Tenn Care Level 2 Child & Adolescent Mental Health Case Management Definition

Level 2 Child and Adolescent (C&A) Mental Health Case Management is defined as services furnished to assist youth and their families in gaining access to areas of basic needs to include medical, social, educational, and other services, eligible under the Tennessee State Plan who reside in a community setting or are transferring to a community setting, in accordance with Code of Federal Regulations (CFR) §441.18.

Case management does not include, and FFP is not available in expenditures for, services defined in CFR §440.169 of this chapter when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred.

Case management provides a system of care philosophy for children and adolescents whose emotional or behavioral disturbances require multiple interventions or services. Through planning, linking and advocacy, case managers coordinate each child’s care and treatment, resulting in a cohesive, systemized approach for better clinical outcomes. Services are provided in the office and in natural environments such as home, school or other community settings.

Level 2 children and adolescent mental health case management services include assessment, referral, treatment planning, linkage and coordination with community services, monitoring and advocacy. Case management enables parents to become informed about resources and to be able to effectively advocate for their child. Case managers work with families to develop individualized service plans to identify and meet needs in areas including therapy, psychiatry, behavioral services, educational advocacy and consultation, social/recreation, coordination of treatment teams and plans, accessing benefits, and support, coaching, and guidance.

C&A Case Management:

- Helps individuals gain access to needed community services and resources in the areas of basic needs, education, health care, financial, social and/or recreational;
- Helps individuals and families coordinate resources when they are involved with multiple agencies and/or programs;
- Helps individuals and families coordinate with the psychiatrist or nurse practitioner when they are receiving medication services for a mental health condition;
- Provides supportive services such as social skills coaching, parent education, development of coping skills, and crisis intervention.

Level 2 C&A mental health case management is person centered, strengths based, and focused on recovery and resiliency. C&A case management services are typically provided within the family home, in the office, and in other community settings. Frequency and intensity of contact depends on the needs of each individual and family and on medical necessity.
Level 2 C&A mental health case management services are comprehensive, linked and driven by the individual’s treatment or service plan and include:

1. An assessment of the eligible individual which includes history-taking, a needs and strengths assessment, and information gathered from other current or former treatment providers and family members or other caregivers. The assessment should address the individual’s circumstances, strengths and needs that impairs their ability to achieve personal goals independently in the following areas:
   - Medical / Psychiatric History
   - Mental Health and Substance Abuse
   - Activities of Daily Living
   - Educational / Vocational
   - Social / Family Supports
   - Leisure / Recreation
   - Legal Issues
   - Community Resources (e.g., health care, educational, food assistance, religious and cultural, etc.)
   - Financial Assistance
   - Housing
   - Transportation

2. Development of a specific treatment or service plan which addresses identified needs from the assessment elements outlined above in subsection one will match the consumer’s strengths and needs and link to specific community resources.

3. Referral, linkage, and coordination to services, including: medical, psychiatric, educational, social and natural supports benefits for which they are eligible, housing, transportation, and community resources.

4. Follow-up and Monitoring in order to assess the effective implementation of the service plan as well as provide an on-going assessment of needs related to their physical and behavioral health and progress.

5. The ultimate goal of Level 2 C&A mental health case management is to empower youth and their families to navigate needed services and systems in the community successfully on their own, or with minimal support.
**Tenn Care Level 2 Children & Adolescent Mental Health Case Management**

Medical Necessity Criteria
February 3 2016

**Program Description**

Level 2 Case Management is a level of Child & Adolescent (C&A) MHCM-Tennessee services supplied through an individual approach. Services at this level are geared toward individuals under the age of 18 diagnosed with a serious emotional disturbance (SED) who have not successfully engaged in community-based mental health and/or medical services. (Transitional young adults, ages 18 to 21 may continue to access C&A case management services, depending on the systems needed by the individual and family.) Individuals and their families receiving this level of service typically require interventions or services across multiple systems, including mental health, education, Department of Children’s Services (DCS), and medical services. These individuals and their families often fail to schedule or keep appointments consistently and have difficulty consistently accessing and utilizing community based services. Engagement of natural support systems is unpredictable at best and they may be high utilizers of crisis services.

A single case manager provides individual Level 2 C&A MHCM-Tennessee services, in contrast to the team-approach of Level 1. The case manager’s sole responsibility is to provide case management services for the individuals and their family using system of care principles which involves contact with the individuals and their caregivers, and other systems impacting the family, monitoring and coordination of necessary services that assist the family in moving toward independence. The case manager does not and will not provide direct clinical services or services for the consumer outside of those activities approved as case management services in accordance with the TennCare Contractor Risk Agreement.
Admission Criteria

Admission to Level 2 C&A MHCM-Tennessee will be based on medical necessity and must meet medical necessity criteria per TennCare Rule 1200-13-16-.05 including the recommendation of a licensed physician who is treating the member or other licensed healthcare provider practicing within the scope of his or her license who is treating the member, to include the member’s treatment team that are located at the provider site. In addition, admission criteria should 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 DSM V (and subsequent revisions) of the American Psychiatric Association with the exception of other V codes, substance use, and developmental disorders, unless these disorders co-occur with another diagnosable disturbance. All of these disorders have episodic, recurrent, or persistent features; however, they vary in terms of severity and disabling effects.

1. In addition, the diagnosable disorder identified above, one of the following criteria are met:

   a) The individual has a functional impairment that substantially interferes with or limits the individual’s role or functioning family, school, or community activities. Functional impairment is defined as difficulties that substantially interfere with or limit the individual in achieving or maintaining developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills. Functional impairments of episodic, recurrent and continuous duration are included unless they are temporary and expected responses to stressful events in the environment.

   b) Would have met functional impairment criteria during the reference year without the benefit of treatment or other support services are included in this definition.

   c) 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 behavioral health, medical, and/or community-based services to function successfully in the community.

d) Have had at least one psychiatric hospitalization, residential treatment stay, or involvement with Mobile Crisis or CSU within the last six (6) months

OR

Due to his or her emotional or behavioral condition, the individual and/or family meets any two of the following with service goal being to impact quality of life in areas of resiliency and recovery:

a) 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 (6) months.

b) Demonstrates a pattern of inconsistency in his/her adherence to prescribed behavioral health or medical treatment within the last six (6) months.

c) 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.

d) Have had at least two psychiatrically driven presentations at an ER within the last six (6) months.

e) Demonstrates a pattern of inconsistency or failure to identify or access needed medical, educational, social, or other services
within the last six (6) months.

f) Involvement with law enforcement or the juvenile justice system within the last six (6) months.

g) Involvement with the Department of Children’s Services within the last six (6) months.

h) Involvement with disciplinary action with the local educational system.

Based on the criteria selected, the individual shows functional impairment that can be impacted by Case Management services, 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:
a) Member is receiving non-team based case management or Level I case management (i.e., CTT, CCFT) services from another provider at the time of the request, unless the service in question is being used in a transitional manner; or

b) Severity of psychosocial impairment due to a behavioral health condition requires long-term higher intensity of intervention than can be provided through Level 2 mental health case management services; or

c) The person with the authority to consent to treatment for the individual refuses case management services.

d) The individual is in a hospital, skilled nursing facility, psychiatric residential treatment facility, or other resident treatment setting at the time of referral and is unable to return to a family home environment or community setting with community based supports within the next 90 days.

**Continuation Criteria**

Components of continued stay for the service recipient in Level 2 Mental Health Case Management would include the following:

- The individual continues to meet admission criteria

  **OR**

- The individual and family has made measureable progress on service plan goals, but continues 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, other outcomes based measurement tools).

- Progress has not been made, and the case manager has identified and implemented changes and revisions to the service plan to support the goals of the individual and family.

- There is demonstrated meaningful benefit for the continuation
of Case Management. For the continuation to be meaningful there must be evidence that Case Management has a positive impact on moving towards recovery and demonstrates gains as evidenced in treatment plan. Benefit of case management can be generalized at the conclusion of the service.

Based on the criteria selected, the individual shows functional deficits, that can be impacted by Case Management services, 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

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 has a documented history of deterioration in the absence of mental health supports, as evidenced by:

- Individual and family continues 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 mental health case management is essential for a positive treatment outcome.

- Individual has multiple complicating factors, (i.e., medical, social, educational, financial) which require on-going assistance in order to avoid deterioration and assist the individual in maintaining community tenure.

- Individual and family continues to be in need of additional services, but have struggled to access or maintain those services.

- Monitoring activities provided by mental health case management are necessary to ensure that the on-going needs of the individual are met in accordance with the established care plan.

As part of the continuation criteria, individualized discharge planning for Level 2 C&A Mental Health Case Management should be addressed.
<table>
<thead>
<tr>
<th><strong>Discharge Criteria</strong></th>
<th>Discharge decisions will be based on a review of the individual and family’s progress in the domains referenced in the admission / continuation criteria.</th>
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<tbody>
<tr>
<td>Discharge for Level 2 service recipients would consider the following criteria:</td>
<td>Discharge decisions will be based on a review of the individual and family’s progress in the domains referenced in the admission / continuation criteria.</td>
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<tr>
<td>o The individual no longer meets the criteria for SED</td>
<td>Discharge for Level 2 service recipients would consider the following criteria:</td>
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<td>o Consent for treatment is withdrawn</td>
<td>Discharge for Level 2 service recipients would consider the following criteria:</td>
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<td>o Demonstration of little to no progress in meeting targeted goals for 6 months, despite documented attempts to engage the individual and family in services.</td>
<td>Discharge for Level 2 service recipients would consider the following criteria:</td>
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<td>o Refusal to participate in coordination of services for 3 consecutive months.</td>
<td>Discharge for Level 2 service recipients would consider the following criteria:</td>
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<td>o Movement out of the state.</td>
<td>Discharge for Level 2 service recipients would consider the following criteria:</td>
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<td>o The individual is placed in a hospital, skilled nursing facility, psychiatric residential treatment facility, foster care setting that provides case management or other residential treatment setting and is unable to return to a family home environment or community setting with community based supports.</td>
<td>Discharge for Level 2 service recipients would consider the following criteria:</td>
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<td>o Met case management goals as identified in the service plan with no additional needs identified that could be impacted by case management.</td>
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<td>o Individual turns 18 (C&amp;A mental health case management shall provide a transition to adult case management as appropriate—The decision to serve an 18-year old youth via the C&amp;A mental health case management system versus the adult system shall be a clinical one made by the provider. Transition from children’s services, including mental health case management, shall be incorporated in the child’s treatment plan.)</td>
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