

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. How many scores are two or higher in Risk Factors and Behaviors?
6. How many scores are two or higher in Infant and Children (if applicable)?

7. Is provider submitting ASQ-SE or ASQ score to support eligibility?
(Please select one.)

Yes

No

7.1.1. Score and Date:

8. Is there an uploaded clinical letter from a clinician determining that the Member is at risk of developing a Developmental Delay, and/or Mental health disorder due to a specific social, environmental, or biological determinant of health, such as housing insecurity, malnutrition, exposure to toxins, social exclusion, and/or genetic predispositions; and that the Member has at least one (1) Functional Limitation as determined by a Clinician?
(Please select one.)

Yes

No

8.1.1. Date of clinical
letter:

9. Does member require referral activities?
(Please select one.)

Yes

No

9.1.1. List activities that help member obtain needed services:

10. Is the member age 0-5 ?
(Please select one.)

- Yes
- No

10.1.1. Has a Clinician determined that the Member is at risk of developing a developmental delay due to a specific social, environmental, or biological determinant of health, such as housing insecurity, malnutrition, exposure to toxins, social exclusion, and/or genetic predispositions?
(Please select one.)

- Yes
- No

10.1.1.1.1. Please explain

10.1.1.1.2. The Member has at least one (1) Functional Limitation as determined by a Clinician?
(Please select one.)

- Yes
- No

10.1.1.1.3. Has an ASQ-SE been completed?
(Please select one.)

- Yes
- No

10.1.1.1.3.1.1. Please Provide Score

10.1.2. Has a Clinician determined that the Member is at risk of developing a mental health disorder due to a specific social, environmental, or biological determinant of health, such as housing insecurity, malnutrition, exposure to toxins, social exclusion, and/or genetic predispositions? (Please select one.)

Yes

No

10.1.2.1.1. Please explain

10.1.2.1.2. Has an ASQ-SE been completed? (Please select one.)

Yes

No

10.1.2.1.2.1.1. Please Provide Score

11. Is member 16 years old and have a diagnosis of ID/DD? (Please select one.)

Yes

No

11.1.1. Will member need assistance transitioning to the Office of Aging and Disability Services? (Please select one.)

Yes

No

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

12. Does member requiring Monitoring and Follow-Up Activities?
(Please select one.)

Yes

No

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

13. Please select the applicable Functional Limitations:
(Please select between 1 and 7 items.)

A. Vocational. For Members of working age, impairment in vocational functioning is manifested by an inability to be consistently employed at a self-sustaining level or an ability to be employed only with extensive supports (A person who is able to earn sustaining income but is recurrently unemployed because of acute episodes of mental illness or addictions does not meet this Functional Limitations requirement). For Children, impairment in vocational functioning is manifested by limitations in communication skills, task initiation, prioritization, problem solving, and/or time management which impair the Child's ability to be a candidate for future employment or continuing educational opportunities

B. Educational. Impairment in educational functioning is manifested by an inability to pursue age-appropriate educational goals within a normal time frame or without extensive supports.

C. Instrumental Activities of Daily Living (IADL). Impairment in IADL functioning is manifested by an inability to consistently and independently accomplish home management tasks, including but not limited to household meal preparation, washing clothes, grocery shopping, and budgeting; or for Children, impairments may be manifested by an inability to perform developmentally appropriate activities for their age, such as learning to make basic meals and make simple transactions, including allowances, understanding how sending mail works, or understanding the name and purpose of their medications

D. Social or Interpersonal. Impairment in social or interpersonal functioning is manifested by an inability to independently develop or maintain social relationships or to independently participate in social or recreational activities.

This may include, but is not limited to: 1. Repeated inappropriate or inadequate social behavior (defined as an inability to behave appropriately or adequately without extensive or consistent support or coaching; or only in special contexts or situations such as social groups organized by the provider); or 2. Consistent participation in activities only with extensive support or coaching and when involvement is mostly limited to special activities established for persons with interpersonal impairments

E. Community. Impairment in community functioning is manifested by a pattern of significant community disruption, including family disruption or social unacceptability or inappropriateness, which may not recur often but is of such magnitude that it results in severe consequences (including but not limited to exclusion from the Member's primary social group) or in severe impediments to securing basic needs such as housing.

F. Self-care, Independent Living or Activities of Daily Living. Impairment in self-care or independent living is manifested by an inability to consistently perform the range of practical daily living tasks required for basic functioning in the community, including, but not limited to: 1. Bed mobility, transfer, locomotion, eating, toilet use, bathing, and dressing; 2. Grooming, hygiene, and meeting nutritional needs; 3. Care of personal business affairs; 4. Transportation and care of residence; 5. Procurement of medical, legal, and housing services; and 6. Recognition and avoidance of common dangers or hazards to self and possessions.

N/A
