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DEPARTMENT OF PUBLIC WELFARE
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OFFICE OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES BULLETIN

ISSUE DATE:	EFFECTIVE DATE:	NUMBER:
June 14, 2012	June 14, 2012	OMHSAS-12-03

SUBJECT:	BY:
Mental Health Targeted Case Management (TCM) Documentation Requirements	Karen K. Deklinski Deputy Secretary of Administration

SCOPE:

County Mental Health/Intellectual Disability Program Administrators
Targeted Case Management Service Providers
Base Service Unit Directors
Behavioral Health Managed Care Organizations

PURPOSE:

The purpose of this bulletin is to emphasize the documentation requirements for Mental Health Targeted Case Management service providers. The requirements outlined here are applicable in both the Managed Care and Fee-For-Services Programs.

BACKGROUND

Targeted Case Management (TCM) services, authorized under Section 1915(g) of the Social Security Act, assist adults and children with serious mental illnesses or emotional disorders to gain access to needed resources and services. The Medical Assistance program covers TCM services under several levels of care: Intensive Case Management (ICM), Resource Coordination (RC), and Blended Case Management (BCM). These services are delivered as per the requirements specified in ICM regulation (Title 55, Chapter 5221of the Pennsylvania Code), RC bulletin (OMH -93-09), and BCM Bulletin (OMHSAS-10-03) respectively.

Over the last several years, the TCM service delivery has come under close scrutiny nationally by the Centers for Medicare and Medicaid Services (CMS) and other federal regulators due to perceived and identified occurrences of inaccurate and/or incomplete daily documentation of billable activities. The purpose of this bulletin is to emphasize some of the requirements pertaining to documentation that apply to all three levels of targeted case management, namely, ICM, RC, and BCM.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Office of Mental Health and Substance Abuse Services, Bureau of Policy, Planning & Program Development, P.O. Box 2675, Harrisburg, PA 17105. General Office Number 717-772-7900.

DISCUSSION:

As outlined in § 5221.33 (Intensive case management records—statement of policy), in order to satisfy the recordkeeping requirements in §§ 5221.31(4) and 5221.41 (relating to responsibilities of providers; and recordkeeping), targeted case management records should contain, at a minimum, the following:

1. Intake information - the following shall be included:
    i. Identifying information to include the consumer's name, address, date of birth, social security number, and third-party resources.
    ii. Referral form, to include date, source and reason for referral to TCM and diagnosis based on DSM IV-R, or subsequent revision.
    iii. Verification of eligibility to receive TCM, such as past treatment records, psychiatric or psychological evaluation, letter summarizing treatment history, Individual Education Plan (IEP), and any other relevant information.

2. Assessments and evaluations:
    i. The following assessments and evaluations should be made:
        a. Medical history, taken within the past 12 months, or documentation of the targeted case manager's efforts to assist the consumer in obtaining a physical examination.
        b. Assessment of the consumer's strengths, needs, and interests.
        c. Summaries of hospitalizations, incarcerations or other out-of-home placements while enrolled in targeted case management, including the place and date of admission, the reason for admission, length of stay and discharge plan.
        d. Children only: IEP, school testing—for example, psychological evaluations—guidance counselor reports, and the like, or documentation of the targeted case manager's efforts to obtain the information if not in the record.
        e. Outcome information, namely, consumer level of functioning, independence of living and vocational/educational status, and any other outcome information required by the state.

    If the TCM provider is part of a multiple service agency which maintains the assessments and evaluations in a, b, c, and d above in another file, the information other than that required to establish eligibility for case management does not need to be duplicated for the case management record. These items are considered to be part of the case management record, and shall be made available if the case management record is requested.

3. Written service plan - the initial plan shall:
    i. Be developed within one month of registration and reviewed at least every six months.
    ii. Reflect documented assessment of the consumer's strengths and needs.
    iii. Identify specific goals, objectives, responsible persons, time frames for completion and the targeted case manager's role in relating to the consumer and involved others.
    iv. Be signed by the consumer, the family if the consumer is a child, the targeted case manager, the targeted case management supervisor and others as determined appropriate by the consumer and the targeted case manager. If the signatures cannot be obtained, attempts to obtain them should be documented.

4. Documentation of services - the following shall be included:
    i. Case notes - the case notes shall:
        a. Be legible.
        b. Verify the necessity for the contact and reflect the goals and objectives of the targeted case management service plan.
        c. Include the date, time and circumstance of contacts, regardless of whether or not a billable service was provided. Office of Mental Health and Substance Abuse Services (OMHSAS) is clarifying that “time” means indicating both start and end times (example: 9:30 am to 10:00 am), in order to validate units of service delivered.
        d. Identify the consumer by name or case number on both sides of each page on which there is writing on both sides. The consumer’s name and case number should appear together earlier in the file.
        e. Be dated and signed by the individual providing the service.
    ii. Documentation of referral for other services.
    iii. Encounter forms.

5. Discharge information - the following shall be included:
    i. A termination summary, including a reason for admission to targeted case management, the services provided, the goals attained, the goals not completed and why and a reason for closure. The summary shall:
        a. Contain the signature of the consumer, the family if the consumer is a child, and involved others, if obtainable, to verify agreement of the termination.
        b. Contain the signature of the county administrator or designee if the consumer (or family, if the consumer is a child) does not consent to the termination.
        c. A recommended after-care plan.