

DOCUMENTATION: TCM

This applies to Case Managers only.

TCM must complete Assessment and Service Plan within **30 days**

The Service Plan **MUST** be completed within **7 Days** of the Assessment.

You must do a TCM Assessment Update **ANNUALLY**

You must do a TCM Service Plan Review **Every 6 months**

Unless you are doing a non-billable note or discharge note, then the main 3 tabs you, as a Case Manager, will work with are these:

TCM Progress Notes



Case Managers use this progress note instead to submit your documentation.

TCM Intake Assessment



Case Managers use this template to document your intake with the client.

TCM Service Plan



Case Managers use this template to document your service plan.

- Select the correct bill code.
- Enter the Client ID and Name (look at your spreadsheet to make sure you get the right Client ID).
- DOS, Times (duration & units auto-calculate).
- Location.
- Persons Present.

The **TCM Service ***

TCM Service Provided (Check One)

Advocating Monitoring Linking Facilitating TCM Assessment Update

Service Plan Goal Addressed: *

Progress/tasks completed towards service plan goals: *

Follow up / Plan: *

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Note

If you select “TCM Assessment Update” (the one you do annually), then a new set of DIFFERENT options/fields will open up to complete the assessment update.

TCM Service Provided (Check One)

Advocating Monitoring Linking Facilitating TCM Assessment Update

TCM Assessment Update

1. Change of Residence for the client and/or client’s family:

2. Client entered or is discharged from an inpatient hospital or state mental hospital:

3. Client experienced a significant change in mental status:

- The SP goal is addressed (you’ll get this from your SP – which you should keep a Word copy of it).
- The Progress/Tasks is the MAIN ELEMENT of the note.
 - Be Specific
 - Be Descriptive
 - Someone looking at your note needs to 100% figure out what you did based on this data
- Follow-Up/Plan
- Signature, Email, and Credentials

Signature

TCM Practitioner’s Name *

Credentials *

TCM’s Email *

TCM Practitioner’s Signature *

Date Signed *

Other File Uploads

or drag files here.

UPLOAD either:

- Verification Form Signed by the client/guardian for face/face sessions (incl. telehealth)
- Screenshot of session or of Time Log - for telehealth sessions
- Scanned Verification Form - for In-Person sessions

When you are done, press SUBMIT NOTE.

You will receive a confirmation page – (if you don't get one, it means your note didn't go through!)

**ALWAYS MAKE SURE YOU ARE ON WIFI BEFORE YOU SUBMIT A NOTE!
THIS WILL PREVENT YOU FROM HAVING TO REPEAT YOUR WORK!**

TCM ASSESSMENT & SERVICE PLANS

- The initial assessment has 2 sections (assessment and certification)

TCM Assessment

Assessment Certification

TCM Service *
(T1017-GT) - Telehealth

CT ID * **Client's Name ***

Date of Service * **Start Time *** **End Time *** **Duration** **Units**

Service Location: * **Persons Present Other than Practitioner**

Telehealth (02) Client Parent/Guardian Other

- **YOU DO NOT NEED TO CREATE A SEPARATE PROGRESS NOTE WHEN BILLING THE ASSESSMENT OR THE SERVICE PLAN (OR SERVICE PLAN REVIEWS).** BY CREATING THE DOCUMENT, IT AUTOMATICALLY BILLS IT FOR YOU AS LONG AS THE FIELDS ABOVE ARE COMPLETED.
- Complete all fields as always.

UPLOAD the client's INTAKE CONSENTS when you are doing a TCM Assessment. The client signs these on our website, and when they select your name from the drop-down menu, a copy of the signed forms are automatically emailed to you, so that you can upload them here.

- Signature, Date, Your Title (Case Manager) etc.

TCM Signature

TCM Practitioner's Name *	Title *
<input type="text"/>	<input type="text"/>
TCM's Email *	
<input type="text"/>	
TCM Practitioner's Signature *	Date Signed *
<input type="text"/>	<input type="text"/>

- Page 2 is Medicaid's Certification. Depending on the age of the client, it will auto-populate the appropriate one.

TCM Assessment

Assessment

Certification

Appendix I

CHILDREN'S CERTIFICATION CHILDREN'S MENTAL HEALTH TARGETED CASE MANAGEMENT

Client's Name *

Is hereby certified to meet all the following children's mental health targeted case management criteria:

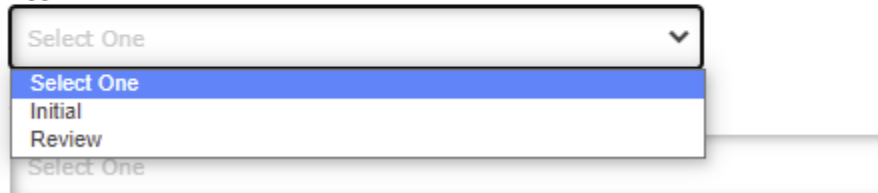
1. Is enrolled in a Department of Children and Families children's mental health target population;
2. Has a mental health disability (i.e., serious emotional disturbance or emotional disturbance) which requires advocacy for and coordination of services to maintain or improve level of functioning;
3. Requires services to assist him or her in attaining self sufficiency and satisfaction in the living, learning, work and social environments of his or her choice;
4. Lacks a natural support system with the ability to access needed medical and social environments of his or her

SERVICE PLANS

When you do the service plan, it will ask you whether it is the initial or the review. And based on that, different fields will auto-populate.

TCM Service Plan

Type of Plan: *



A dropdown menu with a white background and a black border. The top option is "Select One" with a downward arrow. Below it, "Initial" and "Review" are listed. The "Initial" option is currently selected and highlighted in blue.

- Complete the required fields:

Presenting Problem *



A large, empty text input field with a light gray border and a small double-slash icon in the bottom right corner.

Long Term Desired Outcome: *



A large, empty text input field with a light gray border and a small double-slash icon in the bottom right corner.

Discharge Plan: *




A large, empty text input field with a light gray border and a small double-slash icon in the bottom right corner.

For each of the 9 needs – you can add objectives by pressing the purple boxes:

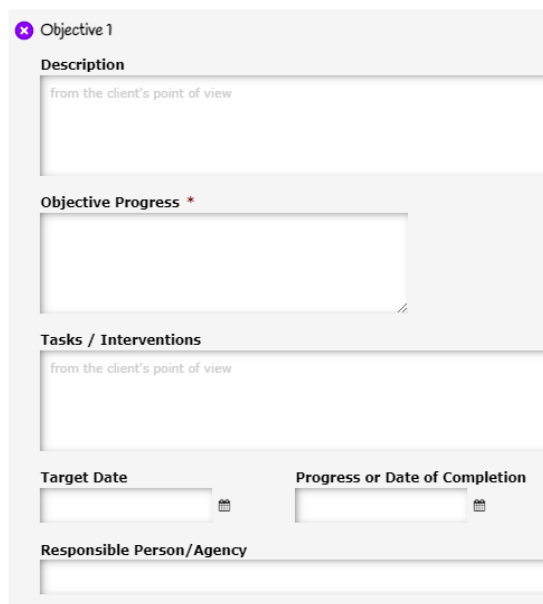
Problem/Need # 1 – Mental Health

Client's Goal:



A text input field with a light gray border and a small double-slash icon in the bottom right corner.

Objectives



A form for adding an objective. It has a purple header with a close button and the text "Objective 1". Below are several sections: "Description" with a text area containing "from the client's point of view"; "Objective Progress" with a text area and a red asterisk; "Tasks / Interventions" with a text area containing "from the client's point of view"; "Target Date" and "Progress or Date of Completion" each with a date picker icon; and "Responsible Person/Agency" with a text area.

+ Add Objective

- Again, put your name, sign, date, etc. at the end of the service plan.

For REVIEWS every 6 months -

UPLOAD the client's SERVICE PLAN REVIEW SIGNATURE PAGE when you are doing a TCM Assessment. The client signs these on our website, and when they select your name from the drop-down menu, a copy of the signed forms are automatically emailed to you, so that you can upload them here.

- **Both the ASST and SP will automatically go to THE TCM SUPERVISOR for review.**