Adult Mental Health Targeted Case Management (AMH-TCM) and Children's Mental Health Targeted Case Management (CMH-TCM)

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Overview

Adult mental health targeted case management (AMH-TCM) and children's mental health targeted case management (CMH-TCM) services help adults with serious and persistent mental illness (SPMI) and children with severe emotional disturbance (SED) gain access to medical, social, educational, vocational and other necessary services connected to the person's mental health needs. Targeted case management (TCM) services include developing a functional assessment (FA), an individual community support plan (ICSP) for an adult and an individual family community support plan (IFCSP). It also includes referring and linking the person to mental health and other services while ensuring coordination and monitoring of the delivery of services.

Eligible Providers

Agencies that provide targeted case management must be an enrolled Minnesota Health Care Programs (MHCP) provider.

Eligible service providers are case managers or case manager associates (CMA) employed by MH-TCM agencies and meet the qualifications as stated in Minnesota Statutes.

The following case managers must complete 40 hours of training approved by the Behavioral Health Division (BHD) under the authority of the commissioner:

- Case managers with less than 2,000 hours of supervised service to adults with mental illness or children with severe emotional disturbance
- New CMAs
- New immigrant case managers (working with immigrant population)

Case managers and CMAs must successfully complete the Minnesota Department of Human Services (DHS) MH-TCM curriculum as part of the approved training; see TrainLink for more information. The agency must keep the certificates of completion. We recommend storing them in the case manager's personnel record or similar file.

Clinical Supervision

"Clinical supervision" means the oversight of treatment plan development, plan implementation and mental health service delivery. This includes services provided by the case manager and CMA. Clinical supervision ensures the appropriateness of case management and mental health services while providing the case manager and CMAs an opportunity to receive direction and guidance on the provision of services.

Reimbursement from MHCP requires that the professional be licensed at the independent clinical level or as a tribal-credentialed mental health professional and be able to enroll in the MHCP provider system as a licensed mental health professional. A full or part-time employee or a contracted and licensed mental health professional must provide clinical supervision.

All case managers and CMAs, except licensed mental health professionals, must receive ongoing clinical supervision at least monthly. See Minnesota Statutes and rule for when additional clinical supervision applies. Clinical supervision may be provided on an individual basis with the case manager or CMA in small groups or be a combination of individual and group supervision. Clinical supervision of case managers and CMAs may be completed via videoconferencing.

Eligible Members

Adult Mental Health

Eligible MHCP members must meet one of the following:

- Is a person with a serious and persistent mental illness (SPMI), as determined by a diagnostic assessment (DA).
- Is determined by a county or tribe to appear to be eligible for case management but due to the person's initial refusal to participate in the DA process, the eligibility determination can't be completed. In these circumstances, eligibility is limited to four months from the day the person first received case management services.
- Is an adolescent, who has received children's MH-TCM services within 90 days of turning 18 years old, and upon turning 18, seeks adult MH-TCM services. Transition-aged youth maintain eligibility for MH-TCM for up to 36 months and based upon the most recent DA when the youth transitioned to adulthood.

Children's Mental Health

Children eligible to receive children's MH-TCM services must have a severe emotional disturbance (SED) and meet one of the following criteria:

- The child has been admitted within the last three years or is at risk of being admitted to inpatient treatment or residential treatment for an emotional disturbance.
- The child is a Minnesota resident and is receiving inpatient treatment or residential treatment for an emotional disturbance through the interstate compact.
- The child has one of the following as determined by a mental health professional:

    - Psychosis or clinical depression
    - Risk of harming self or others as a result of an emotional disturbance
    - Psychopathological symptoms as a result of being a victim of physical or sexual abuse or of psychic trauma within the past year
- The child, as a result of emotional disturbance, has significantly impaired home, school or community functioning that has lasted at least one year or that, in the written opinion of a mental health professional, presents substantial risk of lasting at least one year.

Covered Services

MH-TCM services have four core components:

- Assessment
- Planning
- Referral and linkage
- Monitoring and coordination

Mental Health Targeted Case Management: Core Service Components and Process

Components of targeted case management often overlap and may be provided concurrently. The provider of case management services is constantly:

- Assessing the person's needs, goals and the impact of the mental illness, and utilizing the person's strengths and progress
- Establishing and updating goal-related plans of the ICSP or IFCSP with the person served
- Referring and linking to resources, services, and formal or informal supports
- Coordinating with partners and natural supports the member identifies as being important to his or her recovery process
- Monitoring the effectiveness of the plan and the services provided to the person served
- Reviewing the need for MH-TCM services
- Discussing the progress made toward goals and recovery with the person served and the clinical supervisor

Assessment

For both adults and children, the FA, as defined in Minnesota Statutes, must include the person's: health care coverage; access to preventative and routine health care; individual participation in recommended physical and mental health care treatment; and wellness issues important to the person.

The case manager must complete the FA within 30 days of the first meeting with the person and at least every 180 days after the development of the IFCSP or ICSP. The FA must be developed with input from the person and with the person's service providers and significant members of the person's support network.

Adult Mental Health – adult MH-TCM assessment must include:

- Reviewing the DA

- Assessing with the person receiving MH-TCM the strengths, resources, supports, needs, functioning, physical and mental health conditions, safety, vulnerability and injury risk. Assessment should include family members, significant others and providers the person identifies as being important to his or her recovery process
- Screening for substance use and abuse
- Reviewing and updating documentation of the person's status, cultural considerations and functional description in all the FA domains specified in Minnesota statutes

Children's Mental Health – children's MH-TCM assessment includes the following:
- Reviewing and assessing the DA, CASII, and SDQ as provided by the mental health professional.
- Completing the functional assessment by assessing, with the child and family receiving CMH-TCM, the strengths, resources, supports, needs, functioning, health problems and conditions, safety, vulnerability and injury risk. Assessment should include family members, significant others and providers the person identifies as being important to his or her recovery process.
- Reviewing documentation and updating documentation of the person's status, cultural considerations and functional description in all the FA domains specified in Minnesota Statutes.

Planning
A case manager must develop an ICSP or IFCSP with the person and include the following:
- Goals and the specific services
- Activities for accomplishing each goal
- Schedule for each activity
- Frequency of face-to-face contact with the case manager

The case manager must complete an ICSP or IFCSP within 30 days of the first meeting with the person and at least every 180 days after the development of the service plan. The case manager must develop the service plan with the person, other service providers and significant members of the person's support network.

Referral and Linkage
Referral and linkage to MH-TCM services involves resource acquisition to help the person obtain planned goals.

A primary focus of referral and linkage is to break down the walls separating people from the community to replace segregation with true community integration. Case managers must be familiar with the community and key contacts within particular agencies (housing, education, vocational, financial, health care services and other providers) to assist the person. Referral and linkage involves interactions with the person to:
- Connect with informal natural supports
- Link with the local community, resources and service providers
- Refer to available health treatment and rehabilitation services

Monitoring and Coordination
A significant portion of the case manager's monitoring and coordination activities are completed over the phone with other providers, resources and service representatives. Monitoring and coordination serves four global purposes:

- Ensure service coordination by reviewing programs and services for accountability and verify that everyone is addressing the same purposes stated in the ICSP or IFCSP so that the person is not exposed to discontinuous or conflicting interventions and services
- Determine achievement of the goals and objectives in the ICSP or IFCSP to see if goals are being achieved according to the ICSP or IFCSP's projected timelines and continue to fit the person's needs
- Determine service and support outcomes through ongoing observations, which can trigger reconsideration of the plan and its recommended interventions when the ICSP or IFCSP is not accomplishing its desired effects
- Identify emergence of new needs by staying in touch with the person to identify problems, modify plans, ensure the person has resources to complete goals and track emerging needs

Interactive Video (ITV)

Interactive video means the delivery of targeted case management services in real time through the use of two-way interactive audio and visual communication, or accessible video-based platforms.

MH-TCM services may be provided through ITV according to Minnesota Statutes 256B.0625, subdivision 20b. ITV or face-to-face contact meets the minimum face-to-face contact requirements for MH-TCM services with the exception of children in out-of-home placement who require an in-person or face-to-face visit only.

Children and youth in foster care for whom a responsible social service agency has placement and care responsibility, must be seen in person to claim targeted case management. Foster care is defined by Minnesota Statutes 260C.007, subdivision 18 and 260D.02, subdivision 10.

Providers must have a Targeted Case Management Provider Interactive Video Assurance Statement (DHS-8398) on their provider file to provide services via ITV.

Additional Services Requirements

Limit on Size of Case Manager's Caseload

Adult Mental Health
The average caseload size of a full-time equivalent case manager must not exceed 30 people on a caseload to one full-time equivalency case manager. This standard applies to the average caseload size of case managers across the provider agency. This applies to adult MH-TCM services provided by lead agencies (counties, tribes and managed care organizations).

Children's Mental Health
The average caseload size of a full-time equivalent children's MH-TCM case manager must not exceed 15 children to one full-time

equivalency case manager. This standard applies to the average caseload size of case managers across the provider agency. This applies to children's MH-TCM services provided by lead agencies (counties, tribes, and managed care organizations).

Face-to-Face Contact between Client and Case Manager

AMH-TCM or CMH-TCM case managers must have monthly contact to claim reimbursement. The case manager must ensure at least one case management core service component is provided.

CMH-TCM case managers can only have face-to-face or ITV contact with the eligible child, their parent or the child's legal representative to receive payment. It is best practice to see the child every month. Children who are in foster care must be seen in person. The frequency of face-to-face or ITV contacts with the child must be appropriate to the client need and the implementation of the individual family community support plan. A monthly face-to-face continues to be required when the youth is in out-of-home placement.

AMH-TCM case managers may meet with the member via face-to-face, ITV or telephone. Telephone contact may occur for up to two months before ITV or face-to-face contact must be made. It is best practice to see the person every month.

Arrangement of Standardized Assessment by a Physician for Members on Psychotropic Medications

The case manager must arrange for a standardized assessment of side effects related to the administration of the person's psychotropic medications by a physician of the member's choice.

Noncovered Services

MH-TCM services are not:

- Treatment, therapy or rehabilitation services
- Other types of case management (for example: CAC, CADI, TBI, DD)
- Legal advocacy
- A diagnostic assessment (DA)
- Eligibility determination for MH-TCM
- Medication administration
- Services that are integral components of another service or direct delivery of an underlying medical, educational, social or other service
- Transportation services

Documentation

MHCP TCM providers must comply with federal regulations to receive federal financial participation (FFP) and documentation is necessary to demonstrate compliance. Documentation must support the qualifying MH-TCM services provided to an eligible member by a qualified provider.

All MHCP service records must contain the following information when applicable:

- The record must be legible to the individual providing care
- The member's name must be on each page of the record
- Each entry in the health service record must contain:
  - The date on which the entry is made
  - The date or dates on which the health service is provided
  - The length of time spent with the person, if the amount paid for the service depends on time spent
  - The signature and title of the person who delivered the service
  - The progress or response to the intervention and the changes in ICSP or IFCSP or presentation
  - When applicable, the co-signature of the vendor or supervisor as required
  - Documentation of clinical supervision
- Case history and health condition as determined by the vendor's examination or assessment
- The results of diagnostic tests and examinations
- The diagnosis resulting from the examination
- Reports of consultations that are ordered for the person
- The ICSP or IFCSP

Client file

The client file must include the member's:

- Name
- Address
- Phone
- Email
- Identification numbers
- Natural support contacts
- Other mental health provider contacts
- Health conditions and health care coverage and providers
- Other significant contacts (landlord, employer, and the like)
- Emergency contacts
- Current medications
- Intake date
- Relapse prevention plans
- Referral materials
- Client rights materials
- Determination of SPMI or SED
- Information supporting the member's eligibility for AMH-TCM or CMH-TCM

MH-TCM member files must include additional documentation of the following:

- Releases of information
- DAs
- FAs
- Mandated screenings and level of care documentation
- ICSP or IFCSP
- Progress notes
- Entries of any assessment, planning, referral, linkage, monitoring and coordination activities with collateral contacts (such as family members, significant others, other providers of services, representatives of other community resources and the person's natural supports). Documentation must appear in the record when the agency team or clinical supervisor reviews the member's case, plan or situation.

The ICSP or IFCSP is the roadmap of MH-TCM services. It is governed by federal and state regulations. The intent of this plan is to help the person use his or her current strengths and resources and gain access to additional services and resources to accomplish his or her goals.

Adult mental health ICSP

The individual community support plan (ICSP) documentation includes:

- A recovery vision, including an expression by the member in the member's own words
- The development of the ICSP consistent with statute and rule
- To the extent possible, the person and his or her family, advocates, service providers and significant others must be involved in all phases of development and implementation of the ICSP
- The ICSP must state:
  - The goals of each service
  - The activities or tasks of the person, case manager and others for accomplishing each goal
  - A schedule for each activity or task
  - The frequency of face-to-face contacts by the case manager based upon assessed need and the implementation of the ICSP
- The ICSP should reflect the prioritization of goals, risk, vulnerability and needs identified in the assessment process
- The ICSP should identify the natural supports, services, programs and resources that the person is gaining access to, who and how that access will be gained, and planned monitoring and coordination to assure the progress and value of supports, services, programs and resources
- A written ICSP needs to be completed within 30 days of beginning MH-TCM services, and a new FA completed at least every 180 days thereafter. ICSP and FA updates may be completed more often and if the person requests this
- The ICSP needs to be written by a mental health professional or signed by the clinical supervisor of the case manager
- The person's name, date of completion of the ICSP and signatures of the person, case manager and clinical supervisor (optional are signatures of others who participate in the development and implementation of the ICSP)

Children’s mental health IFCSP
The individual family community support plan (IFCSP) is a written plan of action developed by a case manager in conjunction with the family and child and based on diagnostic and functional assessments. The IFCSP identifies specific services needed by the child and the child’s family to do the following:

- Treat the symptoms and dysfunctions determined in the DA
- Relieve conditions leading to emotional disturbance and improve the personal well-being of the child
- Improve family functioning
- Enhance daily living skills
- Improve functioning in educational and recreational settings
- Improve interpersonal and family relationships
- Enhance vocational development
- Assist in obtaining transportation, housing, health services and employment
- State goals and expected outcomes of each service and criteria for evaluating the effectiveness and appropriateness of the services
- Activities for accomplishing each goal
- Schedule for each activity
- Frequency of face-to-face contacts by the case manager, as appropriate to member’s need and the implementation of the IFCSP

Contact or progress notes
Contact or progress notes should answer the following primary questions to ensure good communication, planning and billing support:

- Which of the four MH-TCM core service components (assessment, planning, referral and linkage, monitoring and coordination) was being provided?
- What ICSP or IFCSP goals were being addressed?
- What was the service provided and what did the case manager do?
- What was the person’s response to the service?
- What is the plan for the next contact?
- Any significant observation of the person’s situation or condition should also be included (situation, information or condition that is not necessarily related to planned services, but that is important or out of the ordinary (example: major news, changes in behavior). These will not be present in every contact note.

Often during a contact, a case manager will be providing more than one case management service component. Document each service component.

Communication with the person’s family members, support system, other providers, doctors, resource representatives and community representatives (employer, landlord), whether initiated by the CM or not, must be documented in the person’s file.

Documentation is necessary to demonstrate MH-TCM service provision. When possible, use concurrent documentation to promote transparency and expedite the completion of documentation.

Documenting clinical supervision

The clinical supervisor must document the following:

- Complete or cosign all members' FAs
- Complete or cosign all ICSPs or IFCSPs
- Case reviews by the case manager with clinical supervision summarized, with signatures in the member's file
- Inclusion of signatures for entries in the record regarding case review and supervisory activities

Document in the case manager's personnel file or related file the clinical supervision of the case manager that is not specific to person receiving services, but rather is for the benefit and professional growth of the case manager or CMA.

Billing

MHCP allows payment for MH-TCM as follows:

- Submit claims for MH-TCM using the MN-ITS 837P format
- Do not enter a treating provider NPI on each service line
- Use procedure codes and modifiers only as shown in the Adult and Children's Mental Health Targeted Case Management Benefits table.
- When multiple teams provide services concurrently, each team may submit a claim
- Counties and county-contracted vendors, bill one claim per month
- Indian Health Service/638 – bill one claim per encounter. Enter the date of service

To obtain the monthly MH-TCM reimbursement or tribal encounter rate reimbursement, providers must document at least one of the four reimbursable core services. The services must be consistent with the ICSP or IFCSP goals and plans. The AMH or CMH case manager must document service delivery during an ITV or face-to-face contact with the person served. The AMH case manager may have contact with the member by telephone. Use the core component service terminology: document that the case manager assessed, planned, referred and linked, or monitored and coordinated with the person. More detail is necessary, but it is important to frame the billable services using at least one of these four service components and directly link the service provided to at least one of the goals identified in the ICSP or IFCSP.

Follow these billing guidelines:

- **AMH-TCM and Assertive Community Treatment (ACT):** MHCP will reimburse MH-TCM and ACT provided concurrently only during the month of admission to or discharge from ACT services. To receive MH-TCM reimbursement for the month of admission, the county, tribe, or county vendor must add modifier 99 to the line item **and** enter the ACT admission date in the "comments" field.
- **AMH-TCM and RSC:** Relocation service coordination (RSC) is a case management service available to members in a facility (inpatient hospital). RSC and MH-TCM cannot be provided in the same month to the same member. Counties may elect to provide only one of these services.
- **MH-TCM and IMD:** MHCP reimbursement for MH-TCM may be available for individuals covered by major program IM.
- **MH-TCM and DA:** Presumptive Eligibility – MH-TCM is available to members before a DA is completed when all of the following conditions are met:

- The member is referred for and accepts case management services
- At the time of referral, the member refuses to obtain a DA for reasons related to his or her mental illness or a child's parent refuses to obtain a DA for the child
- The case manager determines the member is eligible for MH-TCM services
- The member obtains a new or updated DA, resulting in SED or SPMI, within four months of the first day MH-TCM services began

Adult and Children's Mental Health Targeted Case Management Benefits

Procedure Code	Modifier	Brief Description	Service Limitations and Notes
T2023	HE HA	Face-to-face contact between case manager, the child, the child's parent or the child's legal representative.	1 session per month
	HE	Face-to-face or ITV contact between case manager and member age 18 years or older	
	HE U4	Telephone contact (member age 18 years or older)	
T1017 For Indian Health Service/638	HE HA	Face-to-face encounter (child under 18)	1 encounter per day
	HE	Face-to-face encounter (adult 18 and over)	

Effective July 1, 2022, county-contracted vendors that have a DHS-approved rate exception must also include the following modifiers as appropriate to the vendor's rate exception:

- UA – low intensity (caseload size rate exception for a higher average caseload size)
- TG – high intensity (caseload size rate exception for a lower average caseload size)
- UB – culturally specific rate exception

Interactive Video (ITV)

Providers must have a Targeted Case Management Provider Interactive Video Assurance Statement (DHS-8398) on their provider file to bill claims for services provided via ITV. Services provided via ITV have the same service thresholds, reimbursement rates and authorization requirements as services delivered in-person. When services have been delivered via ITV, the appropriate place of service must be provided.

- Place of service 02: ITV contact provided other than the client's home. The client is not located in their home when receiving MH-TCM service through ITV.
- Place of service 10: ITV contact provided in the client's home. The client is located in their home when receiving MH-TCM service through ITV.

MHCP does not reimburse for connection charges, or origination, set-up or site fees.

Legal References

Minnesota Statutes 245.461 to 245.468, Minnesota Comprehensive Adult Mental Health Act
Minnesota Statutes 245.462, subdivision 4, Adult Case Manager Qualifications

Minnesota Statutes. 245.4871, subdivision 4, Children's Case Manager Qualifications
Minnesota Statutes 245.462, Definitions
Minnesota Statutes 256B.0625, subdivision 20, Mental Health Case Management
Minnesota Statutes, 256B.076, Case Management Services
Minnesota Statutes 256G, Minnesota Unitary Residence and Financial Responsibility Act
Minnesota Statutes 245.487 to 245.4887, Minnesota Comprehensive Children's Mental Health Act

Minnesota Rules 9520.0900 to 9520.0926, Case Management for Children with SED
Minnesota Rules 9505.0322, Mental Health Case Management Services