



Easy Choice Health Plan

Harmony Health Plan of Illinois

Missouri Care

'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona

OneCare (Care1st Health Plan Arizona, Inc.)

Staywell of Florida

WellCare (Arizona, Arkansas, Connecticut, Florida, Georgia, Illinois, Kentucky, Louisiana, Mississippi, Nebraska, New Jersey, New York, South Carolina, Tennessee, Texas)

WellCare Prescription Insurance

Targeted Case Management

Policy Number: HS-241

Original Effective Date: 3/2/2017

Revised Date(s): 3/1/2018

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

DISCLAIMER

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations, and any state-specific Medicaid mandates. Links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change. Lines of business are also subject to change without notice and are noted on www.wellcare.com. Guidelines are also available on the site by selecting the Provider tab, then "Tools" and "Clinical Guidelines".

BACKGROUND

Targeted Case Management Services (TCM) are direct outpatient services delivered in the member's home, residence of another type, or within a community setting. Services should be individualized, support the member's strengths, and focus on the necessary linkages to facilitate success in the least restrictive setting possible. TCM services must assist with access to needed medical, social, educational and other support services and facilitate resiliency in the children served. Techniques employed in Case Management are time limited in nature and subordinate to a goal of enhanced member autonomy, and facilitation of Recovery and Resilience.

TCM was first approved by CMS in Section 6052 of the Deficit Reduction Act of 2005. In that determination, CMS defined case management as services that assist eligible individuals to gain access to needed medical, social, educational, and other services. Targeted case management are defined as case management services provided only to specific classes of individuals, or to individuals who reside in specified areas of the State (or both). Case management does not include the underlying medical, social, educational and other services themselves, integral components of covered Medicaid services, nor does it include activities integral to foster care programs or other non-medical programs.

Medicaid reimbursement is not available as case management when any of the following conditions exist:

1. Case management activities are an integral component of another covered Medicaid service;
2. The case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including, but not limited to, services under parole and probation programs, public guardianship programs, special education programs, child welfare/child protective services, and foster care programs;
3. The activities are integral to the administration of foster care programs; and,
4. The activities, for which an individual may be eligible, are integral to the administration of another non-medical program, such as a guardianship, child welfare/child protective services, parole, probation, or special education program except for case management that is included in an individualized education program or individualized family service plan consistent with section 1903(c) of the Act.

WellCare recognizes that in order to accomplish the goal of coordinating and developing a comprehensive, integrated plan of care, the single case manager may need to consult with other providers with specialized expertise. Further, it is important to recognize the distinct differences between case management and other reimbursable Medicaid services. Case management as a service should function to promote access to the direct delivery of other services.

Delivery

Providers must be individually approved to do TCM and work for an approved TCM agency, using the enrollment procedures designated by the State. All TCM services must be rendered in accordance with the State TCM Coverage and Limitations Handbook including provider, documentation, service delivery and case load requirements. TCM services should result in observable beneficial responses such as:

- Reduced use of hospital inpatient services
- Reduced use of emergency services
- Consistent attendance at scheduled therapy sessions/Case Management meetings
- Improved school attendance
- Independent living and community integration
- Family and community integration
- Vocational/educational participation
- Reduced hospital lengths of stay
- Reduced out of home placements
- Reduced use of crisis-only services
- Member makes progress to the extent possible toward goals and is benefiting from the service plan as evidenced by lessening of symptoms and stabilization of psychosocial functioning through Case Management Services or removal of services would result in Member's destabilization.

POSITION STATEMENT

Applicable To:

- Medicaid – All Markets

Exclusions

1. Member or member's representative does not accept Mental Health Targeted Case Management (MHTCM).
2. MHTCM is not endorsed by the member's primary mental health providers.
3. Member does not meet the Admission guidelines for MHTCM.
4. Member requires services of a higher intensity (e.g., residential treatment).
5. Member is residing in a nursing facility, state psychiatric hospital, or intermediate care facility for the developmentally disabled.
6. Member is enrolled in FACT.
7. Diagnosis of primary substance disorder or developmental disability disorder.
8. Member's condition is not one that would be covered for treatment through other State funded programs.

Coverage**Admission Criteria (Must meet 1-8, or 9)**

1. Enrolled in a Department of Children and Families adult or child mental health target population;
2. Diagnosed with a disability which requires advocacy for and coordination of services to maintain or improve level of functioning;
3. Requires services to assist in attaining resilience, self- sufficiency, or satisfaction in the educational, living, learning, work, and social environments of choice;
4. Lacks a natural support system with the ability to access needed medical, social, educational, and other services;
5. Requires ongoing assistance to access or maintain needed care consistently with the service delivery system;
6. Has a disability duration that, based upon professional judgment, will last for a minimum of one year;
7. Not receiving duplicate Case Management services from another provider; and
8. Meets at least one of the following requirements:
 - a. Awaiting admission to or has been discharged from a state mental hospital,
 - b. Has been discharged from a mental health residential treatment facility,
 - c. Is in an out of home placement or is at risk of such placement,
 - d. Has had more than one admission to a crisis stabilization unit (CSU), short-term residential facility (SRT), inpatient psychiatric unit, or any combination of these facilities;
 - e. At risk of institutionalization for mental health reasons; or
 - f. Experiencing long-term or acute episodes of mental health impairment that may put him or her at risk for requiring more intensive services.

OR,

9. Has relocated from a Department of Children and Families district where member was receiving mental health Targeted Case Management services.

Continued Stay Criteria (Must meet 1 through 4)

1. An individualized, written Case Management service plan has been implemented, and modified to reflect the member's strengths, goals, and progress.
2. Active and timely services are being provided where the member resides or needs service (for example at school for children).
3. Face-to face contact is made at least every month for an adult or twice a month for children.
4. Interventions are consistent with the service plan and handbook expectations, and demonstrate access to needed services or improved functioning attributable to TCM services.

Discharge Criteria

1. Member no longer meets continued stay criteria.
2. A discharge plan had been developed including:
 - a. A recommended aftercare plan which contains the signature of the member or involved others, and
 - b. A transition session is scheduled with the aftercare interagency team.

CODING

HCPCS Codes

***This list is not all inclusive. *See handbooks/fee schedules for modifiers that apply.**

T1017 Targeted case management, each 15 minutes

T2023 Targeted case management; per month

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

REFERENCES

1. Targeted Case Management for Children at Risk of Abuse and Neglect, Service Specific Policies from the Florida handbook. http://ahca.myflorida.com/medicaid/review/specific_policy.shtml
2. Child Health Services Targeted Case Management Handbook from Service-Specific Policies Web Site. http://ahca.myflorida.com/medicaid/review/specific_policy.shtml
3. Mental Health Targeted Case Management Handbook from Service-Specific Policies Web Site. http://ahca.myflorida.com/medicaid/review/specific_policy.shtml
4. Connecticut Provider Manual Chapter 7 – Targeted Case Management. https://www.ctdssmap.com/CTPortal/Information/Get%20Download%20File/tabid/44/Default.aspx?Filename=ch7_iC_tcm_V1.0.pdf&URI=Mannuals/ch7_iC_tcm_V1.0.pdf
5. Connecticut DSS Targeted Case Management Non-Contracted Provider Fee Schedule download. <https://www.ctdssmap.com/CTPortal/Provider/Provider%20Fee%20Schedule%20Download/tabid/54/Default.aspx>
6. Georgia At Risk of Incarceration Targeted Case Management. <https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/HANDBOOKS/Part%20II%20Policies%20and%20Procedures%20for%20At%20Risk%20of%20Incarceration%20Targeted%20Case%20Management%2020170406165921.pdf>
7. Georgia Adult Protective Services Targeted Case Management. <https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/HANDBOOKS/Part%20II%20Policies%20and%20Procedures%20for%20Adult%20Protective%20Services%20Targeted%20Case%20Management%2020170406165846.pdf>
8. Adults with Aids Targeted Case Management. <https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/HANDBOOKS/Part%20II%20Policies%20and%20Procedures%20for%20Adults%20with%20Aids%20Targeted%20Case%20Management%2020170406165903.pdf>
9. Missouri Medicaid Behavioral Health Adult Targeted Case Management MO HealthNet Manual. http://manuals.momed.com/collections/collection_adu/print.pdf
10. Missouri Medicaid Youth Targeted Case Management MO HealthNet Manuals. http://manuals.momed.com/collections/collection_you/print.pdf
11. South Carolina Medicaid Targeted Case Management Provider Manual. <https://www.scdhhs.gov/internet/pdf/manuals/TCM/Section%204.pdf>
12. Texas Medicaid Manual. http://www.tmhp.com/TMHP_File_Library/Provider_Manuals/TMPPM/2014/TMPPM_August_2014.pdf

MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

Date	Action
3/1/2018	<ul style="list-style-type: none"> • Approved by MPC. No changes.
3/2/2017	<ul style="list-style-type: none"> • Approved by MPC. New.