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|  | Behavioral Health and Developmental Disabilities (BHDD) Division |
| | Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health Date effective: October 1, 2022 |
| Policy Number: 405 | Subject: Mental Health Targeted Case Management (TCM) - Adult |

Definition

TCM, as defined in the 42 CFR 440.169, is services furnished to assist members in gaining access to needed medical, social, educational, and other services. TCM includes the following assistance:

- (1) Comprehensive assessment and periodic reassessment at least once every 90 days of an eligible member to determine service needs, including activities that focus on identification for any medical, educational, social, or other services. These assessment activities include:
 - (a) taking member history;
 - (b) identifying the member's needs and completing related documentation; and
 - (c) gathering information from other sources such as family members, medical providers, social workers, and educators, if necessary, to form a complete assessment of the eligible member.
- (2) Development and periodic revision of a specific care plan that is based on the information collected through the assessment that:
 - (a) specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - (b) includes activities to ensure the active participation of the eligible individual member, and working with the member (or the member's authorized health care decision maker) and others to develop those goals; and
 - (c) identifies a course of action to respond to the assessed needs of the eligible member.
- (3) Referral and related activities, such as scheduling appointments for the member, to help them eligible member obtain needed services including activities that help link the member with medical, social, educational providers, or other programs and services that are capable

of providing needed services to address identified needs and achieve goals specified in the care plan; and

- (4) Monitoring and follow-up activities, including activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible member's needs, and may also be with the member, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
 - (a) services are being furnished in accordance with the member's care plan;
 - (b) services in the care plan are adequate; and
 - (c) changes in the needs or status of the member are reflected in the care plan.

Medical Necessity Criteria

- (1) Member must meet the Severe and Disabling Mental Illness (SDMI) criteria as described in this manual and:
 - (a) the member/representative gives consent and agrees to participate in TCM;
 - (b) the need for TCM must be documented by a licensed clinical mental health professional; and
 - (c) the member is receiving other adult mental health or substance use disorder services.
- (2) TCM services cannot be used for activities that are the responsibility of other systems.

Provider Requirements

In order to bill Montana Medicaid, MH TCM must be provided by a licensed MHC.

Service Requirements

- (1) Services are to be delivered in accordance with 42 CFR 440.169, 42 CFR 441.18, and 42 CFR 431.51. For further detail, please go to the most current version of the TCM Montana Medicaid provider notice at <http://medicaidprovider.mt.gov/>.
- (2) MH TCM is not a bundled service and must be billed using the appropriate HCPCS code.

Utilization Management

- (1) Prior authorization is not required.
- (2) Continued stay reviews are not required
- (3) The provider must document in the file of the member that the member meets the medical necessity criteria.