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
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| **IEP Participation** |
| * IEP Participation [T1024 TM]
 | * IEP Participation: Participation in the IEP/IFSP including the Manifestation IEP meeting.
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| **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
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