

**Subject:** Tennessee (TN) Medicaid Behavioral Health Transitional Support — Community-Based Services (TBHTS-CBS)

**Guideline number:** 02-AGT

**Current Effective Date:** 1/1/2018

**Status:** New

**Last Review Date:** September 28, 2017

### Description

This document addresses TN Behavioral Health Transitional Support — Community-Based Services (TBHTS-CBS). TBHTS-CBS assist members with significant mental health diagnoses to maintain stability and independence in the most appropriate and least restrictive community environment. These services are intensive, individualized training to improve functional skills related to the member's mental health conditions including social awareness, appropriate use of community resources with pro-social behaviors, stable activities of daily living and assistance with medication management, proper nutrition, stable behavioral health and physical health status. TBHTS-CBS are training services and not companion care. Members in TBHTS-CBS may also be considered for other services as medical necessity criteria indicate.

### Clinical Indications

#### Medically Necessary:

TN Behavioral Health Transitional Support — Community-Based Services (TBHTS-CBS) are considered **medically necessary** when all are present:

1. Serious mental illness characterized as a mental, behavioral or emotional disorder defined by current diagnostic criteria (DSM-5/ICD) that results in functional impairment which substantially interferes with or limits one or more major life activities (for example, maintaining interpersonal relationships, activities of daily living, self-care, education, employment, recreation; please identify and describe) that have occurred within the last year; **AND**
2. A health care provider/physician, who is currently treating the member, practicing within the scope of their license, has determined that the member experiences serious mental illness resulting in severe and recurrent disability that produces functional limitations in major life activities such as maintaining interpersonal relationships, activities of daily living, self-care, education, employment, or recreation (please describe all that apply) **AND** these limitations require individualized training to achieve and maintain independent living in the community; **AND**
3. Must be transitioning from the hospital/subacute setting **or** must be at risk for placement in subacute setting (please specify which applies); **AND**
4. Unstable progress toward treatment plan goals while receiving the Supported Housing levels of service due to a lack of medication adherence, increased symptomology and problematic behaviors in the community; **AND**
5. The member is appropriate for eventual transition to independent living. However, primary diagnoses of memory-related disorders or intellectual disability as primary cause for lack of functioning are not appropriate for this program; **AND**
6. A well-defined clinical rationale is documented that explains why the member would benefit from individualized training in symptom management, adherence to treatment plans, social skills, personal support system, personal hygiene, food preparation, and/or money management

consistent with their DSM-5/ICD diagnosis; **AND**

7. A history of mental health treatment (for example, psychiatric hospitalization, residential treatment, crisis stabilization, intensive community treatment, etc.); **AND**
8. A prescription for antipsychotic, mood stabilizer, or antidepressant medication within the past 12 months unless there is physician documentation that medications are contraindicated; **AND**
9. The member demonstrates motivation for training and is capable of benefiting from training planned.

### **Continued Stay Criteria (CS)**

Continuation of TBHTS-CBS is considered medically necessary when ALL of 1-5 and either 6 or 7 are present:

1. The member continues to meet the Medically Necessary criteria; **AND**
2. There is documentation of member's participation and engagement in services; **AND**
3. The goals of TBHTS-CBS are not primarily for providing support, targets are not related to functioning that is either chronic and not likely to improve with the type of training being used, or are primarily self-improvement; **AND**
4. Functional impairment of at least moderate degree as evidenced by report of specific domains are still present related to the DSM-5/ICD diagnosis listed and likely to improve with continued training; **AND**
5. Skills have not been acquired and sustained, improvement is likely, and the purpose of continued training is to prevent relapse or maintain previous achieved progress; **AND**
6. Progress with the targeted functioning is documented at the expected pace given the presence of medical/physical conditions, stressors and level of support, as evidenced by adherence with treatment, improving severity of functional impairment, and continued progress is expected for the targeted skills with the training approaches being used; **OR**
7. If progress is not documented, either diagnosis has been re-evaluated and changed if appropriate, medication has been re-evaluated and changed if indicated, or TBHTS-CBS and treatment approach has been re-evaluated and changed if appropriate to include new goals/targets.

### **Coding**

*The following codes for treatments and procedures applicable to this guideline are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.*

**Note:** Please contact the member's plan for applicable coding conventions as these may vary.

#### **HCPCS**

H2012 Behavioral Day Treatment, per hour

#### **ICD-10 Diagnosis**

*For the following diagnoses code(s), including but not limited to:*

F01.50-F99 Mental, behavioral and neurodevelopmental disorders

## Discussion/General Information

TBHTS-CBS consist of individualized training to improve functional skills related to the member's mental health condition. Services address functional skills; appropriate behaviors; activities of daily living; use of community resources; assistance with medication management; and monitoring of health, nutrition and physical health.

TBHTS-CBS should not be primarily to address homelessness, for the avoidance of incarceration of the member or to satisfy a programmatic length of stay (refers to a predetermined number of days or visits for a program's length instead of an individualized determination of how long a member needs to be in that program). There should be a reasonable expectation that the member's illness, condition or level of functioning will be stabilized, improved or maintained through treatment known to be effective for the member's illness.

Standard components of TBHTS-CBS include:

- **Basic Living and Self-Care Skills:** Members are taught how to manage their daily lives, including knowledge and behaviors such as housekeeping and budget management. They are also taught safe behaviors and encouraged to maintain the knowledge and behaviors to improve quality of life;
- **Social Skills:** Members are taught how to identify and comprehend the physical, emotional and interpersonal needs of others, encouraging effective and meaningful interaction with others;
- **Communication Skills:** Members are encouraged to communicate their physical, emotional and interpersonal needs to others — and to listen and identify the needs of others;
- **Organization and Time Management Skills:** Members are taught how to manage and prioritize their daily activities; and/or
- **Transitional Living Skills:** Members are taught life skills to live independent lives in a less restrictive environment, building strengths that improve the quality of life and increase autonomy.

Standard outcomes of TBHTS-CBS include:

- Improved learning and application of knowledge
- Improved communication
- Improved independence
- Improved self-care
- Improved domestic life
- Improved interpersonal interactions and relationships
- Improved communication and social life
- Improved support and relationships
- Improved access to resources and supports

## Definitions

**TN Behavioral Health Transitional Support — Community-Based Services (TBHTS-CBS):** Individualized training to improve functional skills related to the member's mental health condition. Services address functional skills; appropriate behaviors; activities of daily living; use of community resources; assistance with medication management; and monitoring of health, nutrition and physical health. The scope and intensity of services distinguish TBHTS-CBS from traditional outpatient treatment.

**Outpatient Treatment:** A level of care in which a mental health professional licensed to practice independently provides care to individuals in an outpatient setting, whether to the member individually, in family therapy or in a group modality.

**Supported Housing:** Services with an increased level of supervision able to serve members with increased comorbidities or physical limitations. The additional supportive services, including psychosocial rehabilitation, are rendered within the group home setting. The room and board for the group home is not covered. The staffing for the services is the covered benefit.

**Subacute level of care:** Stepdown level of care from an acute inpatient unit into one of the Tennessee Regional Mental Health Institute's (RMHI) extended treatment programs. These units are designed for patients who need ongoing structured treatment services and supervision due to chronic mental health symptomology and associated behaviors. These behaviors and chronic symptomology prevent the member from appropriate engagement with other community-based services of a lesser intensity.

**Serious Mental Illness:** Adults with a serious mental illness are persons: age 18 and over who currently or at any time during the past year have a diagnosable mental, behavioral or emotional disorder of sufficient duration to meet diagnostic criteria specified within the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* that has resulted in functional impairment which substantially interferes with or limits one or more major life activities. All of these disorders have episodic, recurrent or persistent features; however, they vary in terms of severity and disabling effects.

## References

### Peer-Reviewed Publications:

1. Bowie CR, McGurk SR, Mausbach B, et al. Combined cognitive remediation and functional skills training for schizophrenia: effects on cognition, functional competence, and real-world behavior. *Am J Psychiatry*. 2012; 169(7):710-718.
2. Kurtz MM, Mueser KT. A meta-analysis of controlled research on social skills training for schizophrenia. *J Consult Clin Psychol*. 2008; 76(3):491-504.

### Government Agency, Medical Society and Other Authoritative Publications:

1. Boston University Center of Psychiatric Rehabilitation, *A Primer on the Psychiatric Rehabilitation Process*: [www.ispraisrael.org.il/Items/00589/prprimer.pdf](http://www.ispraisrael.org.il/Items/00589/prprimer.pdf). Accessed September 26, 2016.
2. *Definition of Serious Mental Illness*: <https://tn.gov/assets/entities/behavioral-health/p-r-f/attachments/Fast Facts 5 10 2016 mlb.pdf>. Accessed October 20, 2017.
3. Department of Medical Assistance Services, *Mental Health Support Services*: [www.dmas.virginia.gov/Content\\_attachments/obh/cmh-trngs5.pptx](http://www.dmas.virginia.gov/Content_attachments/obh/cmh-trngs5.pptx). Accessed September 26, 2017.
4. *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition*: <http://dsm.psychiatryonline.org/book.aspx?bookid=556>. Accessed September 28, 2017.
5. HCPCS Code — 2017 Alpha-Numeric HCPCS File: <https://www.CMS.gov>. Accessed September 28, 2017.
6. Division of TennCare, *Rules of Tennessee Department of Finance and Administration, Chapter 1200-13-16 Medical Necessity*: [www.tn.gov/sos/rules\\_archived/1200/1200-13/1200-13-16.20070515.pdf](http://www.tn.gov/sos/rules_archived/1200/1200-13/1200-13-16.20070515.pdf). Accessed September 26, 2017.
7. Division of TennCare, *Statewide Contract with Amendment 6 – July 1, 2017*:

[www.tn.gov/assets/entities/tenncare/attachments/MCOStatewideContract.pdf](http://www.tn.gov/assets/entities/tenncare/attachments/MCOStatewideContract.pdf). Accessed September 26, 2017.

8. World Health Organization, *International Classification of Functioning, Disability and Health*: [www.who.int/classifications/icf/en](http://www.who.int/classifications/icf/en). Accessed September 26, 2017.

<b>History</b>
----------------

<b>Status</b>	<b>Date</b>	<b>Action</b>
New	September 28, 2017	Creation of document.