



State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

DATE: March 28, 2019

PPL 19-008

TO: The Targeted Case Management (TCM) Program Local Governmental Agency (LGA) Coordinators

SUBJECT: **TCM Encounters for Clients Transitioning from Institutions - Transitional TCM**

Purpose:

The purpose of this Policy and Procedure Letter (PPL) is to clearly define and provide additional information regarding transitional TCM encounters for clients transitioning from institutions as an extension of information provided in PPL 02-015.

Transitional TCM Definition:

Transitional TCM is defined as TCM services provided to beneficiaries who are transitioning to a community setting following an institutional stay. Providers may only provide TCM services to facilitate the transition of beneficiaries from institutions to the community.

A beneficiary is considered to be transitioning to the community during the last 180 consecutive days of an institutional stay. The community is defined as a residence such as a private residence, temporary housing, and homeless settings (the federal definition of homelessness).

Transitional TCM Requirements:

Requirements for LGAs that claim for TCM encounters when beneficiaries transition from institutions to a community setting include:

1. Beneficiaries must be transitioning from institutions to a community setting for 180 consecutive days before the discharge date.
2. When beneficiaries reside in nursing facilities, hospitals, convalescent homes, or another facility that is not their private residence, TCM case managers cannot

claim for services that have already been provided by another provider in the facility. Each LGA's Performance Monitoring Plan (PMP) shall ensure care coordination and prevent duplication of services between the institution and the TCM provider.

3. TCM services cannot be provided when the client is transitioning from one institution to another.
 - a) If an institution has a bed hold of seven (7) days due to an institutional stay, and the client leaves or is discharged from the institution and then comes back after the seven (7) days, but was in an institution setting for the entire time away, it is a consecutive stay. During any discharge breaks in an institutional stay, it is considered a consecutive stay if the client is discharged to another institution.
 - b) If an institution has a bed hold of seven (7) days due to an institutional stay, and the beneficiary leaves or is discharged from the institution and comes back within the bed hold seven (7) days, the beneficiary's stay in the institution is considered a consecutive stay.
 - c) If a client is in an institution for a higher level of treatment, TCM services cannot be claimed. Transitioning between institutions cannot be claimed as it is not community.

Institutions for Mental Disease (IMD) Transitional TCM Requirements:

Note: An institution is defined as a nursing facility, intermediate care facility, hospital, psychiatric facility, IMD, or drug rehabilitation facility.

In addition to the above requirements, there are specific requirements for LGAs that claim for TCM encounters when beneficiaries transition from IMDs to community settings. These requirements include:

1. Documenting (in the encounter log and the client case file) the beneficiary's location where TCM services were provided, would be listed as other, where IMD needs to be listed within the client case record documentation.
2. TCM services are not claimable for IMD patients except on the day of admission and within 30 days prior to the day of discharge. Because the discharge day can only be confirmed after the client has been discharged, it is essential that the client's actual date of discharge be clearly identified in the client case records. When claiming for TCM services, the case manager must make a good faith effort to determine the client's expected date of discharge and to claim only for

those encounters that meet the criteria for clients who reside in institutions, as described above.

3. TCM case managers must ensure that they do not claim for case management services they provide to clients who reside in an IMD who are under age 65 or over age 21. 42 CFR §435.1008 states:

FFP [Federal Financial Participation] is not available in expenditures for services provided to...individuals under age 65 who are patients in an institution for mental diseases unless they are under age 22 and are receiving inpatient psychiatric services under Sec. 44.160 of this subchapter.

4. For IMD clients who are under age 65 and over age 21, 9 CCR §1840.374 states:

(a) TCM services are not reimbursable on days when the following services are reimbursed, except for day of admission or for placement services as provided in subsection:

- (1) Psychiatric Inpatient Hospital Services
- (2) Psychiatric Health Facility Services
- (3) Psychiatric Nursing Facility Services

(b) TCM services solely for the purpose of coordinating placement of the beneficiary on discharge from the psychiatric inpatient hospital, psychiatric health facility or psychiatric nursing facility may be provided during the 30 calendar days immediately prior to the day of discharge, for a maximum of three nonconsecutive periods of 30 calendar days or less per continuous stay in the facility.

Ineligible for Transitional TCM:

1. For beneficiaries residing in nursing facilities, hospitals, convalescent homes, or any other facility that is not their private residence services, who are already being claimed by another provider, TCM services cannot be claimed for under Transitional TCM, as specified in each LGA's PMP.
 - a. Case Management services reimbursed through waivers (Examples: 1915c Home and Community Based Services, AIDS Multipurpose Senior Services Program or other programs providing comprehensive case management services, case management services cannot be billed through TCM.
2. Case management services for clients who reside in an IMD who are under age 65 or over the age of 21 are not eligible for Transitional TCM.

3. Inmates in public institutions. Federal authority that governs all of the inmate programs and states that medical assistance does not include care or services for an inmate of a public institution, “except as a patient in a medical institution.” [Section 1905\(a\)\(29\)\(A\) of the Social Security Act.](#)

Documenting Transitional TCM

1. Documenting the beneficiary’s date of discharge from the institution.
 - a. If for example, a client isn’t discharged as planned and services were provided the time would be coded as code 24, but the encounter would be coded as a non-billable encounter. When claiming for TCM services, the case manager must make a good faith effort to determine the client’s expected date of discharge and to claim only for those encounters that meet the criteria for clients who reside in institutions.
2. Documenting (in the encounter log and the client case file) the beneficiary’s location where TCM services were provided (for example, nursing facilities, intermediate care facilities, hospitals, psychiatric facilities).

DHCS TCM Site Visit Related To Transitional TCM:

When the DHCS TCM Program review client files during site visits, documentation for the following items must be available:

1. The recipient’s name, date of birth, and Medi-Cal number,
2. The date of service for each encounter,
3. The names of the provider agency and the last name and first name of the person providing the service,
4. The type of TCM service provided,
5. The location of the service (home, office, or type of institution)
6. The date of the recipient’s admission, the anticipated discharge date from the institution, and the actual date of the discharge from the institution.
7. Case records and encounter logs must indicate specifically what type of residence the client was residing in and will be residing in upon discharge into the community
8. The word “home” refers to a private residence. A private residence can be a sober living environment, a group home, a transitional care home, assisted living, a homeless shelter, a vehicle, a camp site, a couch in a private residence, a room, or a Board and Care, or as identified by the client as their home.

If you have any questions regarding this PPL, please email the TCM Program at DHCS-TCM@DHCS.CA.GOV.

Sincerely,

ORIGINAL SIGNED BY

Arthur Rangel, Acting Chief
County-Based Claiming and Inmate Services Section