



TARGETED CASE MANAGEMENT T1017 & T1017 CM
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Provider:		Provider's Consumer ID:	
Consumer Soc. Sec.#:		Consumer Medicaid #:	
Review Date:		Reviewer Name:	
Consumer Name:			

1.	Does the documentation demonstrate that the member met medical necessity/eligibility criteria for T.C.M. during 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 T.C.M. Service Plan that demonstrates participation signed by the Targeted Case Manager and Member? (Note: If Question #2 scores zero, all remaining questions will score zero.)	1	0		
3.	Is there a T.C.M. enrollment form signed by the member or guardian as well as the agency representative found within the clinical record?	1	0		
4.	Is there a valid T.C.M. activity that occurs every 30 days with the member?	3	2	1	0
5.	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 • Service Code and/or Descriptor (Note: if there is no signature with appropriate credentials, questions #6 through #13 all score 0 for those notes.)	3	2	1	0
6.	Is there documentation of a face-to-face, valid T.C.M activity that occurs at least once every 90-days conducted by the Targeted Case Manager?	1	0		
7.	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
8.	Is the correct T.C.M. activity (Needs Assessment/ Reassessment, Development & Revision of TCM Service Plan, Referral & Related Activities and Monitoring & Follow Up) identified within the documentation?	3	2	1	0



9.	Do the T.C.M. notes correctly identify the type of contact (i.e. face-to-face, phone, telehealth, etc.) provided?	3	2	1	0
10.	Do the T.C.M. progress notes identify the purpose (why the activity needed to be completed) of the activity?	3	2	1	0
11.	Do the T.C.M progress notes identify the outcome (end result of the activity) of the activity?	3	2	1	0
12.	Do the T.C.M. progress notes relate back to the service plan?	3	2	1	0
13.	Does a comprehensive review of the current clinical status substantiate that medical necessity is met for continued stay?	3	0		

Total Score _____ [Possible 31]