

Questionnaire: Targeted Case Management (TCM)

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1. *Is this request a new treatment/episode of care?*

(Please select one.)

- Yes
- No

Instructions: Per OCFS Provider Performance Measure, members should be seen face-to-face within 7 calendar days from the date of referral.

2. *What date was the member referred to services?*

3. *How many scores are two or higher in life domain functioning?*

4. *How many scores are two or higher in child behavioral/emotional needs?*

5. *Does member require referral activities?*

(Please select one.)

- Yes
- No

If you answered "Yes" on question 5

5.1.1. *List activities that help member obtain needed services:*

6. *Is member 16 years old and have a diagnosis of ID/DD?*

(Please select one.)

- Yes
- No

If you answered "Yes" on question 6

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6.1.1. *Will member need assistance transitioning to the Office of Aging and Disability Services?*

(Please select one.)

- Yes
- No

If you answered "Yes" on question 6.1.1

6.1.1.1. *Please describe specific interventions in the next 90 days to support transition to Office of Aging and Disability Services.*

7. *Does member require Monitoring and Follow-Up Activities?*

(Please select one.)

- Yes
- No

If you answered "Yes" on question 7

7.1.1. *Please describe specific activities and frequency of contacts that are necessary to ensure the individual care plan is effectively implemented.*
