

# Beacon NMNC 2.506.04 Targeted Case Management (Adult)

Targeted Case Management (TCM) entails the accessing, linking, coordinating, and monitoring of services from multiple systems (e.g., mental health, physical health, substance use services, social, educational, entitlements, vocational rehabilitation). It enables members with moderately severe psychiatric disability and functional impairment to live, work, and participate fully in their communities, thus supporting the principles of recovery and preventing readmissions. Instrumental to this is the development of a culturally-specific individualized care plan that reflects the member's strengths, needs and self-identified goals; obtaining individualized services; facilitating linkages to community-based resources; identifying and advocating for the member's needs, desires, and rights. The treatment goals are pre-defined and measurable, progress monitored and the care plan updated as needed. Where applicable, these services are provided in accordance with any state specifications.

Targeted Case Managers prepare for, arrange, and coordinate aftercare planning and transition from one level of care to another to support the attainment of both provider- and member-defined goals (e.g., preventing homelessness and promoting a stable living arrangement consistent with degree of one's psychiatric morbidity, quality relationships, employment, vocational training or school attendance). Targeted Case Managers may assist with the following:

- During the aftercare planning process, work to ensure that the aftercare plan is appropriate, that paperwork has been completed, follow-up appointments made, and necessary supports are secured
- Work with members to identify sources of prior and current support and provide education to the identified supports (e.g., family, friends, colleagues, previous/past providers and other natural supports). Follow-up with members and family members in a timely manner consistent with assessed acuity to ascertain their current status, make additional referrals if necessary, and ensure that support systems and services are in place and maintained as necessary.
- Consult with providers concerning treatment modalities that assist members with reestablishing prior, maintaining current, or establishing new community supports and covered services
- Identify sources of community support for families (e.g., local Alliance for the Mentally Ill, Federation of Families for Children's Mental Health) and facilitate their involvement with these agencies
- Identify resources to meet other social needs, such as transportation, daycare, food, clothing, housing, employment benefits, access to medical care, and to link as appropriate
- Improving member experience with care

Caseload Standards: Where indicated, the standard for TCM caseload size for adults will match state Medicaid policy.

## **ADMISSION CRITERIA**

*All of the following criteria must be met:*

1. Member has symptoms consistent with a *DSM* or corresponding ICD diagnosis
2. Member requires assistance in obtaining and coordinating treatment, rehabilitation and social services without which the member would likely require a more intensive level of care
3. Member does not require a more intensive level of case management

## **CONTINUED STAY CRITERIA**

*All of the following criteria must be met:*

1. Functional level indicates continued necessity for the program
2. Continued inability to self-manage needed services without program support

## **DISCHARGE CRITERIA**

*Any one of the following criteria must be met:*

1. Member no longer demonstrates need for program as reflected by the ability to access and self-manage needed services/supports and maintain functions of daily living; or
2. Goals of Targeted Case Management have been substantially met; or
3. Member requests discontinuation of the services in consultation with, and concurrence from, the primary provider

## **EXCLUSIONS**

*Any one of the following criteria is sufficient for exclusion from this level of care:*

1. Member Individual chooses not to participate in program; or
2. Member requires a higher level of case management such as provided through the Intensive Case Management, ACT, or FACT Team

## **REFERENCES**

Beacon's Medical Necessity Criteria incorporate generally accepted standards of behavioral health practice. In the course of reviewing the criteria annually there is an extensive literature search conducted and each of the following sources are consulted to determine if there is any relevant research or update:

1. Professional societies: American Psychiatric Association (APA); American Academy of Psychiatrists in Alcoholism and Addictions (AAPAA); American Academy of Child and Adolescent Psychiatry (AACAP)
2. National care guideline and criteria entities: American Society of Addiction Medicine (ASAM); MCG Behavioral Health Care Guidelines (formerly known as Milliman Care Guidelines); Change Healthcare's InterQual® Behavioral Health Criteria
3. National health institutes: National Institutes of Health (NIH); National Institute on Alcohol Abuse and Alcoholism (NIAAA); National Institutes of Drug Abuse (NIDA); Substance Abuse and Mental Health Services Administration (SAMHSA)
4. Professional publications and psychiatric texts
5. Federal/state regulatory and industry accreditation requirements, including CMS's National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs)
6. National industry peer organizations, including managed care organizations (MCOs) and behavioral health organizations (BHOs)