

Continuous Treatment Team Services for Child and Adolescent SED Population

Program Description

Continuous Treatment Team (CTT) services are defined as those services needed to provide intensive interventions to children and adolescents and families of children and/or adolescents who are at risk of removal from the home to a more restrictive therapeutic level of service because of acute psychiatric problems resulting from a DSM-IV-TR Axis I diagnosis. CTT services are indicated in the event that a child or adolescent has been removed from the home and is in the Department of Children's Services custody or in therapeutic foster care. For example, the use of CTT may be used to stabilize symptoms and prevent removal of the child to a more restrictive level of care or to promote family reunification. These services will also be used as a part of the transition from acute inpatient or residential treatment as a step-down service in order to better enable the child or adolescent to adjust to the home environment.

Services provided in the program should include crisis intervention, stabilization, counseling, skill building, advocacy, medication management support when indicated, consultation and advocacy with education system; and they are accomplished by contact several times per week as needed. Services should be available 24 hours a day, 7 days a week and used appropriately when needed, depending on the acuity of the need of the member.

When the intensity of services described above are not necessary, the child or adolescent can be moved to a less intensive level of service such as standard case management and other therapies.

Admission Criteria

- A. Both elements of this section are required for authorization for CTT:
 - 1) Primary DSM-IV TR diagnosis
 - 2) Must meet criteria for Severe Emotional Disturbance (SED) *

- B. In addition to meeting elements of Section A, one 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 child or adolescent's support system and ability to function independently or within the current support system
 - 3) Documentation within preceding six months of an inability to meet identified service goals while in traditional case management
 - 4) A Global Assessment of Functioning (GAF) score <50

Program Requirements

- 1) The CTT will consist of more than one individual providing services to the member/family.
- 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) There will be access to a RN and a psychiatrist if either are not on the team. A minimum of one unit of service per week lasting one hour of face-to-face contact will be provided, and two thirds of the services will occur in the home and involve the family unit.

- 6) There will be documentation of contacts for all other coordination activities as needed to achieve service plan goals and objective.
- 7) There will be a comprehensive service plan to define the scope and expected outcome of CTT services.
- 8) There will be a weekly team meeting with a review of each member receiving CTT services.
- 9) There will be a continued focus on services that will move the child and/or adolescent to a less intensive case management level of care.
- 10) There will be no duplication of case management services.
- 11) Amerigroup Community Care 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

Continued stay reviews are to be conducted by behavioral case management staff at least 15 days before the end of the authorized period. Concurrent reviews will be conducted at 30-day intervals.

Documentation that will warrant continued stays expected at reviews includes:

- 1) Assessment of overall functioning of the child or adolescent and development of individualized, comprehensive service plan with goals specific to problems identified in Section B of Assessment Criteria.
- 2) Documentation the child or adolescent and family are seeing progress, and there is a positive response toward the treatment goals.
- 3) Willing and active participation by the child or adolescent in program.
- 4) Family or other support system available and actively involved in this program.
- 5) Status of issues identified in Section B of Admission Criteria that necessitated the 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 child or adolescent 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 child or adolescent has not required crisis services or an emergency response in the past three months.
- 4) The child or adolescent support system has been substantially strengthened as identified in attainment of goals identified on the service plan.
- 5) The majority of goals in the child or adolescent individualized service plan have been met.

Or one or more of the following:

- 6) The child or adolescent and/or family actively rejects CTT services and/or refuses cooperation with the team.
- 7) The frequency of services required or delivered do 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 put in initial authorization for 30 days.
- 2) Only current requests for authorization will be reviewed; no back-dated requests will be considered for authorization.

*As per Tennessee Department of Mental Health (TDMH) definition, Serious Emotional Disturbance is defined in summary as a diagnosed mental, behavioral or emotional disorder as per DSM-IV TR criteria, either current or within the past year, which includes functional impairment resulting in substantial interference with family, school or community activities. Excluded are DSM-IV V codes, substance abuse and developmental disorders unless they occur with another diagnostic DSM-IV disorder.

http://www.tn.gov/mental/specialpops/sp_child_SED.html

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.