

# TCM Needs Evaluation – an Introduction

- ✓ Targeted Case Management (TCM)
- ✓ New Requirement / DMH Policy
- ✓ Implementation
- ✓ Child and Adolescents Needs and Strengths(CANS-IP) or (CANS 0-5)
- ✓ Needs Evaluation Tool (NET)
- ✓ Treatment Planning
- ✓ Claiming

# Targeted Case Management (TCM)

# Targeted Case Management

- TCM – services assisting clients in gaining access to needed medical, social, educational, and other supportive services, and includes the following components:
  - Assessment – TCM needs evaluation
  - Plan Development – development of a client treatment plan to address identified needs
  - Linkage/referral and related activities
  - Monitoring and Follow-Up

- TCM needs evaluation involves:
  - history and current status of need(s)
    - Repeated homelessness; last residence was brief stay at B&C about 2 years ago - client was asked to leave due to disruptive behaviors; currently residing in shelter at Union Rescue Mission
  - any relevant information from other sources (e.g., documents/chart review, significant supports)
    - Record review shows history of mental illness; sporadic employment history; history of substance abuse; earned a bachelor's degree
  - any barriers to getting needs met
    - Insufficient income, disruptive behaviors, lacks needed source of identification and mailing address

# TCM Needs Evaluation

- Conducted to identify areas in the client's life in which ancillary resources or services are needed in order to:
  - Improve their level of functioning;
  - Provide sufficient supports to sustain stability; and
  - Support personal recovery, resiliency, community integration & participation

## **'Why does a mental health specialist need to facilitate this linkage?'**

- The referral needs to come from a mental health specialist
- A mental health specialist is needed to advocate for the client and coordinate services
- A mental health specialist is needed to access and navigate resources in the community
- The client is unable to access these resources on his/her own

New Requirement / Implementation

# New Requirement

## What is the new requirement?

Providers are required to conduct annual TCM needs evaluations for clients receiving Targeted Case Management Services (TCM)

## What is a TCM needs evaluation?

A comprehensive assessment and periodic re-assessment of broad categories of need to determine what TCM services should be established or continued

## Which providers does this apply to?

This requirement is for all providers regardless of program or funding source

## Who can conduct a TCM needs evaluation?

A TCM needs evaluation can be done by any staff eligible to provide TCM services

# DMH Policy

## For clients who meet medical necessity:

- ❑ For all newly active clients, a TCM needs evaluation must be completed prior to the development of a treatment plan
  - It is strongly encouraged that providers incorporate the TCM needs evaluation into the mental health assessment to assist in identifying potential functional impairments
- ❑ If TCM services are being provided, subsequent annual TCM needs evaluations must be conducted for all clients (best practice – tie to treatment plan completion)
- ❑ If a new category of TCM needs arises that impacts treatment, there must be documentation in the clinical record that justifies the need for services.

NOTE: If the general category of the new need has already been identified on the current evaluation, then a new evaluation is not necessary (e.g., client needs a TAP card and transportation category already marked as a need)

NOTE: **Newly active** client is defined in LACDMH Policy 401.03 as a new client requiring the opening of a new clinical record or an existing client returning for services after the termination of services per LACDMH Policy 312.01 or an existing client returning for services after 180 days of inactivity requiring the resumption of documentation in an existing clinical record.

# Implementation

Beginning 10/1/20 and fully implemented by 1/1/21

- LACDMH is allowing providers up to three months to fully implement this requirement
    - The three-month period should be utilized to train staff, update workflows, incorporate new forms into the electronic health record system
  - Providers are strongly encouraged to begin conducting TCM needs evaluations according to the new requirements as soon as possible
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- For *existing* clients who are receiving TCM services, a needs evaluation should be completed on or before the date of the client's next treatment plan
  - A TCM needs evaluation is not required for existing clients who are not receiving TCM services
    - However, providers are strongly encouraged to complete one to ensure TCM services are not needed



Forms

# Forms

**The following forms will be required for the respective age ranges:**

Ages 21 and older: **Needs Evaluation Tool (NET) (new form)**  
(replaces the Community Functioning Evaluation)

- MH 742 (paper version, required data elements for Legal Entities)
- Directly-Operated: completed in IBHIS

Ages 6 through 20: **Child and Adolescents Needs and Strengths (CANS-IP)**

- MH 735 (paper version, required data elements for Legal Entities)
- Directly-Operated: completed in IBHIS

Ages 0 – 5: **Child and Adolescents Needs and Strengths (CANS-IP) or (CANS 0-5)**

- MH 755 (paper version of the CANS 0-5) **(new form)**
- Directly-Operated: if you choose to use the CANS 0-5, then complete paper version and scan into IBHIS (working on getting it in IBHIS)

# Forms

## New TCM Need Arises

- If a new category of TCM needs arises that impacts treatment, there must be documentation in the clinical record that justifies the need for services.
  - Documentation should be on a form other than a progress note so it can be easily located in the clinical record.
  - It may be on an Assessment Addendum, Needs Evaluation Tool or other appropriate form.
  - Please note, the CANS should not be used to document these updates due to the DHCS Outcomes reporting requirements (we can expand on the 4-8 month window).

## Urgent TCM Need

- If an urgent TCM need occurs which does not fall under a previously identified category, then you are not required to complete the TCM needs evaluation immediately
  - Urgent: a situation experienced by a client that without timely intervention is highly likely to result in an immediate emergency psychiatric condition (must be handled in 48 hours or less)
- However, it must be documented in a progress note why it was urgent and the plan going forward (e.g., to complete TCM needs evaluation and update the client treatment plan at the next session)

# CANS-IP or CANS 0-5

## **CANS-IP / CANS 0-5 is the TCM needs evaluation for ages 0 through 20**

- The CANS is fulfilling two separate DHCS requirements (must comply with the strictest of the two requirements):
  - Outcome measure of child and youth functioning
  - Annual TCM needs evaluation
- The Annual TCM needs evaluation requirement expands the usage of the CANS to all clients ages 0 through 20 who are receiving TCM services,
  - Not just those who were ages 6 through 20 and newly active on or after July 1, 2019
- To fully satisfy the TCM needs evaluation requirement, there must be documentation in the clinical record (e.g., progress note or added to the CANS form in your electronic health record) of the:
  - history and current status of need(s);
  - any relevant information from other sources (e.g., documents/chart review, significant supports); and
  - any barriers to getting needs met

Note: For Directly Operated, these questions will be added to the CANS form in the future

# Reminders about the use of the CANS

## (Ages 0 through 20)

### Training & Certification

- In order to use the CANS-IP or CANS 0-5, practitioners must be trained AND certified by the PRAED Foundation
  - A separate certification is not required for the CANS 0-5
- Certification requires passing an on-line test through the PRAED Foundation
- Practitioners must be re-certified annually and the certification must be through the PRAED Foundation

### Submission & Frequency

#### Submission:

- Directly-Operated:
  - completed/submitted in IBHIS
- Contracted:
  - completed in your respective electronic health record; and
  - submitted either through Web Services or the EPSDT application

#### Frequency – (based on DHCS requirements for the CANS outcome measure)

- At initial assessment, every 6 months throughout treatment, and at the end of treatment

# Needs Evaluation Tool (NET)

The NET is the TCM needs evaluation for ages 21 and older

## Training & Certification

- There is no required training or certification to administer the NET

## Submission

Directly-Operated: completed/submitted in IBHIS

Contracted: completed in your respective electronic health record (may include scanning in a paper copy)

## NET replaces the Community Functioning Evaluation (CFE)

- The NET was developed to make the needs evaluation process more meaningful
- Incorporates the basic social determinants of health, which are necessary to support personal recovery, resilience, community integration and participation
  - The basic social determinants include areas such as access to affordable and safe community housing, strong support system, and opportunities to take on meaningful community roles

# Using the NET

# Needs Evaluation Tool (NET)

## 6 Domains / 17 Categories

- Identify 'categories' of need (e.g., housing, transportation) rather than specific TCM activities (e.g., obtain replacement valid CA ID; establish mail receipt address; apply for reduced fare TAP card)
  - TCM activities are done to address the identified category of need (e.g., housing, transportation)

### Basic Needs / Benefits Establishment

Housing

Income

Access to Food

Clothing

Physical / Dental / Vision Health

Transportation

Activities of Daily Living

### Employment & Workplace Skills/Education/Training

Employment

Workplace Skills/Education/Training

### Substance Use

Substance Use

### Technology

Access to Technology

### Other Community Services/Resources

Child/Adult/Elder Care

Legal/Civil

Sexual Orientation/Gender Identity

Spirituality

### Support / Purpose

Support System

Purposes / Meaningful Use of Time



# Needs Evaluation Tool (NET)

## 4 Sub-Items (Yes / No)

Yes = Potential Need

Education /  
Vocational Training

Smoking Cessation

Pet Care / Assistance

Other Community  
Supports

<b>Workplace Skills / Education / Training:</b> Do you have skills/education/training needed for job opportunities? <input type="checkbox"/> N/A (Retired)				
<input type="checkbox"/> Immediate Action <i>Minimal to no skills/education/training that are needed to obtain a job in any industry</i>	<input type="checkbox"/> Action Needed <i>Limited skills/education/training that are needed to obtain a job in any industry</i>	<input type="checkbox"/> Monitor <i>Some skills/education/training that are needed to obtain a job in an industry</i>	<input type="checkbox"/> No Action Needed <i>Sufficient skills/education/training to obtain a job with opportunity for advancement in stable industry</i>	<input type="checkbox"/> Strength to Utilize <i>Strong skills/education/training that offer great potential for obtaining better or comparable position in growing industry</i>
Specific Need(s), if applicable				
Is there a level of education or vocational training that you would like to achieve? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:				
<b>Substance Use:</b> Do you currently have issues with substance use?				
<input type="checkbox"/> Immediate Action <i>Severe alcohol use and/or chemical dependence; institutional living or inpatient alcohol/drug rehab may be necessary</i>	<input type="checkbox"/> Action Needed <i>Significant use of substances resulting in chronic family/work difficulties</i>	<input type="checkbox"/> Monitor <i>Occasional use of substances; usage of chemicals has a tendency to lead to an abuse pattern, resulting in negative consequences; currently participating in substance use services</i>	<input type="checkbox"/> No Action Needed <i>Occasional misuse of alcohol and/or prescription drugs, generally uses in an appropriate manner</i>	<input type="checkbox"/> Strength to Utilize <i>No drug use; uses alcohol &amp; prescription drugs in an appropriate manner (minimal to no usage)</i>
Specific Needs, if applicable				
Do you use tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you want to reduce or quit?				
<b>Child/Adult/Elder Care:</b> Do you have dependent care needs? <input type="checkbox"/> N/A				
<input type="checkbox"/> Immediate Action <i>Needs dependent care but none is available, affordable, accessible and/or child is not eligible</i>	<input type="checkbox"/> Action Needed <i>Dependent care is unreliable, unaffordable and/or inadequate; supervision is a problem for dependent care that is available</i>	<input type="checkbox"/> Monitor <i>Affordable or subsidized dependent care is available, but limited; accessing subsidies if qualified</i>	<input type="checkbox"/> No Action Needed <i>Reliable, affordable dependent care is available; no need for subsidies</i>	<input type="checkbox"/> Strength to Utilize <i>Able to select quality dependent care of choice; no need for subsidies; backup dependent care plan is available</i>
Specific Needs, if applicable				
Do you need pet care/assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:				
<b>Spirituality:</b> Do you have any needs related to spirituality? <input type="checkbox"/> N/A				
<input type="checkbox"/> Immediate Action <i>Has need/desire for spiritual support &amp; currently has no spiritual support</i>	<input type="checkbox"/> Action Needed <i>Has need/desire for spiritual support &amp; currently has weak or inconsistent spiritual support</i>	<input type="checkbox"/> Monitor <i>Has need/desire for spiritual support &amp; currently has some reliable spiritual support</i>	<input type="checkbox"/> No Action Needed <i>Has need/desire for spiritual support &amp; has a moderate connection to spiritual supports</i>	<input type="checkbox"/> Strength to Utilize <i>Has need/desire for spiritual support &amp; has a strong connection to spiritual supports</i>
Specific Needs, if applicable				
<b>General Community Support:</b> Are there any other community supports that you need? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:				

# Needs Evaluation Tool (NET)

5 of the 17 Categories – option for N/A

Does Not Apply

**Employment:** Do you have a job with adequate pay & benefits?  N/A (Retired)

<input type="checkbox"/> Immediate Action <i>No job; difficulty obtaining/maintaining employment</i>	<input type="checkbox"/> Action Needed <i>Temporary; seasonal; inadequate pay, no benefits; employed but wages/hours not adequate to meet basic needs or difficulty maintaining</i>	<input type="checkbox"/> Monitor <i>Employed; inadequate pay; few or no benefits; limited or no opportunity for advancement</i>	<input type="checkbox"/> No Action Needed <i>Employed with adequate pay &amp; benefits; advancement potential</i>	<input type="checkbox"/> Strength to Utilize <i>Maintains permanent employment (not temporary or time limited) with adequate income &amp; benefits</i>
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Specific Need(s), if applicable

**Workplace Skills / Education / Training:** Do you have skills/education/training needed for job opportunities?  N/A (Retired)

<input type="checkbox"/> Immediate Action <i>Minimal to no skills/education/training that are needed to obtain a job in any industry</i>	<input type="checkbox"/> Action Needed <i>Limited skills/education/training that are needed to obtain a job in any industry</i>	<input type="checkbox"/> Monitor <i>Some skills/education/training that are needed to obtain a job in an industry</i>	<input type="checkbox"/> No Action Needed <i>Sufficient skills/education/training to obtain a job with opportunity for advancement in stable industry</i>	<input type="checkbox"/> Strength to Utilize <i>Strong skills/education/training that offer great potential for obtaining better or comparable position in growing industry</i>
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Specific Need(s), if applicable

**Child/Adult/Elder Care:** Do you have dependent care needs?  N/A

<input type="checkbox"/> Immediate Action <i>Needs dependent care but none is available, affordable, accessible and/or child is not eligible</i>	<input type="checkbox"/> Action Needed <i>Dependent care is unreliable, unaffordable and/or inadequate; supervision is a problem for dependent care that is available</i>	<input type="checkbox"/> Monitor <i>Affordable or subsidized dependent care is available, but limited; accessing subsidies if qualified</i>	<input type="checkbox"/> No Action Needed <i>Reliable, affordable dependent care is available; no need for subsidies</i>	<input type="checkbox"/> Strength to Utilize <i>Able to select quality dependent care of choice; no need for subsidies; backup dependent care plan is available</i>
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Specific Needs, if applicable

**Spirituality:** Do you have any needs related to spirituality?  N/A

<input type="checkbox"/> Immediate Action <i>Has need/desire for spiritual support &amp; currently has no spiritual support</i>	<input type="checkbox"/> Action Needed <i>Has need/desire for spiritual support &amp; currently has weak or inconsistent spiritual support</i>	<input type="checkbox"/> Monitor <i>Has need/desire for spiritual support &amp; currently has some reliable spiritual support</i>	<input type="checkbox"/> No Action Needed <i>Has need/desire for spiritual support &amp; has a moderate connection to spiritual supports</i>	<input type="checkbox"/> Strength to Utilize <i>Has need/desire for spiritual support &amp; has a strong connection to spiritual supports</i>
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Specific Needs, if applicable

**Sexual Orientation / Gender Identity:** Do you have any needs related to sexual orientation or gender identity?  N/A

<input type="checkbox"/> Immediate Action <i>Has need/desire for support &amp; currently has no support in sexual orientation or gender identity</i>	<input type="checkbox"/> Action Needed <i>Has need/desire for support &amp; currently has weak or inconsistent support in sexual orientation or gender identity</i>	<input type="checkbox"/> Monitor <i>Has need/desire for support &amp; currently has some reliable support</i>	<input type="checkbox"/> No Action Needed <i>Has need/desire for support &amp; has a moderate connection to community supports</i>	<input type="checkbox"/> Strength to Utilize <i>Has need/desire for support &amp; has a strong connection to community supports</i>
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Specific Needs, if applicable

Not Important or Not Wanted

# Needs Evaluation Tool (NET)

## Level of Need

Client's current level of need for each category is measured on a continuum using a 5-point rating scale

### **Immediate Action**

*Client's situation is highly unstable; an urgent need for the client*

### **Action Needed**

*Client's situation is unstable; a need for the client*

### **Monitor**

*Client's situation is somewhat stable or temporarily stable; an area to monitor*

### **No Action Needed**

*Client's situation is stable; no needs at this time*

### **Strength to Utilize**

*Client's situation is thriving; a strength that may assist the client in reaching other goals*

Areas of  
Urgent Need / Need

Area to Monitor

Areas of  
Sufficiency &  
Strength

# Needs Evaluation Tool (NET)

## Guiding Questions / Prompts

### Guiding Questions for each Category

#### SUPPORT / PURPOSE

**Support System:** Do you have friends or family you can always rely on when in need of support?

<input type="checkbox"/> Immediate Action <i>Has no personal support system &amp; no knowledge of available community supports</i>	<input checked="" type="checkbox"/> Action Needed <i>Has no personal support system, but knows where to go in the community for help when experiencing a need or crisis</i>	<input type="checkbox"/> Monitor <i>At least one personal support &amp; basic community networks are available in times of need</i>	<input type="checkbox"/> No Action Needed <i>Enough personal supports available &amp; is connected with at least one community support network (e.g., nonprofit, church, support group)</i>	<input type="checkbox"/> Strength to Utilize <i>Enough personal supports readily available; &amp; is active and/or highly knowledgeable about community support networks</i>
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Specific Needs, if applicable

**Purpose / Meaningful Use of Time:** Are you doing things that you find personally meaningful?

<input type="checkbox"/> Immediate Action <i>Not engaged in personally meaningful activities</i>	<input type="checkbox"/> Action Needed <i>Thinking about personally meaningful activities</i>	<input type="checkbox"/> Monitor <i>Starting to engage in meaningful activities ("trying out" or "testing the waters")</i>	<input checked="" type="checkbox"/> No Action Needed <i>Engaged in personally meaningful activities</i>	<input type="checkbox"/> Strength to Utilize <i>Fully engaged in personally meaningful activities &amp; has a sense of fulfillment</i>
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Specific Needs, if applicable

### Each Category has Prompts:

examples to assist in determining the most accurate level  
and  
the practitioner marks the most appropriate box

# Needs Evaluation Tool (NET)

## Suggested Follow-Up Questions

### Support System

- **Do you have friends or family you can always rely on when in need of support?**
  - If yes, how many personal supports can you currently ask for help if needed?
- Are you aware of any community resources that can help support you in a time of need?
  - If yes, are you able to access them?
- Are you connected to or actively involved with groups in your community (i.e. church, senior centers, schools and service groups)?

### Purpose / Meaningful Use of Time

- **Are you doing things that you find meaningful or make you happy?**
- For example, do you have any activities that:
  - give you pleasure;
  - express your values, culture, spirituality, creativity;
  - give you a sense of satisfaction or accomplishment
- How satisfied are you with your involvement in these areas?
- *NOTE: you may need to assist clients in identifying the underlying meaning (e.g., “sounds like you enjoy being helpful to others”)*

# Needs Evaluation Tool (NET)

## Pulling it all together

1. **Areas of sufficiency or strength** (i.e. areas marked as “No Action Needed” or “Strength to Utilize”):

Include salient categories marked in the ‘No Action Needed’ or ‘Strength to Utilize’ that reflect self-sufficiency and strength

**Comments** (include any positive outcomes where previous needs were met or improved upon):

Include any categories where the client has made progress from the previous NET; for the initial NET, mark 'N/A'

2. **Areas of potential need** (i.e. areas marked as “Immediate Action”, “Action Needed”, or “Monitor”; areas marked “YES”):

Include all areas marked as 'Immediate Action' / 'Action Needed' / 'Monitor' / sub-items marked 'YES'

**Agreed upon areas to provide support/assistance through linkage & referral:**

Include all agreed upon areas, not just the ones that you are planning to address at this time

**Comments:** (include history & current status of need, relevant information from significant supports, information from other documents/chart review, & any barriers to getting needs met such as lack of identification):

Relevant information from any source(s) that will assist you in facilitating the linkage (e.g., circumstances that led to housing problems; setting client has been the most stable, settings that did not work, etc.).

### ‘Why does a mental health specialist need to facilitate this linkage?’

- The referral needs to come from a mental health specialist
- A mental health specialist is needed to advocate for the client and coordinate services
- A mental health specialist is needed to access and navigate resources in the community
- The client is unable to access these resources on his/her own

# Treatment Planning

# Using the NET to Develop the Treatment Plan

1. Prioritize the 'agreed upon areas to provide support/assistance through linkage & referral' (or for the CANS, those areas rated '2 – action needed' or '3 immediate action needed') and add those to the treatment plan (if you want to add all of them on the plan at once, you can).

## Agreed upon areas to provide support/assistance through linkage & referral:

Housing, Income, Access to Food, Transportation, Work Skills, Employment, Substance Use, Purpose/Meaningful Use of Time

2. For those identified categories of need that fall under the same domain, you can create one objective to include some or all of them, along with a TCM intervention:

Client will obtain identified basic needs (clothing, food, income, and transportation) to improve life functioning and support personal recovery

3. Not all **agreed upon needs** have to be added to the treatment plan. If it is decided at a later point to add an additional identified TCM category of need to the treatment plan, a new TCM Needs Eval does not need to be done. An update to the treatment plan can be done adding in the TCM need.



Problem

Schizophrenia

Goal

To improve life functioning

Objective

Client will obtain identified basic needs (**clothing**, **food**, **income**, and **transportation**) to improve life functioning and support personal recovery

Intervention

**Targeted Case Management:**

Identify available resources, complete relevant applications, and facilitate and monitor linkage

Problem

Employment

Goal

To obtain employment

Objective

Client will participate in vocational rehab and obtain employment

Intervention

**Targeted Case Management:**  
Facilitate linkage to vocational rehab; identify available employment resources, assist with application process & monitor linkage

Problem

Homeless

Goal

Obtain & Maintain Stable Housing

Objective

Client will obtain stable housing

Intervention

**Targeted Case Management:**

Identify available housing resources, assist with application process & monitor linkage

Objective

Client will improve activities of daily living from 'requires moderate assistance' to 'fully able to perform most ADLs' as identified on the NET

Intervention

**Mental Health Service:**

Provide group rehab to teach ADLs / independent living skills

# Claiming / Procedure Codes

# CLAIMING

## Completing the TCM Needs Evaluation

- Claiming based on (1) purpose, and (2) scope of practice:
  - Purpose: to inform the mental health assessment
  - Completed by practitioner -
    - Within scope to do a mental health assessment – **90791 / 90792** (MHS Assessment)
    - Not within scope to do a mental health assessment – **H2000** (MHS Assessment)

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- Purpose: to determine TCM needs (i.e. stand-alone needs evaluation)
- Completed by any practitioner –
  - **T1017 / T1017HK** (TCM/ICC Assessment)

# CLAIMING

## Developing the Treatment Plan (stand-alone)

- Claiming based on type(s) of service that you're including in the plan:
  - Adding only TCM interventions –
    - **T1017 or T1017HK** (TCM / ICC Plan Development)
  - Adding MHS only or MHS and TCM / ICC interventions –
    - **H0032** (MHS Plan Development)

***Reminder:** conducting a needs evaluation does not require a treatment plan as it is for the purpose of assessment*