



*Child and Family Services*  
An Office of the  
Department of Health and Human Services

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Targeted Case Management Update:

APS Healthcare posted changes to Targeted Case Management procedures effective July 1, 2009 at:

[http://www.qualitycareforme.com/documents/APS\\_TCM\\_Prov\\_Instructions.pdf](http://www.qualitycareforme.com/documents/APS_TCM_Prov_Instructions.pdf).

There have been several questions about changes in Targeted Case Management and the following are clarifications:

1. The TCM provider may use the Transition/Discharge Form in APS Careconnection as the Discharge Summary for TCM to avoid duplication of effort. Please print a copy of the APS form and place it in the client chart.
2. The CHAT and CAFAS tools can be used for ages 6 through 20.
3. CHAT: Providers continue to submit a copy of the CHAT scoring sheet to DHHS Office of Quality Improvement. The provider enters the CHAT score in Careconnection in the Additional Information section. For children with a primary presenting issue of MR/PDD, a "0" will be entered in the CAFAS/PECFAS sections of Careconnection.
4. CAFAS/PECFAS: Providers do not submit the CAFAS/PECFAS scoring sheet to DHHS Office of Quality Improvement and are not required to complete this form. Providers must complete the original booklet scoring sheets and place this in the client chart. The CAFAS/PECFAS is a copyrighted instrument and one booklet must be used for each client and each administration. The CAFAS/PECFAS score is entered in Careconnection in the CAFAS/PECFAS section.
5. The Ages and Stages Questionnaire (ASQ) and the Ages and Stages Questionnaire-Social Emotional (ASQ-SE) are for ages birth through 5.
6. The Vineland is not a required tool for TCM.
7. For Special Populations such as Refugee and Immigrant and Deaf and Hard of Hearing that may present challenges in applying Assessment Tools, please enter the scores as usual and provide more detailed information for consideration explaining the circumstances in the Additional Information section in Careconnection.

8. The budget initiative concerning the use of care management as an alternative to Targeted Case Management is not being pursued. Schaller Anderson was not involved in the development of the budget initiative and would in no way have benefitted as they do not bill for case management services. Schaller Anderson has been sending general letters to MaineCare members for two years explaining that they provide a free benefit to assist members. These were not intended as a messages to members to discontinue TCM.
9. Schaller Anderson has been working with an increasing number of behavioral health providers, including TCM. They offer information through clinicians, nurses and physicians to assist with the management of complex health conditions, including behavioral health. They view their role as partnering with TCM to provide information and view TCM as helpful in its role in families' lives, particularly in bringing together systems and supports in the community. Please utilize the services of Schaller Anderson to assist with some of the more challenging situations as they may provide additional clinical information and alternatives for the family and team. We will be making arrangements for Schaller Anderson representatives to meet with TCM providers on a regional basis over the upcoming months. You may reach Schaller Anderson at 1 (866) 543-2387, TTY: 1 (800) 457-1220
10. Approval letters for Section 97 Intensive Temporary Residential Treatment services will be issued with an expiration of sixty (60) days. This means that the services should start within sixty (60) days from the date of the approval or a new application must be submitted. An extension of the 60 days can be requested by the family and an extension request form to submit will be enclosed with the approval letter.
11. The Targeted Case Management Guidelines issued July 1, 2005 are no longer in effect as there have been several policy changes related to the service. The Department will convene a group of stakeholders to develop new guidelines at the earliest possible date and will ask stakeholders to identify representatives for the work group.