NMNC 2.506.02 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, social, educational, entitlements, vocational rehabilitation) to enable members to live, work, and participate fully in their 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 and self-identified goals; obtaining individualized services; facilitating linkages to community-based resources; identifying and advocating for the member's needs, desires, and rights; monitoring progress and revising 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 member-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 necessary paperwork is completed, follow-up appointments are made, and the necessary supports are in place
- Work with members to identify sources of prior and current support (e.g., family, friends, colleagues, previous/past providers)
- 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
- Follow-up in a timely manner with members and 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 standard for TCM caseload size for adults matches state Medicaid policy.

Admission Criteria	Continued Stay Criteria	Discharge 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	*All* of the following criteria must be met: 1) Functional level indicates continued necessity for the program 2) Continued inability to obtain or coordinate services without program support	Any *one* of the following criteria must be met: 1) Member no longer demonstrates need for program as reflected by the demonstrated ability to access 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 or FACT Team

Reference Sources

Beacon's Medical Necessity Criteria incorporate generally accepted standards of behavioral health practice documented in evidence- and consensus-based guidelines derived from:

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)