

NMNC 3.506.02 Targeted Case Management (Child/Adolescents)

Targeted Case Management (TCM) entails the accessing, linking, coordinating, and monitoring of services from multiple systems (e.g., mental health, physical health, social, educational, entitlements, vocational rehabilitation) to enable child/adolescents (dependents) to live, work, and participate fully in their families and communities, thus supporting the principles of recovery. Instrumental to this coordination is the development of a culturally-specific individualized care plan that reflects the dependent’s strengths, needs and self-identified goals; obtains individualized services; facilitates linkages to community-based resources; identifies and advocates for the dependent’s and family’s needs, desires, and rights; and monitors progress and revises the care plan as needed. Where applicable, these services are provided in accordance with the specifications in the *State Medicaid Targeted Case Management Handbook*.

Targeted Case Managers prepare for, arrange, and coordinate discharge and transition from one level of care to another as an integral part of TCM services. These services are designed to support the attainment of both provider- and individual-defined goals (e.g., stable living arrangement, quality relationships, employment, vocational training or school attendance). Targeted Case Managers may assist with the following:

- During the discharge process, work with discharge planners to ensure that the aftercare plan is appropriate and that the necessary paperwork is completed, follow-up appointments are made, and the necessary supports are in place
- Work with dependents and caregivers to identify sources of prior and current support (e.g., family, friends, colleagues, previous/past providers and other natural supports)
- Consult with providers concerning treatment modalities that assist dependents and caregivers 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
- Follow-up in a timely manner with dependents and their family members to ascertain their current status, make additional referrals if necessary, and ensure that support systems and services are in place and maintained as necessary

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

Admission Criteria	Continued Stay Criteria	Discharge Criteria
<p>All of the following criteria must be met:</p> <ol style="list-style-type: none"> 1) Dependent has symptoms consistent with a <i>DSM</i> or corresponding ICD diagnosis 2) Dependent and family/guardian requires assistance in obtaining and coordinating treatment, rehabilitation and social services without which individual would likely require a more intensive level of care 3) History of multiple hospitalizations or recent inpatient stay 4) Dependent does not require a more intensive level of case management 	<p>All of the following criteria must be met:</p> <ol style="list-style-type: none"> 1) Continued inability to obtain or coordinate services without the support of TCM services 2) Unless contraindicated, family, guardian, and/or custodian is actively involved in the treatment as required by the care plan, or there are active efforts being made and documented to involve them and dependent 	<p>Any one of the following criteria must be met:</p> <ol style="list-style-type: none"> 1) Dependent’s functioning level indicates that he/she no longer requires TCM services to adequately function within the family, community, and other social environments; 2) Family and/or dependent are non-participatory with attempted service provision, and/or have requested discontinuation of TCM

	continues to benefit from service	services; or 3) Dependent requires a more intensive level of care
<p>Exclusions Any one of the following criteria is sufficient for exclusion from this level of care:</p> <ol style="list-style-type: none"> 1) Severity of illness requires higher level of intervention; or 2) Family declines service and dependent continues to live within family context 		
<p>Reference Sources Beacon’s Medical Necessity Criteria incorporate generally accepted standards of behavioral health practice documented in evidence- and consensus-based guidelines derived from:</p> <ol style="list-style-type: none"> 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 Care Guidelines 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: [see Beacon’s Publication Reference Table] 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) 		