Tennessee Medicaid Housing Service Programs Utilization Management (UM) Guideline

Subject: Medicaid Tennessee Housing Services Continuum UM Guidelines
Status: Revised

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Description

Supported Housing (SH) services are wrap-around behavioral health/psychiatric rehabilitation services that prepare individuals experiencing a severe mental illness (SMI) for independent living in the community while allowing them to live in community settings. Supported Housing refers to the services rendered at a facility staffed 24 hours a day, 7 days a week by an awake direct care staff. SH does not include room and board payment. The levels of housing services referenced in this guideline include Supported Housing, Enhanced Supported Housing and Medically Fragile Housing services.

Adult Psychiatric Residential Treatment (PRT) are programs that offer 24 hour intensive, coordinated, and structured services for adult service recipients within a non-permanent therapeutic milieu that focuses on enabling a service recipient to move to a less restrictive setting.

The SH and PRT facilities offer a highly structured setting that is safe and secure and promotes the principles of recovery including hope, empowerment, self-management and rejoining/rebuilding a life in the community. Due to Supported Housing being a transitional service, every effort is made for members to receive these services near their family, support systems and places of residence.

SH services are responsible for facilitating and providing comprehensive coordination of behavioral health services, increasing member's strengths, and addressing needs to increase overall functioning and ability to contribute positively to society. Functions include:

1. Supporting PCP engagement.
2. Crisis intervention.
3. Monitoring to promote adherence to prescribed medications.
4. Facilitating behavioral health appointments.
5. Promoting overall wellness.
6. Assisting in development of employment/housing plans.
7. Identification of resources.
8. Assisting with symptom management to prevent negative impact on employment and housing goals.
9. Promoting education and advocacy with employers and potential landlords regarding the service process, role of medication and symptom management.
10. Building skills (including independent living, employment, and recreational and social skills).

Clinical Indications

Supported Housing

Admission Criteria:

SH services must meet medical necessity criteria per TennCare Rule 1200-13-16-.05.

Elements A and B and either C, D, E are required for approval of initial request:

A. Services must be ordered/recommended by a licensed behavioral health clinician (e.g., licensed clinical social worker, licensed professional counselor, licensed psychologist or psychiatrist) or a PCP/ Nurse Practitioner, who has assessed the member for treatment purposes, within 30 days of the request for authorization and who can speak to the need for the service.
B. All elements of this section are required for authorization of SH:
    1) Current primary DSM V diagnosis
    2) Must be 18 years of age or older
    3) Must require supervision in structured setting due to mental health symptomology that prevents independent living and personal and community safety
    4) Must be able to perform basic activities of daily living (ADL) (i.e., eating and bathing) with appropriate prompting
    5) Must be able to participate in and benefit from psychosocial rehabilitation services; members who have diagnosed chronic disabling impairments such as traumatic brain injury (TBI), diagnosed with an intellectual disability, dementia, etc., may not be appropriate for SH service if their cognitive functioning precludes their ability to participate in and benefit from services
    6) Physical health status must not impair the ability to participate and engage in SH psychosocial rehabilitation services
    Example: Members who are bed ridden, have significant paralysis or require ongoing assistance
    7) Must be able to recognize (or be taught to recognize) danger and threat to personal safety
    8) Must be actively engaged in outpatient mental health services or be stepping down from higher levels of care such as inpatient acute care or subacute care
    9) Must have targeted symptoms and behaviors that can be addressed with SH services and assist in moving toward a less restrictive environment
C. A history of hospitalization in an acute psychiatric or psychiatric residential service setting within the past three months which includes documented major changes in other social factors, within the last 30 days, that have decreased the member's ability to function independently or within the current support system due to symptoms of mental illness; this would include challenges in sustaining housing or maintaining a safe living environment due to a mental illness.
D. Step down from acute psychiatric hospitalization or psychiatric residential service meets all of criteria B where no other placement options are available due to the individual clinical needs for supportive assistance and recovery environment.
E. Step down from Enhanced SH and/or Medically Fragile Housing when admissions criteria are met.

Supported Housing

Continued Stay Criteria:

Must meet ALL points below:

A. Updated information (not older than 3 weeks prior to request) related to member's overall functioning and specifically related to the condition that continues to meet Sections B of Admission Criteria and necessitates continued service

B. Evidence of member's willing and active participation in the program and its psychosocial rehabilitation components, as evidenced by updated clinical information, including progress notes and current individualized service plan

C. SH services are required to maintain stability as evidenced by progress notes, individualized service plan, and programmatic participation.

D. Per overall functioning information referenced above in Continued Stay criteria point A., SH is the least restrictive setting that will adequately meet the member's needs. (Amerigroup Community Care may request a copy of the housing individualized service plan).

Enhanced Supported Housing (ESH)/ Medically Fragile Housing (MFH)

Admission Criteria

In addition to meeting ALL the admission criteria for regular SH services, member must meet TWO or more of the following:

A. Must be transitioning from the hospital/subacute setting or must be at risk for placement in subacute settings.

B. Must have correctable physical limitations (e.g., requiring the use of walkers and/or wheelchairs).

Exclusion: Members who are unable to ambulate and are completely dependent for ADL's

C. Must have a medical condition requiring additional assistance (e.g., eating disorders, uncontrolled diabetes, cancer, TBI, wounds, complexities driven by uncontrolled high blood pressure, and other physical health conditions.).

D. Must require a more structured setting, with additional staffing, due to elopement or other documented behavioral needs.

E. Must be unable to be maintained in regular SH services due to a lack of medication adherence, increased symptomology, increase in physical health issues that require additional resources and/or problematic behaviors in the community. Provider will be asked for documentation of provider interventions attempted to maintain member at non-enhanced/ medically fragile level of housing services.

F. Must continue to provide psychosocial rehabilitation services while in the Enhanced/Medically Fragile Housing Services either in house or through agreement with outside provider.

ESH/MFH Continued Stay Criteria:

Must meet A, B and C or A, B and D

A. Updated information (not older than 3 weeks prior to request) related to member's overall functioning and specifically related to the condition that met admission criteria continues to meet Section of Admission Criteria and necessitates continued service

B. Evidence of member's willing and active participation in the program and its psychosocial rehabilitation components, as evidenced by updated clinical information, including progress notes and current service plan.

C. ESH/MFH services are required to maintain stability as evidenced by progress notes, service plan, and programmatic participation.

D. Per overall functioning information referenced above in criteria point A., ESH/MFH is the least supervised setting that will adequately meet the member's needs. (Amerigroup may request a copy of the housing individualized service plan).

Adult Psychiatric Residential Treatment

Admission Criteria

Residential treatment is considered medically necessary when the member has ALL of the following:

A. Services must be ordered/recommended by a licensed behavioral health clinician (e.g., licensed clinical social worker, licensed professional counselor, licensed psychologist or psychiatrist) or a PCP/ Nurse Practitioner, who has assessed the member for treatment purposes, within 30 days of the request for authorization and who can speak to the need for the service.

B. The member is manifesting symptoms and behaviors which represent a deterioration from the member's usual status and include either self-injurious, other injurious, or risk taking behaviors that risk serious harm to self or others and cannot be managed outside of a 24 hour structured housing setting with maximum supervision ratio:

C. There should be a reasonable expectation that the level of functioning will be stabilized and improved and that a shorter term, residential treatment service will have a likely benefit on the behaviors/symptoms that required this level of care, and that the member will be able to decrease the level of supervision needed through housing services:

D. Member's clinical condition is of such severity that an evaluation by physician or other provider with prescriptive authority is indicated at admission and weekly thereafter

Adult PRTF Continued Stay Criteria

Residential treatment is considered medically necessary when the member continues to meet admission criteria and has A and one of B, C, D:

A. Member evaluation by a physician or other provider with prescriptive authority occurs weekly

B. Progress with the psychiatric symptoms and behaviors is documented and the member is cooperative with treatment and meeting individualized service plan goals

C. If progress is not occurring, then the individualized service plan is being re-evaluated and amended with goals that are still achievable

Exclusion for both SH services and Adult PRT:

A. Service needs shall not be based solely on homelessness or to prevent/mitigate incarceration
B. The primary problem cannot be social, economic or of a physical nature without a concurrent major psychiatric condition.

Discharge Criteria:

Discharge is appropriate and medically necessary when all the following are met:

1. No more than one acute psychiatric in the last six months
2. Lack of crisis services or emergency response intervention in the last three months

3. Time-limited, realistic, and measurable service plan goals have been met by the member as supported by clinical documentation and updated service plan.
4. Evidence that existing issues and needs can be met by a lower level of care

   Example: A member requiring his or her representative payee to manage finances can be managed in psychosocial rehabilitation services in the community setting versus supported housing services or adult PRT
5. Increased level of functioning, as evidenced by individualized service plan or member assessment that demonstrate an ability to remain safe and stable within the community

OR

B. The member consistently declines psychosocial rehabilitation services and/or refuses to participate or engage in the agreed upon supported housing or adult PRT individualized service plan.

Program Requirements
The below requirements apply to all "levels" of Supported Housing services including Enhanced and Medically Fragile as well as Adult PRT

1. The program must have a comprehensive, individualized service plan completed with the member that includes time limited and measureable goals specific to strengths/needs and the following:
   a. Current DSM-V diagnosis, current level of functioning assessment and highest level of functioning in the past year provided by the supervising licensed behavioral health professional practicing within the scope of their licensure (Amerigroup reserves the right to request assessments related to the DSM V diagnosis)
   b. Current clinical information including severity of symptoms as evidenced by DSM-V assessments. (Amerigroup reserves the right to request assessments related to the DSM V diagnosis)
   c. Current medications
   d. Current risk factors and risk history impacting current placement (e.g., fire setting)
   e. Current safety and crisis plan for identified risks
   f. History of substance abuse (if applicable)
   g. History of physical and/or sexual abuse (if applicable)
   h. Functional impairments and supports (itemized)
   i. Job and/or school information and history
   j. Housing barriers and goals including proposed modifications of housing environment to accommodate needs of member and successful adaptation to the living environment
   k. Co-occurring medical and physical conditions (itemized including date of onset if known)
   l. Family history of mental illness
   m. Medical and behavioral service history including anything of significance within the past 12 months
   n. Measurable and time-limited individualized service goals specific to the psychiatric condition necessitating SH/Adult PRT services
   o. Projected discharge date, discharge plan, and expected barriers
   p. Independent living goals
   q. Inclusion of family or social supports in initial, concurrent and discharge service planning (requires the member's written consent or refusal)

r. Inclusion of other treating providers, including Tennessee Health Link coordinator, with the member's written consent
s. Documentation of the provision and education regarding available community resources
t. Daily documentation of the member's behaviors in the milieu

2. A comprehensive individualized service plan must be completed and available to Amerigroup upon request within 30 days of the member's admission.
3. Individualized service plans must be formulated for SH/ Adult PRT services with evidence of collaboration with other behavioral health services including but not limited to psychosocial rehabilitation services.
4. The individualized service plan must be updated every month or more frequently if clinically appropriate.
5. The individualized service plan must be completed face-to-face with the member with evidence of the member's desired recovery goals and written consent.
6. Direct care staff supports must be awake and available 24/7.
7. Members shall not be required to leave the facility as a condition for services receipt for non-treatment services (i.e., outings, shopping, etc.)
8. Members shall be allowed to independently leave the facility if part of their individualized service plan and if no safety risks have been identified; if risk has been identified, member must have a current safety plan (e.g outings with a relative or appropriate social support)
9. SH services must provide or procure a physical examination, including routine screening and special studies as determined by the examining physician within 30 days of admission. Exception: The member has had a physical examination within 90 days of admission. Documentation of physical examinations must be available in the member's record and include the name of the examining physician and clinic or hospital.
10. All facility and direct care staff must be trained in accordance with standards established by the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) and meet the minimum requirements for licensure.
11. Continued service reviews are to be submitted at least 7 days prior to the end of the authorized period.
12. Notification of any transitions between housing service levels, including changes in locations due to milieu disruptions, must be provided to and approved by Amerigroup prior to transition.
13. For both SH services and Adult PRT, at a minimum, supported housing services are to include coordinated and structured personal care services to address the individuals behavioral and physical health needs in addition to fifteen (15) hours per week of psychosocial rehabilitation. This is a requirement for each member as a part of the authorized per diem and cannot be billed separately as psychosocial rehabilitation. Amerigroup reserves the right to ask for documentation of the above hours at any point in the authorization process.

Coding

Procedure codes are defined in the provider contract. Providers are expected to follow coding as defined by their contract.

Discussion/General Information

Studies have shown that individuals that are homeless or transient utilize health and other social services at a significantly higher rate than similar individuals who are not experiencing homelessness. (Hunter, et al. 2017). For those living with serious mental illness (SMI), this is especially true. Supported

Housing services in TN cover varied levels of supervision and psychosocial rehabilitation activities. Guiding tenants of these services are the concepts of recovery and resiliency, and how to enhance those traits in members with severe mental illness.

Recovery has been defined within the literature as a personal, self-directed journey toward a life beyond mental illness in which one reclaims control and responsibility for one's own life decisions (Tiderington, 2017). Due to recovery and increased resiliency being the goals of supported housing services in Tennessee, medication management, therapeutic services, psychosocial rehabilitation including certified peer recovery, are the focus of these supported housing services as covered under the Medicaid benefit. The recent push toward recovery-oriented services and person-centered care planning highlights the importance of individual trajectories. Previous research has shown severe depletion of social networks in this population and assistance in restoring social relationships must take this into account. Physical problems (in addition to mental problems) hinder recovery by reducing mobility and quality of life (Padgett, et all, 2016) Tennessee recognizes the need to include a level of supported housing that coordinates services for those with high need comorbid conditions.

Definitions

Supported housing (SH) services refer to transitional services rendered at facilities that provide behavioral health staff supports for individuals who require treatment services in a highly structured, safe, and secure setting. Supported housing services are for TennCare members and are intended to prepare individuals to live independently in a community setting. At a minimum, supported housing services include coordinated and structured personal care services to address the individuals' behavioral and physical health needs in addition to fifteen (15) hours per week of psychosocial rehabilitation services to assist individuals in achieving recovery and resiliency based goals and developing the life skills necessary to live independently in a community setting. The required fifteen (15) hours per week of psychosocial rehabilitation is not inclusive of the psychosocial rehabilitation services received in day programs. Supported housing services do not include the payment of room and board.

Adult Psychiatric Residential Treatment (PRT) are programs that offers 24 hour intensive coordinated, and structured services for adult service recipients within a non-permanent therapeutic milieu that focuses on enabling a service recipient to move to a less restrictive setting.

Psychosocial Rehabilitation- community-based program that promotes recovery, community integration, and improved quality of life for members who have been diagnosed with a behavioral health condition that significantly impairs their ability to lead meaningful lives. The goal of Psychosocial Rehabilitation is to restore the fullest possible integration of the member as an active and productive member in their family and/or community, with the least amount of professional intervention. Psychosocial Rehabilitation program services support members in developing emotional, social and intellectual skills necessary to live learn and work as active and productive members in their communities through interventions developed by behavioral health professionals or certified peer recovery specialists in partnership with the member. Psychosocial Rehabilitation interventions are face-to-face, collaborative, and person-centered and may be provided individually or in a group setting.

Acronyms

DSM: Diagnostic and Statistical Manual of Mental Disorder
SH-Supported Housing
ESH- Enhanced Supported Housing
MFH- Medically Fragile Housing

Adult PRT- Adult Psychiatric Residential Treatment
SMI- Serious Mental Illness

References

Government Agency, Medical Society, and Other Authoritative Publications:

TennCare Medical Necessity Criteria Chapter 1200-13-16, Section 1200-13-16-.05 Medical Necessity Criteria: https://publications.tnsosfiles.com/rules/1200/1200-13/1200-13-16.20111128.pdf

History

Status	Date	Action
Revised	July 2019	MOC Approved July 25, 2019
Revised	November 2015	TNPEC-1240-15
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