

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

**CHILD/ADOLESCENT**

**TARGETED CASE MANAGEMENT SERVICES**

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

An individual who meets the minimum staff requirements for an Intensive Case Manager or Resource Coordinator 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 and has received training on the use of the environmental matrix has conducted an evaluation and has determined that:

- I. The child/adolescent 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.

**A child or adolescent who needs to receive targeted case management services but who does not meet the requirements identified above may be eligible for targeted case management upon review and recommendation by the county administrator.**

and

- II. The child/adolescent is in need of Targeted Case Management Services as indicated through utilization of the Targeted Case Management — Child/Adolescent 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 child/adolescent and his/her family and/or guardian, or caregiver/natural support 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 child/adolescent continues to meet at least 2 out of 3 Admission Criteria.

and

- II. The child/adolescent is in need of Targeted Case Management Services as indicated through utilization of the Targeted Case Management — Child/Adolescent 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 child/adolescent or family receiving the service determines that targeted case management is no longer needed or wanted and the child/adolescent 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 child/adolescent receiving the service and the child/adolescent no longer meets the continued stay criteria; or
  - C. The child/adolescent or family receiving the service determines that targeted case management is no longer wanted, even though, the child/adolescent does meet continued stay criteria; or
  - D. the child/adolescent and family has moved outside of the current geographical service area (e.g., county, state, country).

**TCM ENVIRONMENTAL MATRIX —CHILDREN  
INSTRUCTIONS**

The Environmental Matrix — Children is a scale that evaluates the functional and need levels of children and adolescents who are under the age of 18 years old or who are over 18 years of age but who are still attending a school program. *Note: Adolescents age 16 – 22 may be assessed on either the child/adolescent environmental matrix or the adult environmental matrix, depending on the adolescent’s current circumstances. The parent/guardian and adolescent, in discussion with the reviewer, should determine which Environmental Matrix will be used.* The child/adolescent and family and/or guardian or care giver/natural support must be assessed in a face to face interview assessment with the evaluator. Cultural competency will be recognized throughout the entire evaluation process and the entire document. Individuals should be reassessed as needed, but no less than every six months. There are ten (10) assessment areas identified in relationship to Targeted Case Management services:

1. Accessing Mental Health Services
  2. Informal Support Network Building
  3. Education/Vocation
  4. Children and Youth System Involvement
  5. Juvenile Justice/Criminal Justice System Involvement
  6. Parent/Guardian and/or Other Family Members with Significant Family Needs.
  7. Drug and Alcohol System Involvement
  8. Mental Retardation System Involvement
  9. Physical Health System Involvement
  - 10a. At Risk of Out-of-Home Placement
- Or**
- 10b. Currently in RTF, Other Out of Home Placements or Inpatient

**Please note:** Although items 10a. and 10b. both deal with residential placement, scoring is done for **only one of the items, either** item 10a. **or** item 10b., since only one of these items can be relevant to the child/adolescent’s current residential status.

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

0	1	2	3	4	5
No assistance needed	Minimum of assistance needed		Needs moderate assistance in this area		Needs significant assistance in this area

All ten assessment areas are ranked on the above scale. The evaluator must complete the environmental matrix in a face-to-face, strengths-based assessment interview with the child/adolescent and his/her family and/or guardian, or care giver/natural support. Evaluators should incorporate in their assessment a recognition/determination of cultural strengths (i.e., extended family, resourcefulness and responsibility). The evaluator should consider the child's/adolescent's and parent's/guardian's (family) 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
- . Income/benefits/financial management
- . Socialization/support
- . Activities of daily living
- . Medical treatment

Each assessment area is defined at the “ 1”, “ 3 ”, and “ 5 ” levels (See attached Environmental Matrix) and the subtotal score is divided by 10 to obtain the EM Score (when scoring the individual, refer to the Environmental Matrix TCM Scoring Grid which identifies the expected frequency of TCM contact needed for the individual for that particular assessment area). Scoring levels may be gradated to the 0.5 level only; this allows for minor differentiation of the child's/adolescent's needs without compromising the integrity of the scale.

Looking at the behavior, inclusive of the lowest level of functioning, and situation of the child/adolescent during the last ninety (90) days, rate the child's/adolescent's need for TCM in each of the ten 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 ten (10) scores should then be taken and divided by 10 and the resulting subtotal score should be reviewed and compared to other known factors that may affect the consumer's need for service. Note: If a particular assessment area does not apply to the individual being assessed, a score should not be given for that assessment area and the total score should be divided by the number of assessment areas scored. 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*<sup>\*</sup>, and other information (e.g., cultural factors, records of past treatment, etc.) that impacts on the child's/adolescent'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 services differs from the Environmental Matrix Score, the difference must be justified with professional judgement in the “Other Factors/Issues Affecting Score” section of the scoring sheet. **Note: The level of service indicated by the assessment represents the individuals needs at the time of the assessment. Service intensity could change as an individual’s needs and/or desires for service change.**

**Please note:**

- Although a child/adolescent 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 — CHILD/ADOLESCENT  
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 contact every 30 days (Face to Face)
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.*

**ACCESSING MENTAL HEALTH SERVICES**

**Child’s/adolescent’s mental health problems require mental health services and the family requires help to access them. The TCM should take into consideration that the behavioral health system may pose a number of barriers which serve as obstacles to assessing services (e.g., language, perceived/actual institutional racism/discrimination, the family may mistrust the behavioral health system, the family may lack the capability to access services, the family may lack information, be overwhelmed, poorly informed about the benefits of such services, or intimidated by the system). The TCM is instrumental in assuring that the child/adolescent receives the necessary services for therapy, medication monitoring, etc.**

\*The decision for level of TCM needed in this area must be determined in collaboration with family and/or guardian, or care giver/natural support and child/adolescent.

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=** Parent/guardian and child/adolescent does not require/desire any assistance in this area.

**1=** Parent/guardian and child/adolescent requires/desires a minimal level of assistance, guidance and support to obtain mental health and other essential services to meet the child’s/adolescent’s multiple needs.

**3=** Parent/guardian and child/adolescent requires/desires a moderate level of assistance, guidance and support to obtain mental health and other essential services to meet the child’s/adolescent’s multiple needs.

**5=** Parent/guardian and child/adolescent requires/desires a significant level of assistance, guidance and support to obtain mental health and other essential services to meet the child’s/adolescent’s multiple needs.

**INFORMAL SUPPORT NETWORK BUILDING**

**The child/adolescent and parent/guardian identifies, communicates, and interacts with family, friends, significant others, and community groups from whom the child/adolescent may gain informal support. Service system barriers and other factors, however, may impede the child/adolescent and parent/guardian from interacting with family, friends, significant others and community groups. The child/adolescent may need assistance to challenge and remove barriers so as to enhance the informal building of supports. The child/adolescent 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.**

*\*The decision for level of TCM needed in this area must be determined in collaboration with family and/or guardian, or care giver/natural support and child/adolescent.*

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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=** Parent/guardian and child/adolescent does not require/desire any assistance in this area.
- 1=** Child/adolescent is able to identify and provide meaningful/accurate/relevant information about family, friends, significant others, and social/religious groups with whom he/she interacts and from whom the child/adolescent may gain informal support. The parent/guardian and child/adolescent requires and/or desires minimal assistance, to access and maintain positive relationships with these people and groups who provide personal social support and/or companionship.
- 3=** Child/adolescent needs and/or requests moderate assistance in identifying and communicating with family, friends, significant others, and social/religious groups from whom the child/adolescent may gain informal support. The parent/guardian and child/adolescent requires and/or desires moderate assistance from others in order to enhance and/or maintain existing relationships and to develop new ones.
- 5=** Child/adolescent is unable to identify nor interact with family, friends, significant others, and/or social/religious groups who may serve as personal supports. The child/adolescent

has few, if any, personal or familial relationships and is unable/unwilling to interact positively, if at all, with these persons or groups. The parent/guardian and child/adolescent requires and/or desires significant assistance from others to elicit information and support on his/her behalf.

**EDUCATION/VOCATION**

**The need for additional or more appropriate educational and/or vocational services, based on the needs of the child/adolescent, including a more appropriate educational and/or vocational placement, may require school meetings, IEP meetings, meetings with the Office of Vocational Rehabilitation or other vocational planning or service groups (e.g., vocational service providers), advocacy for the child’s/adolescent’s needs and providing information to the parent/guardian regarding their rights in determining the appropriate education/vocational setting for their child/adolescent. The child/adolescent should have everything that is necessary to be successful in an educational and/or vocational environment, including access to the family’s primary language for all meetings. TCM assists the parent/guardian in accessing educational and/or vocational advocacy and obtaining the appropriate education and/or vocational training for the child/adolescent and offers support in conflicts between the school and parent/guardian concerning the child/adolescent’s needs and services to be provided.**

\*The decision for level of TCM needed in this area must be determined in collaboration with family and/or guardian, or care giver/natural support and child/adolescent.

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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=** Parent/guardian and child/adolescent does not require/desire any assistance in this area.

**1=** Parent/guardian and child/adolescent requires/desires a minimal level of assistance, guidance and advocacy to obtain support for and to maintain appropriate educational services.

- 3=** Parent/guardian and child/adolescent requires/desires a moderate level of assistance, guidance and advocacy to obtain support for and to maintain appropriate educational services.
- 5=** Parent/guardian and child/adolescent requires/desires a significant level of assistance, guidance and advocacy to obtain support for and to maintain appropriate educational services.

**CHILDREN AND YOUTH SYSTEM INVOLVEMENT**

**TCM may assist family in working with CYS and meeting CYS requirements for the parent/guardian or care giver/natural support and their child/adolescent with serious emotional disturbances. TCM assists the family in responding to the CYS family services plan. TCM may be needed to assure collaboration between the Children and Youth and Mental Health systems and a need for collaboration among multiple providers from these two systems. TCM may also participate in court processes for the family and the child/adolescent.**

*\*The decision for level of TCM needed in this area must be determined in collaboration with family and/or guardian, or care giver/natural support and child/adolescent.*

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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

**N/A=** Parent/Guardian and child/adolescent does not need/have involvement with the Children and Youth System.

**0=** Parent/guardian and child/adolescent does not require/desire any assistance in this area.

**1=** Parent/guardian and child/adolescent requires/desires a minimal level of assistance, guidance and support from TCM to carry out the goals of CYS plan, maintain a safe and

healthy environment and assure child’s/adolescent’s participation in mental health services.

- 3=** Parent/guardian and child/adolescent requires/desires a moderate level of assistance, guidance and support from TCM to carry out the goals of CYS plan, maintain a safe and healthy environment and assure child’s/adolescent’s participation in mental health services.
- 5=** Parent/guardian and child/adolescent requires/desires a significant level of assistance, guidance and support from TCM to carry out the goals of CYS plan, maintain a safe and healthy environment and assure child’s/adolescent’s participation in mental health services.

**JUVENILE JUSTICE/CRIMINAL JUSTICE SYSTEM INVOLVEMENT**

**A child or adolescent with a serious emotional disturbance who demonstrates delinquent behavior and/or is not compliant with probation and mental health service needs may require TCM support in addition to probation services. TCM uses his/her ongoing relationship with the child/adolescent and family to encourage compliance with the probation plan and participation in mental health services. TCM may be needed to assure collaboration between the Juvenile Justice/Criminal Justice and Mental Health systems. The TCM may also participate in court processes with family/juvenile.**

\*The decision for level of TCM needed in this area must be determined in collaboration with family and/or guardian, or care giver/natural support and child/adolescent.

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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

**N/A=** Parent/Guardian and child/adolescent does not need/have involvement with the Juvenile Justice/Criminal Justice System.

**0=** Parent/guardian and child/adolescent does not require/desire any assistance in this area.

- 1=** Parent/guardian and child/adolescent requires/desires minimal level of assistance, guidance, advocacy, support and TCM involvement to assure child's/adolescent's cooperation with the probation plan.
  
- 3=** Parent/guardian and child/adolescent requires/desires moderate level of assistance, guidance, advocacy, support and TCM involvement to assure child's/adolescent's cooperation with the probation plan.
  
- 5=** Parent/guardian and child/adolescent requires/desires a significant level of assistance, guidance, advocacy, support and TCM involvement to assure child's/adolescent's cooperation with the probation plan.

**PARENT/GUARDIAN AND/OR OTHER FAMILY MEMBERS WITH SIGNIFICANT FAMILY NEEDS**

**Other members of the family may have individual needs that have a serious impact on the child/adolescent's ability to function at home and in the community. Other family members may have chronic mental illness, serious emotional disturbances, substance abuse problems, and/or physical illness that combine to compromise caretaker availability to the child. TCM provides culturally consistent and language appropriate service to the child/adolescent and family, assuring access and participation in services, including mental health services.**

\*The decision for level of TCM needed in this area must be determined in collaboration with family and/or guardian, or care giver/natural support and child/adolescent.

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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=** Parent/guardian and child/adolescent does not require/desire any assistance in this area.

- 1=** Other family members may have mental illness, serious emotional disturbance, physical illness, or substance abuse problems and/or there are significant family needs which may require or the family may desire a minimal level of TCM services to support the family in meeting the child's/adolescent's basic living needs and emotional well-being.
  
- 3=** Other family members may have mental illness, serious emotional disturbance, physical illness, or substance abuse problems and/or there are significant family needs which may require or the family may desire a moderate level of TCM services to support the family in meeting the child's/adolescent's basic living needs and emotional well-being.
  
- 5=** Other family members may have a mental illness, serious emotional disturbance, physical illness, or substance abuse problems and/or there are significant family needs which may require or the family may desire a significant level of TCM services to support the family in meeting the child's/adolescent's basic living needs and emotional well-being.

**DRUG AND ALCOHOL SYSTEM INVOLVEMENT**

**TCM assists family in obtaining drug and alcohol treatment for a child/adolescent with serious emotional disturbances and co-occurring drug and alcohol problems and encouraging child/adolescent to accept and comply with these services. The TCM supports the child's/adolescent's participation in all phases of treatment, including aftercare. TCM assists the family in obtaining culturally competent, language appropriate services for the child/adolescent.**

\*The decision for level of TCM needed in this area must be determined in collaboration with family and/or guardian, or care giver/natural support and child/adolescent.

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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

- N/A=** Parent/Guardian and child/adolescent does not need/have involvement with the Drug and Alcohol System.
- 0=** Parent/guardian and child/adolescent does not require/desire any assistance in this area.
- 1=** Parent/guardian and child/adolescent requires/desires minimal level of assistance, guidance, advocacy, and support to obtain and maintain the child's/adolescent's participation in drug and alcohol services.
- 3=** Parent/guardian and child/adolescent requires/desires moderate level of assistance, guidance, advocacy, and support to maintain the child's/adolescent's participation in drug and alcohol services.
- 5=** Parent/guardian and child/adolescent requires/desires a significant level of assistance, guidance, advocacy, and support to obtain and maintain the child's/adolescent's participation in drug and alcohol services.

**MENTAL RETARDATION SYSTEM INVOLVEMENT**

**TCM assists the family in obtaining and maintaining participation in mental retardation services for a child/adolescent with a serious emotional disturbance and a co-occurring diagnosis of mental retardation. The TCM supports the child's/adolescent's and parent's/guardian's participation in all phases of mental retardation services. TCM assists the family in obtaining culturally competent, language appropriate services for the child/adolescent.**

**\*The decision for level of TCM needed in this area must be determined in collaboration with family and/or guardian, or care giver/natural support and child/adolescent.**

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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

- N/A=** Parent/Guardian and child/adolescent does not need/have involvement with the Mental Retardation System.
- 0=** Parent/guardian and child/adolescent does not require/desire any assistance in this area.
- 1=** Parent/guardian and child/adolescent requires/desires minimal level of assistance, guidance, advocacy, and support to obtain and maintain the child’s/adolescent’s participation in mental retardation services.
- 3=** Parent/guardian and child/adolescent requires/desires moderate level of assistance, guidance, advocacy, and support to maintain the child’s/adolescent’s participation in mental retardation services.
- 5=** Parent/guardian and child/adolescent requires/desires a significant level of assistance, guidance, advocacy, and support to obtain and maintain the child’s/adolescent’s participation in mental retardation services.

**PHYSICAL HEALTH SYSTEM INVOLVEMENT**

**TCM assists family and child/adolescent with a serious emotional disturbance in attending to significant physical/medical needs by helping parent/guardian to access medical care, and to develop confidence in working with physical health care providers. TCM assists the family in obtaining culturally competent, language appropriate services for the child/adolescent.**

\*The decision for level of TCM needed in this area must be determined in collaboration with family and/or guardian, or care giver/natural support and child/adolescent.

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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=** Parent/guardian and child/adolescent does not require/desire any assistance in this area.
  
- 1=** Parent/guardian and child/adolescent requires/desires minimal level of assistance, guidance, advocacy, and support to obtain medical services and to assure coordination between physical and behavioral health care services.
  
- 3=** Parent/guardian and child/adolescent requires/desires moderate level of assistance, guidance, advocacy, and support to obtain medical services and to assure coordination between physical and behavioral health care services.
  
- 5=** Parent/guardian and child/adolescent requires/desires a significant level of assistance, guidance, advocacy, and support to obtain medical services and to assure coordination between physical and behavioral health care services.

**CHILD/ADOLESCENT AT RISK OF OUT-OF-HOME PLACEMENT**

**The risk that a child/adolescent with a serious emotional disturbance will require an out-of-home placement may be reduced significantly through TCM services which assist parent/guardian in accessing needed child serving systems. TCM assistance may include information sharing with parent/guardian, advocacy with mental health service providers and other systems and support in working with multiple service providers. Every effort should be made to consider the child’s ethnicity, culture and religious background in any out-of-home placement. TCMs may need to provide assistance in the provision of cultural competence supports for children (e.g., grooming, leisure activities, etc.).**

\*The decision for level of TCM needed in this area must be determined in collaboration with family and/or guardian, or care giver/natural support and child/adolescent.

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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=** Parent/guardian and child/adolescent does not require/desire any assistance in this area.
- 1=** Child's/adolescent's ongoing emotional/behavioral issues place the child/adolescent at low risk of out-of-home placement.
- 3=** Child's/adolescent's ongoing emotional/behavioral issues place the child/adolescent at moderate risk of out-of-home placement.
- 5=** Child's/adolescent's ongoing emotional/behavioral issues place the child/adolescent at high risk of out-of-home placement.

**CURRENTLY IN RTF, OTHER OUT-OF-HOME PLACEMENTS OR INPATIENT**

**Child/adolescent with a serious emotional disturbance is currently or has been receiving services in an RTF, other out-of-home placement or inpatient setting. The child/adolescent has been discharged within the past 30 days or discharge is anticipated within thirty 30 days. The child/adolescent may have been discharged for more than 30 days, however, TCM services are needed to assist with the discharge plan.**

\*The decision for level of TCM needed in this area must be determined in collaboration with family and/or guardian, or care giver/natural support and child/adolescent.

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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=** Parent/guardian and child/adolescent does not require/desire any assistance in this area.
  
- 1=** Development and implementation of a multi-service-system plan for a child/adolescent discharged or anticipated to be discharged from RTF, other out-of-home placement or inpatient requires a minimal level of TCM service.
  
- 3=** Development and implementation of a multi-service-system plan for a child/adolescent discharged or anticipated to be discharged from RTF, other out-of-home placement or inpatient requires a moderate level of TCM service.
  
- 5=** Development and implementation of a multi-service-system plan for a child/adolescent discharged or anticipated to be discharged from RTF, other out-of-home placement or inpatient requires a significant level of TCM service.

**TARGETED CASE MANAGEMENT**  
**ENVIRONMENTAL MATRIX - CHILD/ADOLESCENT**

**Agency**

**County**

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**CHILD/ADOLESCENT 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 and situation during the last ninety days as a basis for scoring each indicator. Please note that the decision for level of need in each of the areas must be determined in collaboration with family and/or guardian, or care giver/natural supports and child/adolescent. Please see the *Scoring Sheet* for additional information on determining the Environmental Matrix Score and its meaning for level of care assignments.

ENVIRONMENTAL MATRIX CHILD/ADOLESCENT SCORING SHEET

CHILD/ADOLESCENT

NAME: \_\_\_\_\_

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

**SCORES:**

- |    |                                       |       |
|----|---------------------------------------|-------|
| 1. | Accessing Mental Health Services      | _____ |
| 2. | Informal Support Network Building     | _____ |
| 3. | Education                             | _____ |
| 4. | Children and Youth System Involvement | _____ |
| 5. | Juvenile Justice System Involvement   | _____ |

**Appendix T**  
**Part B (4)**

- 6. Parent/Guardian and/or Other Family Members  
With Significant Needs \_\_\_\_\_
  - 7. Drug and Alcohol System Involvement \_\_\_\_\_
  - 8. Mental Retardation System Involvement \_\_\_\_\_
  - 9. Physical Health System Involvement \_\_\_\_\_
  - 10a. At Risk of Out-of-Home Placement \_\_\_\_\_
- Or**
- 10b. Currently in RTF, Other Out-of-Home Placements  
or Inpatient \_\_\_\_\_
- SUBTOTAL** \_\_\_\_\_

**ENVIRONMENTAL MATRIX SCORE = SUBTOTAL ÷ BY ALL APPLICABLE ASSESSMENT AREAS (AREAS SCORED "N/A" ARE NOT USED IN DETERMINING OVERALL SCORE)** \_\_\_\_\_

**OTHER FACTORS/ISSUES AFFECTING SCORE:**

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**ENVIRONMENTAL MATRIX — CHILD/ADOLESCENT  
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 contact every 30 days (Face to Face)
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** (if age appropriate): \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT/GUARDIAN** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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

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

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