

## ***MH-TCM Case Manager Responsibilities in Adult Civil Commitment***

### ***Commitment Act activities that may be reimbursable as MH-TCM***

Under Minnesota's current MH-TCM billing system, "reimbursable" means that the activity can be included in the monthly rate reimbursed for case management services

The following activities may be reimbursable if a billable contact, as defined above, occurs in the same month (bullets are comments and considerations)

#### **1. Diversion planning**

- Case managers routinely work on diversion planning (assessment and development of a care plan and referral) with existing clients. However, half or more of current pre-petition cases are new and do not have a case manager. Therefore, it is important that the county (or MCO if it involves a prepaid MHCP enrollee) identify a representative/ provider (whether it is a MH-TCM case manager or not) who can promptly be involved in planning. Often, more appropriate and less restrictive plans can be implemented rather than commitment.
- Over 90% of pre-petition referrals come from hospitals.
- If the person is a health plan enrollee, it will be even more important now for the hospital to notify the MCO immediately upon admission so the MCO can determine need and eligibility for MH-TCM
- Under current law, many, but not all individuals on a psychiatric unit are often eligible for MH-TCM, but not necessarily (see Minnesota Statutes 245.462, subd. 20I, which specifies 6 ways that a person can qualify as having a SPMI, one of which is two or more episodes of inpatient care in the preceding 24 months, and another is an mental illness commitment, or a stay or continuance of commitment, in the preceding 3 years),
- If a person is eligible for and willing to accept MH-TCM, it is important that a case manager be assigned by the county (or MCO for an enrollee) as soon as possible so that the case manager can work on diversion planning and provide input to the pre-petition screening team
- A county (or MCO for an enrollee) may offer case management (or other similar services) to individuals who do not qualify as SPMI, partly because such services may reduce the county's or MCO's inpatient costs, help determine more appropriate and less restrictive services, and avoid an unnecessary civil commitment. *(This is excluded from payment)*
- Minnesota Statutes, section 253B.07, subd. 1 (5) requires the pre-petition screening team to seek input from the person's health plan to provide information about services the person needs and the least restrictive alternatives. If the person has a MCO-contracted case manager, the case manager's provision of this information to the pre-petition screening team can be covered as MH-TCM (as assessment, planning and referral coordination)

- Federal data privacy requirements (also known as HIPAA) allow health plans and health providers to share private health care data without patient consent for purposes of treatment, payment and health care operations.
2. Participation in commitment hearings and related negotiations
    - Since the purpose of this process is assessment of the individual's needs, determination of viable treatment and housing options and making arrangements for those options, the case manager's activities can be reimbursable as part of the rate.
  3. Follow up reporting to the court after commitment, or as part of a continuance or stay (monitoring and related activities and coordination)
    - The Commitment Act requires individuals who have been committed to have a case manager,
    - For individuals on stays or continuances, voluntary consent to accept case management is almost always a condition of the stay or continuance
    - Individuals who have been committed, or who are on a continuance or stay, automatically meet the definition of SPMI and are therefore eligible for MH-TCM
    - MH-TCM standards require monitoring and follow up regarding the individual care plan
    - The Commitment Act requires the case manager to provide certain specified reports, on specific deadlines, to the court regarding the individual's status and recommendations for continued commitment
    - Although MH-TCM rules do not specify reporting to the court as a reimbursable activity, it is an unavoidable cost of providing case management and therefore an allowable cost to include in the monthly rate
  4. Discharge planning
    - The case manager is required to work with the treatment facility in a way that does not duplicate the facility's own discharge planning activities; the case manager can provide information regarding viable treatment and housing options and help make arrangements for those options; current MH-TCM rules reimburse MH-TCM discharge planning activities for up to 180 consecutive days prior to discharge.
  5. Provisional discharges
    - Almost all committed individuals are currently discharged from the treating facility before the commitment period is over
    - Minnesota Statutes, section. 253B.15, subd. 1a requires the case manager to be involved in the provisional discharge plan which is developed by the treating facility with input from the patient
  6. Request for revocation of provisional discharge or stay, or extension of commitment or stay, and associated notices to client and others
    - The case manager is required to monitor committed individuals on provisional discharge to determine whether the individual is receiving the services agreed to in the discharge agreement and to report to the court, including, if necessary, to request the court to revoke the provisional discharge, extend the commitment, extend the stay or take other action to ensure that the individual receives the treatment and other care that they need: these are all reimbursable activities

7. Face-to-face contact frequency of less than at least once per month must be documented and based on functional evaluation. Final report to court prior to discharge of commitment unless the individual is still in the facility to which he/she was committed (in which case the facility files the report), the case manager is required to send a final report to the court

***Commitment Act activities that are not reimbursable as MH-TCM***

(bullets are comments and considerations).

1. Pre-petition screening
  - Always appointed by the county – not a health plan function
  - The team conducts an investigation, including consultation with the person's health plan and case manager (if any), in order to develop a report to the county attorney and the court listing reasons for rejecting or recommending alternatives to involuntary placement, and providing information regarding services the enrollee needs and options for obtaining needed services
  - If the person has a case manager, much of the above information can come from a case manager's report to the prepetition screening team (see reimbursable activities above)
  - If the person is not eligible for or not willing to accept MH-TCM, the prepetition screening team will do diversion planning; that activity is not reimbursable as MH-TCM, not because of the nature of the activity, but because the other requirements for MH-TCM (client eligibility or other requirements) are not met
2. Court-appointed independent examiner(s) role activities
3. Substitute decision maker role activities
4. Court reports for persons who are under commitment in the facility to which they were committed, in which case the facility is responsible for the court reports (this is the case for most individuals who are committed as MI&D, SPP or SD)