



**Network Operations Communications Bulletin
FY-1112-NM-08**

To: PBH Network Providers

**From: Nicole P. McKinney, PhD, LPC
Corporate Network Operations Director**

Date: December 5, 2011

RE: PBH – Targeted Case Management Transition Plan

PBH Targeted Case Management Transition Plan

Targeted Case Management (TCM) is a service that is offered in the NC Medicaid plan for children and adults receiving mental health, intellectual and other developmental disabilities and substance use/addiction services. Targeted Case Management includes the following functions:

- Assessment
- Care Planning
- Referral, Linkage, and Coordination of Services
- Consumer Monitoring & Follow-up

Targeted Case Management is not included in the service array under the Cardinal Innovations Health Plan. As a result, Targeted Case Management Services will end. As appropriate, consumers currently receiving TCM will be transitioned to other services offered within the Medicaid Waiver service array.

PBH is committed to ensuring that a smooth transition of TCM occurs. PBH is also committed to working with providers, individuals and consumer members to identify available alternative services. As a result, a plan has been devised to ease this transition. This plan includes the staggered conclusion of TCM, along with collaborative efforts with PBH's Clinical Operations, Care Coordination, and Network Operation's departments to ensure that consumers, providers

and stakeholders are properly informed.

PBH Community Operations Center (TCM Ended September 30, 2011)

Targeted Case Management services were transitioned on October 1, 2011 to other services as appropriate after ending on September 30, 2011. Consumers who were receiving Medicaid Funded Targeted Case Management were identified. PBH took the following steps to ensure a smooth transition.

Providers of Child Mental Health Residential Level 1-4 and In-State PRTF; Adult PSR; and Supervised Living and Adult Group Living High were responsible for development of their consumer's Person Centered Plans (PCPs), unless the consumer was also receiving an enhanced service that included case management functions (see below):

Enhanced services that already include case management functions:

- IIHS (H2022)
- MST (H2033)
- Day Treatment (H2012 HA)
- ACTT (H0040)
- CST (H2015 HT)
- SAIOP (H0015)
- SACOT (H2035)

PBH continued, where applicable, to pay providers of Child MH Residential Level 1-4 an enhanced specialized rate to facilitate the transition of consumers to a different level of care including locating providers/placements, assisting with needed applications, developing PCPs, etc.

PBH's Care Coordination Department provided monitoring, PCP revision if indicated, and assisted with step down to lower level of care when applicable for children in out of state placements. Targeted case managers supporting these consumers were encouraged to contact the PBH MH/SA Care Coordination Department at 704 721-2700.

During the transition period, prior to the service ending, providers, individuals, and families participated in various educational trainings, informing them of the termination of TCM.

Alamance/Caswell Community Operations Center (TCM Ends December 31, 2011)

The Cardinal Innovations Health Plan expanded into Alamance and Caswell counties on October 1, 2011. PBH continues to actively work with former Alamance–Caswell LME providers and consumers in the termination of TCM. Alamance/Caswell providers were informed on September 2, 2011 that TCM would be ending on December 31, 2011.

In order to assist in the smooth transition of consumers, the Alamance Caswell Community Operations Center will continue to provide State Funding for Targeted Case Management for a period of 3 months for the following individuals:

Individuals with or without Medicaid receiving the following MH/SA Services:

- Residential Level I (H0046)
- Residential Level II- Family Type (S5145) Program Type (H2020)
- Residential Level III (H0019)
- Residential Level IV (H0019)
- PRTF (911)
- PSR (H2017)
- Group Living (high- YP780, moderate-YP770)
- Supervised Living (moderate- YP720, low-YP710)
- Social Setting Detox (YP790)
- Medically Monitored Community Residential Treatment (H0013)
- Opioid Treatment (H0020)
- Facility Based Crisis (S9484)

Individuals with or without Medicaid receiving the following IDD Services:

- Supervised Living (Moderate YP720-, Low- YP710)
2 Residents- YM812, 3 Residents YM813, 4 Residents YM814, 5 Residents YM815, 6 Residents YM816)
- Group Living (High - YP780)

Providers who currently provide TCM will be offered an opportunity to provide (b)(3) Community Guide services to individuals with IDD. Some of those individuals may be able to transition from TCM to (b)(3) Community Guide.

The PBH's Clinical Operations Department Team continues to work closely with providers who are serving consumers receiving TCM to transition to other services, as appropriate, by December 31, 2011.

Educational opportunities and trainings began in June 2011 and continue to be offered to providers, regarding the Cardinal Innovations Health Plan service array.

Consumers and family members will be informed of the ending of TCM beginning December 1, 2011 through written communication and community meetings.

Community Relations Specialists and Care Coordinators will notify community stakeholders.

Five County Community Operations Center

(TCM Ends January 31, 2012)

On January 1, 2012, PBH will begin managing Medicaid and state funds for Five County LME. Providers within the Five County region will be notified beginning December 1, 2011 that TCM will be ending on January 31, 2012. As a part of the notice, providers will be advised of the alternative services which consumers may be transitioned, if appropriate.

On January 1, 2012, PBH's Clinical Operations Department Teams will begin to work closely with providers who are serving consumers receiving TCM to transition consumers to other services as appropriate by January 31, 2012.

Consumers and family members will be informed of the ending of TCM through written communication and community meetings beginning on December 1, 2011.

Community Relations Specialists and Care Coordinators will notify community stakeholders.

OPC Community Operations Center

(TCM Ends March 31, 2012)

PBH will begin managing Medicaid and state funds for OPC LME on April 1, 2012. On February 1st, providers will be advised that TCM will no longer be available as of April 1, 2012. February 1, 2012, will be the start of educational and training opportunities for providers regarding the conclusion of TCM. Educational opportunities will continue for providers at scheduled provider meetings and trainings.

Consumers and family members will be informed of the ending of TCM through written communication and community meetings beginning on February 1, 2012.

Community Relations Specialists and Care Coordinators will notify community stakeholders.

We recognize that the transition away from TCM will be a difficult one. To further assist, PBH Care Managers in our Clinical Operations Department will work with providers within all of the regions to ensure that consumers are transitioned to an alternative service within the Cardinal Innovations Health Plan service array, when appropriate. Technical assistance will be provided to support providers and strengthen their ability to coordinate the transition of consumers as they prepare for the conclusion of TCM. As a result, Utilization Management and Care Coordination will work closely to support providers and consumers through this transition.

The Clinical Operations Department and the Care Coordination Department, will review Treatment Authorizations Requests (TAR) to determine if consumers are in need of an alternative services.

Individuals, who have questions regarding the TCM transition plan, are encouraged to call the PBH Call Center at 1-800-939-5911.