

# Appropriate Use of Community Support and Targeted Case Management in Workplace Environments

Missouri Department of Mental Health



This document is designed to provide guidance on billing for elements of supported employment under the Rehabilitation and Targeted Case Management Options of Medicaid for people with serious mental illness. It is intended to assist workers in providing assistance and identifying billable activities related to supported employment.

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Medicaid is a program designed to fund medical services. Demonstrating the “medical necessity” of services is an administrative requirement attached to the development and documentation of an individual plan. The treatment plan should clearly demonstrate the legitimate clinical need, the justification for services provided, and indicate an appropriate response to that need. The clearest and most effective approach in documenting medical necessity is through the creation of a clinically relevant individual plan. Effective development and documentation of holistic individual plans is both an acquired skill as well as a clinical art.

The treatment plan:

- Helps to integrate information about the person and family as related to clinical needs;
- Facilitates prioritization of needs, interests, and recovery/rehabilitative goals;
- Provides a strategy for managing complexity and describes interventions defined by measurable outcomes;
- Is an ongoing process connecting clinical assessments with targeted service delivery.

Progress notes should clearly state activities and interventions that are directly related to the goals and interventions described in the treatment plan.

### **Medicaid Will Not Pay For:**

In general, Medicaid will not pay for:

1. Job skill training & coaching for specific job skills and job tasks (do not bill for teaching the job functions, i.e., how to work the computer, fryer, phone system, drill press, etc.)
2. Tuition for training programs
3. Supplies for work (boots, computers, uniforms, etc.)
4. Speeches to Rotary and other community groups seeking employer engagement
5. “Cold calls” to employers for generic job leads

### **Community Support and Targeted Case Management in the Work Environment**

The vast majority of community psychiatric rehabilitation (CPR) program activities in a workplace environment focus on helping a person overcome or address psychiatric symptoms that interfere with seeking, obtaining, and maintaining a job. Symptoms include both positive and negative symptoms. Positive symptoms include auditory or visual hallucination, incoherence or marked loosening of association, delusions, etc. Negative symptoms include apathy, lethargy (lack of motivation), ambivalence, flattening of emotions, isolation, and withdrawal. It is likely that the reason you are providing the CPR help is due to these symptoms. Medicaid will reimburse for supports that relate to any of these symptoms. The services being provided is focused on illness management and recovery, regardless of setting.

Treatment plans should address a person’s interest or desire to work or pursue a career.

Documentation (action plans, progress notes, etc.) should refer to the person’s diagnosis, employment goals, and why they need assistance due to psychiatric symptoms interfering with achieving employment goals.

Here are a few examples of Community Support Interventions in the Workplace environment (in bold print):

Example #1

A person you are working with says he would like to work. He reports having the desire to work, but struggles with feeling depressed, isolated, is uncomfortable in crowds, lacks motivation to get out of bed, sleeps much of the day, and is unfamiliar with employment options. This person has many strengths including an awareness of his symptoms, good personal hygiene and grooming habits, and has worked sporadically in the past. Following a discussion with him and the treatment team, the treatment plan is revised to include an employment goal. Since it's been a while since his last job, he has expressed interest in working on communication skills and self-presentation so **the plan includes interventions such as role playing and practicing skills in a community setting. You also work with the person to establish a routine, including a sleep schedule. You assist the individual with exploring local employment options, including discussions about interest, monitoring or assisting with finding job openings in the local paper, reviewing employment assistance resources (VR, career centers, employment services, Internet, newspaper, etc.) going with him out in the community (if needed) to look at employment options, and researching and assisting with transportation options.**

Example #2

The person you are working with begins hearing voices on the job, walks off the job site, and calls to tell you he does not want to work. **You discuss with him that there are ways to manage increased symptoms at work, and you are willing to coordinate with his psychiatrist and/or licensed Mental Health Clinician to develop a plan that would include ways to deal with symptoms on the job site. You spend time with him planning and practicing which strategies to try when symptoms occur at work. You meet with him and his supervisor to discuss reasonable accommodations that need to be made, discuss recent problems at work, and develop a plan. You touch base with him and his supervisor several times over the next few days to see if the plan is working.**

Example #3

You get a call from a supervisor stating a person you work with has been doing poorly at work. She has been getting angry at other employees, calling in sick, and is having difficulty completing the job. The supervisor has previously been very satisfied with her performance. You make a visit to the job site, and **work with her to assess the situation while the supervisor is present. In this interaction you realize that she is experiencing confusion and frustrations due to her delusions. You remind and rehearse with the person how her illness-self-management group taught her to deal with her delusions by identifying triggers and acceptable coping strategies. You also point out and model alternative strategies with her and the employer using accommodations (quieter work space and rearrangement of duties to have less contact with coworkers) that will minimize the effects of her symptoms. You remind her to discuss her symptoms with her psychiatrist and /or licensed Mental Health Clinician.**

#### Example #4

A person that you work with starts a new job, and calls to say that people at work are staring at her and talking about her. You make a visit to the job site and realize that the person is having difficulty interacting with other employees due to her inability to manage anxiety, panic, and fear. **You work with the person in identifying strategies to manage her anxiety, panic, and fear by helping her use breathing techniques to decrease her anxiety, based up the interventions prescribed by her psychiatrist and/or licensed Mental Health Clinician.**

#### Example #5

A man you are working with has a desire to be employed, and is interested in retail sales. He comes from a family of jewelers and wants to have a similar job. **Unfortunately, his rapid cycling manic symptoms can be unpredictable, thus he is not always appropriate with customers (too talkative, silly jokes, does not get down to business). The individual wants to find out what type of duties and tasks are included in becoming a jeweler. In the discussion, you and he come to agreement that due to his symptoms, he is likely to be more successful working in back on jewelry than at the front counter with customers. You and the client explore work environments. You and the client approach XYZ jewelers, and discuss duties that are needed by them. You assist during the visit with prompts to ask questions about the essential functions of the job, and assist him with remaining focused. Following the visit, you discuss the duties required and work with him on communication skills, self-presentation, and coping with stress.**

**Here are examples of Targeted Case Management Intervention (TCM) (in bold print):**

#### Example #6

Your agency wants to improve the employment outcomes for the people they serve. With this in mind, you talk with someone in your caseload who has marked increase in anxiety symptoms due to a fear of losing her benefits if she goes back to work. You talk with her about this and tell her about the agency's benefits specialist or Office of Adult Learning and Rehabilitation –VR (VR) office. **She agrees to go with you to a meeting with the benefits specialist (or VR office) to review how employment would affect her benefits.**

#### Example #7

One of the people you work with, who receives TCM services, tells you that she is finally ready to try to find a job. You call one of your agency's employment specialists and find out she is not enrolled in VR services. The employment specialist tells you she meets the eligibility requirements for Individual Placement and Support (IPS) supported employment and gives you the contact information for services at the regional VR office. **The treatment plan is revised with the person's input to include an employment goal. You meet with her, provide the contact information, and assist in making the initial phone call.** After talking with her, you determine that additional assistance with coordination and linkage is needed due to symptoms related to her illness, limited natural supports, transportation issues, and advocacy needs. She asks you to accompany her to the initial appointment. **You assist in making the appointment**



**and arrange to meet her at the VR office so you can support her in accessing services. You investigate resources, provide information, assist with phone calls, and make periodic home or site visits to monitor progress.**

**\* While transportation can be billable when associated with an intervention, it is still not allowable to bill for transporting the individual to and from work.**

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