# *Tennessee Health Link Guidelines: Children and Adolescents Medical Necessity Criteria*

## Program description

The Health Link service model is a program created to address the diverse needs of individuals requiring behavioral health (BH) services. A foundational tenet of the program is that through better coordinated BH 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.

Health Link is designed to encourage the integration of BH and physical health as well as mental health recovery, and to assist individuals in reaching their potential to live a rewarding, independent life in the community as clinically and reasonably as possible.

Health Link is built upon a team-concept model consisting of professionals associated with a mental health clinic or other BH provider who provides whole-person, patient-centered, coordinated care for an assigned panel of individuals with a mental health condition or a combination of physical and mental health conditions. This comprehensive care delivery model is designed to improve the quality of BH care services provided to TennCare-enrolled individuals while also improving the capabilities and practice standards of BH 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 health care across the domains of BH 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 BH providers).
- **Health promotion** (e.g., educating patients and their 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 BH 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 BH and physical health outcome measures. Providers who are able to achieve improvements in these measures will be eligible for additional incentive payments.

## Eligibility criteria

Health Link 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 due to functional need criteria when an individual does not meet either the diagnostic or utilization criteria above.

Health Link 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 health care provider practicing within the scope of his or her license who is treating the individual to include the individuals' treatment team which is located at the provider site).

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

- The individual currently has, or at any time during the past year has had, a diagnosable mental, behavioral or emotional disorder of sufficient duration to meet the diagnostic criteria specified within ICD-10 or *The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (and subsequent revisions) of the American Psychiatric Association. All of these disorders have episodic, recurrent or persistent features and vary with respect to severity and disabling effects. In addition to the diagnosable disorders identified above, one of the following criteria must be met:
    - The individual has a functional impairment that causes or contributes to a substantial disruption in the individual's role or functioning within family, school or community domains. Functional impairment is defined as a disruption that substantially interferes with or limits the individual in achieving or maintaining developmentally appropriate social, behavioral, cognitive, communicative or adaptive skills. Functional impairment of episodic, recurrent and continuous duration are included.
    - The individual would have met functional impairment criteria during the reference year without the benefit of treatment or other support services included in this definition.
    - The individual 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. The families of these individuals may exhibit behaviors to suggest that they are not able to coordinate services resulting in failure to access or follow through with needed services. These families and individuals may require education in the areas of mental health/physical health to engage in treatment and adhere to appointments and need assistance utilizing or accessing BH, medical and/or community-based services to function successfully in the community.
    - The individual has had at least one involvement with Mobile Crisis Services within the last six months.

**or**

- Any **two** of the following conditions due to mental health or a combination of physical and mental health illness must apply. The service goal is 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.
    - The individual 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 months.
    - The individual demonstrates a pattern of inconsistency in his/her adherence to prescribed BH or medical treatment within the last six months.

- The individual has received a medication adjustment in the previous six months due to instability of symptoms and has developed additional conditions which require assessment, planning, linkage, and referral monitoring and follow-up.
- The individual has had a least two psychiatrically driven presentations at an ER within the last six months.
- The individual demonstrates a pattern of inconsistency or failure to identify or access needed medical, educational, social or other services within the last six months.
- The individual has experienced an encounter with law enforcement or the juvenile justice system within the last six months.
- The individual has experienced an encounter with the Department of Children's Services within the last six months.
- The individual has experienced an encounter with disciplinary action with the local educational system within the last six months.

Based on any of the above criteria selected, the 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
- Educational/vocational
- 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:

- The person with the authority to consent to treatment for the individual refuses Health Link services.
- The individual has a long-term residential treatment facility (RTF) stay — The individual has one or more RTF claims that cover more than 90 consecutive days and that are 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.
- The 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 program.

## Continuation criteria

Components of continued stay for the service recipient in all three general Health Link categories include the following:

- The individual and family have made measureable progress on care coordination plan goals but continue to demonstrate a need for support, advocacy and monitoring in order to access resources as documented in the record (i.e., service notes, assessment tools and/or other outcomes-based measurement tools).

- Progress has not been made and the Health Link provider has identified and implemented changes and revisions to the care coordination plan to support the goals of the individual and family.
- There is demonstrated meaningful benefit for the continuation of Health Link services as reflected in the treatment plan and/or medical record. For the benefit to be meaningful, there must be evidence that Health Link services have a positive impact on moving toward recovery or that the benefit is being sustained by supportive services to prevent relapse to acute care.

**Based on the criteria selected, the individual shows impairment on the 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**

The individual and family 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 they have a documented history of deterioration in the absence of mental health supports as evidenced by the following:

- The individual and family continue 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.
- The individual has multiple complicating factors (i.e., medical, social, educational and/or financial) which require ongoing assistance in order to avoid deterioration and assist the individual in maintaining community tenure.
- The individual and family continue to be in need of additional services but have struggled to access or maintain those services.
- Monitoring activities provided by Health Link services are necessary to ensure that the ongoing needs of the individual 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.
- The individual has a long-term RTF stay — The individual has one or more RTF claims that cover more than 90 consecutive days and that are ongoing as of the most recent eligibility update. The individual must be discharged to become eligible for Health Link again.
- The individual is receiving 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 program.
- The individual is no longer considered benefiting from Health Link. The managed care organization and/or Health Link provider is unable to identify, as evidence by clinical documentation, the individual's progress toward treatment goals in response to Health Link interventions.