses, and certificates.

Staff Qualifications Continued

- ❖ TCM providers must ensure continuing education/staff development is provided with an emphasis on behavioral health, substance abuse, and/or developmental disabilities and related areas.

- ❖ TCM providers must credential their staff by an internal curriculum specific to TCM prior to the staff assuming their TCM duties.
 - Staff development and continuing education activities must be related to program goals.
 - May include supporting staff by attendance at conferences, university courses, visits to other agencies, use of consultants, and educational presentations within the agency.
 - Documentation of staff continuing education, staff development, and TCM Training must be maintained in staff personnel files.
 - Documentation at a minimum must contain a description of the continuing education activities, and must be signed and dated by the TCM trainer and the targeted case manager.

TCM Eligibility & Exclusions

523.8 Child Eligibility

Must meet **one** of the two following requirements to be eligible for TCM:

1. Documentation indicates that a child member is eligible for TCM because:

- ❑ The child is between the ages of three through the day before their 22nd birthday; **and**

- ❑ The child demonstrates a serious and persistent emotional, behavioral, developmental and/or substance use disorder as exemplified by a valid diagnosis as described in the language of the current Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association; and/or the current International Classification of Disease and Related Health Problems (ICD); **and**

- ❑ By virtue of age and effects of the emotional and/or developmental impairments, the child is unable to perform age-appropriate activities of daily living (ADLs) without assistance and/or prompting. (*continued on next slide*)



523.8 Child Eligibility

Or,

2. Documentation indicates that the child is eligible due to actual or pending removal from present living environment and:

- ❑ The child is between the ages of three and through the day before their 22nd birthday inclusively and/or is in the custody of the DHHR;
and
- ❑ The child is removed or is pending removal from present living environment due to allegations of abuse and neglect.

523.9 Child Exclusions

The child does not qualify for TCM if:

1. The child is currently eligible for case management services through:

- The West Virginia Birth to Three (BTT) Program, **or**
- Long Term Care Facility, **or**
- Psychiatric Residential Treatment Facility (PRTF), **or**
- Receiving acute and/or subacute psychiatric care, **or**
- Residing in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

TCM may be provided when the community-based provider develops and completes discharge planning services through TCM for eligible children 10 days prior to discharge from acute psychiatric care and 60 days prior to discharge from a long-term care program.

OR

2. The child is receiving TCM services from another entity including a county school system.



523.10 Adult Eligibility

Must meet one of the two categories below to be eligible for TCM:

1. Documentation indicates that an adult member is eligible for TCM because:

- a. The adult is age 22 or older; **and**
- b. The adult demonstrates a serious and persistent emotional, behavioral, developmental and/or substance use disorder as exemplified by a valid diagnosis as described in the language of the current Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association; and/or the current International Classification of Disease and Related Health Problems (ICD); **and**
- c. By virtue of age and effects of the emotional and/or developmental impairments, the adult is unable to perform activities of daily living (ADL) without assistance and/or prompting.

▪ **OR**

2. Documentation indicates that the adult is currently and temporarily residing in a licensed domestic violence shelter.

523.11 Adult Exclusions

The adult is not eligible for TCM if:

1. The adult is currently receiving services through:

- an acute psychiatric care facility, or
- a state-operated psychiatric facility, or
- a long-term care facility, or
- is enrolled through the IDW program, or
- is an active recipient of Assertive Community Treatment (ACT), or
- Residing in an ICF/IID facility

TCM may be provided when the community-based provider develops and completes discharge planning services through TCM for eligible individuals 10 days prior to discharge from acute psychiatric care and 60 days prior to discharge from a long term care program.

OR

2. The adult is receiving TCM services from another entity.



Documentation Requirements

Documentation Requirements

Each case note must:

- ❑ Be **dated** and **signed** by the case manager including their credentials, (e.g., LSW, MA).
- ❑ Have relevance to a goal or objective in the member's TCM Service Plan.
- ❑ Include the **purpose** and **content** of the activity as well as the **outcome** achieved.
- ❑ Indicate the **type of contact** provided (e.g., face-to-face, correspondence, telephone contacts, electronic mail).
- ❑ Identify the **TCM component** of the valid activity provided (i.e., Needs Assessment and Reassessment, Development and Revision of the TCM Service Plan, Referral and Related Activities, Monitoring and Follow-up).
- ❑ Identify the **location** where the activity occurred.
- ❑ Include the **actual time spent** providing each activity by itemizing the start and stop times.

Components of TCM

TCM Components

- TCM includes four federally defined components:
 - Needs Assessment and Reassessment
 - Development and Revision of TCM Service Plan
 - Referral and Related Activities
 - Monitoring and Follow-up

Needs Assessment & Reassessment

Needs Assessment & Reassessment

1. Needs Assessment and Reassessment:

- ❑ Reviewing of the member's current and potential strengths, resources, deficits, and need for medical, social, educational and other services
- ❑ Gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary) to form a complete assessment of the eligible member, his or her parent (s) and/or guardian and the case manager to determine whether services are needed and, if so, to develop a service plan
- ❑ At a minimum, an annual face to face reassessment shall be conducted to determine if the member's needs or preferences have changed.

Appropriate Use Example #1

Member Name: Ima Sad **Date:** 4/30/19

Start/Stop Times: 10:03am-10:36am

Face to Face, Sunnyside Elementary

Needs Assessment and Reassessment

Purpose: Conducted assessment with Ima and her teacher, Mrs. Hazelton, regarding her misconduct in the classroom in order to determine how to assist in meeting her educational needs.

Content: Mrs. Hazelton reported that Ima has issues with compliance of directives in the classroom, as well as, turning in her homework on time, recently these behaviors have increased. She also reported that Ima frequently speaks out of turn, is fidgety & inattentive. When Ima was asked about these behaviors, she related that she doesn't like school and denied that her behavior was problematic. Mrs. Hazelton reports the following interventions: sitting in the front row, increase in verbal prompts and meeting with the principal have been ineffective.

Outcome: Ima may be demonstrating some signs of ADHD and a referral for a full evaluation seems warranted to determine what services may be necessary to address the maladaptive behaviors in the school environment.

Clinician Signature with Credentials



Inappropriate Use of TCM

Member Name: Ima Sad **Date:** 4/30/19

Start/Stop Times: 10:03am-10:36am

Face to Face, Sunnyside Elementary

Needs Assessment and Reassessment

Purpose: Conducted a clinical assessment with Ima and her teacher, Mrs. Hazelton, to assess her symptoms of inattentiveness and disruptive behavior to determine diagnosis and treatment needs.

Content: Assessed Ima for ADHD symptomology to determine if it impairs her level of functioning to the severity of warranting a diagnosis and the need for treatment. Reviewed previous treatment, medical history, social history, functional impairments and conducted a mental status exam. Also completed the CAFAS. Mrs. Hazelton completed the Conners Teacher Rating Scale which endorsed elevated symptoms of ADHD.

Outcome: Diagnosed Ima with ADHD, Inattentive Type. Recommended behavioral therapy to address ADHD symptoms and behavior management services.

Clinician Signature with Credentials



Development & Revision of the TCM Service Plan

Development & Revision of the TCM Plan

2. Development and Revision of the TCM Service Plan:

- ❑ Developing a written plan based on the assessment of strengths and needs, which identifies the activities and assistance needed to accomplish the goals collaboratively developed by the member, his or her parent(s) or legal guardian, and the case manager.
- ❑ Development (and periodic revision) of the TCM Service Plan which will specify the goals and actions to address the medical, social, educational, and other services needed by eligible member's needs.
- ❑ Periodic revisions to the TCM Service Plan will be made at a minimum annually.
- ❑ TCM Service Plan should be reviewed every 90 days.

Appropriate Use Example #2

Member Name: Ima Sad **Date:** 5/1/19

Start/Stop Times: 10:04am-10:16am

Face to Face, Office

Development and Revision of TCM Service Plan

Purpose: Met with Ima to collaborate on goals for her Service Plan due to Master Service Plan meeting being scheduled for Monday, May 6, 2019 at 1:00p.m.

Content: Ima and I discussed the results of her Assessment to determine what she thought should be included on her Service Plan. Ima & her mother identified her problems as attention, concentration, and school disruptions. Her mother also addressed issues with transportation and being able to get to necessary medical appointments. Agreed that assistance with educational needs, as well as, transportation will be added to Ima's Service Plan.

Outcome: Problem list and formulated goals will be taken to Service Plan meeting where objectives and services will be added by the treatment team.

Clinician Signature with Credentials

Inappropriate Use of TCM

Member Name: Ima Sad **Date:** 5/1/19

Start/Stop Times: 10:04am-10:45am

Face to Face, Office

Development and Revision of TCM Service Plan

Purpose: To participate in Ima's Master Service Plan Team Meeting.

Content: Attended Ima's Master Service Plan meeting to develop goals and objectives for therapy and behavior management to address Ima's ADHD symptoms.

Outcome: Ima's Master Service Plan was completed. The next review date is scheduled for 8/1/19.

Clinician Signature with Credentials



TCM Service Plan Example

Example Service Plan

Targeted Case Management Service Plan

Date: 5/1/19

- ▶ TCM Goal: Ima will receive TCM Services so that she can access necessary services and improve outcome of treatment.
- ▶ TCM Objective 1: Ima will be receiving Development and Revision of TCM Service Plan to assist in establishing necessary Service Planning dates and coordinating the meetings.
- ▶ TCM Objective 2: TCM Needs Assessment and Reassessment to assist in determining needs and addressing any barriers to access of necessary services.
- ▶ TCM Objective 3: Referral and Related Activities to refer Ima to necessary services, including coordinating family therapy and educational needs, such as advocacy at school due to ADHD.
- ▶ TCM Objective 4: Monitoring and follow-up as necessary to ensure that barriers to access of necessary services are preemptively addressed to improve outcomes.

Example TCM Plan Continued

▶ Discharge Plan: Ima will no longer need assistance in accessing medical, educational, community services.

▶ Permanency Plan: Reunification with mother.

▶ Member Signature: _____ Date: _____ Start/Stop Time: _____
Case Manager*: _____ Date: _____ Start/Stop Time: _____
Guardian: _____ Date: _____ Start/Stop Time: _____

*Signatures must contain credentials when applicable.

Referral & Related Activities

Referral & Related Activities

3. Referral and Related Activities:

- ❑ Facilitating the member's access to care, services, and resources through linkage, coordination, referral, consultation, and monitoring. This is accomplished through in-person and telephone contacts with the member, his or her parent(s) or legal guardian, and with service providers and other collaterals on behalf of the member. This will occur as necessary, but at least annually.
- ❑ Facilitating the recipient's accessibility to services such as arranging transportation to medical, social, educational, and other services; facilitating communication between the member, his or her parent(s) or legal guardian, and other service providers; or arranging for translation or another mode of communication

Referral & Related Activities Continued

- ❑ Advocating for the member in matters regarding access, appropriateness and proper utilization of services
- ❑ Evaluating, coordinating and arranging immediate services or treatment needed in situations that appear to be emergent in nature or which require immediate attention or resolution in order to avoid, eliminate or reduce a crisis situation for a specific member.
- ❑ Acquainting the member, his or her parent(s), or legal guardian with resources in the community and providing information for obtaining services through community programs

Appropriate Use Example #3

Member Name: Ima Sad

Date: 5/2/19

Start/Stop Times: 11:09am-11:24am

Phone, Office

Referral & Related Activities

Purpose: Made a referral to Sunnydale Psychological for psychological evaluation and possible need for medication management.

Content: I contacted the receptionist at Sunnydale Psychological and requested scheduling an evaluation for Ima. The receptionist, Ms. Clark, related Ima could be seen on Tuesday, May 7, 2019 at 2:00p.m. I provided brief background of the problem including disruptiveness in school and attention issues to assist in completion of the referral.

Outcome: Evaluation appointment scheduled for Tuesday, May 7, 2019 at 2:00 p.m. with Dr. Sunny.

Clinician Signature with Credentials

Appropriate Use Example #4

Member Name: Ima Sad **Date:** 5/9/19

Start/Stop Times: 1:09pm-1:23pm

Phone, Office

Referral & Related Activities

Purpose: To advocate for behavioral management services within the school setting to avoid out of classroom placement.

Content: I attended a MDT at Sunnyside Elementary in which there was a discussion of whether or not to remove Ima from her classroom setting. Discussed with the team that Ima was in the process of receiving a psychological evaluation, as well as, medication management to address her symptoms of ADHD that are causing classroom disruptions. I advocated on Ima's behalf for the team to allow time to see improvement prior to removing her from her classroom setting. I also advocated for the need to implement a behavior management plan to assist in reducing classroom disruptions during this improvement period. Other MDT members were receptive to the recommendation.

Outcome: I will meet with the Behavior Management Specialist in order to begin the process of implementing a plan. Another MDT is scheduled in six weeks to review Ima's progress.

Clinician Signature with Credentials



Inappropriate Use of TCM

Member Name: Ima Sad

Date: 5/2/19

Start/Stop Times: 9:00am-11:30am

Phone, Office

Referral & Related Activities

Purpose: Testify at Ima's court hearing for truancy.

Content: I received a subpoena to testify during Ima's court hearing regarding truancy. Court hearing was scheduled to begin at 9:00am. I was asked to wait outside the courtroom and did not testify until 11:15am. I recommended that Ima be allowed to try behavior management strategies prior to be sent to alternative school.

Outcome: I was dismissed from the court room and did not hear the final outcome of Ima's hearing. I will follow up with her guardian ad litem tomorrow.

Clinician Signature with Credentials

Inappropriate Use of TCM

Member Name: Ima Sad **Date:** 6/1/19

Start/Stop Times: 9:03am-9:13am

Phone, Office

Referral & Related Activities

Purpose: To update Ima's truancy diversion officer on her progress in treatment.

Content: I called Mr. Smith to let him know that Ima has attended 4 therapy sessions during the month of May and has shown progress with her behavior management strategies.

Outcome: Will continue to provide Mr. Smith with a monthly update of Ima's progress.

Clinician Signature with Credentials

Monitoring & Follow Up

Monitoring & Follow-Up Activities

4. Monitoring and Follow-Up Activities:

- ❑ The case manager shall conduct regular monitoring and follow-up activities with the member, the member's legal representative, or with other related service providers to ensure that services are being furnished in accordance with the member's TCM Service Plan.
- ❑ Periodic review of the progress the member has made on the service plan goals and objectives and the appropriateness and effectiveness of the services being provided will be conducted as necessary but at least annually.
- ❑ Periodic reviews may be done through personal and telephone contacts with the member and other involved parties.
- ❑ Periodic reviews may result in revision or continuation of the plan, or termination of TCM services if they are no longer appropriate.
- ❑ To bill the monitoring and follow up component, 1 of the first 3 TCM Components must have been rendered for the Targeted Case Manager to monitor or follow up on.

Appropriate Use Example #5

Member Name: Ima Sad **Date:** 5/8/19

Start/Stop Times: 12:23pm-12:31pm

Phone, Office

Monitoring & Follow Up

Purpose: I contacted Sunnydale Psychological to confirm that Ima attended the scheduled appointment for evaluation.

Content: Mrs. Clark, the receptionist, stated that Ima attended the appointment on 5/7/19 at 2:00pm and arrived on-time. She transferred my call to Dr. Sunny who related that he was waiting on final screening tools to be returned from the school, but preliminary results concur with ADHD diagnosis.

Outcome: Dr. Sunny related that he would forward final results of Evaluation to our facility by the end of next week. He related that medication management, therapy and behavior management were his recommendations. I will assist in scheduling these appointments.

Clinician Signature with Credentials



Inappropriate Use of TCM

Member Name: Ima Sad

Date: 5/8/19

Start/Stop Times: 1:30 pm-2:30pm

Face-to-Face, Sunnyside Elementary

Monitoring & Follow Up

Purpose: To monitor Ima's ability to remain seated for an hour in the classroom.

Content: I monitored Ima in the classroom setting for one hour to determine how many times she got out of her seat without permission in order to collect baseline data for her behavior management plan.

Outcome: Ima got out of her seat without permission 4 times within the hour. Recorded this information and will review it with the Behavior Management Specialist.

Clinician Signature with Credentials



Retrospective Review Tool

1.	Does the documentation demonstrate that the member met medical necessity/eligibility criteria for T.C.M. during the authorization period under review? (Note: If Question #1 is scored 0, then all remaining questions will be scored 0.)	1	0		
2.	Is there a T.C.M. Service Plan that demonstrates participation signed by the Targeted Case Manager and Member? (Note: If Question #2 scores zero, all remaining questions will score zero.)	1	0		

3.	Is there a T.C.M. enrollment form signed by the member or guardian as well as the agency representative found within the clinical record?	1	0		
4.	Is there a valid T.C.M. activity that occurs every 30 days with the member?	3	2	1	0
5.	<p>Does the T.C.M. progress notes contain the following:</p> <ul style="list-style-type: none"> Start/Stop times, Date of the service, Location of the service, Practitioner's signature with appropriate credentials, Service Code and/or Descriptor <p>(Note: if there is no signature with appropriate credentials, questions #6 through #13 all score 0 for those notes.)</p>	3	2	1	0

6.	Is there documentation of a face-to-face, valid T.C.M activity that occurs at least once every 90-days conducted by the Targeted Case Manager?	1	0		
7.	Do the content of the T.C.M. notes identify that a valid T.C.M. activity was completed? (Note: If question #8 scores 0, questions 6, 7, 9, 10, 11, 12, and 13 also score 0.)	3	2	1	0
8.	Is the correct T.C.M. activity (Needs Assessment/ Reassessment, Development & Revision of TCM Service Plan, Referral & Related Activities and Monitoring & Follow Up) identified within the documentation?	3	2	1	0

9.	Do the T.C.M. notes correctly identify the type of contact (i.e. face-to-face, phone, telehealth, etc.) provided?	1	0		
10.	Do the T.C.M. progress notes identify the purpose (why the activity needed to be completed) of the activity?	3	2	1	0
11.	Do the TCM progress notes identify the outcome (end result of the activity) of the activity?	3	2	1	0
12.	Do the TCM progress notes relate back to the service plan?	3	2	1	0
13.	Does a comprehensive review of the current clinical status substantiate that medical necessity is met for continued stay?	3	0		

Scoring for each question is determined as follows:

3 – 100% of the documentation meets this standard.

2 – 99% to 75% of the documentation meets this standard.

1 – 74% to 50% of the documentation meets this standard.

0 – Under 50% of the documentation meets this standard.



QUESTIONS AND ANSWERS

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