

Targeted Case Management- TCM		CBI Workgroup Final 4-14-21
CPT/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	Fund Source
T1017 / T1017 SE	Targeted Case Management	<input checked="" type="checkbox"/> State Plan <input checked="" type="checkbox"/> Healthy MI <input checked="" type="checkbox"/> EPSDT
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Services designed to assist and support a consumer diagnosed with or being assessed for a mental health disorder, to gain access to needed medical, social, educational, and other services as well as provide care coordination and care transition services, including: <ul style="list-style-type: none"><li>• <b>Assessing service needs</b>-gathering consumer history/collateral info, treatment needs.</li><li>• <b>Treatment/Service plan development</b>-specifying goals and actions to address consumer needs, ensuring participation, identifying a course of action; includes transition plan development.</li><li>• <b>Referral</b> and related activities to obtain needed services-arranging initial appointments for consumer with service providers/informing consumer of services and/providing contact information for available services; working with consumer/collaterals to secure access to services; including contacting agencies for appointments/services after initial referral process; and</li><li>• <b>Monitoring and follow-up</b>-contacting consumer/others to ensure consumer is following the agreed upon service or transition plan and monitoring progress and impact of plan.</li></ul>	<b>Claim/SAL Technical Requirements:</b> <ol style="list-style-type: none"><li>1. Date of service</li><li>2. Start and stop time: duration of session (total face to face)</li><li>3. Session setting/place of service</li><li>4. Mode of treatment, face to face, non-face to face during COVID-19 telehealth expansion</li><li>5. Signature date, degree/credential</li><li>6. Separate progress notes for each encounter</li></ol> <b>Documentation Requirements:</b> <ol style="list-style-type: none"><li>1. Progress note</li><li>2. Assessment</li><li>3. IPOS</li></ol>	
USAGES:		
<b>Allowed Usages:</b> Assessment write-up and development of IPOS.		
<b>Non-Allowed Usages:</b> <ul style="list-style-type: none"><li>• Collateral contacts are indirect time/activity non-billable.</li></ul>		
NOTES:		
<ul style="list-style-type: none"><li>• Case management does not include time spent transporting the consumer to required services/time spent waiting while the patient attends a scheduled appointment.</li><li>• T1017 SE used for short term monitoring in nursing home setting.</li><li>• Typically, case management may not be reported for the time of other Medicaid-covered services (e.g., medication reviews, skill building) are occurring. However, in cases where a per diem is being paid for a service – e.g. CLS and Personal Care – it is acceptable to report units of case management for the same day.</li><li>• <u>Same-Time reporting:</u> Face-to-face interactive Case Management monitoring (T1016/T1017) can be reported at the same time as in-home service such as community living support and personal care, and certain day-time activity services (clubhouse, supported employment, prevocational service, skill building, community activities). Professionals and specialty providers will report treatment plan monitoring (H0032-TS) at the same time that the consumer is receiving the service for which they are being monitored in the above settings. The consumer must be present and have at least 15 minutes of interaction with the case manager/supports coordinator for the monitoring activity and the service being monitored to be reported at same time.</li></ul>		

<b>BENEFIT BOUNDRIES</b>		
Typically, TCM may <u>not</u> be reported for the time other Medicaid covered services are occurring (i.e. medication reviews, skill building).		
<b>ALLOWED MODIFIERS</b>	<b>UNIT</b>	<b>MODE(S) OF DELIVERY</b>
SE= Monitoring in Nursing Home	<input checked="" type="checkbox"/> 15-minute unit, recommended auth 36 units per six months	<input checked="" type="checkbox"/> Face to face <input checked="" type="checkbox"/> Telehealth
<b>STAFF REQUIREMENTS</b>		
<input checked="" type="checkbox"/> Qualified Intellectual Disability Professional (QIDP) <input checked="" type="checkbox"/> Qualified Mental Health Professional (QMHP) <input checked="" type="checkbox"/> Nursing Home= See specific qualifications		
<b>PLACE OF SERVICE (POS)</b>		
<input checked="" type="checkbox"/> Telehealth (02), <input checked="" type="checkbox"/> Office (11), <input checked="" type="checkbox"/> Home- private residence (12), <input checked="" type="checkbox"/> Group Home (14), <input checked="" type="checkbox"/> CMHSP (53), <input checked="" type="checkbox"/> other (99) <input checked="" type="checkbox"/> school (03) <input checked="" type="checkbox"/> Nursing Home (32) <input checked="" type="checkbox"/> Assisted Living Facility (13)		