Targeted Case Management

Classroom Training Material
For
DHR Child Welfare and Adult Protective Services Staff

Introductions and Administrative Information

Step	Action
1	**Welcome**
2	**Introductions**
3	**Cover the following:** ❖ Location of restroom ❖ Break room facilities ❖ The plan for breaks (5 minutes after 45 minutes into the material) ❖ Signing the Training Data Form
4	**Targeted Case Management (TCM) activities impact department's revenue.** Participation in the TCM Program allows the Department to claim approximately $430.00 per eligible child encounter and $543 per eligible adult encounter. (The amount paid for each eligible encounter is recalculated each fiscal year.) One encounter per month is eligible for reimbursement for each foster child or each adult in need of protective services. **TCM reimbursement allows DHR to partially pay staff salaries for providing these services.**

TCM Resource Material

Course outline provides for instructions based on materials found in Chapter 106 of the *Alabama Medicaid Provider Manual* (http://medicaid.alabama.gov/content/Gated/7.6.1G_Provider_Manuals.aspx) and the Medicaid On-line "Service Coordination Core Training Module'. DHR TCM policies included in this material may be found in the *Child Welfare Policy Manual* and the *Adult Protective Service Manual*.

Targeted Case Management

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Purpose

This course material covers the training requirements for the Alabama Department of Human Resources **Targeted Case Management (TCM)** Program. This course material is given as a guide to ensure that the core curriculum, as required by the Alabama Medicaid Agency and the Alabama Department of Human Resources, is presented to **DHR Child Welfare** and **Adult Protective Services** social work staff.

The **Alabama Medicaid Agency has designated DHR social workers to provide TCM services** when they have completed this curriculum and **passed the Certification Test** at the end of this training session.

Case management is a system under which responsibility for locating, coordinating and monitoring a group of services rests with the DHR social service caseworker or social workers. **These workers are referred to as case managers by the Alabama Medicaid Agency. A case manager is responsible for intake and referral, assessment, care plan development, outreach, and implementing and tracking services to an individual**. A quality case management system eliminates fragmentation and duplication of services to the client and assures the continuity of necessary services by a case manger who is knowledgeable of their needs and will assist them as needed. DHR Case Management services are those services that assist eligible individuals in gaining access to services to meet medical, social or education or other needs.

Through the Medicaid State Plan, the **Alabama Medicaid Agency provides reimbursement of "targeted" case management services** for DHR and other providers who have met the licensure and certification requirements of the State of Alabama, the *Code of Federal Regulations*, *the Alabama Medicaid Administrative Code*, and the *Alabama Medicaid Provider Manual*. The Medicaid Agency is governed by rules and regulations of the **Center for Medicare and Medicaid Services (CMS)**.

DHR Target Groups

DHR Case management services are targeted to two groups of individuals served by DHR; these are:

Foster children (0-21) who are in the care, custody, or control of DHR. This includes foster children who are residing in a foster care home, emergency shelter, group home, residential care, relative placement, or in their own home.

Adults (age 18 or over) who are at risk of abuse, neglect, exploitation, or at risk of institutionalization and who have signed an application to choose DHR - APS as the TCM service provider. **The application may be signed at any time by a Medicaid eligible adult and is required prior to claiming TCM services for an APS client.** APS TCM target group may reside in his/her own home, the household of another, or a supervised residential setting, as well as in total care environments such as nursing facilities, hospitals, and residential programs.

Other target groups served by other agencies include Mentally Ill Adults, Intellectually Disabled Adults, Disabled Children, Pregnant Women, AIDS/HIV-Positive Individuals, and Technology Assisted (TA) Waiver for Adults. In addition, several of Alabama's Home and Community Based Services (HCBS) offer case management services to waiver participants. Other state agencies offer TCM services to specific groups that they serve, such as Mental Health/ Mental Retardation, Public Health and Rehabilitation Services. **DHR is not the only Alabama Agency providing TCM Services.**

Roles of the DHR Case Manager/Social Worker:

Effective case management is based on a mutual understanding that **both the social worker and the client are working collaboratively** toward achieving the basic goal of protection and/or providing needed services to those that are served by DHR. The roles of a case manager include:

* **Coordinator**	* **Negotiator**	* **Enabler**	* **Assessor**
* **Advocator**	* **Developer**	* **Facilitator**	* **Evaluator**

Interviewing and Communication Skills

Step	Action
1	**Interviews are needed to obtain and provide information needed to carry out the case management process. Interviews** may be **conducted face-to-face or they may occur by telephone or in writing**. The method used will be determined by policy and needs of the recipient. **Interviews are not with neighbors.**
2	**Know the purpose and prepare for the interview. Be flexible. Review the Case Plan.**
3	**Show respect for the recipient. Be aware of your own personal biases. Prepare to Listen.**
4	**Consider environmental factors.**
5	Listen. Often the things not said are as important as the words said. There are three (3) general rules of listening: ❖ Listen with the intent to understand. ❖ Recognize your use of the primary levels of listening that each of us practices… ignoring: not listening. Pretending to listen: responding with phrases such as Yes" "Right". Selective listening: hearing only parts of the communication. Listening attentively to the specific words: but not necessarily listening to the message. ❖ Develop the skill of empathic listening. Take time to understand the other person's frame of reference.
6	**Communication can consist of verbal and non-verbal statements and/or behaviors.**
7	Verbal Communication refers to the spoken word. Keep the words simple and avoid using technical jargon, abbreviated names, or terminology that is unfamiliar to the other party in the conversation.
8	Non-verbal Communication – what is not said may be even more powerful that what is actually said. Body language or non-verbal communication can include facial expressions, tones of voice, gestures, eye contact, spatial arrangements, patterns of touch, expressive movement, cultural differences and other nonverbal acts. ❖ **Ambulation or the different ways people carry his/her body tells a great deal about who the person is and how they are experiencing their environment.** ❖ Touching – is perhaps the most powerful nonverbal communication form. People differ in their willingness to touch and be touched. There are many taboos associated with this form of communication as touching may mean something different in different cultures. ❖ Eye Contact – we tend to size each other up in terms of trustworthiness through reactions to each other's eye contact. When eye contact becomes staring, it actually produces anxiety and may cause someone to lose their train of thought. There are cultural differences in how eye contact is perceived. **Continuous eye contact is not essential for good communication to occur.** ❖ Posturing – how one postures the body constitutes a set of potential signals that a person may be rigid, defensive or closed. A slumped posture may indicate one has low spirits, is fatigued, or feels inferior; whereas, an erect posture may show high spirits, high energy and confidence. Leaning forward with a relaxed posture may imply openness, interest and a willingness to listen. ❖ Tics – involuntary nervous spasms of the body can be a key that one feels threatened, but these mannerisms, like other forms of body language, can be easily misinterpreted…. ❖ Sub-vocals – we say uh, uh, uh, when we are trying to find a word. These non-words may carry meaning to another person. ❖ Gesturing – gestures do not mean the same thing to all people. We give emphasis to our words and we attempt to clarify our meaning through the use of gestures. ❖ Vocalism or inflection – refers to the way words are expressed. Variation in intonation and pitch of the voice can change the meaning of words. The way we carry our words vocally often determine the meaning that another person is likely to infer from our message.

9	Be a role model.
10	When two persons are attempting to communicate with each other, their communication is distorted by their personalities, attitudes, belief systems, biases, the assumptions they are making about each other, their experience, background, and so on….
11	The case manager/social worker can play a vital role in helping clients build skills necessary to be more independent and take greater charge of their lives or may link clients to resources that can assist them with building needed skills.
12	**Practice Critical Thinking – is the process of reasoning, organizing and analyzing information** so that problems are accurately understood and solutions are outcome-oriented and purposeful. Critical thinking occurs continuously as the case manager process interaction with both clients and referral sources.
13	Negotiation and Collaboration – Facilitating the person's receipt of service is a fundamental task of the case manager. The case manager must establish cooperative relationships with both formal and informal resources within the community. Case managers are expected to collaborate with multi-disciplinary providers and develop plans of care that address all relevant problems. The case manager must use negotiation and collaboration skills to get individuals and organizations to work jointly with a client to meet their needs. A consensus must be reached on what needs to be done and who will be responsible for doing it.
14	Be an Advocate – identify shortcomings or gaps in service delivery systems and advocate for the removal of barriers that make it difficult to access services or the development of new resources to meet needs. ❖ Have knowledge of admissions and acceptance criteria for various programs, services, and resources. ❖ Be aware of relevant laws, rules, and regulations that may influence eligibility or entitlement to services. ❖ Demonstrate problem solving and negotiation skills to gain support for the client. ❖ Use productive strategies for persuading gatekeepers and resource holders to provide assistance. ❖ Represent the rights and needs of your client. ❖ Whenever possible, afford clients the opportunity to convey first-hand information about their personal successes and struggles.
15	**When closing the interview the case manager should give participants an opportunity to ask questions, review the information discussed, describe any follow-up that is needed, and state who is responsible for the follow-up**.

Confidentiality of Client Information - HIPAA Regulations

Step	**Action**
1	Confidentiality of all client information is protected by state and federal laws.
2	**Prior to the release of <u>any</u> client information including, but not limited to, identifying information such as the client name, DHR policy must be reviewed by new workers with a supervisor prior to release of any information.**
3	The **Health Insurance Portability and Accountability Act** of 1996 (HIPAA) <u>is a federal law established to improve privacy and security of confidential or protected health information (PHI); however, this law does not supersede any state law that is more restrictive.</u> **There is an exception to HIPAA regulations**. ❖ HIPAA ensures the privacy and security of any individually identifiable health information. **TCM is a Medicaid Service and therefore covered by HIPAA regulations prior to releasing PHI.** ❖ HIPAA privacy is an individual's right to control access and disclosure of his/her PHI. ❖ Privacy defines who can access, use and disclose PHI. ❖ HIPAA regulations provide protection from unauthorized access and involve the storage and the transmission of PHI.
4	**PHI** exists when the individual health/medical information is combined with information that identifies that individual. There are three major categories of PHI. They are: 1. Personal information such as name, date of birth, social security number, vehicle identifiers, license numbers; 2. Demographic information such as address, telephone number, fax numbers, e-mail addresses, internet address numbers; and, 3. Information related to health status, services received or healthcare payments such as medical record

	number, diagnosis, dates of service, device serial numbers, health plan beneficiary numbers, account numbers, full face photographic images, and finger and voice prints.
5	**DHR has stringent confidentiality policies that must be observed at all times.**
6	**Workers should not talk about PHI with or about clients in public while in public places**. Whenever possible, a private confidential setting should be used when discussing PHI with clients. Never leave messages on answering machines regarding a client's PHI, and never disclose PHI to unauthorized persons, including family and friends unless the client has given permission. Any exceptions must be discussed with a supervisor. Always verify the identity and the need to know prior to discussing or disclosing personal information.
7	Review "DHR Notice of Privacy Practices" pamphlet.

Cultural Diversity

Step	Action
1	**Culture is defined as an integrated pattern of human behavior which includes thought, communication, language, beliefs, values, practices, customs, courtesies, rituals, manners of interaction, roles, relationships, and expected behaviors of a racial, ethnic, religious or social group; the ability to transmit the above to succeeding generations.**
2	**Cultural identification is a powerful factor that must be considered in all aspects of interaction and intervention.** Understanding the people that we serve requires the case manager to be knowledgeable of their culture. The worker must be careful not to generalize attributes to anyone because of their ethnic background, race, gender, or age. **The worker must at all times maintain sensitivity to the fact that the client being served is their own unique person.**
3	**Culturally competent practice requires the case manager to be aware of their own cultural/ethnic background and how this may affect the person's interaction with them**. Cultural differences must be recognized, understood, accepted and incorporated in all aspects of the case management process.

Case Transition / Case Closure / Case Termination

Step	Action
1	Service delivery and length of services should be individualized based on identified needs of each client/family for a continuum of services that are needed to meet identified goals based on individual client needs. Service delivery should be monitored to ensure that progress toward goals is being made and whether the services provided continue to be appropriate to assist the individual in meeting permanency and safety goals. The ideal discharge is when the client has met his/her desired outcomes and the there is a mutual agreement that there is no longer a need for case management services. At other times, the circumstances that result in termination of case services may be less than ideal.
2	**Successful closure and/or termination of services must be a part of the case plan when DHR involvement begins working with the individual/family.** This involves preparing the client for the separation from the services and case manager, and making sure the client is able to transition into being on their own, with responsible family members, and/or into new services. A case manager should always plan and prepare for case termination no matter how long they will be working with the client. Important tasks associated with case termination include: (1) determining when to implement termination; (2) mutually resolving emotional reactions experienced during the process of separation; (3) evaluating the services provided and the extent to which case plan goals were accomplished; and (4) planning for the consumer to maintain gains achieved and to achieve continued growth. Note: All DHR policies/procedures should be followed and adequate notice must be given before case closure.

TCM Encounter Defined

Step	Action
1	**Explanation of a TCM encounter:** **A TCM encounter is defined as a** face-to-face or telephone contact with a client **(foster child or APS adult)** or with a collateral on behalf of a client**.**

	A TCM encounter: ❖ The Case Manager Links or assists a child/adult client to gain access to needed services such as medical, dental, legal, social, educational, or other needed services identified in the case plan. ❖ Assessing/reassessing and/or monitoring/following up on services provided that pertain to the client's need, receipt, and outcome of the services provided. **A TCM encounter is not a written letter**. **A collateral is :** ❖ Client's immediate family ❖ Client's guardian ❖ Client's foster care providers ❖ Federal, state or local agencies or businesses contacted on behalf of the client

TCM Core Element Services

Step	Action
1	**Targeted Case Management is composed of <u>six</u> specific functions.** These functions are referred to as the core elements of TCM. For documentation and audit purposes, it is important to identify the core element service(s) that make-up a TCM encounter: ❖ **Needs Assessment** ❖ **Case Planning (ISP or APS Case Plan)** ❖ **Service Arrangement** ❖ **Social Support** ❖ **Reassessment and Follow-up** ❖ **Monitoring** **A TCM encounter must be described in documentation by using appropriate buzz words to describe the core element service provided.** ❖ **Buzz words that describe a TCM service includes, but is not limited to: assessed; advocated; arranged; coordinated; enabled; evaluated; facilitated; linked; monitored; negotiated; planned; and referred.** ❖ **Documentation must be clear, concise and connected. The documentation serves as a means of communicating with others the reason for your services, services provided, and follow-up plans.**
2	**Needs Assessment**: This is a written comprehensive assessment of the person's assets, deficits and needs. Assessment activities to determine the need for any medical, educational, social or other services including: a.) taking client history. b.) identifying the needs of the individual, and completing related documents. c.) gathering information from other sources such as family members, medical providers, social workers, and educators, if necessary to form a complete assessment of the individual. Fact gathering of the social, cultural, medical, educational and environment are a part of this process. Assessment is a simultaneous, fluid, ongoing process and depends on the interaction of the person, family and case manager as the needs and wants are identified. The case manager should look for strengths and resources that the individual has that are going well. The self-help strengths may be used to engage and provide direction to the recipient in the working relationship with the case manager. The overall goals of case management are gaining access to community support services and coordinating access to these services. Assessments can be done in a variety of settings, using different types of information-gathering forms and utilizing this information. During the intake process adult protective service clients are required to complete an application for TCM services. An application is not required for children who are in DHR custody. DHR should record any Third Party Health Insurance Information that may cover case management services. The SSN, Clients first, middle and last name and D.O.B. must be obtained and accurately entered in FACTS in order to verify Medicaid eligibility. **Needs assessment includes:** ❖ Socialization and Recreational needs – includes but is not limited to: daily activities, social and community

	activities, visits with family and friends, support groups, supportive employment, faith-based or social club activities and other areas to promote communication such as telephone conversations, e-mail and other internet communications. ❖ Training needs for community living – includes but is not limited to: daily activities, personal hygiene, housecleaning, money management, shopping, socially appropriate communication and behavior, use of community services, and use of public transportation. ❖ Vocational needs – includes but is not limited to: support of the education needs of the client. Specifically, vocational training is assisting the person in the public or private classroom and or home schooling in an effort to use the resource available to support their educational goals. To encourage and/or support the opportunities of job readiness, job training and job placement. Vocational assessment is an option if the person has not demonstrated job skills or there is a need for consideration of their mental, cognitive or physical disability. ❖ Physical needs – includes but is not limited to: housing, food, clothing, bathing, transportation, person/household income and a safe environment. ❖ Medical care concerns – includes but is not limited to: need for primary care, specialty care, dental evaluation and/or treatment, psychiatric and mental health counseling and various therapies that support the health of the person. Give consideration to prescribed therapies, medications, medical interventions and nutritional support and the client's access to medical equipment, prosthetics, wheelchairs and special seating, specialized bed and other needed medical equipment. ❖ Social/emotional status – includes but is not limited to: need for substance abuse or addiction services, unsafe/irresponsible sexual behavior, socially unacceptable or violent behavior, parenting skills, marital problems/family stability, and mental illness. ❖ Housing and physical environment – includes but is not limited to: safe environment, appropriate facilities for health and adaptations for mobility for the person within the structure and exits. Consider prior evictions, prior homelessness, multiple relocations for the person and family, and where the person is located in the physical environment/ freedom to move within the home. ❖ Resource analysis and planning – includes but is not limited to: local, state, federal resources for the person and family that are being served. Know the local community, availability, access and eligibility requirements of programs and resources that might benefit person for whom you are providing case management services. Build professional relationships with community service providers.
3	**Case Planning (ISP or APS Case Plan)** – The required Medicaid Plan of Care is called the DHR ISP or APS Case Plan. **This systematic client-coordinated Plan of Care** must be based on information collected through the Assessment process that specifies the goals and actions to address the medical, social, educational, and other services needed by the child or adult client. This includes ensuring the active participation of the eligible child or adult client and working with the child/adult and/or others to develop such goals and identify a course of action to respond to the assessed needs of the child/adult client. The ISP or APS Case Plan must list the actions required to meet the identified service needs of the child or adult client. The plan is developed through a collaborative process involving the adult client or the child, his/her family or other support system, and the case manager. The ISP/Case Plan must identify needs which have not been adequately met and a time frame to reassess service needs. It must also identify services needed by the eligible individual including activities such as ensuring the active participation of the eligible individual and working with the individual (or the individual's authorized health care decision maker) and others to develop such goals and identify a course of action to respond to the assessed needs of the individual. Medicaid requires that the plan be reviewed at intervals of at least every six months or less. For additional information, please refer to Child Welfare ISP policies or APS policies for Case Plans.
4	**Service Arrangement** - This includes activities that help link eligible individuals with needed medical, social, educational providers or other programs and services that are capable of providing needed services. Through linkage and advocacy, the case manager coordinates contacts between the recipient and the appropriate person or agency. The recipient is provided or assisted in the location of needed services and then calls or visits must be made on the recipient's behalf to ensure the receipt of services identified in the case plan. Contacts may be made through visits and phone conversations with the client and/or agency programs on the recipient's behalf. **Arranging services could include making a needed medical appointment for services identified in the case plan, conferring with an attorney on behalf of a client, or arranging for a visit for the recipient with an attorney. It's the arrangement of the service, not the actual service itself that is considered a part of case**

	management. **For example:** ❖ **Transporting a client is never allowed as a targeted case management service for Medicaid reimbursement; however, arranging for transportation is considered a case management service.** ❖ **If a recipient needs counseling, the case management service is to arrange for the counseling, not to provide the counseling.**
5	**Providing Social Support includes interviewing** the recipient and significant others, in order to determine whether the recipient possesses an adequate personal support system. If this personal support system is inadequate or nonexistent, the case manager will assist the recipient in expanding or establishing a support network through linking the recipient with appropriate persons, support groups, or agencies. **Identifying and/or locating social support is an essential task of a case manager.**
6	**Reassessment and Follow-up –** The case manager contacts the eligible individual, family members, persons or agencies providing services to the recipient and reviews the results of these contacts, together with the changes in the recipients needs shown in the reassessments, and then revises the case plan if necessary. The initial assessment must be re-evaluated and changes made as needed. The person's progress is reassessed through interviews, observations and follow-up contacts at intervals required by policy. Activities include: a.) determining if services are being furnished in accordance with the ISP/Case Plan; b.) determining if services that are in the ISP/Case Plan are adequate; and, c.) determining if there are changes in needs or status of the individual; and if so, making necessary adjustments in the ISP/Case Plan and service arrangements with providers. Revisions to the case plan occur as needed or as defined by policy when: (1) new risks are identified; (2) there are changes in the family structure, living conditions, or other events; (3) the plan needs to be updated based on progress or the steps of the current plan are completed; (4) the individual is not making progress, steps are not being completed and the plan needs to be revised; (5) the service delivery is not effectively meeting the established goals of the individual; or (6) the individual is in crisis and the Case Plan must be reassessed to resolve the crisis. Foster children are to be seen on a monthly basis and APS clients are to be seen at a minimum of every three months or more often if called for in the case plan. The case manager continually evaluates the ISP/Case Plan and the effectiveness of services being provided. Observations and reports regarding the progress or lack thereof must be documented.
7	**Monitoring –** This includes activities and contacts that are necessary to ensure the ISP/Case Plan is effectively implemented and adequately addresses the needs of the individual. The case manager contacts the eligible individual, family members, persons or agencies providing services to the recipient and reviews the results of these contacts and then revises the case plan if necessary.

Quick Reference - TCM Course Material

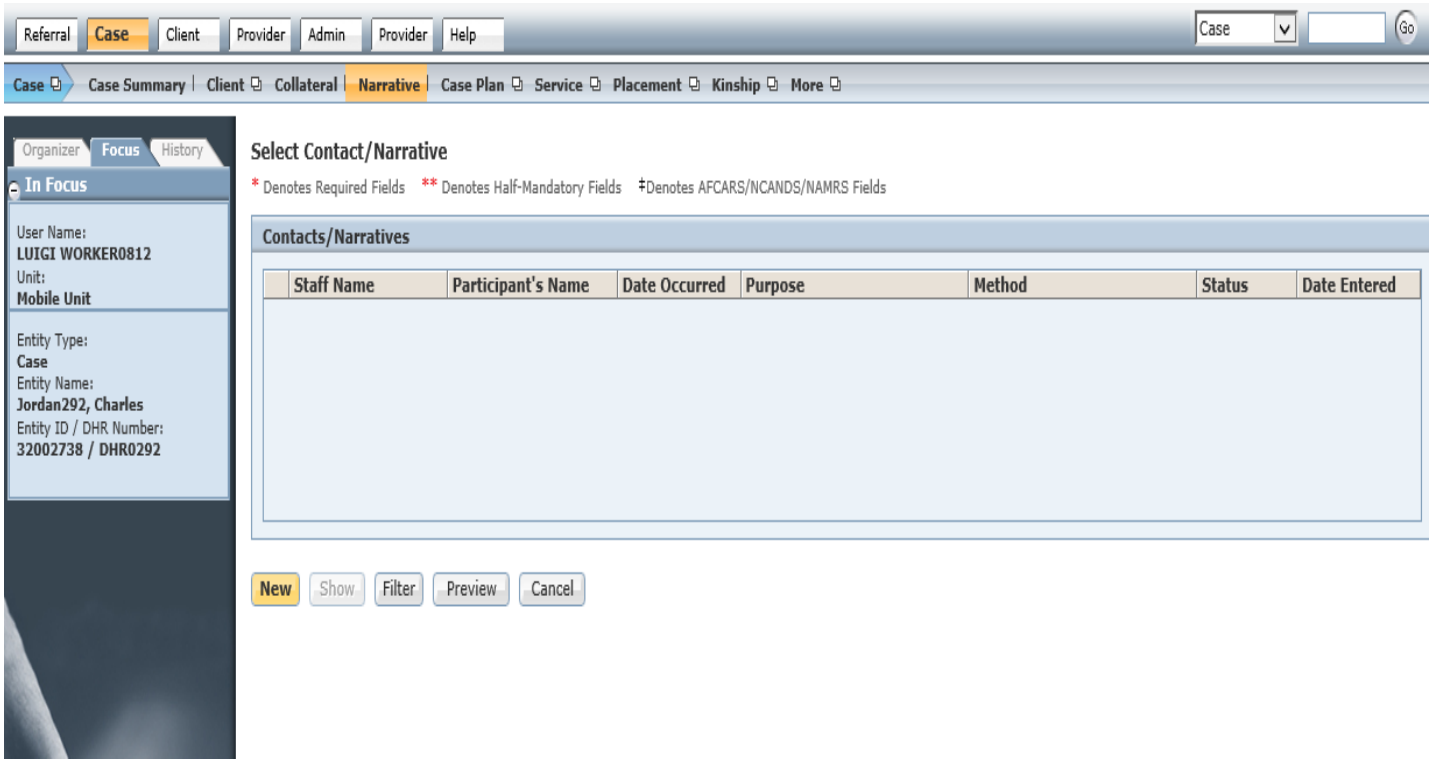
Step	Action
1	**Special Emphasis Items**: **Briefly review the Quick Reference for Targeted Case Management**
	Case management activities must be claimed for all members of the target population (Foster Children and APS adults who have signed the dhr-fsd-1966) although the worker may not be TCM certified. However, the department's goal is to increase TCM billable encounters and one important way to do this is to get all workers TCM certified.

Documenting Child & Adult TCM Encounters In FACTS

Child and Adult TCM encounters must be documented in FACTS using the contact narrative screen. Documentation will provide an audit trail for state & federal audit purposes. TCM encounters must be documented by the worker making the TCM contact.

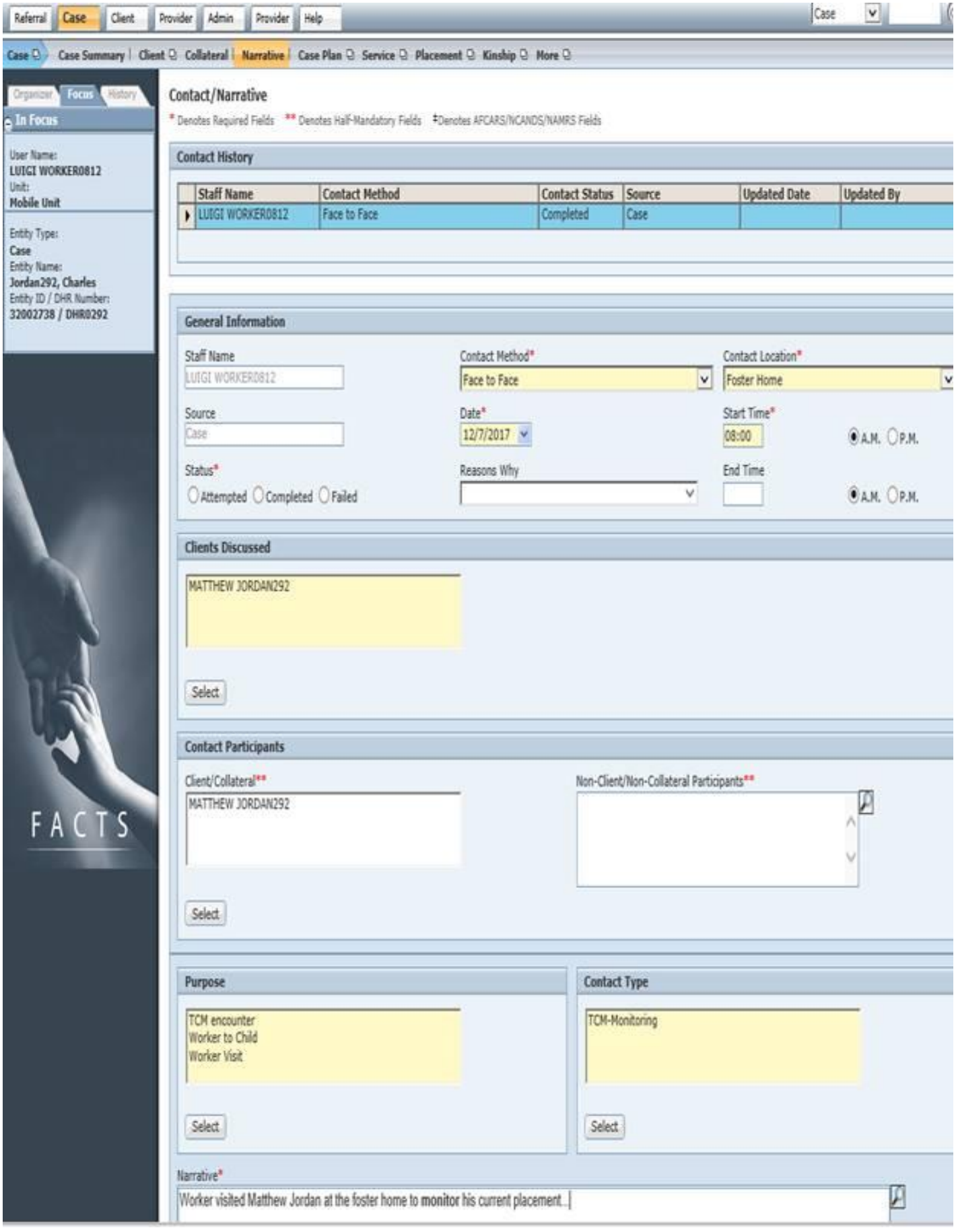
Child and Adult TCM Encounters may be entered through both the Case and Referral Modules.

- Referral>>Narrative
- Case>>Narrative



To document the TCM encounter and Caseworker visit in the same narrative entry correctly, please follow the steps listed below:

- For **Contact Method** – Select Face to Face or Telephone
- For **Contact Location** – Select where you saw the child
- For **Date** – Enter the date child was seen
- For **Start Time** – Enter the time the child was seen
- For **Clients Discussed** – Select the child you saw (If more than one sibling was discussed, select all that apply)
- For **Contact Participants** – Select the child you talked to (If more than one sibling was seen at this location, select all who apply)
- For **Purpose** – Select TCM Encounter, Worker Visit and Worker to Child
- For **Contact Type** – Select TCM <buzz word>
- For **Narrative** – Enter narrative to document the TCM encounter and Caseworker visit
- Save Screen


Referral
Case
Client
Provider
Admin
Provider
Help
Case
Case
Case Summary
Client
Collateral
Narrative
Case Plan
Service
Placement
Kinship
More
Organizer
Focus
History
In Focus
User Name:
LUIGI WORKER0812
Unit:
Mobile Unit
Entity Type:
Case
Entity Name:
Jordan292, Charles
Entity ID / DHR Number:
32002738 / DHR0292
FACTS
Contact/Narrative
* Denotes Required Fields ** Denotes Half-Mandatory Fields ‡Denotes AFCARS/NCANDS/NAMRS Fields
Contact History
Staff Name
Contact Method
Contact Status
Source
Updated Date
Updated By
LUIGI WORKER0812
Face to Face
Completed
Case
General Information
Staff Name
LUIGI WORKER0812
Contact Method*
Face to Face
Contact Location*
Foster Home
Source
Case
Date*
12/7/2017
Start Time*
08:00
A.M.
P.M.
Status*
Attempted
Completed
Failed
Reasons Why
End Time
A.M.
P.M.
Clients Discussed
MATTHEW JORDAN292
Select
Contact Participants
Client/Collateral**
MATTHEW JORDAN292
Non-Client/Non-Collateral Participants**
Select
Purpose
TCM encounter
Worker to Child
Worker Visit
Select
Contact Type
TCM-Monitoring
Select
Narrative*
Worker visited Matthew Jordan at the foster home to monitor his current placement.

Documenting Child TCM Encounters

Alerts	❖ When a TCM encounter for each foster child in your caseload is **not** entered in FACTS by the 15th of the current month, you will receive an Alert that the TCM encounter is due. ❖ When the TCM encounter is not entered in FACTS by the 20th day of the current month, each supervisor will receive an Alert for all encounters that have not been completed by workers under their supervision. ❖ Completion of the encounter will remove system Alert.
Navigation	Case>Narrative or Referral>Narrative
Case>Client> Client List	Select child, Hit Show
Case>Court> Status>Client Status	The legal Status of the foster child must be shown in FACTS as being in DHR legal custody/responsibility
Tip:	❖ TCM encounter entered in FACTS will not be billed when DHR does not hold legal custody as indicated on the Legal Status Screen
Case>Narrative Screen	Select the "new" button and then complete the following fields: ❖ General Information Grid: Status radial button should indicate a "Completed" TCM encounter. ❖ Contact Method ❖ Contact Location ❖ Date/Time ❖ Status ❖ Clients Discussed (Choose the foster child for whom the TCM encounter will be billed. **Tip:** if this contact includes more than one child, they can all be added here for the encounter.) ❖ Contact Participants: Client/Collateral. (This will be a list of individuals registered in FACTS that 10/22/08 Page 2 of 2 are associated with the case.) Select the individual(s) contacted from this list; **and/or,** ❖ Contact Participants: Non-Client/Non-Collateral Participants**.** These are individuals not registered in FACTS as associated with the case. You must enter the name/title of whoever was contacted or worked with to complete the TCM encounter. ❖ **Purpose: "TCM Encounter" must be selected** ❖ **Contact Type**: one or more of the buzz words beginning with TCM must be selected. (i.e.; TCM-Advocating, TCM-Arranging Services, TCM-Assessing etc.) ❖ Comments: Enter narrative documentation for the TCM contact as required by TCM policy. ❖ Click the SAVE button**.**
Tips	❖ When a foster child enters care **after** the 15th day of the month, a TCM encounter must be completed and entered in FACTS before the last day of the current month. ❖ A TCM encounter must be entered in FACTS every month for each foster child, regardless of the numbers of days during the month the child was in custody. ❖ When a foster child is on run-a-way status, a TCM encounter is still required.
Note	TCM Certification must be entered in FACTS for each social worker. This must be completed by SDHR. Please contact the Office of Financial Resource Management (OFRM) if a county worker does not have a "Type of License" as "TCM Certification" and a "License Start Date" entered on the ADMIN>Staff>License screen in FACTS.

Documenting Adult TCM Encounters

Notes	❖ TCM encounters must be documented in FACTS by the worker who actually completed the encounter. If a TCM encounter is made by a worker other than the primary worker, the other worker must be given secondary assignment to the case so the TCM encounter can be entered. ❖ Verification must be made to ensure the client is receiving Medicaid and once verified it **must be** documented on the client's insurance screen using the following path: Client>Health>Insurance Screen (Please refer to Verification and Documentation of Client's Medicaid Status Roadmap) ❖ Make sure you have entered the client's Medicaid number on the General Info screen, Client Details tab and that documentation regarding the client's living arrangement is correct on the Residence tab. ❖ Adult TCM encounters can be billed during an AANE investigation when the APS application (1966) information is entered on the Investigation Closure screen, Recommendation grid ❖ Adult TCM encounters can be billed after a case has been opened and the APS Case Plan screen,

	Additional Information tab indicates that the 1966 has been signed. ❖ On the Case Goal tab of the APS Case Plan, make sure you have checked that the client is authorized to receive TCM services. ❖ Before the 15th day of the month that a TCM encounter is due; complete the following steps in the Case module for each adult in your assigned caseload. ❖ When a TCM encounter is **not** entered in FACTS by the 15th of the month it is due, you will receive an alert that the TCM encounter is due. ❖ If the encounter is not entered by the 20th of that month, each supervisor will receive an alert for all encounters that have not been completed by workers under their supervision.
Navigation	Case>Narrative or Referral>Narrative
	Select the New button on the Narrative screen and complete the following fields.
	❖ Contact Method Field ❖ Contact Location Field ❖ Date/Time ❖ Status ❖ Clients Discussed - This is the adult for whom the TCM encounter is billed (Client talked about). ❖ Contact Participants: Client/Collateral - This is a list of individuals who are associated with the case. Select the individual(s) with whom the encounter was made (who you talked to); and/or, ❖ Contact Participants: Non-Client/Non-Collateral Participants - These are individuals who are not registered in FACTS as being associated with the case. You must enter the name/title of whomever was contacted or worked with to complete the TCM encounter. An example of a Non-Client/Non-Collateral Participant would be Susie Smith, Nurse at Doctor Dunn's Office. ❖ Purpose - "TCM Encounter" **must** be selected ❖ Contact Type - One or more of the buzz words beginning with "TCM" must be selected (e.g., TCM Advocating, TCM-Arranging Services, TCM-Assessing) Comments - Enter documentation for the TCM contact as required by TCM policy. Click the SAVE button
NOTE	❖ TCM Certification must be entered in FACTS for each social worker. This must be completed by SDHR. Please contact the Office of Financial Resource Management (OFRM) if a county worker does not have a "Type of License" as "TCM Certification" and a "License Start Date" entered on the ADMIN>Staff>License screen in FACTS. ❖ FACTS will automatically complete the TCM billing when the encounter is entered once the information below has been completed: ❖ **A signed 1966 Application for Adult Protective Services must be documented on the case plan or investigation closure screen for referrals** ❖ The worker must be TCM Certified ❖ The client must have full Medicaid coverage and not QMB only.

Using Worker Day Sheet

Step	Action
1	❖ **TCM encounters must be documented in FACTS on the contact narrative screen.** The Worker Day Sheet is a mandatory method of noting TCM encounters have been completed. When TCM encounters are noted on the worker day sheet the "Comments" column must indicate the specific core element activity of Needs Assessment, Case Planning, Service Arrangement, Social Support, Reassessment & Follow-up, and Monitoring.
2	**The *day sheet* include:** ❖ Date(s) of service ❖ Worker Name ❖ Worker SSN ❖ Name of Child or Adult(block 1 of handout) ❖ Location of the encounter/Place of Service (block 2 of handout) ❖ Case Number (block 3 of handout)

	❖ Specific Activity of TCM such as Assessing, Case Planning, Arranging, Social Support, Monitoring (refer to "buzz" words below). ❖ Location of the Encounter/Place of Service (block 5). ❖ Case Management Type which is "Direct Client" for TCM (block 7 of handout). ❖ SSN of Child or Adult (block 8 of handout). **Record retention for audit purposes:** ❖ Must be maintained for three years, plus the current year to substantiate that services billed to Medicaid were actually delivered to the Medicaid recipient. ❖ However, if audit, litigation, or other legal action by or on behalf of the state or federal government has begun, but is not completed at the end of the time frame defined by Medicaid and DHR requirements, the record documentation must be retained until resolution.

Services / Activities Not Counted as TCM Encounters

Step	Action
1	For adults and children a TCM encounter does not include the direct delivery of an underlying medical, social, educational, or other service. For example: **Providing** transportation or providing counseling would never be claimed as a TCM encounter. **Arranging for transportation and counseling is allowed.** When providing foster care services for children, the following list of activities **cannot** be counted as TCM; these include, but are not limited to: 1. Research gathering and completion of documentation required by the foster care program. 2. Assessing adoption placements. 3. Recruiting or interviewing potential foster parents. 4. Serving legal papers. 5. Home investigations. 6. Providing transportation. 7. Administering foster care subsidies. 8. Making placement arrangements. **Child TCM encounters cannot be claimed for those in a total care environment, such as a hospital, skilled nursing home, intermediate care facility, prison, or jail.**

Reimbursement Criteria for TCM Encounters

Step	Action
Child TCM	❖ Child TCM is reimbursable for any child who enters care with a court order or boarding home agreement. This includes all placements other than in a total care environment. The most frequently asked question is what about relative placements and the answer is yes as long as DHR holds custody. Medicaid will reimburse DHR for **one TCM encounter per eligible client per month** if the following circumstances are present for **Children:** ❖ The client does not receive case management services through a home & community based waiver program; ❖ The client resides in his/her own home, the household of another, or a supervised residential setting; ❖ The client is not in a total care environment such as a such as a hospital, skilled nursing home, intermediate care facility, prison, or jail; ❖ DHR has custody of the child; ❖ The encounter is made by a TCM certified worker; ❖ The client is Medicaid eligible on the encounter date; ❖ There is a current case plan which identifies the medical, nutritional, social, educational, transportation, housing and other service needs; The ***child*** has a Prior Authorization number (not required for adults); and, ❖ The child is not serviced for TCM by another TCM provider as evidenced by a claim for payment during

	the month in which DHR is seeking reimbursement. The DHR expectation is that child welfare workers complete and document one TCM encounter per month, per custodial child regardless of Medicaid eligibility. ❖ Reimbursement for TCM-child is limited to one encounter per Medicaid-eligible foster child per month. If a sibling group in seen or collateral contact made on their behalf, each child must be named in the narrative, not "the children".
Adult TCM	❖ Reimbursement for TCM-adults is limited to an encounter with one Medicaid-eligible person per family unit per month. Therefore, when TCM is provided to a husband and wife, a sibling group, or a parent and child, living in the same household, only one encounter should be reported. Adult TCM encounters are reimbursable for adult SSI recipients who are being served by **APS when** ❖ the adult has chosen (Freedom of Choice) DHR to provide their TCM case management services, ❖ the worker is TCM certified, ❖ the DHR-FSD 1966 application has been signed, ❖ the case record contains a case plan and, ❖ a TCM encounter has been registered in FACTS. ❖ The DHR expectation is that APS workers complete and document one TCM encounter at each required APS review and at each contact between reviews when a TCM service is provided. ❖ Reimbursement for APS TCM services to clients receiving case management through a Waiver so long as both case managers are performing different types of activities and functions based upon the case managers' distinct focus. The case manager's documentation must provide a clear distinction between case management and targeted case management activities. ❖ For example, APS targeted Case Management is focused on preventing or remedying abuse, neglect, and/or exploitation; whereas Elderly and Disabled Waiver Case Management focuses on needed medical and social services. In this example, both case management agencies may now be reimbursed for serving the same client in the same month because their purpose of service is different. ❖ Although both agencies are providing case management services to the client, both provide distinctly different services and, therefore, can receive reimbursement for the duties performed. The case manager's documentation must clearly describe the adult protective service function and activity. ❖ It is crucial that the APS case manager coordinate and communicate with any and all known case managers, including Waiver, hospital and nursing home case managers about the APS client and the client's needs.

TCM Billing Process

Step	Action
1	**The Family, Adult, and Child Tracking System (FACTS) will automatically select for billing certain encounters:** ❖ Client Medicaid eligible on encounter date ❖ Case manager was TCM certified on date of encounter ❖ For children only, child has an assigned prior authorization number ❖ TCM encounters must be entered in facts on or before the TCM cutoff date
2	**Review current Checkwrite Schedule**.
3	**Special Emphasis Item:** When a worker sees several clients in a congregate setting, who are not of the same family unit, an encounter can be recorded for each eligible client for whom a TCM core element is performed.
4	**Medicaid Numbers in FACTS** ❖ Importance of using correct Medicaid numbers and SSNs in the Family, Adult and Child Tracking System (FACTS). The Medicaid number, SSN or the T-number used in FACTS must match the number in the Medicaid AMAES system for reimbursement to take place. ❖ Importance of how the name is registered in FACTS. The client's first, middle and last name registered in FACTS must match the child's first, middle and last name used in the Medicaid AMAES system. ❖ Importance of establishing Medicaid eligibility. Reimbursement cannot take place for non-Medicaid

	eligible clients. ❖ FACTS Determination for foster children (formerly known as) PSD-755 for FCMP or ACFC, SOBRA/All Kids Application, or SSI can be used to establish Medicaid eligibility.
Child TCM	FACTS will automatically bill the first TCM encounter of each month that is entered on the CASE>Narrative Screen for any Medicaid eligible child. Encounters should be entered in the month in which they occur in order to be billed timely. **FACTS will edit those TCM-child encounters that are readily recognized by the system as not being billable:** ❖ Child was not eligible for Medicaid at encounter time. ❖ Incorrect SSN or t-number and/or child name was used in FACTS. ❖ Worker not TCM certified at time of encounter, and if they are, the date is not entered into FACTS. ❖ Child does not have a Prior Authorization number. ❖ Child placed in a total care environment such as a hospital, skilled nursing home, intermediate care facility, prison, or jail.
Adult TCM	FACTS automatically bills the first TCM encounter that is entered on the referral or case narrative screen for Medicaid eligible APS client who is eligible for TCM services. Encounters should be entered in the month in which they occur in order to be billed in a timely manner. **FACTS will edit those TCM-adult encounters that are readily recognized by the system as not billable, when the:** ❖ Adult was not Medicaid eligible in the month that the TCM service(s) was provided. ❖ Incorrect SSN or t-number and/or adult name was used in FACTS. ❖ Worker was not TCM certified at time of encounter.

Prior Authorization/Interagency Transfers for TCM Claiming

Step	Action
1	**Prior Authorization (PA) Number** A Prior Authorization Number is **obtained by state DHR** when a child is registered in FACTS as being in DHR custody. This number is required for **reimbursement of Child TCM encounters** by the Medicaid Agency and is associated with the child's Medicaid Number therefore it is critical that each child be registered in FACTS with the same Medicaid Number as shown in the Medicaid AMAES Computer System. **Prior Authorization numbers are not required for the adult target population.** **Interagency Transfer for Claiming Reimbursement** ❖ Medicaid will authorize only one agency at a time as the provider of Targeted Case Management services for each child. ❖ The request for Prior Authorization numbers (required only for foster children) is made by SDHR. ❖ If another agency has been designated as the TCM provider for the child, written notification will be sent to DHR. ❖ **SDHR completes the Interagency to transfer the Prior Authorization** using CM-1, Case Management Request for Interagency Transfer. ❖ The county will not need to take any action regarding Prior Authorization, but will be notified by SDHR when any local action is required.

TCM and Work Sampling

Step	Action
1	**TCM services include case management functions as well as indirect activities. This pool of worker activities is obtained through work sampling observations and used only for rate setting purposes.** ❖ Staff travel and other activities related to assisting client to obtain services for unmet needs. ❖ Pool of worker activities is obtained through **work sampling and used for rate setting purposes.**

	❖ All qualifying case management activities approved for TCM are approved by HCFA. **Note:** Method for determination of unit cost for TCM encounter. The cost allocation (determined through work sampling) is divided by the total encounters entered into FACTS (Family, Adult and Child Tracking System) by the county offices. **This determines the unit rate.** The amount of reimbursement is then determined by multiplying the unit rate by the number of "eligible" encounters**.**

TCM Policy Review

Step	Action
1	Trainer will read 20 narrative statements, and students must respond if the example is an example of a core element activity or not a core element: 1. Worker *arranged* for the children to see Dr. Brown regarding their rash. (No, "the children" must be named) 2. The twins were seen at Bullock County to *access* their plans for continuing education. (No, "the twins" must be named) 3. Mrs. Smith's children, Ned and Alice, were *linked* to the Mental Health counselor. (Yes, the core element is given and the children are named) 4. Worker met with Johnny's counselor at the magnet school. (No, core element function not performed/identified) 5. The worker drove Mr. Jones to his doctor's office. (no, core element function not provided) 6. The worker *arranged* for Mr. Jones to have transportation to his doctor's appointment. (Yes, core element function performed) 7. Worker counseled with Mrs. Graves about her recent separation from her family. (No, core element function not provided & direct provision of transportation or counseling are not TCM functions) 8. The Department of Public Health was contacted for Mr. Brown and an appointment was *arranged* for a check of his high blood pressure. (Yes, core element function performed/identified) 9. *Arrangements* were made for Mrs. Jones to receive meals on wheels. (Yes, core element function performed/identified.) 10. Together, Mr. Edwards and I *planned* actions to be taken to improve his living arrangements. (Yes, core element function performed/identified) 11. Dr. Jacobs' office was contacted to *follow-up* on the medications for Mrs. Duke's children, Suzy and Tommy. (Yes, core element function performed/identified and children named) 12. Harold came into the office to discuss his inability to pay his monthly insurance premium. (No, a core element function not performed) 13. Worker counseled with Mr. Kent about his repeated falls. (No, core element function not provided & direct provision of transportation or counseling are not TCM functions) 14. Mr. Kent discussed with worker his repeated falls and his need to have alternate living arrangements considered in the near future. (No, a core element function not performed) 15. With Mr. Kent, worker *planned* steps to be taken to make a move to the assisted living facility. (Yes, core element function performed/identified) 16. Arrangements were made for Mrs. Jones to take her children to Public Health for immunizations. (No, core element function performed/identified but children not named) 17. *Arrangements* were made for Mrs. Jones to take her children, Joe and Sally, to Public Health for immunizations. (Yes, core element function performed/identified and children named) 18. The principal at Judson Elementary School was contacted to *arrange* an after school tutor for Sam, Elaine and Marshall, the children of Mr. and Mrs. Frank. (yes, core element function performed/named and children named) 19. I talked with the principal, Mrs. Mack, regarding the school attendance of Joe and Molly. (No, a core element function not performed) 20. *Follow-up* was made with hospice regarding needed medications for Mrs. Burke. (Yes, core element performed/identified)

What is Self – Determination?

Step	Action
1	Self-determination means that people, regardless of type or severity of disability, should have the same opportunities to create their own futures and lifestyles as those without disabilities.
2	**Self-determination applies to all groups; people with long-term or temporary physical disabilities, people with mental or cogitative disabilities, and people living with age-related disabilities.**
3	People with disabilities are encouraged to take control of the choices that affect their lives and take risks, as well as living with the outcomes of their choices – good or bad.
4	People living with disabilities make choices about how and where they live, whom they may need to help them reach their goals, and how they can best be supported to do so.
5	**Self-determination movement includes 5 basic principles:** 1. **Freedom** to exercise the same rights as all citizens. 2. **Authority** to control whatever sums of money is needed for their own support, including the re-prioritizing of this money when necessary. This is accomplished through the development of an individual budget that "moves" with the person. 3. **Support** the organization of available resources. The DHR social worker will support the organization of resources for custodial foster care children through decisions made at ISP meetings. Adults receiving protective services from DHR and services through another organization/agency may choose which agency will provide case management services for the organization of resources that will provide the assistance needed. 4. **Responsibility** for the wise use of federal dollars. Dollars are an investment in a person's life and not simply handled as a resource to purchase services. Responsibility includes allowing individuals to contribute to the well being of their community in meaningful ways. **5. Confirmation** of the importance of the leadership role of a social worker/case manager to assist individuals with disabilities to meet their goals.
6	People with disabilities have asserted their rights to live as full participants of mainstream society and to live independently, age permitting, in their communities. **There are 10 basic principles of independent living:** 1. **Civil Rights** – equal rights and opportunities for everyone. 2. **Consumerism** – the person buying or using the service or product decides what is best for themselves. 3. **De-institutionalization** – no one should be institutionalized on the basis of disability. 4. **De-medication** – individuals with disabilities are not "sick", and do not require help from certified medical professionals for daily living activities. 5. **Self-help** – people learn and grow by discussing their needs and concerns with people who have similar experiences. 6. **Advocacy** – systemic, systematic, long-term and community wide change activities that ensure people with disabilities benefit from all that society has to offer. 7. **Barrier Removal** – the removal of architectural, communication and attitudinal barriers from society which inhibit people with disabilities from benefiting from all that society has to offer. 8. **Consumer Control** – organizations best suited to work with people with disabilities are staffed and operated by people with disabilities. 9. **Cross-disability** – activities conducted by organizations supporting the independent living philosophy must benefit people with all types of disabilities. 10. **Inclusion** – people with disabilities must be included in society at all levels and aspects.

Milestones in the Self Determination Movement

Step	Action
1	**Americans with Disabilities Act** (ADA) of 1990 secured the basic civil rights of people with disabilities to counteract decades of discrimination and denied access. **The landmark legislation offers the guarantee of equal opportunity in public accommodations, employment, transportation, State and local government services and telecommunications.**
2	**Olmstead Decision** was a 1999 ruling by the US Supreme Court that held a portion of the "integration mandate" of the ADA law requires states to **provide integrated community-based services for individuals**

	who indicate such a preference.
3	**New Freedom Initiative** was announced by President Bush on February 1, 2001 as a part of a nationwide effort to remove barriers to community living for people with disabilities. **This initiative ensures that all Americans have the opportunity to learn and develop skills, engage in productive work, make choices about their daily lives and participate fully in community life.**
4	Real Choice Systems Change Initiatives – the Centers for Medicare and Medicaid Services (CMS), the federal agency that provides funding for Medicaid services promotes increased choice and self determination in home and community-based services. Real Choice Systems Change grants have been offered to states to support the New Freedom Initiative. Alabama has received several grants under this initiative that have been used to promote self determination efforts at the Alabama Medicaid Agency and other public and private agencies.
5	Jobs **–** employment can be a goal for everyone of working age… real work for real pay. Initiative to support employment of people with disabilities includes the federal **Ticket to Work Program**. This law gives people with disabilities more choice in obtaining rehabilitation and vocational services; removes barriers that require people with disabilities to choose between health care coverage and work; and assures that Americans with disabilities have additional opportunities to participate in the workforce and lessen their dependence on public benefits. The law expands Medicaid coverage to people with disabilities who work.
6	**Voters** with disabilities face many inequalities in the voting process including fewer opportunities to vote, less access to the polls, poor alternatives to traditional voting, and the violation of a private vote. Many agencies do not comply with the **1993 National Voter Registration Act** ("Motor Voter" Act) and **many citizens with disabilities are not even registered to vote**. **This Act requires all disability service providers to offer voter registration opportunities.**

Roles of the Social Worker/Case Manager in Promoting Self determination

<table>
<tr><th>Step</th><th colspan="2">Action</th></tr>
<tr><td>1</td><td colspan="2">Sensitivity and Understanding - it is important for case managers/social workers to examine our own beliefs and value systems. This helps us to assist individuals to locate, manage and coordinate needed services and supports based on their needs and goals.</td></tr>
<tr><td>2</td><td colspan="2">Commitment – the case manager as a consultant is now responsible for providing education, training and assistance so the people they serve can make informed decisions on their own.</td></tr>
<tr><td>3</td><td colspan="2">Language – is an important factor in the way information is communicated, understood and acted upon. All people deserve to be treated with dignity and respect. When we refer to an individual, we refer to the person first and then to the situation, condition or disability – if it is relevant. The goal is to make the use of "People First" language the rule not the exception. The following are some examples of People First" language as well as labels which should not be used.</td></tr>
<tr><td></td><td><u>PEOPLE FIRST LANGUAGE</u>
people with disabilities
people who experience disabilities
person who is intellectually disabled
person who lives with disabilities
person who uses a wheelchair
person who is deaf or hard of hearing
person who is blind or has low vision
she/he is short of stature
accessible or designated parking</td><td><u>LABELS NOT TO USE</u>
the disabled
the handicapped
the retarded or mentally retarded
crippled
wheelchair bound; confined to a wheelchair
the deaf and dumb
the blind
dwarf or midget
handicapped parking</td></tr>
<tr><td>4</td><td colspan="2">Knowledge – as frontline advocates it is incumbent on case managers/social workers to be knowledgeable about the needs, desires and aspirations of the people they provide services to. Additional opportunities to learn more about self determination include:
❖ Self-Advocate Leadership Network at www.hsri.com
❖ The Center for Self-Determination at www.self-determination.com
❖ National Program on Self-Determination at http://iod.unh.edu/Self-Determination
❖ The National Council on Independent Living at www.NCIL.org</td></tr>
</table>

	❖ HCBS Clearinghouse for Community Living Exchange collaborative at www.hcbs.org
5	**Empowerment** – is defined (www.dictionary.com) as follows: To invest with power, especially legal power or official authority; to equip or supply with ability; enable. This means acting to support the opportunities and abilities of people to make choices about their lives. You can: ❖ *Invest people with power* by your acknowledgement of their authority over their own lives. ❖ *Equip them with ability* to make choices by providing them with information at times and in ways that they can best use it. ❖ *Enable people to take control* over these choices by supporting and facilitating the decisions they make.

Freedom of Choice

Step	Action
1	Phrases such as "freedom of choice" and "self-directed care" or "consumer-directed care" are related to client choice and frequently heard when Medicaid programs are discussed.
2	The Medicaid "freedom of choice' principle establishes individuals can select the provider(s) of the services for which they are eligible. This principle applies to all Medicaid-funded services.
3	Freedom of choice applies only to qualified providers.
4	The decision for the goals and services to be provided for custodial children is made during the ISP team meeting process.
5	**APS clients must be given the freedom to choose which agency will provide their TCM services. APS clients have a responsibility related to TCM service provision.**

Client Rights and Responsibilities

Step	Action
1	Always follow DHR policy for grievance or due process procedures.
2	The Alabama Medicaid Agency will provide an opportunity for a fair hearing under 42 CFR part 431, subpart E, to individuals whose Medicaid services have been denied, suspended, terminated, or reduced. The case manager should refer individuals to the appropriate certifying agency.
3	Case Managers are responsible for explaining the procedures to clients for filing complaints and grievances.
4	Basic Rights include the right to: ❖ Confidentiality ❖ Be treated with respect and dignity ❖ Maintain his/her independence to the degree possible ❖ Quality services delivered in a consistent and stable manner ❖ **File grievances and to appeal decisions made by agencies** ❖ Be informed of the resources available through the program ❖ Transfer to another provider ❖ Be informed of the limitations of the program ❖ Participate in the development of the plan of care ❖ Reject services and be informed of the consequences of such actions
5	Basic responsibilities for the client and his family include: ❖ To advise the case manager of his Medicaid eligibility and furnish other information necessary to file a claim for services ❖ To cooperate with the case manager and the in-home workers and to treat them with respect ❖ To participate in the provision of care to the greatest extent possible ❖ To report changes in the client's situation to the case manager as soon as possible ❖ To be at home when services are scheduled or to notify the service provider prior to the service date ❖ To provide food, personal and household supplies so that services may be performed ❖ To secure proper medical care to the extent possible ❖ To report inadequate services to the case manager ❖ To sign verification of services only after ascertaining their accuracy

Exemption Requirements for the Certification Test

Step	Action
1	**Exemption Requirements** ❖ DHR workers may be exempt from taking the certification test when one the following circumstances exist: ➢ The DHR Worker was certified by another Alabama State Agency and has a copy of the Certificate. ➢ The DHR Worker was certified by another Alabama Agency which required a case management training course and has a copy of the Certificate.
2	❖ If one of the exemption requirements exists, DHR workers will only be exempt from taking the Certification Test. DHR workers are still required to attend the TCM classroom training on Medicaid's approved material for DHR. Workers will also receive instructions on how to document TCM Encounters for DHR in FACTS.

Testing Requirements

Step	Action
1	**Testing Requirements** ❖ Before reimbursing DHR for TCM services the Medicaid Agency requires that each worker be trained in Medicaid policies related to TCM and pass a test for certification as a trained worker. This course certifies a worker as eligible to be certified when the test at the end of this session is passed with a score of at least 80. ❖ The certification test is confidential and workers are not allowed to use any material or discuss the test questions with other workers. ❖ The test material cannot be removed from the classroom by a student. It is to remain confidential prior to the test. ❖ Each test will consist of 50 questions. ❖ Each missed question will count as 2 points and the worker must make a minimum score of at least 80. (A worker cannot miss more than 10 questions and receive a passing score) ❖ Each worker will have three attempts to pass the certification test. If the test is not passed in three attempts, the worker must attend a Regional TCM Training Class to repeat the classroom TCM training before being allowed to take the test again.