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| **DIVISION OF CHILD AND FAMILY SERVICES**  **Children’s Mental Health** | |
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| AUTHORED BY: | Robin L. Landry, LCSW  Clinical Program Planner II |
| REVIEWED BY: | Children’s Mental Health Management Team  Statewide Policy Review Workgroup |
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| **REFERENCES:** | **FEDERAL REGULATIONS and STATUTES**  42 CFR Parts 400 et al. (Balanced Budget Act)  45 CFR Parts 160, 162, and 164 (HIPPA)  Consolidated Omnibus Budget Reconciliation Act of 1985  Omnibus Budget Reconciliation Act of 1986  Tax Reform Act of 1986  Omnibus Reconciliation Act of 1987  Technical and Miscellaneous Revenue Act of 1988  Deficit Reduction Act of 2005  Federal Register, Vol. 72, No. 232  **NEVADA REVISED STATUTES (NRS)**  Nevada Revised Statutes (NRS) 433, et al |

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|  | **DCFS CHILDREN’S MENTAL HEALTH POLICY**  SP-4 DCFS Documentation Policy (pending approval)  CRR-4 DCFS Confidentiality Policy (pending approval)  CRR-3 Consent to Treatment Policy (pending approval)  A-4 False Claims Act Policy  4.01 DCFS Performance and Quality Improvement Policy, June 2010  10.40 Child and Family Team Policy, April 2008  **RELATED POLICY AND RESEACH DOCUMENTS**  MSM 100  MSM 1500  MSM 2500  MSM 3300  DHCFP TCM Audit August 2012  DCFS TCM Audit Response June 2013  DCFS TCM Corrective Action Plan June 2013  DCFS Internal TCM Instructional Memorandum July 2013  DCFS Avatar Code Guide  DCFS HIPAA Privacy Manual |
| **ATTACHMENTS:** | **Attachment A**: Targeted Case Management Assessment (TCMA)  **Attachment B**: Informed Consent Form  **Attachment C**: DCFS Freedom of Choice Form  **Attachment D**: DCFS Authorization for Release of Confidential Information  **Attachment E**: TCM Supervisor Checklist (pending approval) |

1. **POLICY**

It is the policy of the Division of Child and Family Services to address the coordinated service delivery needs for clients who have been determined to be severely emotionally disturbed (SED) and for clients who are non-SED determined by providing quality case management services. Children determined to be SED and non-SED children are both “target” groups offered these services under the federally approved Nevada Medicaid State Plan.

1. **PURPOSE**

The purpose of this policy is to provide guidance and instruction for coordinating and overseeing the effectiveness of all providers and programs providing Targeted Case Management (TCM) services to clients in responding to the assessed service needs of the client (Federal Register, Vol. 72, No. 232). In addition, this policy provides guidance as to how to document the coordination of TCM services.

The purpose of TCM services is to address the complexities of coordinated service delivery for eligible clients who have medical needs across all domains, including social, educational, and other services. Case management services must focus on coordinating and overseeing the effectiveness of all providers and programs in responding to the assessed service needs of the client (Federal Register, Vol. 72, No. 232) thereby facilitating greater independence on the part of clients and families in accessing and linking to appropriate services and supports.

TCM is not a direct service; rather, it is a coordinated process by which client’s service needs are assessed, a care plan is developed and goals identified to address service needs, referrals and linkages to needed services are made, and the effectiveness and efficacy of those services are monitored and evaluated. Ideally, case managers (CM) look for less formal supports and services, in all domains, that will replace the mental health system.

1. **PRACTICE GUIDELINES AND PROCEDURES**
2. Introduction

TCM is provided to a client to assist him/her in gaining access to needed services and then monitoring the effectiveness of services being provided as identified in the Care Coordination Plan (CPP) or Comprehensive Treatment Plan (CTP) goals. Case management does not include the direct delivery of any service for any underlying medical, educational, social or other need to which the client has been referred nor is TCM a collateral activity to any direct service.

1. There are four (4) components or elements which comprise TCM services (Section 6052 of the Deficit Reduction Act [DRA] of 2005).

The 4 components are:

1. Assessment

Assessment is the first step in providing TCM services. The Targeted Case Management Assessment (TCMA) (Attachment A) is a comprehensive evaluation of the client’s needs for medical, social, educational or other services including assessing strengths and preferences, taking a client history, identifying needs and completing related documentation such as the TCMA form. The assessment is conducted in collaboration with the client and the legally responsible person as well as those individuals identified as part of the client’s team, which may include child welfare workers, parents, fictive kin, educators, therapists, community providers, educational staff, etc. The TCMA may also include gathering information from other sources such as family members, medical providers, social workers, mental health practitioners, educators or others to ensure a complete assessment of the client’s service needs. The assessment for targeted case management is not related to assessing mental health acuity or for assessing intensity or level of mental health care needs.

Assessment includes activities that focus on the identification of needed services in all life domains (i.e., medical, social, educational, housing, legal, financial, vocational, pre-vocational, etc.).

Activities which are allowed in conducting an assessment include:

1. Meeting with client/family members;
2. Taking the client history;
3. Identifying the needs of the client in all life domains, including medical, social, educational, legal, housing, financial, etc.;
4. Gathering and reviewing information from other sources, such as the family members, medical and mental health providers, child welfare workers, client records and other documentation, and educators as necessary to form a complete assessment of the client’s service needs;
5. Reviewing bio-psychosocial information with the client and family/legal guardian in order to familiarize oneself and to ask questions;
6. Executing authorizations to release information in order to obtain information from other providers; and,
7. Completing the TCMA.

The Targeted Case Management Assessment (TCMA) is to be completed by the assigned CM within 10 business days of admission to the program. The assessment must be completed prior to the development of the Care Coordination Plan (CCP) or Comprehensive Treatment Plan (CTP).

The TCMA is to be updated as required by practice and policy, but not less than once per year, in order to ensure a formal review of the client’s current service needs and to determine medical necessity for services and therefore payment reimbursement to the Division as well as quality of care and best practice standards. If at any time during the assessment, a determination is made that the client either has no service needs or is able to access services without the support of a CM, continued TCM services shall not be offered pursuant to federal regulations.

Completing the TCMA and documenting the TCMA are both billable activities (Federal Register Vol. 72, No. 232).

1. The Development of a Specific CPP or CTP and Updating the CCP/CTP

The development of a CCP or CTP (hereinafter referred to as “the plan”) is based on the information collected in the assessment process. The plan specifies the goals of providing case management to the client and TCM activities (i.e., referral/linkage, monitoring and evaluation) to address the service needs identified and is developed in collaboration with the client and/or the legally responsible person as well as other identified members of the child’s team. The activities, discussion, and the plan review process must be clearly documented.

The plan must also address the methods used to ensure the active participation of the client and/or the legally responsible person and others to develop such goals and to identify the steps or actions each Child and Family Team (CFT) member will take to respond to the assessed service needs of the client as demonstrated by the client and/or legally responsible person, other CFT members, the case manager (CM), and the CM Supervisor signing and dating the plan and any updates made to the plan during plan updates and reviews. As noted below in this section of this policy, the plan is understood as being documented on the CTP when the therapist is also the CM.

Allowable plan activities include:

1. Coordinating planning meetings;
2. Making sure the client and family/legal guardian understands the planning process and is included in the planning;
3. Helping the client and family/legal guardian prioritize their needs and identify strengths and the skills and supports they need as a result;
4. On-going evaluation, with the client and family/legal guardian and the CM supervisor on the effectiveness of the plan; and,
5. Writing the plan if the client and family/legal guardian is present.

The plan shall be developed within 10 business days following the completion of the TCMA. DCFS staff may choose to use several different formats for documenting the care plan. Wraparound in Nevada (WIN) program staff uses the CCP while other DCFS staff may choose to use the CCP or they may use the CTP. If documented on the CTP, DCFS staff must clearly document which goals are TCM goals and each TCM goal must be related to a service need identified as a result of the TCMA. DCFS staff is to use the plan document identified by their respective program.

TCM goals are not related to mental health interventions or treatment planning issues but only to identified service needs and the method(s) by which these services will be accessed (i.e., referral and/or linkage) and how services will be monitored for implementation and effectiveness.

Each time the plan is developed, revised or updated, the CM must obtained informed consent from the legally responsible person before the initial plan or revised plan may be implemented. Informed consent is obtained on the DCFS Informed Consent Form (Attachment A – Informed Consent Form). For additional information about consent to treatment issues, please refer to the DCFS CMH CRR-4 Consent to Treatment Policy.

The plan is to be reviewed and updated at least annually by federal law. However, NRS 433 requires all plans to be reviewed and updated quarterly or more frequently as the client’s service needs warrant. The Wraparound in Nevada (WIN) program case managers are required to update the plan at a minimum of every 30 days. The client’s eligibility for continued TCM services must be re-evaluated during the plan review. If at any time a determination is made that the client either has no service needs or is able to access services without the support or facilitation of a CM, TCM services are not considered medically necessary and must not be provided pursuant to federal regulations and MSM 2500.

1. Referral and Related Activities

Referral and related activities, such as linkage, are focused on helping clients obtain needed services. These are the activities that help a client obtain needed medical, social, educational service providers or other programs and services. These activities include identifying available or potential providers for needed services, making referrals to providers for needed services, scheduling appointments for the client (i.e., linkage) if the client or legally responsible person is not able to do so without assistance, assisting the client in understanding the application process, etc.

Allowable referral and linkage activities include:

1. Any activity which plans for linkage and referral; and,
2. Any activity which includes doing the actual referral and linkage, with exceptions.

For example: completing applications as part of a referral for services, faxing, mailing, etc. whether the referral is for treatment, recreation, academic or financial/funding services, etc. is considered an administrative or direct service, not TCM. If CM’s engage in any of these non-TCM activities, the CM is prohibited from billing or submitting claims for such to any federal funding source.

Please refer to the Administrative Tab and TCM Tab on the Avatar Code Guide located on the DCFS Intranet website for further information about non-billable “X” codes.

Referral and linkage activities are documented in the client record in progress notes. The CM must document referrals they provided to the client and/or legally responsible person about available services in the community, including provider names and contact information. In the event the CM provides linkage on behalf of clients who do not have the ability or capacity to contact the service provider themselves or to make the necessary arrangements to access the needed services, the CM must document what linkage activities they provided, including who they contacted and the name of the provider. In addition, the CM must document why the referral or linkage activities are being provided, how these are related to the client’s plan goals and what activities will occur to monitor the services.

Once the referral and/or linkage activity is completed, this TCM activity is completed.

1. Monitoring and Evaluating Services

Monitoring of services, follow-up about services, or evaluation of the effectiveness of services are the activities and contacts necessary to ensure the specific plan is effectively implemented and that the plan adequately addresses the service needs of the client. These activities may be conducted with the client, family members, providers, the client, or other entities.

Monitoring and follow-up activities may be conducted as frequently as necessary to help determine or confirm such matters as:

1. Whether services are being furnished in accordance with the client’s CCP;
2. Whether the services in the CCP are adequate to meet the needs of the client; or,
3. Whether there are changes in the needs or status of the client. If there are changes in the needs or status of the client, monitoring and follow-up activities include making necessary adjustments in the CCP, obtaining informed consent (Attachment A) and/or making adjustments in service arrangements with providers who are delivering the service.

Monitoring includes evaluating the quality, effectiveness and access to the service. Monitoring never includes monitoring the client or client behavior. Allowable monitoring and follow up activities include:

1. Face-to-face or telephone contact with the client, family/legally responsible person, service providers to whom the client was referred or linked, and other team members;
2. Monitoring as often as necessary (including at every Child and Family Team or care coordination review meeting) to help determine whether services are being furnished in accordance with the plan, that the services are adequate to meet the client’s service needs, and to determine whether there are changes in the client’s service needs or service status. If so, necessary adjustments shall be made in the plan and service arrangements with service providers;
3. Confirming the CM is not providing treatment or direct service;
4. Confirming the client and/or the legally responsible person agrees the overall plan is effective for them;
5. Confirming the client is getting the services identified as needed as identified on the plan and if not, why not?;
6. Confirming service providers are providing the needed services and doing the work expected on behalf of the client; and/or,
7. Confirming service providers are coordinating their respective roles on behalf of the client.

Documentation for monitoring and follow up shall include information about who the CM contacted to confirm the effectiveness and quality of the service and/or whether other services should be accessed to address service needs. Documentation shall also include whether this contact was made in person, on the phone, via email, etc. DCFS staff shall document who made the contact (i.e., did the CM make the contact or was the CM contacted about the services?, etc.). Monitoring activities are documented in the client record in progress notes. For further information about DCFS documentation requirements, please refer to the SP-4 DCFS Documentation Policy.

1. Additional Requirements for TCM
2. Documentation Requirements

All payers, including Nevada Medicaid, require that any billed service be supported by complete documentation in the client record which supports medical necessity.The absence of the documented components for TCM (i.e., the absence of the assessment, plan, referral and linkage, and monitoring, either wholly or in part) for which a claim is submitted for reimbursement is not allowed. 42 CFR requires all providers of mental health services (e.g., therapy, psychiatric services, residential services, day treatment services, Targeted Case Management services, etc.) must verify that every service provided is accurately documented, signed and billed appropriately. Please also see the DCFS CMH A-4 False Claims Act Policy.

DCFS staff, including DCFS fiscal staff is prohibited from submitting claims for reimbursement from federal programs unless the service is documented and the documentation supports medical necessity for payment reimbursement. For further information about DCFS documentation requirements, please refer to the SP-4 DCFS Documentation Policy.

Progress notes are required for each TCM encounter and they must be dated and describe the activity performed (i.e., assessment, plan development and/or review, referral and linkage, and/or monitoring) as well as how this activity is connected to the plan goals and who was involved as well as their relationship to the client. TCM services may or may not include direct contact with clients.

Activities which are non-billable to TCM, such as travel time to a CFT or a community meeting with a service provider, must also be documented using the appropriate non-billable code. Please refer to the Administrative Tab and TCM Tab on the Avatar Code Guide located on the DCFS Intranet website for further information about non-billable “X” codes.

The DCFS staff that provides the TCM service (i.e., assessment, development of a specific CCP, referral and linkage, monitoring and evaluation) is responsible for documenting the TCM service timely, completely and accurately in the client record but not more than 72 hours of the service date. For further information about DCFS documentation requirements, please refer to the SP-4 DCFS Documentation Policy.

1. Freedom of Choice

Pursuant to 42 CFR § 431.51, Medicaid clients have the right to free choice of any qualified Medicaid provider therefore clients must be free to choose their TCM provider from among all provider that are qualified to participate in Title XIX (and Title XXI) and are willing to provide the services.

The client and/or legally responsible person must be allowed to choose their case management provider. DCFS TCM clients and/or legally responsible person must sign the DCFS Freedom of Choice Form (Attachment B) indicating who they have chosen to be the CM. This form is updated at least annually by the client, legally responsible person and the DCFS CM and is then filed in the client record with a copy provided to the legally responsible person.

Although the need for TCM services may be identified, federal regulations prohibit DCFS staff from compelling a client and/or legally responsible person(s) to receive TCM services as a condition of receiving any other Medicaid covered service which DCFS provides.

1. Confidentiality

Throughout the process of providing TCM services, the legally responsible person must provide DCFS with their Authorization for Release of Confidential Information (Attachment C). A distinct authorization must be obtained in order to make every referral and related activities needed to help the client access services as identified on the care plan. There is no exception to this rule; DCFS staff is prohibited from sharing information with any non-DCFS staff member or external organization if they have not obtained a completed Authorization for Release of Confidential Information Form (Attachment C) from the legally responsible person.

When sharing information, whether internally or externally, the CM must also comply with the HIPAA ‘minimum necessary’ rule. In addition, any time there is a disclosure of Protected Health Information (PHI) which has occurred without first obtaining an Authorization for Release of Confidential Information Form (Attachment C), the DCFS staff who released the PHI must comply with the requirements in the DCFS HIPAA Privacy Manual regarding reporting an unauthorized release of PHI. Please also refer to the DCFS CMH CRR-4 Confidentiality Policy for additional information.

The Authorization for Release of Confidential Information (Attachment C) is valid for one year or until the legally responsible person revokes the authorization, whichever comes first.

1. Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services Referrals

TCM case managers are required to make referrals or provide linkage, if needed, for EPSDT services as required in MSM 1500. EPSDT service referrals are to be made as frequently as needed.

1. TCM Prohibitions
   1. General Overview:

Section 6052 of the Deficit Reduction Act (DRA) of 2005 clarifies that the term “case management” does not include the direct delivery of an underlying medical, educational, social, or other service to which a client has been referred. Case management services includes only those activities that help a client gain access to needed services, as identified on the plan; case management does not include providing direct or administrative services to the client as a result of TCM activities.

* 1. The following activities are strictly prohibited under current federal TCM regulations, MSM 2500 regulations, and this policy:
  2. The direct delivery of foster care services including research gathering and completion of documentation required by the foster care program;
  3. Assessing foster care/adoption placements;
  4. Recruiting or interviewing potential adoptive foster care/adoptive parents;
  5. Serving legal papers and attending court related to foster care/adoption issues;
  6. Homestudies and home/licensing investigations;
  7. Providing transportation for any reason;
  8. Administering foster care/adoption subsidies;
  9. Making (adoptive or foster care) placement arrangements, including monitoring visitations, transporting the client to a visit, scheduling visitations, providing or assessing placement matching, etc.
  10. Referring and monitoring services which do not address a goal on the plan;
      1. Providing any TCM service to someone other than the named client on the plan;

1. Training in daily living skills;
2. Training in work skills and social skills;
3. Grooming and other personal services;
4. Training in housekeeping, laundry, cooking;
5. Individual, group, or family therapy services;
6. Crisis intervention services;
7. Paying bills and/or balancing the client’s checkbook;
8. Completing application forms, paperwork, faxing, evaluation and reports;
9. Escorting or transporting a client to scheduled medical appointments, including medication evaluations with the DCFS Medical Director or designee;
10. Traveling to and from appointments with a client or without a client, even if during this travel/transportation, TCM services are discussed or care plans are developed with the client;
11. TCM provided to a client in an inpatient hospital or an RTC except for the last 180 days from discharge;
12. Client outreach;
13. The performance of a diagnostic test;
14. Scheduling and/or attending an Individualized Education Plan (IEP) meeting or Individualized Family Service Plan (IFSP) meeting or participating in the development, review and implementation of an IEP or IFSP. This does not preclude the CM from including a goal in the plan about the client needing Individuals with Disabilities Education Act (IDEA) services and assisting the client and/or legally responsible person in accessing IDEA services from the school district through referral and linkage activities nor does this preclude the CM from inviting the school district to participate in a CFT or advocating for a needed service from the school district and then monitoring the services provided by the school district.
15. Attending court with the client unless it is to testify or advocate as to the service needs of the client identified as a goal on the plan but, in that event, only the time spent providing such testimony or reporting to the court is allowed and such an activity must be part of the CCP. A therapist testifying about therapy is never an allowable TCM service.
16. Monitoring the client’s progress or behaviors rather than monitoring the client’s service needs and service providers.
17. **Quality Assurance and Quality Improvement for DCFS TCM Services**

Supervisorial and quality oversight and monitoring of TCM services is required to confirm compliance with this policy and to ensure improved child and family outcomes and well-being.

* 1. Client Record Reviews
     1. Supervisors and the appropriate Clinical Program Managers (I and II) and Mental Health Counselor III shall confirm TCM documentation in client records clearly reflects the components of TCM services provided, the client name and date, and who was involved in the TCM activity. In addition, supervisors and the appropriate manager shall review client records to confirm the activity is an allowable one and that the correct billing code is used.
     2. Supervisors and the appropriate manager shall confirm that information in client records reflect each client’s current status and progress toward achieving goals and objectives identified on the plan by reviewing client records as required in the A-3 DCFS Supervision Policy or more frequently when warranted to confirm client well-being or for those clients who may have significant risk factors which may impact their safety, permanency or well-being.
     3. Supervisors and the appropriate manager shall regularly confirm the standards as set out in this policy are met by each DCFS staff providing TCM services. Exceptions to these standards are to be noted by the supervisor and, when necessary, corrective action plans are to be developed in collaboration with the DCFS staff providing TCM services.
     4. Supervisors and the appropriate manager shall review at a minimum 15 TCM client records every quarter commencing July 1st of each year in order to confirm conformity to practice standards (including documentation standards) and shall document each review by using the TCM Supervisor Checklist Form (Attachment D).
     5. Supervisors and the appropriate manager shall conduct regularly scheduled, individual supervision with DCFS staff at which time feedback about client record reviews is provided; such consultation is documented by the supervisor and feedback is provided to DCFS staff.
     6. Supervisors and the appropriate manager are responsible for providing necessary oversight of all services rendered to ensure claims for reimbursement are not submitted by DCFS staff until such services are documented properly in the client record.
  2. Planning and Evaluation Unit (PEU)
     1. The PEU shall develop quality assurance (QA) protocols and tools with which to routinely review TCM cases in order to confirm documentation and service standards are met as set forth in this policy. These reviews are to occur quarterly commencing July 1st of each year on a minimum of 25% of TCM cases selected from every CMH program which provides TCM services.
     2. The PEU shall analyze the data from client record documentation reviews in order to identify patterns and trends and submit these in a written format to the DCFS Deputy Administrator and/or DCFS Administrator.
     3. The PEU shall provide consistent recommendations for program improvement on a recurring basis and as determined by the DCFS Deputy Administrator and/or DCFS Administrator.
     4. Findings from these reviews are to be provided to the DCFS Administrator and Deputy Administrator by the 15th of the following last review month every quarter (e.g., if the quarter reviewed was July through September, the quarterly report is due by December 15th).

1. **DEFINITIONS** *(Please refer to the DCFS Glossary of Terms dated 01-17-14 for additional definitions)*
   1. Care Coordination Plan (CCP)

Means a written individualized plan developed jointly in a Child & Family Team that specifies the goals, objectives and actions to address the medical, social, educational, and other services needed by the client, including activities such as ensuring the active participation of the client and working with the client (or the legally responsible person) and others to develop the goals and identify a course of action to respond to the assessed needs**.**  If a DCFS therapist is also providing TCM services, the therapist is to document the care coordination plan on the DCFS Comprehensive Treatment Plan (CTP) document.

* 1. Case Management

Means activities that will assist individuals in gaining needed medical, social, educational, and other services (Deficit Reduction Act [DRA] of2005). Case management is not a direct service; it is an indirect service in which a client’s service needs and access to care are evaluated and monitored.

* 1. Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

These are Medicaid covered services which are preventive and diagnostic in nature and which are available to most Medicaid recipients under age 21. In Nevada, the EPSDT program is known as Healthy Kids; the regulations for Healthy Kids are located in MSM 1500. The program is designed to identify medical conditions and to provide medically necessary treatment to correct such conditions. Healthy Kids offers the opportunity for optimum health status for children through regular, preventive health services and the early detection and treatment of disease. CM’s are required to make EPSDT referrals according to the EPSDT periodicity tables and/or sooner, when needed.

1. Linkage

Means making an assessment about whether the client and family/legal guardian has the capacity to independently access the service on their own and whether they can actually manage and access a referral made by the CM. If the answer is yes, a referral suffices. If the answer is no, typically the CM will contact the service provider and make the arrangements for services (i.e., appointments, transportation) which allows the client to access the service; this is what is meant by “linking” the client to the service rather than just providing the referral information to the client.

1. Progress Note

The written documentation of the services or service coordination provided which reflects the progress, or lack of progress towards the goals and objectives identified on the plan. All progress notes reflecting a billable mental health service must be sufficient to support the services provided and must document the amount, scope, duration and provider of the service.

1. Referral

Means the process of directing a client to a service or support and/or providing the client with the information they need to access the service.

1. Targeted Case Management Assessment: A targeted case management assessment (TCMA) includes activities which focus solely on service needs and the identification of needs for medical, social, educational or other services (Federal Register, Vol. 72, No. 232). The TCMA is completed by the targeted case manager on the Targeted Case Management Assessment (TCMA) Form (Attachment A). The TCMA is not to be confused with assessments which identify mental health acuity; rather the TCMA only assesses the client’s service needs in the various life domains.