



## Adult Continuous Treatment Team Services

### Program Description

The Continuous Treatment Team (CTT) is an intensive, time-limited service that consists of a coordinated team of staff members (including physicians, nurses, case managers and other therapists as needed) who provide a range of intensive, integrated mental health case management, treatment and rehabilitative services. This service is intended to provide an intense community-based level of care for priority enrollee<sup>1</sup> members with psychiatric disorders, sometimes complicated by substance abuse problems or other disorders, to prevent admission to a more restrictive level of care, such as a hospitalization. Also, the intent of the service is to provide treatment at the appropriate and least restrictive level of care to foster recovery\* and resiliency by building on the strength of the member and his or her support system in the member's home or community setting. This program provides comprehensive services, including but not limited to crisis intervention and stabilization, individual and family counseling, education and training, therapeutic intervention, advocacy, medication management, mentoring, consultation for peer counseling, and other services. Many of the members in this program will have a significant history of hospitalizations for serious psychiatric illnesses.

Because of the level of intensity of need that qualifies a member for this program, contact with members enrolled in the program should occur at least weekly for a minimum of one hour or more as needed and, by definition, should require and involve the services of more than one individual. Services and supports are available 24 hours a day, 7 days a week. Some members and their families/support systems may need a more extended period of participation in the program, while others will move to less intensive services and graduate from the program more quickly.

### Admission Guidelines

A. All elements of this section are required for authorization for CTT:

- 1) A comprehensive clinical assessment documenting medical necessity according to diagnosis, function and clinical need shall be completed prior to requesting this service
- 2) Primary DSM-IV TR diagnosis
- 3) A significant and persistent mental illness such as schizophrenia, major depression or bipolar disorder (but not limited to these diagnoses) that results in significant impairment in function; functional limitations cannot be the result of a primary diagnosis of dementia or mental retardation
- 4) Level of function impaired to the extent that the Global Assessment of Functioning (GAF) Score is <50

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<sup>1</sup> Priority Enrollee: An enrollee who has been identified as a "priority" enrollee by the Bureau of TennCare by using specified diagnoses. Priority identification occurs when the Bureau receives claims information from its contracted Managed Care Contractors (MCCs). A claim must be received that includes a diagnosis designated as priority in order for the member to remain a priority member. A member only becomes nonpriority if the Bureau does not receive a claim with a diagnosis from the priority list during the following 13 months. If a member is deemed priority and a claim is received during the 13 following months with a nonpriority diagnosis, the member will not automatically be reclassified as nonpriority. Designation as a priority enrollee is applicable to all age groups with a priority diagnosis. Priority diagnoses are available via the provider portal at <https://providers.realsolutions.com/pages/home.aspx> or upon request.

- 5) Referral from a treating licensed behavioral health clinician
- 6) Service plan that includes all of the following:
  - a. An initial assessment that includes the member's:
    - i. Current DSM–IV diagnosis with a GAF of <50 along with the highest GAF in the past year
    - ii. Current clinical information, including the severity of each symptom and/or problem
    - iii. Current medications
    - iv. Current risk factors
    - v. History of substance abuse and physical and/or sexual abuse (if applicable)
    - vi. Symptoms that are the focus of the current treatment
    - vii. Functional impairments or supports
    - viii. Job and/or school information and/or history
    - ix. Housing information
    - x. Co-occurring medical and/or physical conditions
    - xi. Family history of mental illness
    - xii. Treatment history
    - xiii. Treatment goals
    - xiv. Objective outcome criteria and estimated discharge date
    - xv. Expected outcome and prognosis (please state if supported housing is expected to be an alternative to long-term sub-acute regional mental health institute placement)
    - xvi. Risk history
- B) In addition to meeting elements of Section A, one or more of the following criteria must be met:
  - 1) At risk of hospitalization in an acute psychiatric setting or a history of being hospitalized in an acute psychiatric setting within the past six months
  - 2) A major, time-limited weakening of the member's support system or a major change in other social factors and a decrease in ability to function independently or within the current support system

**Program Requirements**

- 1) The CTT will consist of more than one individual providing services to the member/family and include at least one RN and one psychiatrist. (If the services required are those of one case manager only, this will be considered traditional case management.)
- 2) The mental health case managers must be at a minimum bachelor's level in psychology, social work, sociology or nursing (licensed RN).
- 3) The CTT will be supervised by a licensed master's level or higher clinician in a behavioral health discipline.
- 4) The CTT must comply with staffing ratios set forth by the Contractor Risk Agreement.

- 5) A minimum of one unit of service will be provided per week with each unit to be considered as consisting of one hour of face-to-face contact, and two thirds of the services will occur in the home and involve the family unit or other support system, when available.
- 6) There will be a comprehensive service plan developed within 10 days and provided to Amerigroup Community Care to define the scope and expected outcome of CTT services. The individual service plan shall be developed, negotiated and agreed upon by the members and/or their support systems in face-to-face encounters and shall be used to identify the treatment needs necessary to meet the members' stated goals. Services shall promote the recovery and resilience of members and shall be documented in the treatment plans. Additionally, individualized treatment plans shall be updated every six months or more frequently as clinically appropriate.
- 7) There will be a weekly team meeting with a review of each member receiving CTT services.
- 8) There will be a continued focus on services that will move the adult member to less intensive level(s) of care.
- 9) If the member is not able to move to a less intense level of care within 90 days, a more intense level of care or additional services must be considered.
- 10) There will be no duplication of Level 1 or Level 2 case management services.
- 11) There will be no requirement that a member be enrolled in CTT services in order to receive other covered services such as enhanced or traditional supported housing, medication management, etc.
- 12) Amerigroup reserves the right to require the submission of a Child & Adolescent Needs and Strengths Assessment or a Adult Needs & Strengths Assessment (administered within 30 days of authorization request) that supports a request for authorization. This request for submission will be contingent on the provider contract.

**Frequency of Case Review and Continued Stay Guidelines:**

The initial case review will be completed with an Amerigroup care manager using the clinical review criteria developed for admission/continued stay/discharge. Documented medical necessity for this intensive level of case management service will be maintained in the treatment record. For individuals with substance abuse issues, there is a comprehensive plan in place to address the needs of the member.

Continued stay reviews to be conducted by Amerigroup behavioral care management staff at least 15 days before the end of the authorized period. Concurrent reviews will be conducted at 90-day intervals.

Documentation expected at reviews that will warrant continued stay includes:

- 1) Assessment of overall functioning of the member and development of an individualized, comprehensive service plan with goals specific to problems identified in Section B of Assessment Criteria
- 2) Demonstration of progress by the member and a positive response toward the treatment goals
- 3) Willing and active participation in the program by the member

- 4) Status of issues identified in Section B of Admission Criteria that necessitated CTT authorization continue to meet criteria for this treatment modality

### **Discharge Guidelines**

Risk factors have been minimized, as evidenced by each of the following:

- 1) The member has not been hospitalized in an acute psychiatric setting or restrictive setting in the last three months
- 2) The level of functioning is adequate to ensure safety and stability within the community
- 3) The member has not required crisis services or an emergency response in the past three months
- 4) The member's support system has been substantially strengthened as identified in attainment of goals identified on service plan
- 5) The majority of goals in the member's individualized service plan have been met

Or one or more of the following:

- 6) The member actively rejects CTT services and/or refuses cooperation with the team
- 7) The frequency of services required or delivered does not meet the intensity of service description for this level of care (i.e., there is only one brief visit per week with no specific goal-directed intervention related to the primary diagnosis)

### **Program Procedures**

- 1) If documentation submitted by provider meets criteria for authorization, Amerigroup staff will enter initial authorization for 30 days.
- 2) Only current requests for authorization will be reviewed; no backdated requests will be considered for authorization.

\*As per the Contractor Risk Agreement, recovery is defined as the consumer-driven process in which consumers are able to work, learn and participate fully in their communities. Recovery is the ability to live a fulfilling and productive life with a disability.