

**Provider Instructions: Targeted Case Management (TCM) Wait List Management
Integrated Process for APS Healthcare and DHHS & Assessment Tool Requirements
Revised 10/1/09**

Summary:

APS Healthcare and DHHS have developed an integrated process of Targeted Case Management (TCM) wait list management to reduce provider administrative burden and to improve real-time data access for consumers, providers and DHHS. Real-time wait list data will also result in improved access to care and shorter wait times for MaineCare members. Providers will use APS CareConnection® to submit and update wait list information for children referred for TCM services. APS Healthcare will create and post reports for DHHS, providers and members that provide up-to-date wait list information and status for TCM services statewide.

In addition, CAFAS and CHAT Scores will be required as part of the utilization review process for TCM, with APS Healthcare.

1. No CAFAS or CHAT Scores are required for the Registration
2. CAFAS is required only for TCM for children with mental health needs.
3. The CHAT is required only for TCM for children with MR/developmental disabilities
4. The Registration authorized days will change from 90 days to 30 days.
5. CAFAS Scores will be required at the submission of each Continued Stay Review for TCM Services.

Provider Process:

On 7/1/09, providers will discontinue the TCM referral wait list and service reporting to DHHS.

Providers will **discontinue:**

1. TCM Referral Form to DHHS
2. Monthly review of active TCM client reports for DHHS
3. All submission of Change of Status forms for TCM to DHHS.
4. Providers will discontinue submission of CAFAS Scores separately to DHHS.
(Providers will continue to submit the CHAT- DHHS scoring sheet to the Office of Quality Improvement)

Effective 7/1/09:

1. Providers will discontinue the existing DHHS TCM Wait list process and reporting requirements (described above).
2. Providers will have 5 business days to submit Contact for Service Notifications to APS for every member on their wait lists as of 7/1/09.
 - a. The "auth" start date is the date of referral.

- b. If the referral date is greater than 15 days earlier, call APS Provider Relations and request for the auth start date to be set to the actual referral date.
3. As of 7/1/09, providers will submit a Contact for Service Notification for every newly referred member.
4. Providers will discontinue submitting CAFAS tools directly to DHHS.
5. Providers will continue to submit the CHAT- DHHS scoring sheet to the Office of Quality Improvement.
6. Providers will begin submitting CAFAS or CHAT scores for every Continued Stay Review to APS Healthcare.

The APS-DHHS TCM Wait List Management process for providers is as follows:

1. At time of referral for TCM services, provider submits a Contact for Service Notification:
 - a. The Contact for Service Notification “auth” start date is the date of referral.
 - b. A Contact for Service Notification submission is required for members referred to TCM. The Contact for Service Notification is required if the member must wait for service 1 or more days. A Contact for Service Notification is not required if they are assigned a Case Manager the same day that they are referred.
2. Every 30 days that a child remains on a wait list, the provider must create a new Contact for Service Notification, (can be created using the COPY function) with a note to update the current status of the child, any referrals that have been made on behalf of the child, and expected assignment date at the agency.
 - a. In the Services Requested page, select the service “T1017 30 Day Wait List Update Note”.
 - b. Enter the update note on the “Additional Information” page in APS CareConnection® in the text field.
3. When a child is assigned a case manager, the provider submits a registration to APS Healthcare.
 - a. Create the registration by using the COPY function in APS CareConnection®. COPY from the last dated CFSN.
 - b. The Registration Authorization start date must be the date of the first billable contact.
4. If the child is removed from the wait list without being assigned, the provider submits a Discharge from the **VERY FIRST** dated Contact for Service Notification. Do not discharge the “30 day TCM Wait List Update Notes”. The provider must report in the Discharge: the reason that the child is removed from the wait list, any referrals that were made, and the living situation of the child at time of discharge.

Instructions to Enter the Contact for Service Notification in APS CareConnection®

- For **MaineCare Members** with current eligibility, use the Contact for Service Notification Authorization Type in APS CareConnection®.
 - For **consumers who are without a current MaineCare number or who are not currently eligible**, submit the Contact for Service Notification using the *Initial Courtesy Review* Authorization Type with the procedure code for “Non-MaineCare Contact for Service Notification” If there is no MaineCare number begin the review by using a “0” (zero) in place of the MaineCare number.
1. In APS CareConnection®, on the Administrative page:
 - a. The “Start Date for Current Authorization Request” must be the date of the consumer’s first contact for service.
 - b. The “Date of Referral” is the date the consumer was first referred to your agency (it may be the same as the consumer’s first contact for service).
 2. At the Requesting Agency page: Fill in the name of the Agency, your name and phone number, and your e-mail address. Click “Yes” to indicate that this agency is the treating provider. Click “Save and Continue”.
 3. Click on the Services Requested tab on the left.. Click on “Add New Procedure Request”. Choose the appropriate service code, frequency, provider billing ID and accept the default days (730) and units (1). Click into the Service Length box and Tab down to calculate end date.
 4. Available Contact For Service Notification codes for members without MaineCare:
 - CFSNT1017UC Non-MaineCare Contact for Service – TCM-BH
 - CFSNT1017UD Non-MaineCare Contact for Service – TCM-DD
 5. Click Save, and “Save and Continue” at the top of the page.
 6. Go to the “Submit to APS” page on the tabs at the left. Make sure to click the blue “Submit to APS” button in the center.
 7. Every 30 days that a child remains on a wait list, the provider must create a new Contact for Service Notification, (can be created using the COPY function) with a note to update the current status of the child, any referrals that have been made on behalf of the child and expected assignment date at the agency.
 - In the Services Requested page, select the service “CFSNT1017 Non-MaineCare TCM 30 Day Wait List Update Note”
 - a. Enter the update note on the “Additional Information” page in APS CareConnection® in the text field.
 8. When a child without MaineCare eligibility is assigned a case manager, the provider submits an Initial Courtesy Review (ICR) to APS Healthcare.
 - a. Create the ICR by using the COPY function in APS CareConnection®. COPY from the last dated CFSN.
 - b. The authorization start date must be the date of the first billable contact.

9. If the child is removed from the wait list without being assigned, the provider submits a Discharge from the **VERY FIRST** dated Contact for Service Notification. Do not discharge the “30 day TCM Wait List Update Notes”. The provider must report in the Discharge, the reason that the child is removed from the wait list, any referrals that were made and the living situation of the child at time of discharge.

Instructions to Document Case Manager and Guardian Info in APS CareConnection®

1. Documenting TCM Case Managers contact info in APS CareConnection®:
 - a. For every request for an authorization for TCM Services in the Continued Stay Request, the provider must submit the name of the Case Manager, along with their phone number, email address and supervisor name in the APS CareConnection® Request. (Note- this information is not required for the Contact for Service Notification)
 - b. This information must be entered in the following location in the Continued Stay Request in the “Requesting Agency” Page:
 - i. First and last names of the Case Manager are entered into the “Requesting Staff First Name” and Requesting Staff Last Name” fields. Note: These fields will auto populate with the correct names if Case Manager has logged into CareConnection to complete the review online.
 - ii. “Requesting Staff Phone” for the Case Manager’s phone number.
 - iii. “Requesting Staff email” for the Case Manager’s email address
 - iv. “Utilization Manager/Supervisor Name” for the Case Manager’s supervisor’s name
 - v. “Utilization Manager/Supervisor Phone” for the Case Manager’s supervisor’s phone
 - vi. “Utilization Manager/Supervisor email” for the Case Manager’s supervisor’s email address
 - vii. Note: These fields will only need to be completed once, as they will copy forward when the EXT function is used in APS CareConnection® to create a Continued Stay Review.
 - viii. If a new case manager is assigned, this information must be updated at the time of the next Continued Stay Review.
 - c. A regular report will be issued from APS Healthcare to CBHS of the names and contact information of Case Managers and their supervisors.
2. Documenting Guardian Information in APS CareConnection®
 - d. The “Guardian Information” page in APS CareConnection® must be fully completed for each Continued Stay Review.
 - e. Note: These fields will copy forward when the EXT function is used in APS CareConnection® to create a Continued Stay Review.

Assessment Tool Requirements for TCM-Behavioral Health Providers

1. CAFAS Requirements:
 - a. TCM Registration authorization will be 30 days
 - b. CAFAS will be required for all TCM Continued Stay Requests
 - c. The CAFAS is on both the Symptoms/Behaviors page and in the Discharge page in APS CareConnection®.
 - d. DHHS will continue providing CAFAS training to providers
 - e. DHHS will continue providing CAFAS forms to providers
 - f. The CAFAS is copyright protected- as a result, forms must be used with each administration of the tool.
 - g. When entering the CAFAS scores into APS CareConnection®, CAFAS Rater ID must be entered into the Rater ID field.
 - h. Submit the date that this CAFAS was completed in the date field named "Date LOCUS Completed (most recent)." Even though this field is labeled "LOCUS" it will be reported to DHHS as a CAFAS completed date.

2. CHAT Requirements for TCM for children with Developmental Disabilities:
 - a. TCM Registration authorization will be 30 days
 - b. CHAT will be required for all TCM Continued Stay Requests
 - c. The CHAT score must be submitted in the Additional Information page.
 - d. Submit the date that this CHAT was completed.
(Providers will continue to submit the **CHAT**- DHHS scoring sheet to the Office of Quality Improvement)
 - e. A TCM for children with Developmental Disabilities review will be "held for more information" if the CHAT is absent.

DHHS Process

DHHS staff will monitor the TCM wait list and ensure timely access to care for children with a medically necessary need for the service. They will:

1. Monitor provider notes in Contact for Service Notifications in APS CareConnection® about children on TCM wait lists.
2. Ensure that providers are keeping current notes in APS CareConnection® about the status of children waiting for TCM services.
3. Contact providers about children waiting beyond critical thresholds for services.
4. Work to ensure that children and families are aware of other providers in their community who may have shorter waiting times for service.

Budget Initiative Defined CAFAS and CHAT Level of Care Criteria for TCM

1. TCM is for up to thirty (30) days from the date of the first billed encounter if the 8 scale CAFAS score is 50 or less.
2. TCM may continue beyond thirty (30) and up to ninety (90) days from the date of the first billed encounter if the 8 scale CAFAS score is at least between 51 and 70.
3. TCM is for up to thirty (30) days from the date of the first billed encounter if the CHAT score is 25 or less.
4. TCM may continue beyond thirty (30) and up to ninety (90) days from the date of the first billed encounter if the CHAT score is at least between 26 and 35.
5. Clinical information should, as always, be included in the Continuing Stay Review for consideration in addition to the CAFAS and CHAT scores above as the scores are not the sole criteria for review. This information can be detailed in the Additional Information section and may include such information as caregiver/family/social/living conditions and other clinical factors that may not otherwise be captured in the CAFAS or CHAT.
6. Extent of Continuing Stay in TCM if the 8 scale CAFAS is above 70 or CHAT score is above 35 will depend upon information submitted for the Continuing Stay Review.

DHHS Defined Process for TCM providers:

- ✓ The start date for service is considered to be the date of the first billed encounter.
- ✓ The TCM provider will utilize a score from any provider of services who administered the tool within 60 days of the date of the start of service.
- ✓ If there is no score from another provider, the TCM shall administer the tool within the first ten (10) business days from the start date.
- ✓ TCM will advise the family/youth when first contacted about TCM services and the time limitations on service based on the functional need.
- ✓ The TCM will also advise that a standardized tool score would establish a presumption of the level of care for the service but that additional clinical information may be considered as well as the possibility of re-administration of the tool if clinically indicated. As soon as a score is available, the TCM will advise the family/youth as to the service time limitation as it applies to the family/youth.
- ✓ If a score indicates that the time frame for TCM will be thirty (30) days, the TCM will prioritize assisting with referral and connection to the needed supports and services. A brief assessment and plan should be included in the client chart. (See below) A brief discharge summary will reference progress and plans for other services and supports needed to meet ongoing needs.
- ✓ Progress notes will be kept as usual.
- ✓ If a score indicates that the time frame for TCM will exceed thirty (30) days, the TCM will complete the standard Comprehensive Assessment and Individualized Service Plan within the expected time frames. Other standard documentation will be completed.

- ✓ If circumstances change at any time that justify re-administration of a tool, the TCM or provider shall administer the tool at the earliest possible date and continue with the TCM service within timeframes as indicated above.

Brief Assessment for Thirty (30) Day Service

The Brief Assessment should be in a written form and included in the client chart. There is no mandatory form.

The Brief Assessment should be titled as such with at least the client name, date of birth and parent/guardian name.

The Brief Assessment should include at least:

- A brief history of the issue(s) presented as the reason for referral to TCM;
- The DSM IV TR or DC 0-3R diagnoses;
- Reference to any issues involving safety or potential need for crisis services; and
- Reference to any issues requiring additional assessment by other providers.

Brief Individual Service Plan for Thirty (30) Day Service

The Brief Individual Service Plan (BISP) should be in a written form and included in the client chart. There is no mandatory form.

The BISP should be titled as such with at least the client name, date of birth and parent/guardian name.

The BISP should include at least:

- A brief statement of the issue(s) presented as the reason for the referral to TCM;
- A brief statement of member/family strengths and needs related to the reason for referral;
- Goals to be achieved in relation to the reason for referral;
- Action steps (e.g. referral to services, supports and other TCM related tasks).
- A crisis plan if needed; and
- Discharge/Transition plan (plans for other services and supports needed to meet ongoing needs).

The BISP should be signed and dated by the Case Manager and the member/parent and/or guardian as appropriate. Copies should of the BISP and Crisis Plan, if needed, should be provided to the member/parent and/or guardian as appropriate.