Targeted Case Management
Overview

• The Passport Behavioral Health Program provides members with access to a full continuum of recovery and resiliency focused behavioral health services through our network of contracted providers.

• The primary goal of the program is to provide medically necessary care in the most clinically appropriate and cost-effective therapeutic settings.

• By ensuring that all Passport members receive timely access to quality, clinically-appropriate behavioral health care services, we believe we can achieve our mission of improving the health and quality of life of our members.

• Passport Health Plan (Passport) has contracted with Beacon Health Strategies, LLC to assist in the authorization and provider reimbursement of behavioral health services.
Behavioral Health Program Philosophy

• To Improve the health and quality of life of our members.

• Enhance continuity and coordination with behavioral health care providers as well with physical health care providers.

• Establish innovative preventive and screening programs to decrease the incidence, emergence or worsening of behavioral health disorders.

• Ensure members and advocates receive timely and satisfactory service from the Passport network of providers and the Passport benefit administrator.

• Maintain positive and collaborative working relationships with network practitioners and ensure provider satisfaction.

• Responsibly contain health care costs.
The Clinical Approach

• We believe effective clinical programs always begin with the individual. We believe in recovery: consumers should live and thrive in the community, with family and friends, engaging in gainful activity.

• We drive value for members and support consumer recovery by increasing information flows, building care systems, and measuring outcomes across behavioral health, medical, social and medication domains.

• Analytics, informed by local knowledge and reality, drive better decision-making and meaningful improvement in health status.
Integrated Partner Model combines physical, behavioral and social systems of care

- After School Programs
- Rec. Programs
- Housing Services
- Mentoring Services
- Faith-based agencies
- On-site at health plan partner
- Behavioral Health clinicians co-located with Medical Management team
- Schools
- Mental Health
- Child Welfare
- Courts
- Medicaid
- DD/ID
- BH Specialists
- Primary Care
- BH in Medical Home
- Hospitals
- Diversionary Services
- Mobile Crisis Teams

Together, Passport and Beacon help provide **connective tissue** in a **fragmented system of care**.
Targeted Case Management Regulations

Targeted Case Management is an available service for Individuals with:

- Substance Use Disorders (SUD)

- Co-Occurring Mental Health Disorders for Chronic or Complex Physical Health Conditions (CCC)

- Severe Emotional Disability (SED)

- Severe Mental Illness (SMI)

Billable code for TCM is T2023. This code is billed as a monthly service.

Targeted case management can be provided by enrolled Kentucky Medicaid providers that meet Kentucky criteria for providing case management in the above regulations.
Adult Services

The Adult Targeted Case Management Program provides case management services for individuals diagnosed with severe mental illnesses, substance use disorders, co-occurring mental health disorders, and severe emotional disabilities.

Covered Services
The following services shall be covered as case management services when provided by a qualified case manager to a Medicaid eligible recipient in the target group;

• Assessment of the client
• Participation in development of the client’s service plan
• Referrals, linkage and coordination of Medicaid and non-Medicaid services
• Advocacy
• Monitoring
• Reassessment and follow-up
• Establishment and maintenance of case record crisis assistance planning

Excluded Activities
The following activities shall not be considered case management activities:

• The actual provision of mental health or other Medicaid covered services or treatments;
• Outreach to potential recipients
• Administrative activities related to Medicaid eligibility determinations; and Institutional Discharge Planning
Youth Services

The Child Targeted Case Management Program provides case management services for individuals diagnosed with severe mental illnesses, substance use disorders, co-occurring mental health disorders, and severe emotional disabilities. 


Covered Services

The following services shall be covered as case management services when provided by a qualified case manager to a Medicaid eligible recipients in the target group;

• A written comprehensive assessment of the child’s needs
• Arranging for the delivery of the needed services as identified in the assessment
• Assisting the child and his family in accessing needed services
• Monitoring the child’s progress by making referrals, tracking the child’s appointments, performing follow-up on services rendered, and performing periodic reassessments of the child’s changing needs
• Performing advocacy activities on behalf of the child and his family
• Preparing and maintaining case records documenting contacts, services needed, reports, the child’s progress, etc.
• Providing case consultation (i.e., consulting with the service providers/collateral’s in determining child’s status and progress); and
• Performing crisis assistance (i.e., intervention on behalf of the child, making arrangements for emergency referrals, and coordinating other needed emergency services.

Excluded Activities

The following activities shall not be considered case management activities:

• The actual provision of mental health or other Medicaid covered services or treatments;
• Outreach to potential recipients
• Administrative activities related to Medicaid eligibility determinations; and Institutional discharge planning
Who can bill Targeted Case Management?

• Multi-Specialty Groups (MSGs) and Behavioral Health Service Organizations (BHSOs) – Prior Authorization is required
• Community Mental Health Centers (CMHCs)- Prior authorization is not required for SED/SMI. Authorizations are needed for Co-occurring and Substance Use
• Providers need to bill as an approved provider type based on fee schedule.
Passport
Targeted Case Management
Medical Necessity Criteria
MCG Level of Care Criteria for TCM

- Clinical Indications for Procedure
- Alternatives to Procedure
- Evidence Summary
  - Background
  - Criteria
  - Inconclusive or Non-Supportive Evidence
- References
- Footnotes
- Codes

Clinical Indications for Procedure

- Targeted case management is necessary to reduce risk of readmission or assist in maintaining current living situation as indicated by ALL of the following (1)(2)(3)(4)(5)(6):
  - Patient has diagnosis of psychiatric disorder (by DSM-5 or ICD criteria) and ALL of the following (15)(17)(18):
    - Behavioral symptoms or conditions are present including 1 or more of the following (15)(17)(18):
      - Problem with cognition, memory, or judgment limiting ability to recognize risks posed by deficits (eg, personal danger)(19)(20)(21)
      - Psychiatric symptoms (eg, hallucinations, delusions, mania, agitation, depression, or anxiety)(22)(23)(24)(25)(26)
      - Behavioral Risk characteristics, such as impulsivity, unreliability, or agitation (27)
      - Comorbid substance use disorder with inability to control use, withdrawal symptoms, or negative impact on primary psychiatric disorder (6)(28)(29)
    - Significant dysfunction in daily living is present as indicated by 1 or more of the following (26)(28)(32)(33)(34)(35)(36):
      - Recently conflicted, withdrawn, or troubled relationships
      - Self-care frequently below usual or expected standards
      - Significant disturbance in vegetative status (eg, eating, sleeping habits)
      - Significant deterioration in ability to fulfill responsibilities (eg, work, commitments to significant others) or role functioning appropriate to age or development level
      - Ongoing and variably severe deficits in interpersonal relationships and ability to engage socially in constructive manner
  - Patient is at risk of recurrent psychiatric hospitalization or institutionalization as indicated by 1 or more of the following (10):
    - Patient has had 2 or more inpatient hospitalizations in past 2 years
    - Patient has required crisis or emergency services intervention 2 or more times in past 2 years.
    - Patient has had residential treatment admission of greater than 6 months duration in past 12 months.
    - Patient has had 2 or more years of severe and persistent psychiatric impairment
  - There are no exclusions to targeted case management- situation and expectations are appropriate for targeted case management as indicated by ALL of the following:
    - Recommended treatment is necessary and not appropriate for less intensive level of care (ie patient requires assistance in accessing services and documented behavior, symptoms, or risk is inappropriate for outpatient office care or traditional case management.)
    - Patient is assessed as not to be at risk of imminent danger to self or others.
    - Current primary treatments (eg, Pharmacotherapy), have been insufficient to manage targeted symptoms or behaviors (or patient requires targeted case management to maintain adherence with recommended treatment).
MCG Level of Care Criteria for TCM

- Targeted symptoms, behaviors and functional impairments related to underlying behavioral health disorder have been identified which are appropriate to targeted case management.

- Treatment plan addresses comorbid medical, psychiatric and substance use disorders, including coordination of care with other providers and community-based resources as appropriate.

- Treatment plan includes explicit and measureable recovery goals that will define patient improvement, with regular assessment that progress toward goals is occurring or that condition would deteriorate in absence of continued targeted case management.

- Treatment plan engages family, caregivers and other people impacted by and in position to affect patient behavior, as appropriate.

- Treatment intensity (i.e. number of hours per week) and duration is individualized and designed to meet the needs of the patient, and will be adjusted according to patient’s response to therapy and ability to participate effectively.

- Patient has sufficient ability to respond to planned treatment components.
ASAM Criteria for TCM for SUD

Outpatient Services

• This level encompasses organized outpatient treatment services which may be delivered in a wide variety of settings. In this level of services, addiction, mental health treatment, or general healthcare personnel, including addiction credentialed physicians, provide professionally directed screening, evaluation, treatment and ongoing recovery and disease management services. These services are provided in regularly scheduled sessions and follow a defined set of policies and procedures or clinical protocols.

  – Outpatient Services- Adult

  – Outpatient Services- Adolescent

  • Outpatient services are tailored to each patient’s needs and designed to help the patient achieve changes to drug use or addictive behaviors. Treatment must address major lifestyle, attitudinal and behavioral issues that have the potential to undermine the goals of treatment or to impair the individual’s ability to cope with major life tasks without the substance use or addictive behaviors.

  – Opioid Treatment Program (OTP) – Adult

  • Opioid Treatment Services (OTS) is an umbrella term that encompasses a variety of pharmacological and non-pharmacological treatment modalities, including the therapeutic use of specialized opioid agonist medications, such as methadone and buprenorphine, and opioid antagonist medications, such as methadone and buprenorphine, and opioid antagonist medications, such as naltrexone. OTS using opioid agonist medications are best conceptualized as services that can be provided with appropriate collaborations at many levels of care, depending on the patient’s status in Dimensions 1 through 6. Adjunctive non-pharmacological psychosocial interventions are essential and may be provided in a Level 1 Outpatient Opioid Treatment Program (OTP); in Office-Based Opioid Treatment (OBOT) with buprenorphine, buprenorphine, buprenorphine/naloxone, or naltrexone; or through coordination with other addiction and mental health treatment providers.
ASAM Criteria for TCM for SUD

Outpatient Services- Adult

Admission Criteria

- The patient who is appropriately admitted to this level is assessed as meeting specifications in all of the following six dimensions, and the level of care is the least intensive while still meeting treatment objectives and providing safety and security for the patient.
- **Dimension 1:** The patient has no signs or symptoms of withdrawal or withdrawal needs can be safely managed in this level setting.
  - *For OTP:* Physiologically dependent on opioids and requires OTP to prevent withdrawal
- **Dimension 2:** Biomedical conditions and problems are sufficiently stable to participate in outpatient treatment.
  - *For OTP:* None or manageable with outpatient medical monitoring
- **Dimension 3:** Status characterized by (a) or (b); and both (c) and (d):
  - No symptoms of co-occurring disorder or mild symptoms fully related to substance abuse and do not interfere with the ability to focus on addiction treatment; or
  - Psychiatric symptoms are mild and primarily related to substance use or other addictive disorder or co-occurring cognitive, emotional, or behavioral condition. Mental health monitoring is needed to maintain stable mood, cognition and behavioral and
  - Mental status does not preclude ability to 1) understand the information presented and 2) participate in treatment planning and treatment process; and
  - No risk to harm self or others and not vulnerable to victimization by another
  - *For OTP:* None or manageable in an outpatient structured environment
- **Dimension 4:** Characterized by (a); and one of (b) or (c) or (d):
  - Willingness to participate in treatment planning and attend all scheduled activities; and
  - Acknowledgement by patient of having a substance-related or other addictive disorder and/or mental health problem and wants help to change; or
  - Ambivalence about substance-related or other addictive disorder and/or mental health condition. Requiring monitoring and motivating strategies, but not a structured milieu program; or
  - Not recognizing a substance-related or other addictive disorder and/or mental health problem.
  - *For OTP:* Ready to change the negative effects of opioid use, but is not ready for total abstinence from illicit prescription or non-prescription drug use.
- **Dimension 5:** Able to achieve awareness of a substance or other addiction problem and related motivational enhancement goals, only with support and scheduled therapeutic contact
  - *For OTP:* At high risk of relapse or continued use without OTP and structure therapy to promote treatment progress
- **Dimension 6:** Characterized by (a) or (b) or (c):
  - Psychosocial environment is sufficiently supportive that outpatient treatment is feasible (i.e. family in agreement with recovery effort); or
  - No adequate primary or social support system, but patient demonstrates motivation and willingness to obtain such a support system, but patient demonstrates motivation and willingness to obtain such a support system; or
  - Family, guardian, or significant others are supportive but require professional interventions to improve the patient’s chance of success and recovery
  - *For OTP:* Recovery environment is supportive and/or the patient has skills to cope.
Process and Strategies

• Request for Targeted Case Management is submitted via eServices or via fax.

• CMHC’s are not required to request authorization for adults with SMI or children with SED. IF either of these populations requires TCM to address substance use disorder or complex care, the CMHC is required to request authorization for the different type of TCM.

• In eServices, providers select the type of case management they are seeking to provide and identify clinical reasons why the member needs the service at the time. If additional clinical information is needed to meet medical necessity criteria, the requester is contacted directly to gather additional information.

• Generally, the service is authorized in 3 month periods with specific goals to be met during the period.
TCM Expectations of Care

• Provider works with individual to develop a person-centered plan with specific, measurable, achievable, reasonable and time-limited goals based on a comprehensive review of the member’s identified needs.

• Engaging an interdisciplinary team, including the member and their support system, to improve outcomes through the use of standardized tools and improved communication.

• Developing an effective transition strategy that meets the needs of the member, their support system and providers in the next service phase.

• Members are actively engaged in therapy prior to a request for TCM (with the exception of members stepping down from higher level of care)
TCM Expectations of Care

• When approving requests for authorization, that there is a Substance Abuse and/or Mental Health diagnosis, DMS requirements, risk factors, Suicidal/Homicidal Ideation information, medication information, clinical therapy frequency, a clinical justification (please include in the clinical formulation section of e-services---for Substance Abuse and Co-Occurring, this should also include Substance Abuse history, relapse/sobriety info, and/or a comprehensive medical history), and detailed, TCM-specific treatment goals (these should be TCM-specific and there should be a minimum of 2). If there is not sufficient information provided, we may ask that you resubmit the request.
TCM Application for Specific Diagnoses

• As the clinician reviews the request, if the member appears more appropriate for another level of care, the clinician will review the request and outreach the provider (example if member really needs ACT based on treatment history, clinician will advocate for that service as opposed to TCM).

• Authorization requests are reviewed based on:
  – Treatment history
  – Current clinical need
  – Type of service requested
  – Other available services that may provide additional supports.
Targeted Case Management – Helpful Tips

- Good case plan documentation, which supports the goals and objectives of the case plan, is also good Targeted Case Management documentation.

- Good documentation contains at least the following elements: client(s) name receiving services that day; date of service; type of service delivered; worker’s name and job title; and a written description of the services provided emphasizing how the goals and objectives of the case plan are being met/not met.

- TCM documentation is considered a client’s medical record and can not be altered or changed without good cause. Thus, it is important to document accurately and professionally as soon as possible after providing a TCM service.

- Remember, other persons such as auditors will be reading your documentation. Keep your documentation professional, short, present needed facts, and relate services delivered that day to goals and objectives of the case plan.

- Only staff who meet the educational and work experience criteria can provide and enter TCM documentation. Except in unusual circumstances, i.e. the case manager is on leave, only the case manager of record should enter the TCM documentation.
Helpful Tips Continued

• All staff must document their casework by entering contact information, including how their work relates to the goals and objectives of the case. But only staff who have the required educational and work experience can enter and code their work as TCM. And they should only code services as TCM as appropriate—must be one of the seven TCM services.

• The one year post-bachelor work experience must be either 1) working with the targeted population – abused, neglected children and/or adults OR 2) providing case management services in another setting such as the local community mental health center.

• Only ongoing cases can be coded as TCM.

• Agency Services not coded to TCM:
  – 1. Investigations and domestic violence cases.
  – 2. Transportation, regardless of the reason for the transport.
Working with Passport Behavioral Health
Billing and Reimbursement
Targeted Case Management Modifier Types

When billing T2023, you must add a modifier to indicate which type of TCM is being billed.

Modifier Types:

- HF: Substance Use Disorder
- TG: Co-Occurring Mental Health Disorders for Chronic or Complex Physical Health Conditions
- UA: Children with SED
- HE: Adults with SMI
Targeted Case Management Modifier Types

Please include the modifier to indicate whether the service was provided to a child or an adult for the Substance Use Disorder Targeted Case Management and Co-Occurring Mental Health Disorders for Chronic or Complex Physical Health Conditions Targeted Case Management only:

- HA: Child or Adolescent
- HB: Adult

Modifiers should be listed in this order:

- T2023- Adult (HB) or Child (HA) – Type (UA, HF, TG, or HE) – Clinician Type (U4, AJ, HO, etc.)

So for each type:

- T2023 – UA – U4 (SED)
- T2023 – HE – AJ (SMI)
- T2023 – HB – HF – HO (Adult SUD)
- T2023 – HA – HF – HO (Child SUD)
- T2023 – HB – TG – HO (Adult Comorbid)
- T2023 – HA – TG – HO (Child Comorbid)
Important Claim Reminders

• All claims must be received within Passport’s timely filing limit of 180 days.
• All clean claim submissions (meaning no missing or incorrect numbers or information) will be processed and paid within 30 days.
• The top denial reasons for behavioral health claims submitted are:
  – Timely filing (claim denied as it was not received within 180 days).
  – Missing or incorrect NPI number. (All claims must list the rendering clinicians individual NPI number, along with the site NPI number. If either of these numbers are missing or entered incorrectly, the claim will deny.)
  – No authorization. (If the member has no authorization to see the provider, or the authorization has expired the claim will deny. It is important to make sure the member has an authorization in place, or has initial benefit visits remaining, before seeing them.)
Submitting Claims

• Claims for Behavioral Health Services should be submitted on a CMS-1500 claim form. Instructions for using this claim form can be found at: http://passporthealthplan.com/wp-content/uploads/2015/04/PROV51011-NPI-1500-Claim-Form-v2.pdf

• Claims can be submitted in 3 ways:
  1. Paper claims mailed to:
     • Passport Health Plan
     Attn: Claims
     P.O. Box 1866
     Hicksville, NY 11802-1866
     • Out of Network Providers must submit paper claims
  2. Electronic Data Interchange (EDI)
  3. eServices
Online Resources

• Website: www.passporthealthplan.com/providers
• Provider Manual
  – Section 16 pertains to Behavioral Health
• eNews
  – To register and view recent eNews: http://passporthealthplan.com/providers/provider-communications/
• Forms
  – Add A Practitioner Form
  – Practice Demographic Form
  – Provider Information Change Form
  – Provider Tax ID Change Request Form
  – Provider Termination Request Form
• Online tools and tutorials
  – E-services Tutorial
  – Application/Contracting/Credentialing Process
  – Webinars
Contact Information
Contact Us

- Passport’s Behavioral Health Access Line: (855) 834-5651
- Behavioral Health 24-hour Crisis Line: (844) 231-7946
- Main fax number: (781) 994-7633
- TTY Number (for hearing impaired): (781) 994-7660 or (866) 727-9441
- Claims Hotline: (888) 249-0478
- eServices Helpline: (866) 206-6120 Provider Relation Representatives do not have access to eServices. Therefore you must contact this number if you need assistance.
- IVR: (888) 210-2018
- Psychiatric Decision Support Line for PCPs: (866) 647-2343

All departments may be reached via the Passport Behavioral Health Access Line at (855) 834-5651
For behavioral health questions, please contact the Behavioral Health Mailbox, Passportbehavioralhealth@passporthealthplan.com

• Jay Soto, Provider Relations (Western and Southern Kentucky Regions): (502) 212 6823
  Jay.Soto@passporthealthplan.com

• Teri Hardman, Provider Relations (CMHC, Louisville area): (502) 212-6713
  Teri.Hardman@passporthealthplan.com

• Michelle Stepp, Provider Relations (Eastern and Northern Kentucky Regions): (502) 585-8215
  Michelle.Stepp@passporthealthplan.com

• Micah Cain, Behavioral Health Manager: (502) 357-8887 Micah.Cain@passporthealthplan.com

Passport Health Plan’s mission is to improve the health and quality of life of our members.
Thank you!

Thank you for helping us with our mission of improving the health and quality of life of our members.