Plan Development for TCM

How & when to write a Plan Development progress note for Targeted Case Management services

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Plan Development Requirements for TCM

Due to federal Medicaid regulations, Targeted Case Management (TCM) requires a plan.

The plan must be written up in a progress note, and should contain

- The client's medical, social, educational, and/or other needs being addressed with this plan
- Documentation that the client actively participated in identifying the goals
- A course of action (the plan!) to respond to the client's needs and goals
- A transition plan when a client has achieved their goals

Clients do not need to (and should not) sign the note. You just need to describe how the client was involved.

The note should use the 391/491 Plan Development procedure code.

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Plan Development Outline

- P - (Purpose): Identify condition, symptom and/or need you're addressing with this plan.
- I - (Intervention): Explain how you worked with the client (and client's support people) to develop the goal(s).
- R - (Response): State the client's goal(s).
- PL - (Plan): Describe the plan for what **TCM services** you think are needed to work with the client on their goal(s).

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Plan Development Note: Sample 1

P - (Purpose): Treatment plan for TCM services related to Janet's residential stability.

I - (Intervention): Traveled to Janet's house. Discussed Janet's goals for housing, and what case management help she would need. Returned to CMHC Petaluma.

R - (Response): Janet said, "I want to stay consistently the same. Same routine, same medications, same home. I don't want to change anything."

PL - (Plan): Case manager will work with Janet to find an IHSS worker to help with vacuuming, dusting, and other household tasks. SCBH will coordinate with her landlord, IHSS, and other housing services to help Janet achieve her goal.

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Plan Development Note: Sample 2

P- (Purpose): Treatment plan for TCM services related to Ash's goals for social, educational, residential, and family issues.

I - (Intervention): Talked to Ash about their goals and ways in which treatment team could help through case management.

R - (Response): Ash stated goals of, "I want to find places where I can make friends," "I really need to get my GED," and "I'm so tired of arguing with my family. I want to move out, or find ways to stop fighting so much." Ash said they will likely also need support in finding classes on daily living skills like cooking.

PL - (Plan): SCBH to provide targeted case management to identify and link Ash to social environments (e.g., church, AA), educational resources for completing their GED, and family counseling. If Ash does decide to move out, SCBH to provide support in finding, applying for, and following up with residential options. SCBH to also work with Ash in finding and applying for classes in daily-living skills.

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How often do I need to develop a plan?

- Plan Development notes can cover multiple needs and goals (e.g., housing AND social functioning AND medical care)
- There's no "expiration" on plans – if you and the client are still working on a goal, the plan is still in effect
- New plans do need to be written up if there are new goals, or if the plan for interventions substantially changes
- If you add a problem to the Problem List, that's a great time to think about whether you need a TCM plan!
- Remember these are plans **only for Targeted Case Management interventions.** If the action plan for a client's goal is to provide rehab, therapy, medication support, residential care, or anything other than TCM, you do **not** need to write a Plan Development note.
- If a client is not receiving any TCM services, they don't need a TCM Plan.

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