

# Targeted Case Management



# Definition

- Targeted case management is defined as services that assist individuals eligible in gaining access to needed, medical, educational, and other services.
- What does this look like in real time?
- ARM 37.86.3503 further describes/defines the requirements for targeted case management for adults with Severe Disabling Mental Illness (SDMI).

# Requirements

- Must be 18 years of age or older
- Involuntarily hospitalized for 30 consecutive days within the last 12 months

OR

- Recurrent suicidal ideation within the past 12 months

OR

- An SDMI qualifying primary diagnosis

AND

- Ongoing functional issues (3 of 7) must be present

# Services that can be provided:

- ARM 37.86.3505 (for full detail)
- Assist clients in gaining access to services that help them to live a recovery oriented independent life in the least restrictive setting.
  - ❖ Medical
  - ❖ Needed mental health services (OP, PACT, Day Treatment)
  - ❖ Housing (independent, group home, foster home)
  - ❖ Employment/vocational/SSI/Medicaid/SNAP benefits
  - ❖ Chemical dependency treatment/assessment

# Important components to remember:

- Individualized plan of care developed/updated (every 90 days).
- Notes need to reflect specific services provided and be detailed enough for a person reading them to clearly see what took place.
- Document medical necessity, what you do and how delivered and note progress toward goals in person's specific plan
- Always note time in and time out to accurately reflect the billable services conducted (service must be minimum of 8 minutes of direct service provision).

# What is Case Management?

- Case management services for adults with severe disabling mental illness must be provided according to a case management plan which must:
  - (a) be developed jointly by the case manager and the client;
  - (b) identify measurable objectives;
  - (c) specify strategies to achieve defined objectives;
  - (d) identify agencies and contacts which will assist in meeting the objectives;
  - (e) identify natural and community supports to be utilized and developed; and
  - (f) include an objective to serve the client in the least restrictive and most culturally appropriate therapeutic environment possible for the client which is also directed toward facilitating preservation of the client in the family unit, or preventing out-of-community placement or facilitating the client's return from acute or residential psychiatric care.

## What is not a covered service:

- Transportation
- Direct delivery of a medical, educational, social, or other service to which an eligible individual has been referred
- Time spent documenting (writing or recording in client record)

## Provider Responsibility

- Please refer to ARM 37.86.3506 for full detailed information

Additional items to keep in mind:

- A provider may not condition receipt of case management services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management services.
- Know your community/statewide resources.



# Contact/resource information

- Bernadette Miller, Clinical Program Manager, AMDD  
[bmiller3@mt.gov](mailto:bmiller3@mt.gov) 406-444-3356
- Adult Mental Health Services Provider Manual  
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- <https://medicaidprovider.mt.gov> (*select your provider type...mental health center*)