**Adult Targeted Case Management and Adult Intensive Case Management Team Services Prior Authorizations**

When requesting initial or continued Adult Targeted Case Management or Adult Intensive Case Management Team Services, providers must submit the items listed below.

**Note:** Member’s must meet all eligibility requirements for this service as indicated in the “Florida Medicaid: Mental Health Targeted Case Management Handbook,” located on the Agency for Health Care Administration—Adopted Rules web page: <https://ahca.myflorida.com/medicaid/review/specific_policy.shtml>

* **INITIAL TCM AUTHORIZATIONS:**

Providers must submit **all** the following to MMM when requesting initial TCM services**:**

1. **A completed BH Prior Authorization request**. Providers must submit a BH Prior Authorization request though InnovaMD or by faxing in a completed prior authorization request. Prior authorization request form is located on MMM’s website.

The prior authorization request must specify the service being requested, HCPCs code(s), number of units and frequency being requested, and the date services are to start and to end.

* + - * + HCPCS code: T1017
        + Maximum number of units that will be authorized: 344 units\*
        + Authorization period: 30 days

\*Note: 15 minutes equals one unit of service

1. **Required Certification forms:**

Providers must submit a completed “**Adult Certification, Adult Mental Health Targeted Case Management”** formwith accompanying clinical information to support each certification component. (Provider may use the form located on MMM’s Provider website or may use the form **“Appendix J**” located in of the Florida Mental Health Targeted Case Management Handbook on the AHCA website).

**OR**,

Providers are to submit a completed “**30-DAY CERTIFICATION FOR ADULT MENTAL HEALTH TARGETED CASE MANAGEMENT**” form for members meeting the following criteria:

A member who has been referred by Medicaid’s contracted utilization management services vendor after a denied admission to or discharge from an inpatient psychiatric unit.

A member who has been admitted to an inpatient psychiatric unit, or

Has been identified by Medicaid’s contracted utilization management services vendor as high risk.

\*Provider may use form located on MMM’s Provider website or may use the form located in Appendix L of the Florida Mental Health Targeted Case Management Handbook on the AHCA website

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1. **Clinical** **notes**: documentation supporting medical necessity for the intensity and frequency of services being requested.

* **Continued TCM Service Requests**

Providers must submit **all** the following to MMM when requesting additional TCM services:

1. **Completed Prior Authorization request**. Providers must submit a BH Prior Authorization request through InnovaMD or via fax at least 14 days prior to member’s current authorization of service expiring. The BH Prior Authorization request form is located on MMM’s website.

The prior authorization request must specify the service(s) being requested, HCPCs code, number of units and frequency being requested, and the date services are to start and end.

• HCPCS code: T1017

• Maximum number of units that will be authorized: 1032 units\*

• Authorization period: 90 days

\*Note: 15 minutes equals one unit of service

1. **Required Certification forms:** Providers must submit a completed “**Adult Certification, Adult Mental Health Targeted Case Management”** form within 30 days of onset of treatment. *Therefore, if this form was not submitted with the initial authorization request for TCM services, one must be submitted prior to any additional TCM services being approved.* Failure to provide this certification may result in a denial being issued.
2. **Comprehensive Assessment:** Prior to Continued TCM services being authorized, Provider must have submitted a copy of the member’s comprehensive assessment which must include:
   * **Information from the following sources**:

* The member.
* The agency or individual who referred the member for mental health targeted case management services.
* The member’s family and friends (with appropriate consent).
* Other agencies that are providing services to the member.
* Previous treating providers, including inpatient and outpatient treatment. (If collateral information cannot be obtained, the mental health targeted case manager must provide written justification),
  + **The comprehensive assessment must include all the following components:**
* Presenting problem(s) and history, including the member’s, legal representative’s, and family’s assessment of his situation (with appropriate consent).
* Psychiatric and medical history including medications and side effects.
* Member’s current and potential strengths.
* Resources that are available to the member through his natural support system.
* Member’s school placement, adjustment, and progress (if applicable).
* Member’s relationship with his family and significant others.
* Identification and effectiveness of services currently being provided; and
* Assessment of the member’s needs and functioning abilities in the following areas:
* Mental health maintenance and abstinence from substance abuse or use.
* Family support and family education.
* Education, vocational, or job training.
* Housing, food, clothing, and transportation.
* Medical and dental services.
* Legal assistance.
* Development of environmental supports through support groups, peer groups, activities, community services, friends, landlords, employers; and
* Assistance with establishing financial resources

1. **Service Plan**: Upon each request for continued TCM services, Providers must submit a copy of the member’s most recent updated Service Plan. The Service Plan must:
   * + Be an identifiable document.
     + Be developed in partnership with the member and the member’s guardian, or legal custodian (if applicable).
     + Describe the member’s service needs and the activities that the mental health targeted case manager will undertake in partnership with the member.
     + Contain measurable goals and objectives derived from the member’s assessment.
     + Have identified time frames for achievement of goals.
     + Include the name of the individual or agency responsible for providing the specific assistance or services.
     + Be consistent with the member’s treatment plan(s).
     + Be signed and dated by the member, guardian or legal custodian, the member’s mental health targeted case manager (must include title), and the mental health targeted case manager’s supervisor (must include title).
     + In addition to submitting it to MMM, a copy must be retained in the member’s case record.
2. **Clinical Summary:** With each prior authorization request for continued TCM services, providers must submit:

* Identify goals that have been met during the previous authorization period,
* A summary of member progress towards achieving unmet targeted goals,
* Identified barriers to member’s progress towards meeting unmet goals
* Other information that will support the need for the frequency and intensity of services being requested.
* Copies of clinical notes or monthly summary notes for TCM services that were provided under the previous authorization request.
* **INITIAL ICM AUTHORIZATIONS:**

Services rendered during the 30-day certification period for ICM are processed and reimbursed using the prior authorization processes and procedure codes for Adult Mental Health Targeted Case Management services. (T1017 x 344 units max) Once an approved 30-days of TCM has been completed, Provider may submit an initial request for ICM services using process below.

Providers must submit **all** the following to MMM when requesting initial ICM services:

1. **Completed Prior Authorization request**. Providers must submit a BH Prior Authorization request through InnovaMD or by faxing in a completed BH prior authorization request. Prior authorization request form is located on MMM’s website.

The prior authorization request must be submitted within 14 days *prior* to the member’s last approved *TCM* authorization service expiration date.

The prior authorization request must specify the service being requested, HCPCs code with modifier, number of units and frequency being requested, and the dates which services are to start and end.

HCPCS code: T1017 with modifier **HK**

Maximum number of units that will be authorized: 48 units/day\*

Authorization period: 90 days

\*Note: 15 minutes equals one unit of service

1. **Required Certification forms:**

Provide must submit a completed “**Adult Certification, Intensive Case Management Team Services, Adult Mental Health Targeted Case Management**.” The certification form must be signed and dated by the mental health targeted case manager and the case manager’s supervisor. (Providers may use form located on MMM’s Provider website or may use the form located in Appendix K of the Florida Mental Health Targeted Case Management Handbook on the AHCA website). Failure to provide this certification may result in a denial being issued.

1. **Comprehensive Assessment:** Provider must submit a copy of the Member ‘s comprehensive assessment which must include:
   * **Information from the following sources**:

* The member.
* The agency or individual who referred the member for mental health targeted case management services.
* The member’s family and friends (with appropriate consent).
* Other agencies that are providing services to the member.
* Previous treating providers, including inpatient and outpatient treatment. (If collateral information cannot be obtained, the mental health targeted case manager must provide written justification),
  + **The comprehensive assessment must include all the following components:**
* Presenting problem(s) and history, including the member’s, legal representative’s and family’s assessment of his situation (with appropriate consent).
* Psychiatric and medical history including medications and side effects.
* Member’s current and potential strengths.
* Resources that are available to the member through his natural support system.
* Member’s school placement, adjustment, and progress (if applicable).
* Member’s relationship with his family and significant others.
* Identification and effectiveness of services currently being provided; and
* Assessment of the member’s needs and functioning abilities in the following areas:
* Mental health maintenance and abstinence from substance abuse or use.
* Family support and family education.
* Education, vocational, or job training.
* Housing, food, clothing, and transportation.
* Medical and dental services.
* Legal assistance.
* Development of environmental supports through support groups, peer groups, activities, community services, friends, landlords, employers; and
* Assistance with establishing financial resources

1. **Service Plan**: Providers must submit a copy of the member’s most recent updated service plan. The service plan must:
   * Be an identifiable document.
   * Be developed in partnership with the member and the member’s guardian, or legal custodian (if applicable).
   * Describe the member’s service needs and the activities that the mental health targeted case manager will undertake in partnership with the member.
   * Contain measurable goals and objectives derived from the member’s assessment.
   * Have identified time frames for achievement of goals.
   * Include the name of the individual or agency responsible for providing the specific assistance or services.
   * Be consistent with the member’s treatment plan(s).
   * Be signed and dated by the member, guardian or legal custodian, the member’s mental health targeted case manager (must include title), and the mental health targeted case manager’s supervisor (must include title);
   * In addition to submitting it to MMM, a copy must be retained in the member’s case record.
2. **Clinical Summary:** Providers must submit:
   * Goals that have been met during the previous *TCM* authorization period,
   * A summary of member progress towards achieving unmet targeted goals,
   * Identified barriers to member’s progress
   * Other information that will support the need for intensity of services being requested.
   * Copies of clinical notes or monthly summary notes for TCM services that were provided under the previous *TCM* authorization request.

**NOTE:** Services rendered during the 30-day certification period for ICM are reimbursed using the prior authorization processes and procedure codes for adult mental health targeted case management services documented previously. (T1017 x 344 units max) Therefore, provider would have had 30 days authorized previously under TCM to complete the needed certification, initial comprehensive assessment and service plan that are required within 30 days of initiating TCM services.

* **Continued ICM Service Requests**

Providers must submit **all** the following to MMM when requesting additional ICM services:

1. **Completed Prior Authorization request**. Providers must submit a BH Prior Authorization request through InnovaMD or via fax at least 14 days prior to member’s current authorization of service expiring. The BH Prior authorization request form is located on MMM’s website.

The prior authorization request must specify the service(s) being requested, HCPCs code, number of units and frequency being requested, and the date services are to start and to end.

HCPCS code: T1017 with modifier **HK**

Maximum number of units that will be authorized: 48 units/day\*

Authorization period: 90 days

\*Note: 15 minutes equals one unit of service

1. **Required Certification forms:** no new certification form needed. Providers must have submitted a completed “Adult Certification, Adult Mental Health Targeted Case Management” form when initial ICM services were requested.
2. **Comprehensive Assessment:** Prior to continued ICM services being authorized, Provider must have submitted a copy of the Member’s most recent comprehensive assessment which must include:

* **Information from the following sources:**
* The member.
* The agency or individual who referred the member for mental health targeted case management services.
* The member’s family and friends (with appropriate consent).
* Other agencies that are providing services to the member.
* Previous treating providers, including inpatient and outpatient treatment. (If collateral information cannot be obtained, the mental health targeted case manager must provide written justification)
* **The comprehensive assessment must include all the following components**:
* Presenting problem(s) and history, including the member’s, legal representative’s and family’s assessment of his situation (with appropriate consent).
* Psychiatric and medical history including medications and side effects.
* Member’s current and potential strengths.
* Resources that are available to the member through his natural support system.
* Member’s school placement, adjustment and progress (if applicable).
* Member’s relationship with his family and significant others.
* Identification and effectiveness of services currently being provided; and
* Assessment of the member’s needs and functioning abilities in the following areas:
* Mental health maintenance and abstinence from substance abuse or use.
* Family support and family education.
* Education, vocational, or job training.
* Housing, food, clothing, and transportation.
* Medical and dental services.
* Legal assistance.
* Development of environmental supports through support groups, peer groups, activities, community services, friends, landlords, employers; and
* Assistance with establishing financial resources

1. **Service Plan**: Upon each request for continued ICM services, Providers must submit a copy of the member’s most recent updated service plan/tx plan. The service plan must:
   * + - * Be an identifiable document.
         * Be developed in partnership with the member and the member’s guardian, or legal custodian (if applicable).
         * Describe the member’s service needs and the activities that the mental health targeted case manager will undertake in partnership with the member.
         * Contain measurable goals and objectives derived from the member’s assessment.
         * Have identified time frames for achievement of goals.
         * Include the name of the individual or agency responsible for providing the specific assistance or services.
         * Be consistent with the member’s treatment plan(s).
         * Be signed and dated by the member, guardian or legal custodian, the member’s mental health targeted case manager (must include title), and the mental health targeted case manager’s supervisor (must include title).
         * In addition to submitting it to MMM, a copy must be retained in the member’s case record.
2. **Clinical Summary:** Upon each additional prior authorization request for continued ICM services, providers must submit:

Goals that have been met during the previous authorization period,

A summary of member progress towards achieving unmet targeted goals,

Identified barriers to member’s progress,

Other information that will support the need for the frequency and intensity of services being requested.

Copies of clinical notes or monthly summary notes for ICM services that were provided during the previous authorization period.