Targeted Case Management (TCM)

# Tip Sheet

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| **Procedure Code** | **Service Type/Description** |
| **Case Management Encounter –** One per month  -You must be the student’s Case Manager to bill for TCM services.  -There may only be one Case Manager per student.  -The student’s IEP must contain at least one DIRECT health-related service to address a “medical” disability. These services include; psychology, social work, occupational therapy, physical therapy, nursing, speech, audiology, orientation and mobility, or personal care.  -You may not log for the initial MET or IEP. TCM services start AFTER the student qualifies for special education.  -Services must be billed at least one time per month, within the normal school calendar.  **Requires Monthly Progress Summary -** Must include evaluation of progress and summarize the services reported during the month & must be dated in the month the services were provided - *using the last school day of the month is recommended* | |
| * Case Management Encounters [T2023] | * Assuring that standard re-examination and follow-up of the beneficiary are conducted on a periodic basis to ensure that the beneficiary receives needed diagnosis and treatment; * Assisting families in identifying and choosing the most appropriate providers of care and services, scheduling appointments, and helping families to maintain contact with providers; * Follow-up to ensure that the beneficiary receives needed diagnostic and treatment services; * Assuring that case records are maintained and indicate all contacts with, or on behalf of, a beneficiary in the same manner as other covered services; * Coordinating school based services and treatment with parents and the child; * Monitoring and recommending a plan of action; * Coordinating performance of evaluations, assessments and other services that the beneficiary needs; * Facilitating and participating in the development, review, modification and evaluation of the multi-disciplinary team treatment plan; * Activities that support linking and coordinating needed health services for the beneficiary; * Providing a summary of provider, parent and student health and behavioral consultation; and * Coordinating with staff/health professionals to establish continuum of health and behavioral services in the school setting. * Health related functions through hands-on assistance, supervision and cueing |
| **IEP Participation** | |
| * IEP Participation [T1024 TM] | * IEP Participation: Participation in the IEP/IFSP including the Manifestation IEP meeting. |
| **Record Keeping Only** | |
| * Other | * Record keeping purposes for non-billable activities. |

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| TIENET Service Capture Documentation for Case Management - Encounters [T2023]; Required, one/month |
| * Service: Targeted Case Manager * Service Type: Case Management – Encounters [T2023] * Service Date & Time: Should be a date/time when school was in session * Duration Minutes: Not required * Group Size: 1 * Progress Report: Select from the drop-down menu, use student’s overall progress in the classroom for the month * Provider Notes: Enter a note that details the case management (health related) activities you did through the month   Example- Assured case records are maintained by reviewing, organizing and updating the student’s CA60.Provided progress report to parents regarding speech and social work goals/objectives.   * Areas Covered/Assessed: Select from the drop down, one or more of the statements which describe the service(s) you provided * Check the box “Has this service been completed?” * Save |

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| TIENET Service Capture Documentation for IEP Participation [T1024 TM] |
| * Service: Targeted Case Manager * Service Type: IEP Participation [T1024 TM] * Service Date & Time: Should be a date/time of the IEP. * Duration Minutes: Length of IEP team meeting. * Group Size: 1 * Progress Report: Not Applicable * Provider Notes: Enter a note that details the IEP team meeting. * Areas Covered/Assessed: Select from the drop down “Participate in IEP meeting.” * Check the box “Has this service been completed?” * Save |

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| TIENET Service Capture Documentation for Monthly Progress Summary-Required, one/month |
| * Service: Targeted Case Manager * Service Type: Monthly Progress Summary * Service Date & Time: Should be a date/time when school was in session (may be the same as encounter but a different TIME) * Duration Minutes: Not required * Group Size: 1 * Progress Report: Not Applicable * Provider Notes: Detailed   Example- 10/9/14 reviewed progress report for advancement toward speech and social work goals. Sent to parents. Discussed student progress with SLP. SLP reports additional work needed in the area of articulation.   * Areas Covered/Assessed: Select from the drop down “Monthly Summary” * Check the box “Has this service been completed?” * Save |