

# **Care Coordination Service Overlap**

# Supplemental Information June 2022

#### What is Care Coordination Service Overlap (CSSO) and why is it ending?

Tennessee Health Link (THL) is an intensive care coordination service which launched in December 2016. THL replaced Level 2 Case Management and was designed to complement Intensive Community-Based Treatment (Continuous Treatment Team and Comprehensive Child and Family Team services (CTT/CCFT)). It has become evident that a duplication of services exists between THL and the Intensive Community-Based Treatment programs. Per the Centers for Medicare and Medicaid Services (CMS) guidelines, care coordination services must be medically necessary and non-duplicative.

#### When does it go into effect?

As of October 1, 2022, behavioral health providers will no longer be able to simultaneously enroll a member in THL and the Intensive Community-Based Service programs (i.e., CTT and CCFT). If a member is receiving CTT/CCFT, they will be excluded from THL. At this point, THL claims will deny if the member is receiving CTT/CCFT. Once CTT/CCFT ends, THL services can resume. No additional steps are needed by the THL provider for THL services to resume. See section 3.2 in the THL Provider Operating Manual for more information on program exclusions. <a href="https://www.tn.gov/content/dam/tn/tenncare/documents2/HealthLinkProviderOperatingManual.pdf">https://www.tn.gov/content/dam/tn/tenncare/documents2/HealthLinkProviderOperatingManual.pdf</a>

#### How will I know what members have duplication?

Beginning July 2022, the MCOs will send all providers an individual THL Duplication of Services Report. This document will outline all members who are enrolled in duplicative services. This report will be sent monthly until the launch date of October 1, 2022. Members will also receive a letter from their MCO notifying them that they will not be able to receive THL and CTT/CCFT simultaneously as of October 1, 2022.

## Who do I contact if I have questions?

For questions regarding programmatic change, please contact Brent Robinson at brent.robinson@tn.gov. For logistical questions regarding implementation (i.e., THL Duplication of Service Report, claims) please contact your MCO representative.

Amerigroup: agptnhealthlink@amerigroup.com

BlueCare: <u>GM\_TennCareTHL@bcbst.com</u>

UnitedHealthcare: <a href="mailto:bh\_payment\_reform@uhc.com">bh\_payment\_reform@uhc.com</a>

## Service Comparison of Tennessee Health Link, Continuous Treatment Team and Comprehensive Child and Family Treatment

\*This tool is not to be used for medical necessity determinations. Please refer to the appropriate Medical Necessity Criteria for each service.

Tennessee Health Link (THL)	Continuous Treatment Team (CTT)	Comprehensive Child and Family Treatment (CCFT)
Population: Adults and Children	Population: Adults and Children	Population: Under 21
Members identified based on:	Members identified based on:	Members identified based on:
1. Diagnosis	<ol> <li>Acute psychiatric problems</li> </ol>	<ol> <li>Family instability</li> </ol>
<ol><li>Health care utilization patterns</li></ol>	<ol><li>At risk for out of home placement</li></ol>	<ol><li>Child exhibiting high risk behaviors</li></ol>
3. Functional need		
Services:	Services:	Services:
<ol> <li>Comprehensive care management</li> </ol>	<ol> <li>Intensive care coordination</li> </ol>	1. High intensity
2. Care coordination	2. Treatment	2. Time-limited
3. Health promotion	3. Rehabilitation services	<ol><li>Provide stabilization</li></ol>
4. Transitional care	4. Delivered in the home or community	4. Prevent out of home placement
<ol><li>Patient and family support</li></ol>	<ol><li>Provided in the context of strong</li></ol>	5. Focused on child, family and
6. Referral to social supports	partnerships with family and other	parental/guardian behaviors and
	community support	interactions
	6. Crisis intervention and stabilization	<ol><li>Treatment oriented and situation-</li></ol>
	7. Counseling	specific
	8. Skills building	7. Focus on short-term stabilization
	9. Therapeutic intervention	goals
	10. Advocacy	
	11. Educational services	
	12. Medication management as needed	
	13. School based counseling and	
	interventions with teachers	

# **Links to Medical Necessity Criteria for each MCO**

Amerigroup: Adults, Child & Adolescents

BlueCare: Adults, Child, & Adolescents

UnitedHealthcare: Adults, Child, & Adolescents

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