

Beacon NMNC 3.506.04 Targeted Case Management (Child/Adolescent)

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 (members) 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 member's strengths, needs and self-identified goals; obtains individualized services; facilitates linkages to community-based resources; identifies and advocates for the member'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 any state specifications.

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 members 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 members 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 members and their family 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

All of the following criteria must be met:

1. Member has symptoms consistent with a *DSM* or corresponding ICD diagnosis

2. Member 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. Member does not require a more intensive level of case management

CONTINUED STAY CRITERIA

All of the following criteria must be met:

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 member continues to benefit from service

DISCHARGE CRITERIA

Any *one* of the following criteria must be met: 1, 2, 3, or 4; criterion 5 is recommended, but optional.

1. Member'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 member are non-participatory with attempted service provision, and/or have requested discontinuation of TCM services; or
3. Member requires a more intensive level of care

EXCLUSIONS

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

1. Severity of illness requires higher level of intervention; or
2. Family declines service and member continues to live within family context

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: 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)