

**Mental Health Targeted Case Management (MH-TCM) Adult/Child Activities
SSIS Reporting Guidance for Tiered Reimbursement in Prepaid Minnesota Health
Care Programs (MHCP)
10-1-09**

This document provides guidance on MH-TCM core service components and related non-direct services that may serve as qualifying time toward “tiered reimbursement”. Also, this document suggests how to report these services and non-direct services via the SSIS system.

Currently, Medica is reimbursing approved MH-TCM providers using the “tiered reimbursement” option. Medica and UCare are requiring approved MH-TCM providers to report MH-TCM services and related non-direct services via the “tiered reimbursement” option.

Concerning “tiered reimbursement”, reporting MH-TCM services and related qualifying activities via the SSIS system has two major considerations:

I) For monthly reimbursement, MH-TCM services must include provision of at least one MH-TCM core service component with the client (or parent of child) during the month (exceptions exist for service phone contact with adult clients). (see specific provider contract expectations of the managed care organization for addition clarification/expectations)

The four core service components are:

- assessment,
- service plan (ICSP/FCSP) development,
- referral and linkage, and
- monitoring and coordination.

In SSIS reporting, it is recommended that these MH-TCM services be reported as BRASS Service 491 – Adult Rule 79 case management or 490 – Child Rule 79 case management with the Activity of ***Client Contact***

AND

II) For reporting MH-TCM core services components (with client contact) via SSIS for “tiered reimbursement”, it is recommended that core service components be reported as Activity ***Client Contact*** (see A above).

For reporting other qualifying MH-TCM non-direct services, the following SSIS activities are recommended for the specific qualifying MH-TCM non-direct services:

Collateral contact

Coordination

Documentation

ICS (FCS) plan/development/review

Travel in county (not transportation of client)

Travel out of county (not transportation of client)

The following is a long list of MH-TCM core services and related non-direct services that a case manager might do (organized by the four MH-TCM core service components), and that qualify toward “tiered reimbursement” time reporting at this time. The MCO determines the qualifying non-direct services applied toward the “tiered reimbursement”; and these are subject to change. For “tiered reimbursement” time reporting, it is recommended that the service or non-direct service be reported using the best matching “Activity” of the seven noted above. All MH-TCM direct core component services provided during contact with the client (parent of child client) should be reported as Activity ***Client Contact***. Other case management non-direct services should be reported using one of the other six “activities” that best matches.

A. Assessment

- Complete a written functional assessment and develop the child’s individual family community support plan and the adult’s individual community support plan based on the diagnostic and functional assessment within 30 days after the first meeting with the eligible child/adult
- Review and update, in writing, the functional assessment at least every 180 days (every 90 days recommended) or more often if significant changes
- Attempt to meet the child and adult every 30 days (or as least once between 30 and 90 days as specified in the adult’s individual community support plan – exception, not norm)
- Meet with the child’s parents upon request for assessment activities (consistent with plan)
- Involve special mental health consultants as necessary in assessing the needs of a child of minority race or minority ethnic heritage
- At least six months before the child’s 18th birthday, assist the child, as appropriate, the child’s parents or legal representative in assessing the child’s need for continued mental health and case management services
- Determining intensity of case management services/assist with re-eligibility determination/DA/planning for ‘graduation’ from case management services
- Screen/assess whether lifestyle health variables (e.g., sleep, nutrition, exercise) are enhancing or undermining client’s physical and/or social-emotional functioning
- Screen/assess access to basic routine health care, and follow up on recommended physical health care
- Coordination/input with other providers, resources, client’s network relating to assessment
- Documentation of assessment services
- Case manager assessment activities in adult civil commitment process that may be reimbursable as MH-TCM (see DHS Bulletin 09-53-01 attachment)
- Provider travel (not transporting of client) to client appointment
- Provider travel for meeting with other providers/relatives/resources for assessment

B. Service Plan Development

- Complete a written functional assessment and develop the child’s individual family community support plan and the adult’s individual community support

plan based on the diagnostic and functional assessment within 30 days after the first meeting with the eligible child/adult

- Review and update IFCSP and ICSP at least every 180 days (every 90 days recommended)
- Attempt to meet the child and adult every 30 days (or as least once between 30 and 90 days as specified in the adult's individual community support plan – exception, not norm)
- Meet with the child's parents upon request for service plan development activities (consistent with plan)
- Document in the child and adult records which services are not available
- Actively participate in discharge planning
- Address the need for transition services (adolescent to adult system)
- Participate in court involvement related to IFCSP or ICSP
- Participate in child's educational planning
- Determining intensity of case management services/assist with re-eligibility determination/DA/planning for 'graduation'
- Advise of right to appeal
- Coordination/input with other providers, resources, client's network relating to plan development
- Monitoring and recording outcomes
- Documentation of planning services
- Case manager planning activities in adult civil commitment process that may be reimbursable as MH-TCM (see DHS Bulletin 09-53-01 attachment)
- Provider travel (not transporting of client)
- Provider travel for meeting with other providers/relatives/resources for planning

C. Referral and linkage

- Referral and coordinate mental health services across systems of care, including services of other agencies
- Attempt to meet the child and adult every 30 days (or as least once between 30 and 90 days as specified in the adult's individual community support plan – exception, not norm)
- Meet with the child's parents upon request for referral and linkage activities (consistent with plan)
- Use of a special mental health consultant to address the cultural needs of the client
- Arrange for a standardized assessment by a medical provider of the side effects related to administration of psychotropic drugs for children and adults
- Provide appeal information of case management services for denying, reducing, suspending or terminating case management services
- Arrange for interpreter services
- Arrange for medical transportation
- Arrange and coordinate medical treatment and services
- Coordination/input with other providers, resources, client's network relating to referral and linkage
- Documentation of referral and linkage services
- Case manager referral and linkage activities in adult civil commitment process that may be reimbursable as MH-TCM (see DHS Bulletin 09-53-01 attachment)
- Provider travel (not transporting of client)
- Provider travel for meeting with other providers/relatives/resources for referral

D. Monitoring and Coordination

- Monitor and revise outcomes as specified in IFCSP and ICSP at least every 180 days (every 90 days recommended)
- Attempt to meet the child and adult every 30 days (or as least once between 30 and 90 days as specified in the adult's individual community support plan – exception, not norm)
- Meet with the child's parents upon request for monitoring and coordination activities (consistent with plan)
- Identify barriers preventing client from accessing health care services
- Observe signs and symptoms of physical and/or psychological distress or marked changes
- Documentation of monitoring and coordination services
- Coordination with other providers, resources, client's network relating to monitoring and coordination
- Monitoring and recording outcomes
- Case manager monitoring activities in adult civil commitment process that may be reimbursable as MH-TCM (see DHS Bulletin 09-53-01 attachment)
- Provider travel (not transporting of client)
- Provider travel for meeting with other providers/relatives/resources for monitoring

Non-qualifying services toward the "tiered reimbursement" time (not meant as an all inclusive list)

- Initial **Eligibility/financial/fee assessment** service description (before the individual is determined to be eligible for MH-TCM)
- Outreach (case finding) – Non client specific
- Provision of other mental health services – This may be reported under a different BRASS Service
- Transporting of client – Activity **Transportation**
- Supervision/clinical supervision

Other guidance

- Don't use activity "Consultation" as a "tiered reimbursement" qualifying time
- Use activities "Coordination" or "Collateral Contact" for communication with other providers, client's social network, other resource providers
- Don't report communication/case consultation with co-workers as a "tiered reimbursement" qualifying time.

NOTE: DHS SSIS and DHS CMHS are considering adding a SSIS activity "Clinical Supervision" for clarity with activity "Supervisor Contact". These two activities have distinct meanings. MH-TCM requires clinical supervision by a mental health professional; and this need to be documented. A MH-TCM case manager's supervision may or may not be the case manager's clinical supervisor. Your thoughts and suggestions would be appreciated. Neither of these activities applies as a "tiered reimbursement" qualifying time.