



Medicaid Targeted Case Management Adult Eligibility and Service Guiderails

The Health Plan (THP) supports care management as an evidence-based method for integrating behavioral health and medical care. However, West Virginia Medicaid Targeted Case Management (TCM) has clearly specified “guiderails” for eligibility and service.

According to the Bureau for Medical Services (BMS) Provider Manual Chapter 523 (access BMS' Provider Manual [here](#)), an adult member is eligible to receive TCM under the following circumstances:

1. Documentation indicates that an adult member is eligible for TCM because:
 - a. The adult is age 22 or older; **and**
 - b. By virtue of age and effects of the emotional and/or developmental impairments, the adult is unable to perform activities of daily living (ADL) without assistance and/or prompting, **and**
 - c. The adult demonstrates a serious and persistent emotional, behavioral, developmental and/or substance use disorder as exemplified by a valid diagnosis as described in the language of the current Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association; and/or the current International Classification of Disease and Related Health Problems (ICD). **OR**
2. Documentation indicates that the adult is currently and temporarily residing in a licensed domestic violence shelter

Note that all three circumstances are required under the first category (a – c) of eligibility listed above.

Additional criteria from the manual include:

To demonstrate the linkage between emotional/behavioral/developmental disability and functional impairment, the provider's documentation must reflect one or both of the following:

1. Because of the inability to process and comprehend information, the member is unable to properly act upon documents or utilize processes regarding benefit eligibility, medication management, budgeting, or otherwise performing activities required to continue to live in a community-based setting **AND/OR**
2. Because of interpersonal problems of psychiatric symptomatology, the member is unable to cooperate with others in order to achieve goals and obtain services necessary for community living

Because the care manager relationship to the member is designed to be relatively intimate and supportive, billing for multiple case managers within one agency on the same member is generally not appropriate. Each care manager should be trained and certified by the agency under the guidelines specified for TCM in BMS' Provider Manual, and appropriately supervised.

Examples of activities which are **NOT** appropriate for TCM billing include the following:

1. Quality and completeness review of member records,
2. Preparation of urine drug sample(s) to be sent to the lab,
3. Review of urine drug screen (UDS) results in Medication Assisted Treatment (MAT) programs,
4. Billing that duplicates TCM billing by another staff person in the same time frame performing different TCM activities,
5. Billing by different case managers on the same member (exceptions can be made for unusual circumstances),
6. Preparation of group therapy workbooks, and
7. Calls from front desk staff as appointment reminders

Please contact your Practice Management Consultant (PMC) with any questions that you may have. Access your PMC contact information [here](#).

