

Tennessee Health Link Guidelines: Adults

Medical Necessity Criteria-Final

Program Description Tennessee Health Link service model is a program created to address the diverse needs of individuals requiring behavioral health services. A foundational tenet of the program is that through better coordinated behavioral and physical health services the following results will be achieved: improved patient outcomes; greater provider accountability and flexibility when it comes to the delivery of appropriate care for each individual; and improved cost control for the State.

Tennessee Health Link is designed to encourage the integration of physical and behavioral health, as well as mental health recovery; and in assisting each individual to reach her or his potential for living as rewarding and independent a life in the community as clinically and reasonably possible.

Tennessee Health Link is built upon a team concept model consisting of professionals associated with a mental health clinic or other behavioral health provider who provides whole-person, patient-centered, coordinated care for an assigned panel of individuals with a mental health or a combination of physical and mental health illness. This comprehensive care delivery model is designed to improve the quality of behavioral health care services provided to TennCare enrolled individuals while also improving the capabilities and practice standards of behavioral health care providers. Individuals who would benefit from Health Link are identified based on diagnosis, health care utilization patterns, or functional need. Identification occurs through a combination of claims analysis and provider referral.

Health Link professionals will use various care coordination and patient engagement techniques to help individuals manage their healthcare across the domains of behavioral and physical health, including:

- **Comprehensive care management** (e.g., creating care coordination and treatment plans)
- **Care coordination** (e.g., proactive outreach and follow up with primary care and behavioral health providers)
- **Health promotion** (e.g., educating the patient and his/her family on independent living skills)
- **Transitional care** (e.g., participating in the development of discharge plans)
- **Patient and family support** (e.g., supporting adherence to

behavioral and physical health treatment)

- **Referral to social supports** (e.g., facilitating access to community supports including scheduling and follow through)

Providers will have the flexibility to allocate resources and support across every individual in their panels depending on the level of need at a particular point in time. The program encourages providers to perform activities in addition to the ones explicitly outlined if they are necessary for each individual to maintain progress. Additionally, providers are accountable for their performance across a series of behavioral health and physical health outcome measures. Providers that are able to achieve improvements in these measures will be eligible for additional incentive payments.

Eligibility Criteria

THL eligibility will be based on three categories which include:

1. Eligibility due to specific diagnostic category.
2. Eligibility due to specific utilization criteria combined with specific diagnostic category.
3. Eligibility to the THL occurs when an individual does not meet either the diagnostic or utilization criteria above, but does meet functional need criteria.

THL eligibility for individuals who do not meet the criteria by diagnosis or by utilization will be based on medical necessity and must meet the medical necessity criteria per TennCare Rule 1200-13-16-.05 (Including the recommendation of a licensed physician who is treating the individual or other licensed healthcare provider practicing within the scope of his or her license who is treating the individual to include the individuals' treatment team that are located at the provider site).

For a service recipient to be eligible for Health Link based on functional need, the THL eligibility criteria shall include the following key components:

- Has a diagnosable mental health or a combination of physical and mental health illness that causes or contributes to functional impairment for the individual within the community; AND
- Is actively participating in treatment at an outpatient setting or is reasonably expected to participate in outpatient treatment as a result of referral and/or education. These individuals exhibit behaviors to suggest that they are not able to coordinate their own treatment resulting in frequent readmissions. These individuals require

education in the areas of mental health/physical health to engage in treatment and adhere to appointments; AND

- Needs assistance utilizing or accessing behavioral health, medical, and/or community-based services to function in the community as necessary for recovery

OR

Any **two** of the following conditions due to mental health or a combination of physical and mental health illness must apply, with service goal being to impact quality of life in areas of recovery, including supportive services that maintains an individual's baseline functioning once stable as determined by the clinical judgment of the licensed provider as clinically necessary for that individual's quality of life and prevention of relapse to acute care.

- Demonstrates a pattern of inconsistency or failure in scheduling or keeping appointments at an outpatient facility in order to meet the needs related to the mental/physical health symptoms of his/her mental and/or physical illness within the last six (6) months
- Demonstrates a pattern of inconsistency in his/her adherence to prescribed behavioral health or medical treatment within the last six (6) months
- Has received a medication adjustment in the previous six (6) months due to instability of symptoms and has developed additional conditions which require assessment, planning, linkage, and referral monitoring and follow up
- Has had at least two psychiatrically driven presentations at an ER within the last six (6) months
- Demonstrates a pattern of inconsistency or failure to identify and/or communicate with natural supports to assist with access or utilization of needed medical, educational, social, or other services within the last six (6) months
- Has experienced clinically significant changes in social factors in the last (12) months leading to decreased ability to function independently or within current support system due to the individual's mental health or a combination of physical and mental health illness needs, as indicated within the referral documentation
- Involvement with law enforcement or the criminal justice system within the last six (6) months
- Individual is unable to obtain or sustain employment due to their mental health or a combination of physical and mental health

illness condition within the last 6 months

- Individual has experienced a disruption in previously stable housing within the past 6 months, as a direct result of symptoms related to the individual's mental health or a combination of physical and mental health illness condition
- Exhibits financial mismanagement which impacts or is impacted by their symptoms within the past 6 months

The service goal is to impact quality of life in areas of recovery, including supportive services, that maintains an individual's base line functioning once stable as determined by the clinical judgment of the licensed provider as clinically necessary for that individual's quality of life and prevention of relapse to acute care.

Based on any of the above criteria selected, the Tennessee Health Link program is meant to produce a positive impact on the lives of individuals in one or more of the following applicable domains:

- Medical / Psychiatric
- Mental Health / Substance Abuse
- Activities of Daily Living
- Vocational / Educational
- Social / Family Supports
- Leisure / Recreation
- Legal Issues
- Community Resources
- Financial Assistance
- Housing
- Transportation

Exclusion Criteria

Any of the following criteria are sufficient for exclusion from this level of care:

- Individual has a long-term nursing home stay: The individual has one or more nursing home facility claims that cover more than 90 consecutive days that is ongoing as of the most recent eligibility update. The Individual must be discharged to home from a previous nursing home stay to become eligible for Health Link again
- Individual has a long-term residential treatment facility stay: The individual has one or more residential treatment facility (RTF) claims that cover more than 90 consecutive days that is ongoing as of the most recent eligibility update. The individual must be

discharged to home from a previous RTF stay to become eligible for Health Link again

- Individual is receiving Systems of Support (SOS) Level 1 or Level 2 services: The Individual was enrolled in SOS Level 1 or Level 2 for more than 30 consecutive days, including the date of the Individual eligibility data extract. The comprehensive care coordination at the core of SOS Level 1 and Level 2 services is duplicative with the activities of the Health Link
- Individual refuses Health Link services

**Continuation
Criteria**

Components of continued stay for the service individual in all three THL general categories include the following:

- The individual has made measureable progress on Care Coordination plan goals, but continues to demonstrate a need for support, advocacy and monitoring in order to access resources as documented in the record (i.e., Progress notes, assessment tools, other outcomes based measurement tools)
- There is demonstrated meaningful benefit for the continuation of Health Link services as evidence in the Treatment plan and/or Medical Record. For the benefit to be meaningful there must be evidence that Health Link services has a positive impact on moving towards recovery, or the benefit is being sustained by supportive services to prevent relapse to acute care

Based on the criteria selected, the individual shows impairment on their functional assessment, that can be impacted by Health Link services, in one or more of the following applicable domains:

- Medical / Psychiatric
- Mental Health / Substance Abuse
- Activities of Daily Living
- Vocational / Educational
- Social / Family Supports
- Leisure / Recreation
- Legal Issues
- Community Resources
- Financial Assistance
- Housing
- Transportation

OR

- Individual may have demonstrated relative stability in their functioning in the previous six months where there have been documented attempts to lessen mental health supports, but has a documented history of relapse and deterioration in the absence of mental health supports, as evidenced by:
 - ✓ Individual continues to obtain services from multiple providers/agencies, which may include medical, psychiatric, social, educational, or vocational; and their condition is such that coordination of care and active involvement of Health Link services is essential for a positive treatment outcome
 - ✓ Individual has multiple complicating factors, (i.e., medical, social, vocational, financial) which require on-going assistance in order to avoid deterioration and assist the individual in maintaining community tenure
 - ✓ Individual continues to be in need of additional services, but has struggled to access or maintain those services (i.e., individual continues to demonstrate a lack of social and personal resources needed for recovery.)
 - ✓ Monitoring activities provided by Health Link services are necessary to ensure that the on-going needs of the consumer are met in accordance with the established care plan

As part of the Health Link continuation criteria, individualized discharge planning should also be addressed.

Discharge Criteria

Discharge decisions will be based on a review of the individual's progress in the following domains:

- Medical / Psychiatric
- Mental Health / Substance Abuse
- Activities of Daily Living
- Vocational / Educational
- Social / Family Supports
- Leisure / Recreation
- Legal Issues
- Community Resources
- Financial Assistance

- Housing
- Transportation

Individuals can lose eligibility for Health Link for any of the following reasons:

- Member loses TennCare eligibility
- Individual has a long-term nursing home stay: The Individual has one or more nursing home facility claims that cover more than 90 consecutive days that is ongoing as of the most recent eligibility update. The Individual must be discharged home from a previous nursing home stay to become eligible for Health Link again
- Individual has a long-term residential treatment facility stay: The Individual has one or more residential treatment facility (RTF) claims that cover more than 90 consecutive days that is ongoing as of the most recent eligibility update. The Individual must be discharged to become eligible for Health Link again
- Individual is receiving Systems of Support (SOS) Level 1 or Level 2 services: The Individual was enrolled in SOS Level 1 or Level 2 for more than 30 consecutive days, including the date of the Individual eligibility data extract. The comprehensive care coordination at the core of SOS Level 1 and Level 2 services is duplicative with the activities of the Health Link
- The individual is no longer considered benefiting from Health Link. The MCO and/or Health Link provider is unable to identify, as evidenced by clinical documentation, the individual's progress toward treatment goals in response to Health Link interventions