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# Targeted Case Management (TCM)

Rev Dec. 2008

## TCM Target Population

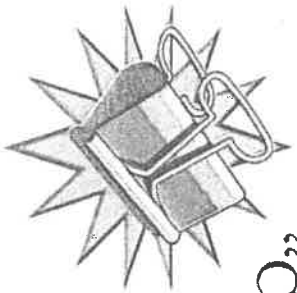
Severe & persistent psychiatric illness as evidenced by one or more disorders as defined by the current edition of the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association that is of sufficient severity to cause serious functional impairment in any of the following domains:

- Occupation
- Social relationships
- Education
- Housing
- Ability to manage tasks of daily living

# Definition

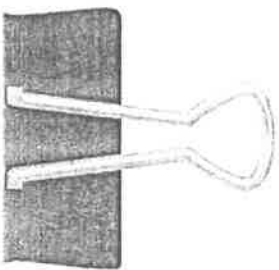


- **TCM Services are the continuum of activities, with or on behalf of a client, concerned with assessment, planning, linking, support and advocacy.**
- **TCM services include assisting a client in accessing needed housing, medical, clinical, social, educational, and other services.**



“CLAMP” – a useful mnemonic tool for remembering

TCM eligible services



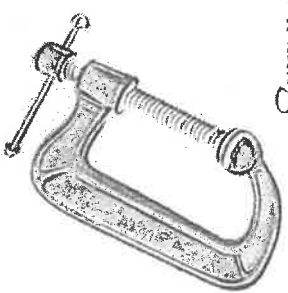
**C - Coordinating**

**L - Linking**

**A - Accessing**

**M - Monitoring**

**P - Planning**



## DOCUMENTATION REQUIREMENTS



- All documentation must be legible
- The medical record must contain an assessment:
  - psychiatric diagnostic evaluation and/or
  - comprehensive assessment
- The treatment plan must contain:
  - identified problem(s) / area(s) of need
  - at least 1 TCM goal, objective or intervention
  - interventions with duration/frequency and target date
  - responsible persons and/or community agency
  - must be current
  - evidence of client involvement

## **Client Involvement in Treatment Planning**

**Evidenced by:**

- **Progress Note** detailing involvement/discussion with client
- **Description of involvement on treatment plan**
- **Client signature on treatment plan**
  - **if client refuses to sign - document it!**

# EXAMPLES: ICM SERVICES



- Obtaining, coordinating, maintaining resources and services (e.g., housing, entitlements, employment, legal assistance, education, transportation, etc.)
- Planning, arranging, coordinating, obtaining, monitoring, liaising or following up on specific aspect of treatment (e.g. medical tx, substance abuse treatment, appointments with other providers)
- Working with and collaborating with collaterals external to the agency including family members, landlords, employers
- Engaging the client in services (new or unengaged clients)

- *Directly assisting with personal care or ADLs* (activities of daily living), e.g., assisting with budgeting, cooking, shopping, laundry, moving residences, payee services, etc.
- Performing routine services including courier services, e.g., running errands or picking up and delivering food stamps or entitlement checks, etc.
- Providing other services that are billable through Medicaid, e.g., medical exams, treatment, therapy, counseling, etc.
- *Transporting* a client or family member
- Unsuccessfully attempting to provide a service such as calling and leaving a message; no shows, cancellations, etc.



**Clients Inpatient, in Nursing Homes, or Jail**

**Cannot use TCM code when client is:**

- **Inpatient**
- **In a nursing Home**

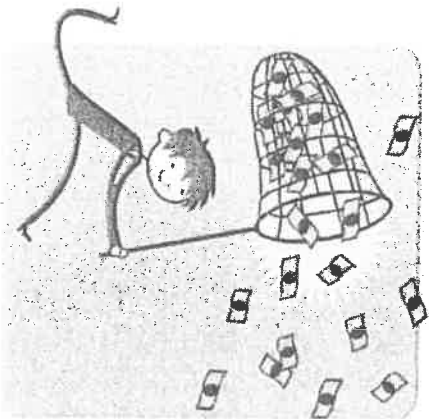
*This would constitute double-billing under Medicaid*

**OR**

- **In Jail per Medicaid regulations**

## ADDITIONAL Documentation Requirements

Data required for Submitting a TCM Service for  
Claim Reimbursement



- ✓ *TCM Service Code*
- ✓ *Valid TCM Diagnosis*
- ✓ *Client's Medicaid Number*

*TCM services cannot be billed without a valid Medicaid  
Number.*

*Please check for eligibility and accuracy.*

**ALWAYS INCLUDE THIS SUMMARY IN YOUR FACE-TO-FACE NOTES! BE AS SPECIFIC AND INDIVIDUALIZED**

**Appearance:**

**Behavior:**

**Speech:**

**Cognition:**

**Affect/Mood:**

**Thought Process:**

**Thought Content:**

## SOAP FORMAT

### **S= Self report from client (summary) =**

This describes the patient's **self-report** of their current condition in a narrative form. What did the client say and summarize it.

**Start off your note with: "Client reported....**

### **O= Observation/Objective =**

This outlines the **objective** observation of the condition and details all information and factors that can be measured. (mood, affect, body language, appearance) **ABSCATT** here.

**Start your note off with "Client appeared....**

**A = Assessment (diagnostic impression)** is the diagnosis or condition the patient has.

This also details **the opinion** of the TCM regarding whether the client is making progress or reasons why he/she may not (example, client's mood has shown improvement, client more talkative, or client withdrawn etc.)

**Start your note off with "TCM believes ...**

### **P = Plan**

This is where TCM plans on how to address the client's condition and what they will do to link the client, monitor the client and or assist or advocate the client and what is the plan for to help the client.

**Start your note off with "TCM will do the following to assist the client**

# SOAP NOTE

SUMMARY:

OBJECTIVE/OBSERVATION: (ABSCATT)

ASSESSMENT/SYMPTOMS INDICATE WHAT

PLAN:

**Values and areas of interest (Things that are important to me: hopes, dreams, interests)**

**STRENGTHS  
NEEDS  
ABILITIES  
PREFERENCES**

**Strengths (Skills, qualities, and experiences that can help me achieve my goals)**

**Personal and community supports (People and/or things I have in my life that can help me achieve my goals)**

**Possible barriers (Things that could prevent me from achieving these goals)**

**How Outcome Measured**  
**Development Date:**

**Barriers** (What is getting in the way of achieving the goal as per assessment)

**Strengths** (Existing supports for achieving the goal)

<b>Specific Services/Activities/Supports/Tasks</b> (What I and/or others will do to achieve this objective)	<b>Who is Responsible</b> (Person/s who will provide the service or carry out the task)	<b>Start Date</b>	<b>Target Completion Date</b>	<b>Frequency</b> (How often)	<b>Service \$ Expense</b> (CK if yes)

<b>Ongoing Updates</b>					
<b>Date</b>	<b>Progress</b>		<b>Achievement Code</b>	<b>Participant Initials</b>	<b>Provider Initials</b>

**How Outcome Measured**  
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Copy this page as often as needed to create new goals and/or objectives. Attach additional pages as needed to provide updates to this objective.



**How Outcome Measured:**

**Barriers** (What is getting in the way of achieving the goal as per assessment)

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**Ongoing Updates**

<b>Date</b>	<b>Progress</b>	<b>Achievement Code</b>	<b>Participant Initials</b>	<b>Provider Initials</b>

Copy this page as often as needed to create new goals and/or objectives. Attach additional pages as needed to provide updates to this objective.

**Participant Comments (Progress toward goal, accomplishments, other)**

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**Provider Comments (Narrative summary)**

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**Topics Requiring Further Discussion and/or Services That I or My Targeted Case Manager Need to Explore Further**  
(Address any areas identified in the Assessment which are not in the ISP, reasons for not including them at this time, and what, if any future actions will be taken to include them)

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**Signatures of Individuals Contributing to the Individual Service Plan:**

**Copies of Plan Provided To:**

Participant Signature:	Participant Name:
Date:	Date:
Targeted Case Manager Signature:	Targeted Case Manager Name:
Date:	Date:
Service Provider Signature:	Service Provider Name:
Date:	Date:
Other Signature (specify):	Other Name (specify):
Date:	Date: