

## 6.15. Mental Health – Case Management Services

### DESCRIPTION OF SERVICES

Targeted case management (TCM) programs are available to assist participants with gaining access to the full range of available mental health services, as well as to any needed medical, social, financial, counseling, educational, housing, and other supportive services needed in order to maintain stability in the community.

TCM is available to adults, as well as children and adolescents. Each population must meet the state of Maryland's medical necessity criteria for TCM services. Adult TCM services offer two levels of service intensity depending on the needs of the participant. TCM providers will need to clearly articulate the requested intensity of services and rationale when entering authorization requests in ProviderConnect. Child and adolescent TCM (also known as care coordination services) providers have three levels of intensity to select depending on the needs of the participant. Child and adolescent TCM providers need to clearly articulate the requested intensity and rationale when entering authorization requests in ProviderConnect.

### SERVICE RULES

The TCM service provider is expected to exchange information and coordinate care with the participant's PCP and other treatment (i.e. substance use disorder treatment, therapist, psychiatrist, etc.) providers when clinically appropriate and with consent when required.

One unit of TCM service for an adult is any service provided on any given date of service where the contact is a minimum of one hour of either face-to-face contact with the participant or contacts with stakeholders and service providers on behalf of the participant. The level of TCM services is based on the severity of the participant's mental illness (Please see Section 7.21 for more information).

- Adult Level I (Adult General) TCM has a maximum of two units of service per month.
- Adult Level II (Adult Intensive) TCM has a maximum of five units of service per month.

One unit of service for a child or adolescent TCM is any service provided on any given date of service where the contact is a minimum of 15 minutes of face-to-face contact with the participant, the minor's parent/guardian, or contacts with stakeholders and service providers on behalf of the participant. The level of TCM services is based on the severity of the participant's mental illness (Please see Section 7.20 for more information).

- Child and adolescent, Level I (General) TCM has maximum of 12 units of service per month. A minimum of two units of face-to-face contacts with the participant are required.
- Child and adolescent Level II (Moderate) TCM services have a maximum of 30 units per month and a minimum of four units of face-to-face contact with the participant.
- Child and adolescent Level III (Intensive) TCM services have a maximum of 60 units per month. A minimum of six units of face-to-face contact with the participant are required.

For child and adolescent Level I and Level II TCM services, four additional units of service above and beyond the monthly maximum may be billed during the first month of service to the participant and every six months thereafter to allow for comprehensive assessment and reassessment of the participant.

A unit of service for telephonic contact for a child and adolescent TCM participant may not be reimbursed unless the provider has delivered at least eight minutes of service.

## **PARTICIPANT ELIGIBILITY**

Participants with Medicaid and participants who are dually eligible Medicare/Medicaid are eligible for TCM. The Maryland Public Behavioral Health System (PBHS) reimburses TCM services rendered to uninsured eligible participants through the assistance/oversight of the participant's local Core Service Agency (CSA).

## **PROVIDER ELIGIBILITY**

TCM may only be provided and reimbursed by programs approved under COMAR 10.09.36.03, 10.09.45.04, 10.21.19, 10.21.20, 10.21.21, or 10.21.29.

## **AUTHORIZATION PROCESS**

Authorizations for initial & continued stay TCM requests are submitted electronically through Beacon. Electronic authorizations are completed by the provider through submission of a request in Provider Connect. Provider Connect can be accessed 24/7, including weekends and holidays through the Beacon website: <http://maryland.beaconhealthoptions.com/provider-main.html>. If the level of care is medically necessary, services will be authorized.

If a Beacon Care Manager is not able to authorize the service as medically necessary, the request for services will be referred to a Beacon Physician Advisor for review. If the services requested do not meet medical necessity criteria and are non-authorized, the determination of the non-authorized case will be communicated both via ProviderConnect and telephonically to the provider (refer to Chapter 10 on Grievances and Appeals for further information).

Providers are expected to initiate discharge planning at the beginning of service delivery. Providers are also required to submit the discharge plan in the authorization request.

## **CLAIMS PROCESS**

- Providers should not submit claims unless the service has been authorized by Beacon
- Claims should be submitted on a CMS 1500 form.
- Case management assessment (CPT Code H0031) does not require pre-authorization for adults.
- Adult TCM is billed as a per day rate (CPT code T1016)
- Child and adolescent TCM is billed per unit (CPT code T1017).
- Claims must specify ICD-10 codes, not DSM 5 codes.
- Claims for unauthorized services will be denied.