

**Appendix T  
Part A**

**HEALTHCHOICES BEHAVIORAL HEALTH SERVICES  
GUIDELINES for MENTAL HEALTH SERVICE NECESSITY CRITERIA**

**ADULT**

**TARGETED CASE MANAGEMENT SERVICES**

***Admission (must meet criteria I and II):***

An individual who meets the minimum staff requirements for an Intensive Case Manager as defined by Chapter 5221, Mental Health Intensive Case Management or a Resource Coordinator as defined by *Mental Health Bulletin OMH-93-09 —Resource Coordination: Implementation; July, 30, 1993* and has received training on the use of the environmental matrix has conducted an evaluation and has determined that:

- I. The person meets either the eligibility criteria for Resource Coordination Services as defined by Mental Health Bulletin OMH-93-09 —Resource Coordination: Implementation; July, 30, 1993 or Intensive Case Management Services as defined by Chapter 5221, Mental Health Intensive Case Management .

**An adult who needs to receive targeted case management services but who does not meet the requirements identified above may be eligible for targeted case management services upon review and recommendation by the County Administrator.**

and

- II. The person is in need of Targeted Case Management Services as indicated through utilization of the Targeted Case Management-Adult Environmental Matrix and in conjunction with clinical information and the professional judgement of the reviewer

***Continued Stay and/or Change of Level of Need  
(must meet criteria I and II):***

The consumer must be reassessed at the point of concurrent review, but no less frequently than six month intervals, and when there are significant changes in the individual's situation that warrants a change in level of TCM services.

- I. The consumer continues to meet at least 2 out of the 3 of part A Admission Criteria.

and

- II. The person is in need of Targeted Case Management Services as indicated through utilization of the Targeted Case Management-Adult Environmental Matrix and in conjunction with clinical information and the professional judgement of the reviewer.

***Discharge Indicators***

- I. Targeted Case Management may be terminated when one of the following criteria is met:
  - A. The consumer receiving the service determines that Targeted Case Management is no longer needed or wanted and the consumer no longer meets the continued stay criteria; or
  - B. Determination by the targeted case manager in consultation with his/her supervisor or the director of targeted case management, and with written concurrence by the county administrator that targeted case management is no longer necessary or appropriate for the adult receiving the service and the consumer no longer meets the continued stay criteria; or
  - C. The consumer receiving the service determines that Targeted Case Management is no longer wanted, however, the consumer does meet continued stay criteria; or
  - D. The consumer has moved outside of the current geographical service area (e.g., county, state, country); or

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- E. The consumer is undergoing long-term incarceration and/or long-term hospitalization or long-term skilled-nursing care without a discharge or anticipated discharge date.

**TCM ENVIRONMENTAL MATRIX — ADULTS  
INSTRUCTIONS**

The Environmental Matrix - Adults is a scale that evaluates the functional level of consumers on the six activities identified by regulation as Targeted Case Management activities. Cultural competency will be recognized throughout the entire evaluation process and the entire document. Individuals must be assessed in the following areas, in a face-to-face interview with the evaluator. Individuals should be reassessed as needed, but no less than every six months.

1. Assessment and Service Planning
2. Informal Support and Network Building
3. Use of Community Resources
4. Linking and Accessing Services
5. Monitoring of Service Delivery
6. Problem Resolution

The scale has a range from 0 to 5 with the following values for each activity:

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0	1	2	3	4	5
No assistance Needed	Minimal assistance needed		Needs Moderate assistance in this area		Needs Significant assistance in this area

All six activities are ranked on the above scale. The evaluator must complete the environmental matrix in a face-to-face, strengths-based assessment interview with the consumer. Evaluators should incorporate in their assessment a recognition/determination of cultural strengths (i.e., extended family, allocation of family resources, the decision making process, values, etc.). The evaluator should consider the individual's strengths and needs in the following life domains for each assessment area in order to produce a score that reflects the full dimension of need:

- . Housing/living situation
- . Education/vocation
- . Income/benefits/financial management
- . Mental Health treatment
- . Alcohol and other drug use.
- . Socialization/support
- . Activities of daily living

- . Medical treatment
- . Legal situation
- . Transportation issues
- . Criminal justice system involvement

Each area is defined at the “1”, “ 3 ”, and “ 5 ” levels (See attached Environmental Matrix) and the subtotal score is divided by 6 to obtain the EM Score (when scoring the individual, refer to the Environmental Matrix TCM Service Scoring Grid which identifies the expected frequency of TCM contact needed for the individual for that particular assessment area). Scoring levels on individual assessment areas may be gradated to the 0.5 level only; this allows for minor differentiation of consumer need without compromising the integrity of the scale.

Looking at the behavior, inclusive of the lowest level of functioning, of the consumer during the last ninety (90) days, rate the consumer’s functional level in each of the six areas. Please note that the rating for each area should be made in whole numbers; in cases where there are extraordinary factors that make the assignment of whole numbers extremely difficult, if not impossible, 0.5 points may be added to or subtracted from the base scores. The sum of the six (6) scores should then be taken and divided by 6 and the resulting subtotal score should be reviewed and compared to other known factors that may affect the consumer’s need for service. This should be noted on the scoring sheet. If after averaging the scores, the average is lower by at least 2 points than any one value given in any one assessment area (e.g., if a person’s average is 2 and he/she received a score of 4 in any one area), the evaluator must provide written justification for assignment to the level that corresponds to the average, rather than the higher value.

The Environmental Matrix score, your *professional judgement* \*, and other information (e.g., cultural factors, records of past treatment, psychiatric evaluations, psychosocial summaries) that impacts on the consumer’s level of need should then be considered and the Recommended Level of TCM service should be entered on the recommended level of TCM line of the Scoring Sheet. (These levels are consistent with minimum levels of contact as defined in *Chapter 5221, Intensive Case Management* regulations and Bulletin *OMH-93-09, Resource Coordination: Implementation*.) If the recommended level of TCM service differs from the Environmental Matrix score, the difference must be justified with professional judgement in “Other Factors/Issues Affecting Score” section of the scoring sheet. **Note: The level of service indicated by the assessment represents the individual’s needs at the time of assessment. Service intensity could change as an individual’s needs and/or desires for service change.**

**Please note:**

- Although a person may not meet the eligibility criteria and/or the Environmental Matrix formulary, inclusive of professional judgement and other information that impacts on the individual’s need for the service, he/she may be authorized for Targeted Case Management Services upon the recommendation of the County Administrator and/or designee.

**ENVIRONMENTAL MATRIX  
TCM SERVICE SCORING GRID**

MATRIX LEVEL	NEED LEVEL	INTENSITY OF CARE
4.0 –5.0	ICM	At least 1 contact every 14 days (Face to face contact strongly recommended).
1.5 – 3.9	RC	At least 1 face to face contact every two months
0.0 - 1.4	NO TCM NEEDED	Alternative services may be needed and if necessary, referrals should be made.

\* **professional judgement:** opinion based on a thorough and ethical analysis of facts, data, history, and issues in accordance with one’s training and experience.

## ASSESSMENT & SERVICE PLANNING

**The consumer is able to provide meaningful and accurate information regarding own mental health status and needs. The consumer, with possible assistance from the targeted case manager, identifies, formulates, and expresses personal goals and objectives and can correlate these into concrete service needs and activities. The TCM should take into consideration that the behavioral health system may pose a number of barriers which serve as obstacles to service planning (i.e., language, perceived/actual institutional racism/discrimination, etc.)**

0	1	2	3	4	5
	Needs minimal assistance in this area		Needs moderate assistance in this area		Needs significant assistance in this area

- 0=** Consumer does not need/or request assistance in this area.
- 1=** Consumer is able to provide meaningful/relevant/accurate information regarding own mental health status. Consumer is able to identify and formulate and express personal goals and objectives with minimal assistance from others. Consumer is able to translate/correlate these goals and objectives, with minimal direction, into concrete service needs and activities.
- 3=** Consumer needs and/or requests moderate assistance in identifying and conveying information regarding own mental health status/problems. Consumer needs and/or requests moderate assistance from others in order to identify, formulate, and express personal goals and objectives. Consumer needs and/or requests moderate assistance from others to translate/correlate needs and goals into concrete service needs and activities.
- 5=** Consumer needs and/or requests significant assistance from others to provide any meaningful information regarding own mental health status and/or needs.

Consumer is unable to express personal goals nor objectives without assistance. Consumer needs and/or requests significant assistance from others to design/formulate service plan and activities.

**USE OF COMMUNITY RESOURCES**

**The consumer is able to identify, understand, and articulate daily living needs as well as those community/neighborhood resources that may be needed to meet these needs. The consumer may need additional support from the targeted case manager in utilizing the services that may go beyond the realm of traditional mental health/substance abuse services. TCM must recognize cultural and linguistic needs as an important element in articulating daily living needs and resources. Many services may not be available in the immediate community and be less effective if located outside the community.**

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0	1	2	3	4	5
	Needs minimal assistance in this area		Needs moderate assistance in this area		Needs significant assistance in this area

- 0=** Consumer does not need/or request assistance in this area.
  
- 1=** Consumer is able, when encouraged, to identify and articulate daily living needs. Consumer is able to access, navigate, and utilize community/neighborhood resources with minimal assistance. Consumer’s needs may be fulfilled through the use of existing community resources such as social/religious groups, libraries, stores, directories, and public transportation and consumer is able to utilize these with minimal assistance.
  
- 3=** Consumer needs and/or requests moderate assistance in identifying daily living needs as well as those community resources needed to meet these needs. When directed to community resources such as social/religious groups, libraries, stores, directories, and public transportation, the consumer may require and/or request moderate assistance to access and utilize these resources in order to accomplish a planned task.

**5=** Consumer is unable to identify nor understand daily living needs. Consumer is not familiar with community/neighborhood resources and has had very few, if any, positive experiences while living in the community. Consumer needs and/or requests significant assistance to access, navigate, or utilize existing community resources.

**INFORMAL SUPPORT NETWORK BUILDING**

**The consumer identifies, communicates, and interacts with family, friends, significant others, and community groups from whom the consumer may gain informal support. The TCM should recognize that service system barriers may impede the consumer from interacting with family, friends, significant others and community groups. The consumer may need the assistance of the targeted case manager and/or others to identify, enhance and/or maintain existing relationships and the encouragement to develop new ones.**

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<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
	Needs minimal assistance in this area		Needs moderate assistance in this area		Needs significant assistance in this area

- 0=** Consumer does not need/or request assistance in this area.
- 1=** Consumer is able to identify and provide meaningful/accurate/relevant information about family, friends, significant others, and social/religious groups with whom consumer interacts and from whom consumer may gain informal support. Consumer is able, with minimal assistance, to access and maintain positive relationships with these people and groups who provide personal social support and/or companionship.
- 3=** Consumer needs and/or requests moderate assistance in identifying and communicating with family, friends, significant others, and social/religious groups from whom consumer may gain informal support. Consumer needs and/or requests moderate assistance from others in order to enhance and/or maintain existing relationships and to develop new ones.



**5=** Consumer is unable to identify nor interact with family, friends, significant others, and/or social/religious groups who may serve as personal supports. Consumer has few, if any, personal or familial relationships and is unable/unwilling to interact positively, if at all, with these persons or groups. Consumer needs and/or requests significant assistance from others to elicit information and support on his/her behalf.

**LINKING AND ACCESSING SERVICES**

**The consumer is able to locate, gain access, and maintain contact and services with the service providers that have been identified as needed in the treatment or service plan. The treatment or service plan must recognize the cultural and linguistic needs of the consumer. At times, the targeted case manager may be needed to provide assistance in nontraditional and/or assertive ways to successfully gain and maintain these resources.**

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0	1	2	3	4	5
	Needs minimal assistance in this area		Needs moderate assistance in this area		Needs significant assistance in this area

- 0=** Consumer does not need/or request assistance in this area.
- 1=** Consumer is able, with minimal assistance from others, to locate and gain access to services identified in the treatment or service plan. Consumer is able, when encouraged, to establish and maintain appointments/services with appropriate service providers with minimal assistance. Consumer needs and/or requests minimal assistance by others to successfully gain access to and to maintain contact with community resources and services.
- 3=** Consumer needs and/or requests moderate assistance in locating and gaining access to services identified in the treatment or service plan. Consumer may require and/or request moderate assistance, often in nontraditional ways, to access, establish, and maintain contact and services with the identified service providers.

- 5= Consumer is unable and/or unwilling to locate or gain access to services identified in the treatment or service plan. Consumer’s identified needs are so immense or so unusual that assertive and creative efforts outside of the usual and normal practice must be employed in order to help the person gain the resources and services identified. Consumer needs and/or requests significant (frequent and continual) assistance by others to successfully gain access to and to maintain contact with community resources and services.

**MONITORING OF SERVICE DELIVERY**

**The consumer gauges and communicates her/his satisfaction with the progress that has been made and with the services offered/delivered by the service providers identified in the treatment plan. The consumer suggests possible needed revisions and/or additions to the treatment/service plan. The TCM should recognize that language and culture has much to do with expressions of satisfaction/dissatisfaction and be prepared to assist the consumer in suggesting changes in the treatment plan/service plan or actual provider.**

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0	1	2	3	4	5
	Needs minimal assistance in this area		Needs moderate assistance in this area		Needs significant assistance in this area

- 0= Consumer does not need/or request assistance in this area.
- 1= Consumer is able to communicate, when encouraged, his/her opinion of the progress and satisfaction with the service provider and/or the delivered services as well as the need for revisions to the treatment/service plan. Consumer is able and willing to participate in intra- and inter-agency as well as cross-systems reviews of the need for and appropriateness of the specific services delivered. Minimal assistance from others is needed and/or requested to ensure that the consumer is satisfied with the services received.
- 3= Consumer needs and/or requests moderate assistance in determining and communicating his/her satisfaction with the service provider and with the services delivered. Consumer needs and/or requests moderate assistance in identifying

what progress has been made and the possible need for revisions to the treatment/service plan.

- 5= Consumer is almost totally dependent on others to see that progress is being made and to suggest needed revisions to the treatment/service plan. Consumer needs and/or requests significant assistance to communicate effectively and realistically about her/his progress and satisfaction with the service provider and/or the services delivered.

### **PROBLEM RESOLUTION**

**The consumer is able to resolve issues and overcome barriers, including those that are cultural and linguistic in nature, that prevent her/him from receiving needed treatment, rehabilitation, and/or support services as well as entitlements. The consumer is aware of and able to utilize complaint/grievance procedures as well as additional appropriate advocacy supports. The targeted case manager, when requested and or needed, may be called upon to not only help the consumer with these tasks but also to provide information to the County Office of Mental Health and/or the BHMCO in order to overcome barriers and to assist the consumer in obtaining needed services.**

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<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
	Needs minimal assistance in this area		Needs moderate assistance in this area		Needs significant assistance in this area

- 0= Consumer does not need/or request assistance in this area.
- 1= Consumer needs and/or requests minimal assistance to resolve issues and overcome barriers that prevent him/her from receiving treatment, rehabilitation and/or support services.
- 3= Consumer is able, with moderate assistance and encouragement, to identify issues that need to be resolved but is unable, without direct assistance from others, to

formulate steps or implement actions that would overcome barriers that prevent him/her from receiving treatment, rehabilitation and/or support services.

- 5= Consumer needs and/or requests significant assistance, to identify and resolve issues that prevent him/her from receiving treatment, rehabilitation and/or support services. Consumer is totally dependent on others to recognize and to take steps to overcome these barriers. Resolution may require the intervention of the County Office of Mental Health and/or the modification of existing services or the development of new services.

**TARGETED CASE MANAGEMENT  
ENVIRONMENTAL MATRIX - ADULT**

**Agency**

**County**

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**CONSUMER INFORMATION:**

**Name :**

**(Last)**

**(First)**

**(MI)**

**Parent/Guardian Name:**

**Identifying Number(s):**

**Date of Birth:**        /        /  
**(MM)/(DD)/(YYYY)**

**Social Security Number:**        -        -

**CIS/BSU/MCO Number:**

**PHMCO:**

**BHMCO:**

**Form Completed by:**

**Date Completed:**

The purpose of this form is to assess what environmental and cultural factors help to determine an individual's need for the various levels of case management services. Please complete this form utilizing the individual's behavior during the last ninety days as a basis for scoring each indicator. Please see the *Scoring Sheet* for additional information on determining the Environmental Matrix Score and its meaning for level of care assignments.

**ENVIRONMENTAL MATRIX ADULT SCORING SHEET**

**CONSUMER NAME:** \_\_\_\_\_

**ID#(SOCIAL SECURITY/CIS/BSU):** \_\_\_\_\_

**SCORES:**

- 1. Assessment and Service Planning \_\_\_\_\_
- 2. Use of Community Resources \_\_\_\_\_
- 3. Informal Support Network Building \_\_\_\_\_
- 4. Linking and Assessing Services \_\_\_\_\_
- 5. Monitoring of Service Delivery \_\_\_\_\_
- 6. Problem Resolution \_\_\_\_\_

**SUBTOTAL** \_\_\_\_\_

**ENVIRONMENTAL MATRIX SCORE = SUBTOTAL ÷ 6=** \_\_\_\_\_

**OTHER FACTORS/ISSUES AFFECTING SCORE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ENVIRONMENTAL MATRIX  
TCM SERVICE SCORING GRID**

<b>MATRIX LEVEL</b>	<b>NEED LEVEL</b>	<b>INTENSITY OF CARE</b>
4.0 –5.0	ICM	At least 1 contact every 14 days (Face to face contact strongly recommended).
1.5 – 3.9	RC	At least 1 face to face contact every two months
0.0 - 1.4	NO TCM NEEDED	Alternative services may be needed and if necessary, referrals should be made.

\* *professional judgement: opinion based on a thorough and ethical analysis of facts, data, history, and issues in accordance with one's training and experience.*

**RECOMMENDED LEVEL OF TARGETED CASE MANAGEMENT SERVICE:** \_\_\_\_\_

**CONSUMER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PERSON COMPLETING THE FORM:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**APPROVED LEVEL OF TARGETED CASE MANAGEMENT SERVICE:** \_\_\_\_\_

**REVIEWER** \_\_\_\_\_ **DATE:** \_\_\_\_\_