

CASE MANAGEMENT DISCUSSION DOCUMENT

FOR Children, Families, Health, and Human Services Interim Committee

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CHILDREN & FAMILIES, HEALTH, HUMAN SERVICES
INTERIM COMMITTEE
MARCH 30, 2006 MEETING
EXHIBIT 12

Introduction

The Children's Mental Health Bureau (CMHB) provides Medicaid funding for a variety of mental health services for Seriously Emotionally Disturbed youth including:

- Targeted youth case management (TYCM)
- Therapeutic family services
- Group home services
- Comprehensive school and community treatment (CSCT)
- Outpatient individual, family, and group therapy
- Inpatient psychiatric services
- Community based psychiatric rehabilitative services (CBPRS)

Because of the importance of Medicaid mental health services in helping youth and their families succeed, the Children's Mental Health Bureau has been reviewing these programs. The goal of the review is to find ways to improve the services families receive while staying within the Children's Mental Health Medicaid budget.

For a complete list of services available under the Children's Medicaid Mental Health program visit the Children's Mental Health Bureau website at:

<http://www.dphhs.mt.gov/mentalhealth/children/index.shtml>

This document was used for the METNET CONFERENCE held on March 22, 2006. This conference include participation by parents, advocates, providers.

REVIEW OF CONCERNS

CONSUMER CONCERNS

The public forums conducted in February 2006 as well as a review of consumer concerns received by CMHB show that consumers want:

- A choice of TYCM providers
- TYCM providers who are knowledgeable in:
 - Community resources
 - Mental health diagnosis and treatment
 - Children's rights
 - Advocacy
- Case managers who are available and responsive
- No waiting lists for services
- More involvement in treatment planning

PROVIDER CONCERNS

The public forum plus ongoing comments from TYCM providers indicate that they want:

- Compensation for travel time when traveling to see clients in outlying areas
- Lower case loads for case managers
- Increased contact/services to keep children in communities
- Training

CMH PROGRAM CONCERNS

- TYCM relies on federal Medicaid money and the Medicaid budget has not grown at the same pace as TYCM services provided. Costs for TYCM need to be contained in order for families to be able to continue getting help when it is needed. Information shows that some of the areas that result in significant budget impacts are:
 - Need for transition from the targeted youth case management agency assisting the family to the family assisting themselves.
 - Services being billed as targeted case management that are not covered by Medicaid under the definition of TYCM.

THE ROLE OF TARGETED CASE MANAGEMENT

Targeted Youth Case Management is a service provided to youth and their families to provide assistance with managing the youth's mental health services. TYCM is made up of four areas:

- Assessment
- Case planning
- Referral/Networking
- Monitoring

TYCM is intended to be a short-term service that helps families learn how to manage their own child's mental health care. It is often used in crisis situations to help stabilize families until services are set up for the youth and family and to ease the transition for a child who is returning from an out of home placement.

The benefits of TYCM are that it:

- Builds on the family's strengths
- Advocates for the family
- Empowers families in becoming their own advocate
- Helps families learn what services are available and how to access them
- Reduces the need for out of home placements
- Promotes family self reliance
- Is sensitive to the culture of the family

Children's Mental Health Bureau is considering a Targeted Youth Case Management service program that includes prior approval for target case

management services. This program would allow for 12 units of targeted case management service to be provided without prior authorization. This would allow for contacts for:

- crisis management,
- assisting clients until UR approves services,
- developing a service plan, or
- families that just need brief assistance to access services and are then able to be self sufficient.

TYCM services beyond the initial 12 units would be available when prior approval is received. TYCM is an intensive service delivered over a limited time period. It would help families move toward self sufficiency. It is an empowering process for families. The focus of TYCM is helping families develop the skills needed to self manage the youth's care. It reduces the risk of families becoming dependent on TYCM services. Typically, these results would be evident in about 96 units of service (24 hours).

Targeted youth case managers would be used for medically necessary services for:

1. Youth at risk of out of home placement
2. Youth in out of home placement
3. Families in which the parents do not have the skills or capability to manage child's MH care.

Since the intent of TYCM is that it be of short duration for those situations in which the family is in crisis or do not have the needed skills to access services, the UR Continued Care Authorization process would help assure that families are moving forward in the process. There may be some families who may require longer or ongoing TYCM services due to unique circumstances , and these situations would be handled on a case by case basis.

HOW DO TYCM AND UR COMPARE?

Targeted Youth Case Management

- May be the first point of contact for clients
- Helps client obtain assessment to determine SED
- Develops the Case Plan
- Links clients to community services and programs
- TCM is pre-authorized by UR
- Intensive case management to stabilize families and build self management skills
- Short term

Utilization Review

- May be the first point of contact for clients
- Determines SED based on assessment
- Reviews the Case Plan outcomes
- Informs clients of local CMH service providers
- UR pre-authorizes TCM
- Case review for prior approval for services and continuation of care authorization
- Involved as long as youth receives mental health services

NEW CLIENT REFERRAL PROCESS

