

Targeted Case Management (TCM) Documentation

Engagement

Talk about what has been working for you as you meet with families. What are your needs? If you are ready to improve your skills in documenting Target Case Management (TCM) interventions, this guide can support you as you assess and plan.

Explore:

When you think about TCM documentation, what are your strengths?
 What improvements would you like to make in the way you document for TCM?

Assessment

Scaling:

On a scale of 1 (need to learn) to 10 (can mentor), where would you place yourself?
 (Record on the Functional Assessment.)



Scaling Continuum:

<u>Learning</u> Learning the Skills	<u>Working</u> Using the Skills with Families	<u>Mentoring</u> Using the Skills to Mentor
1. Document needs.	1. Caseworker and family team assess needs.	1. Demonstrate documentation of needs and support caseworker by providing feedback on the caseworker's documentation of needs.
2. Document the child and family plan.	2. Caseworker and family develop child and family plan based upon identified needs.	2. Demonstrate documentation of the child and family plan around the identified needs and support caseworker by providing feedback on the caseworker's plan documentation.

<u>Learning</u> Learning the Skills	<u>Working</u> Using the Skills with Families	<u>Mentoring</u> Using the Skills to Mentor
3. Documents activities.	3. Document activities and connect the activities to steps of the plan.	3. Demonstrate documentation of activities and support caseworker by providing feedback on the caseworker's activity logs.
4. Caseworker is aware of the caseworker activities that they must perform as part of TCM.	4. Activities and documentation are child specific.	
	5. Caseworker supports the family by linking with and referring to services and resources; monitors and coordinates the family to access services and resources; and follows-up to see if family needs additional services, resources, or support.	

Planning

1. What will it look like when you are able to document TCM as you would wish?
2. What steps can you take that will lead to the desired result?

Practice Opportunities

Mentor with Caseworker	Caseworker with Family	Family with Family
Go through and discuss the handout "Documentation for Targeted Case Management Monthly Reviews" with the caseworker.		

Knowledge Base

Concept:

Documenting TCM activities properly

Basic Elements:

Targeted Case Management (TCM)
Documentation
Needs assessment
Service plan
TCM casework functions

Definitions:

Targeted Case Management (TCM)

Targeted Case Management (TCM) is a Medicaid program that pays for time spent doing certain case management activities that help eligible clients access needed medical, social, educational, and other services. It also ensures that services are coordinated between agencies and providers. The two basic elements of TCM are advocacy and coordination.

Documentation

TCM activities need to be documented on an ongoing basis each month. Best practice is that entries are logged within 48 hours of completing the activity. TCM can only be claimed for months in which SAFE activity recording documents that TCM services were provided. The caseworker must document provisions of TCM in SAFE activity recording. In order to meet TCM requirements, activity recording must indicate what TCM activities the caseworker completed to ensure that the child's medical, social, education, or other needs were met, in accordance with service plan objectives. TCM documentation needs to include:

- Date of TCM activity.
- Eligible Child's Name for whom the TCM activity was provided.
If more than one eligible child is being served on the case, each entry must specifically name each child for whom the TCM activity was provided. Multiple names may be included in one entry if a single activity was completed for more than one child.
- Type of contact, such as a face-to-face visit, telephone contact, or written communication, and where the contact took place, when applicable.
- Duration of the contact.
- Who the qualified caseworker communicated with, such as the eligible child, the child's family, caregiver, service provider, or other individual directly involved in providing or assuring the client obtains the services documented in the service plan.
- Description of the nature and purpose of the qualified caseworker's contact, such as referring for a specific service, coordinating multiple services, monitoring and follow-up, or evaluations of effectiveness of services, as included in the plan steps.
- Next steps to be taken to adapt to the child's continuing needs or status.
- Caseworker Name (TCM provider). This is automatically documented by SAFE as the person entering the data. If someone other than the caseworker

is documenting the caseworker's activities, then the TCM provider's name must be indicated within the text of the activity log.

Needs assessment

In Utah this is our Functional Assessment. The federal requirements that need to be part of the Functional Assessment for a TCM child are:

- The caseworker must complete an assessment for each eligible child. The assessment must identify strengths and needs, including what services may address the child's medical, education, social, and other needs. The Functional Assessment meets this requirement if the eligible child's medical, social, educational, and other needs are included.
- The caseworker must document each child's individualized assessment in writing. Assessments for child clients within the same family on the same case may be included in the same assessment document. However, each child and the child's needs must be listed separately.
- The assessment or plan must also document that there is a reasonable indication that the eligible child will only access needed services if assisted by a qualified caseworker.

Service plan

In Utah this is the child and family plan. Federal requirements for a TCM child are:

- The caseworker must complete a written plan for each eligible child and update the plan as changes occur. The TCM service plan is contained within the child and family plan.
- The child and family plan must identify the steps to obtain treatment or other services to meet each eligible child's medical, social, educational, or other needs. Each child must be named individually.
- The plan steps must also indicate specifically what the qualified caseworker is going to do to help the child access services that meet the child's needs. These activities may include such things as making referrals, coordinating service providers, monitoring work of the child and family team, tracking service provision, and evaluation of effectiveness of services to meet needs. Estimated times frames also need to be included in the plan.
- The plan for eligible children within the same family on the same case may be included in the same plan. However, each child's plan for services must be indicated separately.

TCM casework functions

Care planning

Care planning, based upon the information collected through the assessment, includes developing and adapting a written, individualized child and family plan to develop goals and identify a course of action to respond to the needs of the eligible child. Steps on the plan must include what the caseworker is responsible to do to assist the eligible child to obtain access to needed medical, social, educational, and other related

services. Child and family team meetings are a component of the care planning process.

Assessment

Assessment includes activities that focus on identifying strengths and needs, including what services may address the child's medical, education, social, and other needs. Specific assessment activities include taking client history, identifying the needs of the individual, and completing related documentation. It also includes gathering information from other sources, such as family members, medical providers, educators, and other agencies and individuals knowledgeable about the child's needs. Child and family team meetings are a component of the assessment process.

Linking and referring

This includes activities that help to link or refer an eligible child to medical, social, educational providers, and/or other programs and services to meet the child's needs. Examples include making referrals to providers for needed services and scheduling appointments. This may also include coaching the child or caregiver in how to access the identified services in order to minimize the need for TCM.

Monitoring, coordination, and follow-up

This includes activities and contacts that are necessary to ensure the child and family plan is effectively implemented and adequately addressing the needs of the eligible child. The activities and contacts involve face-to-face encounters, telephone communication, or written communication with the child, family, caregiver, service provider, or other individual directly involved in providing or assuring the client obtains the services documented in the steps in the plan. The activities and contacts help track services being furnished according to the plan, adequacy of steps and services in the plan, and adapts the plan as needed.