

TARGETED CASE MANAGEMENT
T1017 & T1017 CM

1.	Does the documentation demonstrate that the consumer met medical necessity criteria for T.C.M. the authorization period under review? (Note: If Question #1 is scored 0, then all remaining questions will be scored 0.)	1	0		
2.	Is there a current Service Plan for T.C.M. that demonstrates participation by Physician/Psychologist (start and stop times) and Consumer including all required signatures and credentials? OR When only TCM is provided, is there a T.C.M. service plan signed by the Targeted Case Manager? (Note: If Question #2 scores zero, all remaining questions will score zero.)	1	0		
3.	Does the plan demonstrate participation by all required team members, including members from other agencies involved in behavioral health care of the consumer (start and stop times) including all required signatures and credentials? OR If only T.C.M. is provided, is there a service plan developed with the Targeted Case Manager and the consumer present?	3	0		
4.	Is there a T.C.M. enrollment form signed by the consumer or guardian as well as the agency representative found within the clinical record?	1	0		
5.	Is there a treatment monthly face-to-face activity that occurs with the consumer? (i.e. Professional Therapy, Medication Management, Supportive Counseling, etc)	3	2	1	0
6.	Does the T.C.M. progress notes contain the following: <ul style="list-style-type: none"> • Start/Stop times • Date of the service • Location of the service • Practitioner's signature w/ appropriate credentials (Note: if there is no signature with appropriate credentials, questions #6 through #13 all score 0 for those notes.)	3	2	1	0
7.	Is there documentation of a face-to-face meeting that documents a valid T.C.M. activity at least once every 90-days conducted by the Targeted Case Manager?	1	0		
8.	Do the content of the T.C.M. notes identify that a valid T.C.M. activity was completed? (Note: If question #8 scores 0, questions 6, 7, 9, 10, 11, 12, and 13 also score 0.)	3	2	1	0
9.	Is the correct T.C.M. activity (i.e. assessment, linkage/referral, etc) identified within the documentation?	3	2	1	0
10.	Do the T.C.M. notes correctly identify the type of contact (i.e. face-to-face, phone, etc) provided?	3	2	1	0
11.	Do the T.C.M. progress notes identify the purpose (why the	3	2	1	0



	activity needed to be completed) of the activity?				
12.	Do the T.C.M progress notes identify the outcome (end result of the activity) of the activity?	3	2	1	0
13.	Do the T.C.M. progress notes relate back to the service plan?	3	2	1	0
14.	Does a comprehensive review of the current clinical status substantiate that medical necessity is met for continued stay?	3	0		

Total Score _____ [Possible 34]