

# Targeted Case Management

Service Code: T1017

Targeted Case Management (TCM) is a service that helps a client access needed medical, educational, social, prevocational, vocational, rehabilitative, alcohol and drug treatment, or other community services. These service activities may include, but are not limited to, communication, coordination, and referral, monitoring service delivery to ensure a client’s access to service and the service delivery system, monitoring of the client’s progress, and placement services. TCM activities involve communication with other professionals to coordinate care or link the client to necessary community resources in order to stabilize the client’s mental health condition. This service code is generally not used when working only with the client or family.

## Who Can Use This Code?

|                          | Physician | PA | NP | RN | RN with MH/MA | LVN or Psych Tech | L/R/W Psych | L/R/W LCSW/ASW, MFT/MFTI, LPCC/LPCCI | Trainee - post BA/BS and pre MA/MS/PhD | MHRS | Other, Unlicensed |
|--------------------------|-----------|----|----|----|---------------|-------------------|-------------|--------------------------------------|--|------|-------------------|
| Targeted Case Management | Y         | Y  | Y  | Y  | Y             | Y                 | Y           | Y                                    | Y                                      | Y    | Y                 |

## Billable Services Include:

- ✓ Communication and coordination, including gathering information about client’s progress and providing verbal reports, with professionals involved in client’s case (e.g. school staff, CWS, psychologists, attorneys, conservators)
- ✓ Attending psychiatric medication service with a client in order to provide information about client’s functioning and progress. For initial psychiatric evaluation appointments, up to 60 minutes may be billed. For follow up appointments, up to 30 minutes may be billed
- ✓ Referral activities where connection to client’s MH symptoms, impairment, and treatment objectives is clearly documented:
  - Linking client with medical, alcohol and drug treatment, social, educational providers or other programs and services that can provide needed services, such as making referrals to providers for needed services and scheduling appointments
  - To identify, assess, and mobilize resources to meet the client’s needs. Services would typically include consultation and intervention on behalf of the client with Social Security, schools, social services and health departments, and other community agencies, as appropriate
  - Providers may bill up to **30 minutes maximum** to complete referral forms for the purpose of obtaining services that would promote the client’s mental health stability. Assisting the client with completing a form they could otherwise not complete on their own due to their mental health symptoms and functional impairments is also allowable
- ✓ Monitoring client’s access to services
- ✓ Coordinating with community providers (e.g. primary care providers, hospital staff, housing, food banks, religious affiliations, homeless shelters/housing authorities)

- ✓ Relaying information that is medically necessary from client, therapist, case manager, or psychiatrist to another person
- ✓ Placement Services including:
  - Placement needs determination
  - Locating and securing an appropriate living environment
  - Accessing services necessary to secure placement
  - Pre-placement visits
  - Monitoring the adequacy and appropriateness of the client's living arrangements when needed
  - Placement visits and placement follow-up, including monitoring the client's progress at the placement

**Non-Billable Activities Include:**

- ✗ Activities that do not link to the goal of improving the client's mental health condition
- ✗ Completing referral paperwork when connection to client's MH symptoms and impairments is not clearly documented
- ✗ Completing purely clerical activities including, but not limited to: faxing, copying, leaving or listening to voicemails, reading or writing emails, scheduling appointments, filling out forms
- ✗ Writing court reports
- ✗ Receiving and leaving voice mail messages
- ✗ Completing reports to Adult Protective Services (APS), Child Protective Services (CPS), and/or law enforcement
- ✗ Transporting a client
- ✗ Grocery shopping for a client (see Rehabilitation)
- ✗ Accompanying a client to a 12-step meeting
- ✗ Providing a case management service to a member of the client's support system that has no direct link to the client's treatment goals, objectives, diagnosis, impairment, etc.

**A Good Targeted Case Management Note Includes:**

- The client's current mental health status presentation or psychosocial situation to justify the need for the case management service
- An explanation of how the case management intervention addresses the client's mental health functioning, functional impairment and treatment objectives
- The name of the program/agency and role of other professionals in which information is exchanged and the purpose of the communication
- Documentation of the presence of a valid and current Release of Information if client's protected health information is disclosed

*See Chart below for Lockouts & Other Limitations*

## Lockouts & Other Limitations

| Location of Client  | TCM   | Brokerage & Placement  |
|---|---|--|
| <b>Crisis Stabilization Unit</b>  | Reimbursable during the same time crisis stabilization is provided. (No other specialty mental health service is reimbursable during the same period that Crisis Stabilization is reimbursed)   | Cannot be billed.  |
| <b>Crisis Residential Services</b>  | Permissible any time during a client's stay in a Crisis Residential facility, as are medication services. However, mental health services, such as assessment, collateral, psychotherapy or rehabilitation can only be billed on the day of admission and day of discharge. | Cannot be billed.  |
| <b>Fee-for-Service Hospitals</b>  | Cannot be billed except for day of admission and discharge planning 30 days prior to scheduled discharge. Medication services and mental health services can continue to be billed.   | Cannot be billed.  |
| <b>Psychiatric Inpatient Hospital, Psychiatric Health Facility, or Psychiatric Nursing Facility</b> | Cannot be billed.   | Permissible if provided solely for discharge planning during the 30 days prior to discharge, for a maximum of 3 nonconsecutive periods of 30 calendar days or less, per continuous stay in the facility. |
| <b>Jail/ Juvenile Hall</b>  | Cannot be billed.   | Cannot be billed.  |