

TARGETED CASE MANAGEMENT FAQ'S

Q. What is Targeted Case Management?

A. Targeted Case Management is a child centered, family driven and community based service. Case Managers conduct intake, coordinate comprehensive assessments of the child's strengths and needs, produce an individualized support plan(ISP) to address those needs, coordinate , advocate for and develop services identified in the plan, monitor the child's progress, and evaluate the appropriateness and effectiveness of services.

A Targeted Case Manager is a Community Case Manager hired by an agency that contracts with Children's Behavioral Health Services(CBHS) of the Department of Health and Human Services(DHHS).

There are other types of case managers available through other agencies.

Q. What is the purpose of Case Management?

A. Case Management is a strengths based service that is meant to enhance the child's functioning within the home, school and community. Case Managers work closely with children, ages 0-21, and their families. The role of the Case Manager is to meet with the child and family at least one to two times a month to assess the child's needs/strengths, advocate and link the child to appropriate services(both natural and provider), and monitor those services to determine any further needs. Case Managers can support children living at home or in the community. Case Managers can also play an important role in supporting children through the transition to adult services when the time comes.

Q. What is the function of a team meeting?

A. Strengths-based meeting to collaborate with family, home and community providers around the progress on goals, current/upcoming needs of the child, and to coordinate services for the next 3 months.

Q. Population Covered?

A. Various agencies may cover different populations and ages, but in general children ages 0 to 20 can be served with the following:

- *The child must have a documented Axis 1 Mental Health diagnosis(exe:

- ADHD, Bipolar Disorder, Depression) or

- * Autism/PDD diagnosis or

- *Axis 2 MR diagnosis or

- *Be determined at risk(Ages 0-5 only)

At the time of intake the evaluation giving the diagnosis must be no more then 3 years old.

Q. How is it paid for?

A. Targeted Case Management is reimbursed under section 13.12 of the MaineCare regulations. Families above the income guidelines for MaineCare may still have their child qualify for Katie Beckett(MECare program). Your local MaineCare office can assist with the application process.

**Note: Most agencies can offer support and direction as to the MaineCare application process.

Q. What is the difference between Level I and Level II Case Management Services?

A. Level I Case Management services are less intense than Level II; it helps families locate and access resources, and gives guidance for the parent to do their own case management. Services will focus on, but are not limited to, information, referral, support, advocacy, and coordination of services.

Level II Case Management services are more extensive for those families who have more complicated resource needs and/or family circumstances which require a higher level of intensity, frequency and duration of services.

Both levels of Case Management require an Individualized Support Plan(ISP).

Q. Who can refer?

A. Anyone can place a referral with permission of the parent or guardian. Examples of referral sources are parents, family members, guidance counselors, teachers, psychologists, hospitals, nurses, doctors, special educators, neighbors, or child protective services. Information that is helpful to have on hand at the time of referral will be the child's demographic information, SS #, MaineCare #, Diagnosis, and overview of the current situation.

Please call the agency that you wish to refer to directly. For an entire listing of CM agencies you can contact CBHS Family Information Specialists at 1-800-866-1814.

Q. How are Case Management services driven?

A. Services start by the Case Managers completion of a psychosocial assessment that then should help identify areas of need as well as strengths. The areas of need and team decisions are then developed into an individualized service plan that drives the service. The ISP is reviewed at a minimum every 90 days. Each ISP can cover various life domain areas including: Culture, natural support, basic needs of daily living, housing, health, mental health, finances, legal, transition, social/recreational and education.

Q. What is the relationship between schools and CMs?

A. As we work to support the well being of children our roles should be similar in empowering and informing the parent and child, identifying strengths and needs, supporting communication, and collaborate with all team members to best support the child in all settings.

Q. What we are not:

A. Transportation providers, therapist, counselors, one on one supports.

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