**Category:** Utilization Management

**Code:** UM 2.0 Attach P TCM

**Subject:** Targeted Case Management (TCM) Level of Care Guidelines

**Purpose:** The purpose of this policy is to describe the criteria used by BHP in medical necessity determinations for TCM services.

**Policy:** BHP Care Management (CM) staff use the following level of care guidelines for TCM when completing medical necessity determinations.

**Please refer to the enrollee's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the enrollee's benefit plan or certificate of coverage, the terms of the enrollee's benefit plan document will govern.**

***Benefits must be available for healthcare services. Healthcare services must be ordered by a physician, physician assistant, nurse practitioner, or behavioral health practitioner. Healthcare services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.***

**BACKGROUND:**

Mental Health-Targeted Case Management services (M.H.-T.C.M.) is a covered benefit for FV-IHN, PMAP and may be a covered benefit for MNCare or MNSure plans. If there is a question about whether TCM is a covered benefit, the member's plan should be reviewed.

BHP does not require prior authorization for admission to M.H.-T.C.M. services, but does require that the practitioner be credentialed and that the practitioner notify BHP upon accepting a patient for M.H.-T.C.M services. For patients with PMAP or MNCare plans, BHP requires that the services be provided in compliance with DHS guidelines for M.H.-T.C.M.

DHS views the role of the MH-TCM Case Manager as primarily "brokering" services for the patient, and when indicated for the patient's caretakers. M.H.-T.C.M. services should focus, according to this model, on the delivery of four core services: assessment, planning, referral and linkage, and monitoring. The services may not include activities that are not approved by DHS for M.H.-T.C.M. services, such as directly providing therapy or transporting the patient or family. Referring for therapy, or helping the patient/family obtain transportation are acceptable services provided by the Case Manager.
BHP recommends using the DHS-recommended assessment tools to assist with diagnosis and treatment planning for M.H. T.C.M. services.
If the patient has other coverage than PMAP or MNSure with M.H.-T.C.M. as a covered benefit, BHP requires the following for authorization:

I. Admission Guidelines:

1. For child M.H.-T.C.M., the patient is under 18 years of age;
2. If the patient is an adult, the pt is not residing in a nursing home unless there is a plan for discharge within 180 days and M.H.-T.C.M. services are necessary to help with discharge planning.

3. A comprehensive Diagnostic Assessment (D.A.) has been completed within 180 days of initiating M.H.-T.C.M. services and include the following A-C:

    A. The D.A. must include a specific statement referring the patient to M.H.-T.C.M. services and why these services are necessary, including specific problems that require the "brokering" services of M.H.-T.C.M.;

    B. The D.A. also includes a specific statement about whether the patient has a severe symptoms and impairments as a result of an emotional disturbance, and has significantly impaired home, school/work or community functioning that has lasted at least one year or that presents substantial risk of lasting at least one year

    C. If a D.A. was not completed within 180 of initiating M.H.-T.C.M. services, one must be completed within 120 days of initiating services.

II. Continued Stay Guidelines:

1. For children, the patient continues to be under 18 years old;

2. A D.A. must be completed every 3 years. If a new D.A. has been completed since the last review by BHP, a copy of this document must be provided for the current review.

3. The M.H.-T.C.M. practitioner provides a BHP treatment plan that documents continued severe symptoms and functional impairments;

4. The treatment plan documents "brokering" services that address the patient's current treatment needs;

5. The treatment plan documents whether the Case Manager has coordinated services with other practitioners involved in the patient's care, including, but not limited to: primary medical provider, individual or family therapist, psychiatrist, and school staff.

III. Discharge Guidelines:

1. The patient is no longer 18, or is over 18 years of age but is not eligible to continue MH-TCM under the DHS transition-age youth criteria.
2. The patient is no longer documented with severe symptoms and functioning impairments.

3. If there is mutual agreement between the Case Manager and the patient, and when appropriate the parents, that M.H. –T.C.M. treatment goals have been met. This usually will involve a combination of reduced symptoms and impairments and completion of "brokering" activities by the Case Manager.

4. There has been no face-to-face contact between the Case Manager and the patient for 90 consecutive days because the patient, or in the case of a child, the child and/or parent, has failed to keep M.H.-T.C.M. appointments or has refused to meet with the Case Manager.

**Regulatory / External References: NCQA UM 2.0. Chapter 62M.**

1. http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_058050#

2. DHS MHCP Provider Manual, Adult Mental Health Targeted Case Management, accessed online on 2-14-14,

3. http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_167409#

**Internal References:** Richard Sethre PsyD LP, Quinn McBreen LADC

**Source**: PreferredOne, BHP

**Date Effective: 03/01/2014**

**Date Revised: 03/01/2014**

**Date Evaluated by Clinical Team: April 2014, December 2014, April 2015, December 2015, March 2016, December 2016, December 2017**

## Revision Tracking

| **Date Revised** | **Revision Type**<br>List all applicable:<br>- Minor changes (Use this when changes are related to staff titles, names of reports or systems, etc).<br>- Change in process/procedure<br>- Change in requirements<br>- New attachments or forms added<br>- Updated documentation to clarify policy<br>- Other | **Details of Revision Made** |
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