



December 2005 **Targeted Case Management (TCM) Services**  
**Effective January 1, 2006**

**Medical Bulletin**  
**05-026**

**This bulletin supersedes the Targeted Case Management Handbook  
Dated 1999**

### **Provider Information**

TCM services are payable to Developmental Disabilities Division (DDD) Individually-selected Service Coordinators (ISC).

The ISC must have completed the certification process through the DDD and have an EqualityCare/HCBS Waiver case management provider number to be reimbursed for these services.

### **Client Eligibility**

TCM services are available for individuals that need services to: determine eligibility for the DD Adult Waiver, the DD Children's Waiver or the ABI Waiver; or obtain coordination of services while waiting for Waiver coverage.

TCM services are available to an individual regardless of whether they currently have EqualityCare benefits or not.

TCM services will no longer be covered as of the last day of the month the individual is determined to be clinically ineligible for Waiver services or the individual has received a funding opportunity letter.

### **Covered Services**

TCM services include arranging for psychological/neuropsychological assessments to determine eligibility and ISC assistance with other services coordination.



## Covered Services - Continued

Psychological Assessments are addressed in the bulletin titled *Psychological Services*, dated November 2005.

An ISC can provide and bill for the following functions:

**Gathering Information:** Assisting the individual to get necessary documentation such as medical records, psychological/neuropsychological assessment, etc. to enable DDD to determine eligibility.

**Writing the Targeted Case Management Plan of Care (POC):** Filling out the one-page TCM POC to send to the DDD for approval. This form is attached.

**Linkage:** Working with individuals and/or service providers to secure access to services. Activities include making telephone calls to agencies to arrange for appointments or services following the initial referral process, and preparing individuals for these appointments.

**Monitoring/Follow-up:** Contacting the individual or others to ensure that a client is following a prescribed service plan and monitoring the progress and impact of that plan.

**Referral:** Arranging initial appointments for individuals with service providers or informing individuals of services available, and addresses and telephone numbers of agencies providing services.

**Advocacy:** Advocacy on behalf of a specific individual for the purpose of accessing needed services.

**Crisis Intervention:** Crisis intervention and stabilization are provided in situations requiring immediate attention/resolution for a specific individual.

**Direct service such as transportation is NOT covered.**

## Payment Rate

T2023            \$8.00 per 15 minutes

Only complete 15-minute units are payable. Partial units are NOT covered.

A maximum of 30 hours/120 units (\$960.00) will be paid per plan year.

## **Prior Authorization**

Prior authorization is required for the above listed services by turning in the TCM POC to DDD at:

DDD/TCM  
Qwest Building, Suite 186E  
6101 Yellowstone Rd  
Cheyenne WY 82002

You will receive a notice of prior authorization in the mail from ACS once DDD has approved the plan.

**Post-payment reviews will be completed.**

## **Documentation Requirements**

The ISC is required to document the following information for reimbursement of TCM services:

- Date of service
- Start time of service
- End time of service
- Total billable units
- Type of service
- Description of service

A sample documentation form is attached for your use.

## **Billing**

Electronic billing for TCM services is required. If you are unsure of how to bill electronically, please contact ACS EDI at 1-800-672-4959.

Use the assigned case management provider number when billing TCM services. If a CM has a separate TCM provider number ending in a 3, this number will be closed and should not be used.

## **Questions**

If you have questions concerning this information, please contact Beverly Swistowicz with DDD at 307-777-3321.

The Targeted Case Management Plan of Care can be received electronically by downloading it from the DDD website at <http://wdh.state.wy.us/DDD>.

## Log of TCM Services

Name of Person Served: \_\_\_\_\_ SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_\_

Provider: \_\_\_\_\_

Month/Year of Service: \_\_\_\_/\_\_\_\_

**TCM will only reimburse complete 15 minute units, partial units are not reimbursable.**

Date:	Time start/Time Stop:	Total Billable units: (15 min units)	Type of Service:	Description of Services:
			<input type="checkbox"/> Gathering <input type="checkbox"/> Monitoring <input type="checkbox"/> Referral <input type="checkbox"/> Advocacy <input type="checkbox"/> Crisis <input type="checkbox"/> Intervention	
			<input type="checkbox"/> Gathering <input type="checkbox"/> Monitoring <input type="checkbox"/> Referral <input type="checkbox"/> Advocacy <input type="checkbox"/> Crisis <input type="checkbox"/> Intervention	
			<input type="checkbox"/> Gathering <input type="checkbox"/> Monitoring <input type="checkbox"/> Referral <input type="checkbox"/> Advocacy <input type="checkbox"/> Crisis <input type="checkbox"/> Intervention	
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			<input type="checkbox"/> Gathering <input type="checkbox"/> Monitoring <input type="checkbox"/> Referral <input type="checkbox"/> Advocacy <input type="checkbox"/> Crisis <input type="checkbox"/> Intervention	
			<input type="checkbox"/> Gathering <input type="checkbox"/> Monitoring <input type="checkbox"/> Referral <input type="checkbox"/> Advocacy <input type="checkbox"/> Crisis <input type="checkbox"/> Intervention	

**Total Billable Units:** \_\_\_\_\_ **Total Reimbursement requested:** \_\_\_\_\_

**Date submitted to ACS:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## TARGETED CASE MANAGEMENT Plan of Care (1/06)

Adult DD Waiver     Children's DD Waiver     ABI Waiver  
 Individual current Medicaid recipient (TCM)  
 Individual currently not Medicaid recipient (SCM)

<b>PERSON SERVED</b> Legal Name: Address:	Date of Birth: Social Security Number: Phone Number: Emergency Phone #:
<b>Legal Guardian:</b> No [ <input type="checkbox"/> ] Yes [ <input type="checkbox"/> ] Full [ <input type="checkbox"/> ] Limited [ <input type="checkbox"/> ] Name: Address:	Purpose: Relationship: Phone Number: Court order in Master file: Yes___ No ___ N/A ___
<b>Conservator:</b> No [ <input type="checkbox"/> ] Yes [ <input type="checkbox"/> ] Name: Address:	Relationship: Phone Number:
<b>Payee:</b> No [ <input type="checkbox"/> ] Yes [ <input type="checkbox"/> ] Name: Address:	Relationship: Phone Number:
Date ISC is selected by applicant:	
<b>Individually-Selected Service Coordinator (ISC):</b> Name:	ISC Organization: ISC Telephone #
Medicaid ID Number : 06- _____	Additional Insurance:

**Targeted Case Management ends the month the individual is found clinically ineligible or the month the individual receives a funding opportunity letter.**

Attach signed Notice of Choice form and ISC listing.

**Services:**

Gathering Information – Assisting the individual to get necessary documentation such as medical records, psychological/neuropsychological assessments.

Linkage – Working with the individual and/or service providers to secure access to services. Activities include making telephone calls to agencies to arrange for appointments or services following the initial referral process, and, preparing individuals for these appointments.

Monitoring/Follow-up - Contacting the individual or others to ensure that linkage to other agencies was made.

Referral – Arranging initial appointments for clients with service providers or informing clients of services available, addresses, and telephone number of agencies providing services.



Advocacy – Advocacy on behalf of a specific individual for the purpose of accessing needed services.

Crisis Intervention – Assisting the individual to gain access to crisis services in situations requiring immediate attention or resolution.

**Targeted Case Management does NOT pay for direct services such as transportation to appointments**



Wyoming Department of Health  
Public Health Insurance Program



Pharmacy  
Group  
6530

## Important Changes! Please read!



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We're on the Web!

<http://wyequalitycare.acs-inc.com>