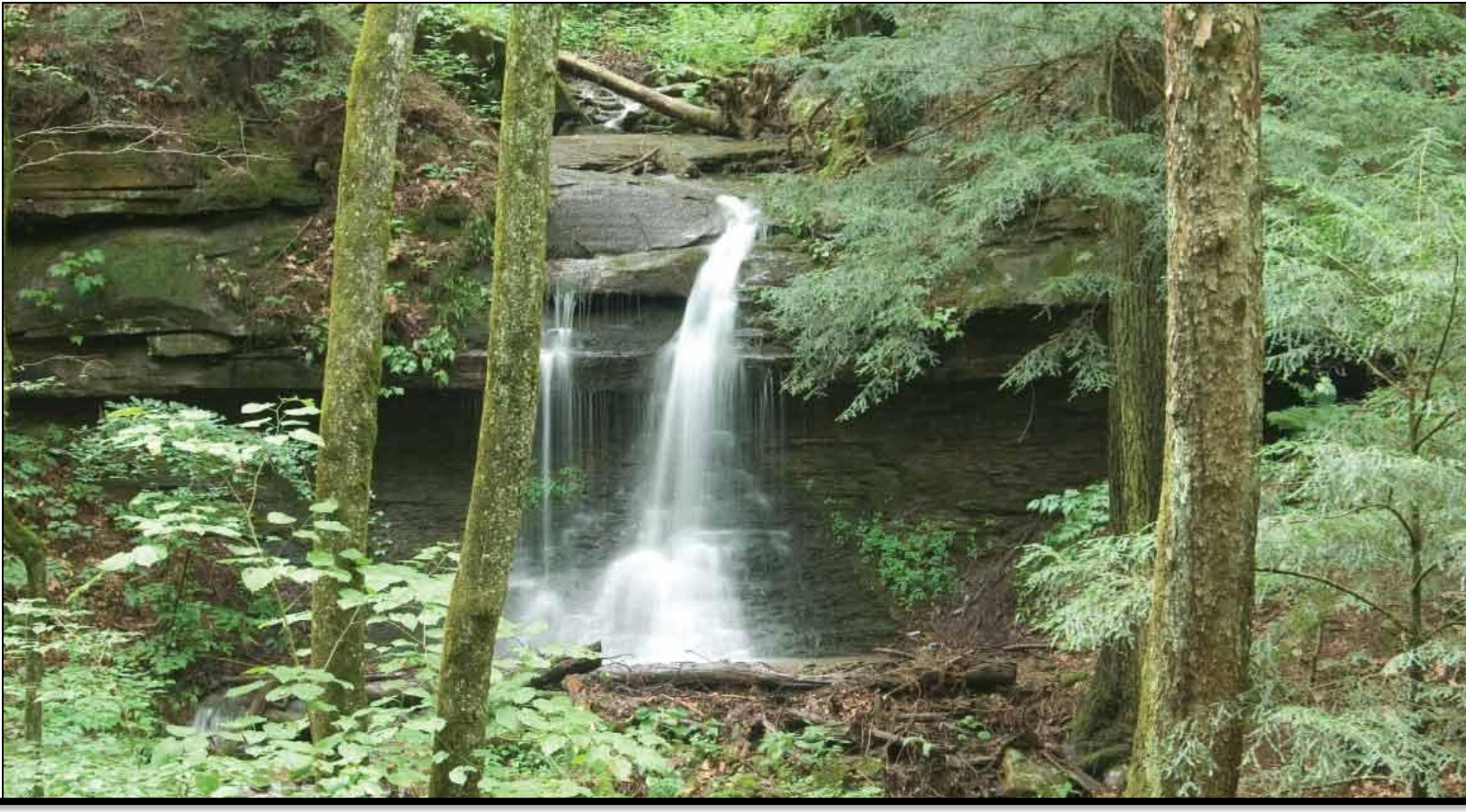


Behavioral Health Safety Net

Provider Manual

September 2026

Department of
Mental Health &
Substance Abuse Services

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Program Overview and Background

The Behavioral Health Safety Net (BHSN), operated through the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), provides essential outpatient mental health services to uninsured adult Tennesseans and uninsured/underinsured Tennessee children who meet program eligibility criteria, through a network of 15 BHSN Community Providers. Essential services include assessment, evaluation, diagnostic and therapeutic intervention, case management, transportation, peer support services, psychosocial rehabilitation services, psychiatric medication management, labs related to medication management, and pharmacy assistance and coordination. BHSN Providers serve all 95 Tennessee counties.

2005-2008: Mental Health Safety Net

In response to Tennessee Public Chapter No. 474 and Section 59 of the Tennessee Appropriations Act of 2005, the then Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD), now the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), created the Mental Health Safety Net (MHSN) to provide essential mental health services to the 21,000 individuals identified as severely and /or persistently mentally ill (SPMI/SMI) of the 191,000 individuals who were disenrolled from the TennCare Program due to TennCare Reform. In July 2005, $11.5 million was appropriated to fund the MHSN, also referred to as Clinical Therapeutics and Recovery (CTR). The MHSN covered vital core mental health services for individuals identified as SPMI, helping them lead more functional and productive lives in their communities. The MHSN would not have been possible without the successful partnership between the TDMHSAS and the 20 mental health agencies that agreed to provide services through the MHSN.

Individuals who were enrolled into the MHSN were eligible to receive mental health services such as assessment, evaluation, diagnostic and therapeutic sessions, case management, psychiatric medication management, lab services related to medication management, and pharmacy assistance and coordination. In addition to these services, funds were allocated to the Tennessee Department of Finance and Administration to provide prescription assistance through CoverRx, the state prescription assistance program that provided discounts on generic and brand name drugs with affordable co-pays.

2009: Mental Health Safety Net + TennCare Partners State Only Program becomes Behavioral Health Safety Net of Tennessee

On January 1, 2009, the TDMHSAS assumed full responsibility for the State Only program, the outpatient portion of the TennCare Partners initiative, which at the time was covering the services for approximately 12,000 low-income Tennesseans diagnosed with severe and persistent mental illness. TDMHSAS staff examined various alternatives for the provision of core mental health services and determined that the services offered through the MHSN would be the most appropriate for this population. Therefore, the MHSN and State Only programs were merged into a single program. This combined program was named the Behavioral Health Safety Net and served the State Only outpatient population, as well as the original MHSN population. At this time, BHSN became eligibility based, and opened enrollment to all Tennesseans who met the eligibility criteria. To facilitate the implementation of BHSN with its expanded enrollment base, an additional $10 million was appropriated.

2009 through 2013: Eligibility Changes and Additional BHSN Services Added

2009: On July 1, 2009, TDMHSAS agreed to offer three BHSN services to Daniels Class Disenrollees with Medicare, and to original MHSN individuals with Medicare who met all other eligibility criteria within the age limit. The three BHSN services offered that were not covered by Medicare were Case Management, Medication Training and Support and CRG Assessment.

2011: CRG assessment is no longer offered as a BHSN covered service due to the CRG Assessment no longer being a tool used to determine eligibility.

2012: Peer Support and Psychosocial Rehabilitation were added to the BHSN Service Array.

2013: BHSN eligibility was expanded to include all individuals with Medicare Part B and/or over 65 years old AND met all other BHSN eligibility requirements. Individuals falling into these two categories were only eligible for BHSN services not covered by Medicare Part B (i.e., case management, peer support, etc.).

2019: Eligibility Expansion and the Addition of BHSN Transportation

In 2019, an additional $5 million appropriation to the BHSN by Governor Bill Lee allowed the BHSN eligibility minimum age for enrollment to decrease from 19 years old to 18 years old and for BHSN eligibility criteria around Federal Poverty Level (FPL) to increase from 100% to 138%. In addition, CoverRx, the state pharmacy assistance program operated through TennCare, adjusted their eligibility criteria from 100% FPL to 138% FPL.

Transportation officially became a BHSN service in 2019. Beginning as a pilot project in 2018, the flexible service description of the BHSN Transportation benefit allows BHSN Providers and BHSN Enrollees to individualize the service based on resources available in their communities.

2020 and Forward: New BHSN System and Implementation of BHSN for Children

In May 2020, the first phase of the New BHSN System was launched, allowing BHSN Providers to complete online BHSN enrollment and annual re-enrollment.

An additional appropriation by Governor Bill Lee and the TN Legislature allowed for the implementation of BHSN for Children in September 2020. Similar to BHSN for Adults, the BHSN for Children program provides essential outpatient mental health services to uninsured and underinsured Tennessee children, with an emphasis on connecting children to more robust mental health payors like TennCare or CoverKids. The BHSN for Children Providers were also allocated funds to employ Outreach Coordinators to promote awareness and access to BHSN for Children in their communities. During the first year of implementation, the BHSN for Children program was tweaked based on BHSN Provider and community feedback, allowing children of any income level to enroll, and providing a limited-service array to children with private/commercial behavioral health benefits or enrolled in CoverKids.

In 2022, BHSN payment functionality was moved from the Legacy BHSN System to the New BHSN System. This transition allowed for all BHSN functionality to rest in the New BHSN System.

Through 2022 and 2023, TDMHSAS raised a total of eleven BHSN services to align with TennCare.

Behavioral Health Safety Net Provider Standards and Contractual Requirements

BHSN Provider Standards (effective February 2021)

1. ***Core Services:*** Offers the core BHSN services - assessment and evaluation, therapy, case management, psychiatric medication management, administration of long-acting injectables, and pharmacy assistance and coordination. Additional reimbursable BHSN services that may be offered include peer support, psychosocial rehabilitation services, and transportation.

2. ***Medicaid Provider:*** Has an active Provider Agreement with each Managed Care Organization contracted through TennCare to provide behavioral health services and is in good standing with TennCare and MCOs regarding provider compliance.

3. ***Data and Payment:*** Has Electronic Information Systems capability to enable and/or facilitate seamless data exchange with TDMHSAS for the general purpose of service assessment, reporting, and claims and payment processing in a format directed by TDMHSAS.

4. ***Workforce:*** Serves individuals with Mental Health needs through qualified and appropriately credential providers and staff, including at least one (1) full-time psychiatrist on staff in a leadership role as a Medical Director or Clinical Director.

5. ***Accreditation:*** Encouraged to pursue and maintain accreditation from one of the four following accrediting bodies – Council on Accreditation (COA); Commission on Accreditation of Rehabilitation Facilities (CARF); The Council on Quality and Leadership (CQL); or The Joint Commission (TJC).

6. ***Governance:*** Be a non-profit/not for profit organization and have an active Board of Directors that serve as a governing board with responsibilities on establishing policies, regulations, and bylaws consistent with the mission of TDMHSAS.

7. ***Comprehensive Support:*** Serves as the behavioral health clinical home for uninsured individuals enrolled in BHSN providing ongoing treatment planning and treatment interventions as needed, and prioritizes trauma-informed practices, treatment, and care.

8. ***Benefits Enrollment:*** Screens and assists each BHSN enrollee in determining and applying for TennCare, CoverKids, and other behavioral health services.

BHSN Contractual Requirements

(Based on the current FY26-28 BHSN contract)

1. Refer to the BHSN for Adults and BHSN for Children Service Rate Sheets for BHSN service array, type of service, length of service, service code, and rate.

2. Appoint a BHSN Lead to serve as the main point of contact between the BHSN Provider and the Office of Behavioral Health Safety Net and Older Adults for daily BHSN operations.

3. Determine BHSN eligibility as appropriate, based on Tennessee residency, US Citizenship or Qualified Alien Status, household income, qualifying mental health diagnosis, behavioral health insurance status, and age.

4. Maintain a file on each BHSN Enrollee which includes proof of BHSN eligibility, including proof of TN residency, US Citizenship or Qualified Alien Status, household income, qualifying mental health diagnosis, behavioral health insurance status, and age. BHSN Providers will gather BHSN eligibility documents within 60 days of the BHSN Begin Date for initial enrollment or re-enrollment, and updated BHSN eligibility documents within 60 days of each BHSN Annual Review.

5. Re-verify BHSN eligibility once a year based on the expiration date of the BHSN Annual Eligibility Term.

6. Utilize the TDMHSAS Behavioral Health Safety Net System (BHSN System) for online BHSN enrollment, annual re-enrollment, and claims processing for payment.

7. Appoint an Authorizing Representative to oversee the BHSN Provider's BHSN System Users. Authorizing Representative ensures BHSN System Users have been trained in BHSN program policies and guidelines and have access to the BHSN Provider Manual.

9. Request de-activation of BHSN System Users who are no longer employed by the BHSN Provider or no longer need access to the BHSN System.

10. Have a process in place to maintain documentation supporting BHSN Provider staff attestation language for online BHSN enrollment and BHSN re-enrollment in the BHSN System.

11. Upload eligible BHSN services for payment into the BHSN System by electronic file format (i.e., 837p file upload) at least monthly.

12. Seek reimbursement from TennCare for BHSN service recipients who enroll in TennCare, and credit back to the BHSN any services paid for by TennCare. BHSN Providers will utilize BHSN System reports ("Registrations-Closures" and "Services – TennCare Retro Credits") to support TennCare reimbursement activities.

13. Submit a Pharmacy Assistance and Coordination report in a format prescribed by the Office of Behavioral Health Safety Net and Older Adults.

14. The BHSN Lead shall participate in the bi-monthly BHSN Provider Network calls and/or webinars. The BHSN Lead shall communicate pertinent information back to BHSN Provider staff.

15. Provide access to BHSN enrollee files for TDMHSAS monitoring, both required and ad hoc, including access to BHSN eligibility documentation and BHSN billing, claims processing, and reimbursement documentation.

16. For BHSN for Children, support BHSN for Children Outreach Coordination staff who promote awareness and access to the program. Each 1.0 Full-time equivalent Outreach Coordinator position is required to contact a minimum of 30 face-to-face/virtual community or school outreach contacts per month.

17. The BHSN Lead participates in quarterly BHSN for Children Outreach calls and/or webinars. The BHSN Lead communicates pertinent information back to BHSN Provider staff.

18. Submit monthly BHSN for Children Outreach Coordinator report in a format prescribed by the Office of Behavioral Health Safety Net and Older Adults.

Eligibility Determination

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) is the lead state agency responsible for determining eligibility and contracting for services rendered to Adult and Child enrollees who qualify for assistance through the BHSN program. TDMHSAS contracts directly with BHSN Community Providers to deliver covered behavioral health services and pharmacy coordination assistance to applicants who qualify for BHSN assistance. TDMHSAS also partners with the four Tennessee Regional Mental Health Institutes (RMHI), as well as three East Tennessee Contracted Private Hospitals, to enroll eligible adult applicants into the BHSN program by assigning enrollees to a contracted BHSN Community Provider of their choice upon discharge.

Eligibility Criteria

To qualify for the BHSN program, applicants must meet the following technical and financial eligibility requirements:

BHSN for Adults

- Be determined ineligible for TennCare. Providers are encouraged to assist clients in applying for TennCare if an application has not previously been submitted; **and**
- Do not have private health insurance, or the private health insurance lacks mental health coverage, or all mental health benefits under the private health insurance have been exhausted for the year as determined by the Provider in consultation with the applicant; **and**
- Be a US Citizen, or Qualified Alien (defined as a non-United States citizen residing in Tennessee who is a Permanent Resident of the United States, or asylee, or refugee, or a non-United States citizen residing in Tennessee on a conditional visa as defined by state and federal laws); **and**
- Be a resident of Tennessee, with no minimum timeframe required; **and**
- Be diagnosed with a qualifying mental health diagnosis (please refer to BHSN ICD-10 Eligibility Diagnosis Codes document in Appendix II); **and**
- Have a household income at or below 138% of the Federal Poverty Level (FPL); **and**
- Be eighteen (18) years of age or older; **and**
- Not be in an in-patient facility, such as an inpatient psychiatric (sub-acute) hospital or nursing home; **and**

- Individuals who are inmates or incarcerated and meet all other BHSN eligibility requirements may be enrolled in BHSN to receive the following services: Psychiatric Diagnostic Evaluation, with or without medical services (90791, 90792), and Psychological Testing Evaluation Services (96130). These services are allowable for individuals who are inmates or incarcerated if the services are provided within 90 days of release from incarceration and the services are provided to determine a qualifying mental health diagnosis for BHSN eligibility. These services may be provided in the correctional setting in which the client resides (jail, prison, reentry program, etc.).

    ✓ Grantee is encouraged to prioritize referred individuals under TDMHSAS grant funded programs, such as the Criminal Justice Liaisons (CJL), Certified Mental Health Courts, and Certified Recovery Courts.

    NOTE: The 60-day period to gather eligibility documents for individuals who have received allowable services while incarcerated is 60 days from their *release date*.

Eligibility for Applicants with Medicare Part B and/or sixty-five (65) years of age or older:

Applicants who have Medicare Part B and meet all other eligibility requirements for BHSN may be enrolled. Enrollees sixty-five (65) years of age or older will be treated as having Medicare Part B, even if they are not receiving Medicare Part B. These two (2) groups are eligible only for the following approved BHSN services:

- Case Management (T1016)
- Medication Training and Support (H0034)
- Peer Support (H0038, H0038HQ)
- Psychosocial Rehabilitation Services (H2017, H2017HQ)
- Transportation (T2002, T2003, A0110)*

* Transportation services are only allowed when the enrollee is receiving another approved BHSN service allowed to Medicare recipients.

If an applicant is enrolled in Medicare Part B and has a Medicare Advantage Plan, they may be enrolled in the BHSN if all other eligibility requirements are met, provided the Advantage Plan does not cover the approved services noted above, or if the benefits have been exhausted for the year.

✓ Active enrollment in either the QMB or SLMB supplements does not disqualify enrollees from receiving BHSN services.

BHSN for Children

- Be determined ineligible for TennCare. Providers must document screening for TennCare eligibility, and if appropriate, assist in TennCare application process within the first six months of BHSN enrollment; **and**
- Be a US Citizen, or Qualified Alien (defined as a non-United States citizen residing in Tennessee who is a Permanent Resident of the United States, or asylee, or refugee, or a non-United States citizen residing in Tennessee on a conditional visa as defined by state and federal laws); **and**
- Be a resident of Tennessee; with no minimum timeframe required; **and**
- Be diagnosed with a qualifying mental health diagnosis (please refer to BHSN ICD-10 Eligibility Diagnosis Codes document in Appendix II); **and**
- Be three (3) to seventeen (17) years of age; **and**
- Not be in an in-patient facility, such as an inpatient psychiatric (sub-acute) hospital or nursing home; and
- Not be in State legal custody, such as foster care or a juvenile detention facility.

There is no family income limit for the BHSN for Children program, but a report of household income is needed to enroll a client. Reported household income helps determine other potential behavioral health payors for the enrollee.

The BHSN system will not accept an income amount of over 999% FPL. If the client's income is higher than this amount, please submit the maximum allowable income to meet 999%.

Eligibility for Children (3-17) with CoverKids or Private Insurance which includes behavioral health coverage:

Limited services under the BHSN for Children program are available to enrollees ages three (3) to seventeen (17) who are enrolled in CoverKids or have private/commercial behavioral health insurance; and meet all other eligibility requirements for BHSN for Children. These two (2) groups are eligible for the following approved services:

- Case Management (T1016)
- Family Support Services (H2014)
- Family Therapy with client present (90847)
- Family Therapy without client present (90846)
- Medication Training and Support (H0034)
- Transportation (T2002, T2003, A0110)*

* Transportation services are only allowed when the child enrollee is receiving one of the other BHSN services approved for children who have private/commercial behavioral health coverage or CoverKids.

A Visual Guide to BHSN for Children Eligibility Can be Found in Appendix IV: Children's Behavioral Health Safety Net Eligibility Map

BHSN Required Eligibility Documentation

Information Verification

BHSN Providers shall maintain BHSN eligibility documentation on each BHSN enrollee that will be available to TDMHSAS upon request. BHSN Providers have 60 calendar days from the BHSN Begin Date for new BHSN registrations, and 60 calendar days within each BHSN Annual Review, to gather all BHSN eligibility documentation. BHSN Provider may immediately enroll a client based on presumptive eligibility, begin providing BHSN services, and gather the eligibility documents over the following 60 days.

Proof of Annual Household Income

The Federal Government assigns the Federal Poverty Level (FPL) calculations and updates FPLs each calendar year. Current FPL guidelines can be found on the TDMHSAS BHSN website, or in the BHSN System under the BHSN Information tab labeled "FPL Guide."

Information may be verified through, but not limited to, the following sources:

- Federal income tax records of current or previous year (copy of at least the 1st page); or
- One (1) month of check stubs from an employer; or
- Bank Statement showing one (1) month of direct deposits from employer, Social Security Administration, etc.; or
- Benefits Check/Letter (Social Security or Unemployment); or
- Dated and signed letter from a valid employer reporting average number of hours worked each month and hourly wage earned; or
- Current Statement(s) of unemployment insurance from the Tennessee Department of Labor and Workforce Development; or
- A BHSN No Income Verification Form signed and dated by contracted Provider staff; or
- Any other governmental agency or public or private source of information where such information may impact an applicant's eligibility for BHSN assistance.

Additional Information to Consider in Determining Annual Household Income:

Note: Earned and Unearned income are counted together for BHSN income eligibility verification as annual household income is a calculation of gross income.

- **Earned Income** is defined as work related income received including, but not limited to wages, salaries, commissions, or profits from self-employment, including farming, carried on either alone or jointly. It also includes pay received from jury duty, bonuses, vacation pay, maternity leave pay, sick pay, tips/gratuities, royalties, honoraria, and pensions received by an applicant while still working. Garnished or diverted wages also are considered earned income. **BHSN eligibility is calculated by total gross income, and does not consider tax or other deductions, regardless of income source.**

- **Unearned Income** is defined as income received but not directly gained from work, such as Social Security income (retirement and disability), unemployment benefits, pensions, annuities, Family First (TANF) grants, child support, alimony, capital gains, IRA distributions, annuities, savings interest, dividends, prizes, or cash gifts from family and/or friend(s). Note: Food Stamps are not considered income.
- If an applicant reports that they lack income of any type, then a completed copy of the BHSN Income Verification and Homeless Declaration form should be completed, signed, and dated by Provider staff. The form along with other supporting documentation should be kept on file with the agency. This form can be found in Appendix I and in the BHSN System under BHSN Information Documents.

Whose income to consider:

- **Applicant's own income**: Any income gained by the BHSN applicant is counted.
- **Spouse's income** if the applicant is married and living in the same residence.
  - If the applicant is separated (legally or not legally) from their spouse, and not residing in the same residence, only the applicant's income is considered.
  - In incidents of domestic violence or reported unsafe living conditions, the spouse's income may not be considered. Providers may use discretion in making this determination, and detailed documentation of this exception must be recorded in the applicant's file in the form of a case note, or similar staff attestation.
- **Minor children** with income such as Supplemental Security Income (SSI) or Social Security survivor benefits. Such income is considered part of the overall household income as it is under the control of the parent or legal/custodial guardian and is countable in determining the parent's or legal/custodial guardian's BHSN eligibility.

Whose income is NOT considered:

- If an applicant is living with, but not dependent on parent(s), and not declared on parent(s) income tax, then the parents' income is NOT counted.
- If an applicant is living with, but not dependent on adult sibling(s), and not declared on sibling(s) income tax, then the siblings' income is NOT counted.
- If an applicant is living with their adult child/children, the adult child/children's income is NOT counted.
- If an applicant is living with non-related adults, such as roommates, the income of the roommate is NOT counted.

See page 93 for an example of gross income calculation

Proof of Current Legal Residency in Tennessee:

Information may be verified through, but not limited to, the following sources:

For BHSN for Children enrollees, parent or legal guardian documentation is acceptable

- A valid (not expired) Tennessee Driver's License; or
- A valid (not expired) Tennessee state issued picture identification ID card; or
- Voter registration card; or
- Lease agreement or mortgage contract with current Tennessee residence shown; or
- Utility bill or similar bill/invoice from past three (3) months in the applicant's name; or
- Current bank statement with Tennessee residence information; or
- Current paycheck/check stub or Work ID if address is included; or
- A signed and dated statement from a person familiar with applicant who can verify circumstances (i.e., case manager, family member, friend, employer); or
- A BHSN Homeless Declaration Form issued by TDMHSAS signed and dated by provider staff if the BHSN enrollee claims to be unhoused or have no permanent address, or the BHSN Homeless Declaration Form issued by TDMHSAS may be included into provider's electronic health record with permission from Office of BHSN and Older Adults.

Proof of United States Citizenship or Qualified Alien Status

Information may be verified through, but not limited to, the following sources:

- Valid (not expired) Tennessee Driver's License/Tennessee state issued picture identification card; or
- A valid (not expired) Driver's License or picture identification from another state only when presented with a Social Security Card; or
- Social Security Card; or
- A Tennessee Voter Registration Card; or
- Birth certificate (either a certified copy or designated as "Mother's Copy" issued by a state; or
- Hospital birth record; or
- A valid (not expired) U.S. Passport; or
- Certificate of citizenship/naturalization provided by the United States Bureau of Citizenship and Immigration Service; or
- Religious record such as baptism record or birth record kept in a family bible; or
- Print-out of a Social Security Number validation through the Social Security Administration.

✓ **Note:** Verification of U.S. Citizenship will only need to be presented one time. After the documentation is on file with the BHSN Provider, it will not be required during BHSN Annual Reviews.

Proof of Qualified Alien Status

Information may be verified through, but not limited to, the following sources:

For BHSN for Children enrollees, parent or legal guardian documentation is acceptable.

- Permanent Resident Card (Green Card); or
- Temporary Resident Card (Form I-687); or
- Arrival/Departure Record (Form I-94); or
- Employment Authorization Document (I-766); or
- Visa.

✓ **Note:** Verification of current Qualified Alien Status is required at each Annual Review.

For more information on Qualified Alien Status: www.uscis.gov/portal/site/uscis.

Proof No Behavioral Health Coverage, or Exhausted Behavioral Health Coverage through Commercial Insurance

Information may be verified through, but not limited to, the following sources:

- Print out from TennCare Online Services OR TennCare Connect website indicating no TennCare; or
- Letter from Private Health Insurance stating no Behavioral Health Benefits OR that Benefits have been exhausted for the year; or
- TennCare denial letter; or
- Verbal or written confirmation of denial if applied by phone documented by BHSN Provider (i.e., in a progress note).

BHSN for Children requirement for all uninsured enrollees

- A BHSN Verification of No Insurance Form signed and dated by Provider staff attesting to enrollee not having private/commercial behavioral health insurance. This form can be found in Appendix I, and in the BHSN System under BHSN Information Documents.
- This form is required in addition to other required eligibility documents, and not a substitution for any other form of proof of eligibility for the BHSN for Children program.

Proof of CoverKids or Private Insurance which includes behavioral health coverage for BHSN for Children

Information may be verified through, but not limited to, the following sources:

- Print out from TennCare Online Services OR TennCare Connect website indicating CoverKids enrollment; or copy of CoverKids insurance card; or
- Proof of private/commercial behavioral health insurance.

Proof of Age

Information may be verified through, but not limited to, the following sources:

- Documentation of date of birth on a Federal or Tennessee identification card; or
- A Birth Certificate or Certificate of Citizenship if a naturalized citizen; or
- A Birth Certificate designated as "Mother's Copy" issued by state; or
- Proof of age as provided with information from parent/caregiver of child enrollee.

BHSN Enrollment Process & System Overview

BHSN Presumptive Eligibility

Enrollment into BHSN for Adults and Children is based on presumptive eligibility. The BHSN enrollee may be registered and begin receiving services *without* proof of income, Tennessee residency, and citizenship, however, required eligibility documentation must be in the enrollee's file within sixty (60) calendars days of the Begin Date of the current BHSN registration.

- ✓ **Note**: A Social Security Number, or United States government issued nine (9) digit number such as an ITIN, is needed to register and bill for BHSN services.

Required Eligibility Documentation:

- Proof of current household income; **and**
- Proof of current legal residency in Tennessee; **and**
- Proof of United States citizenship or qualified alien status; **and**
- Proof of private health insurance when insurance does not include behavioral health coverage, or all mental/behavioral health benefits have been exhausted; **and/or**
- Evidence of being denied TennCare (or awaiting determination), such as a copy of the denial letter, the print-out from the TennCare Online Eligibility website, or documentation in a progress note.

Additional Verification for Child enrollees with CoverKids or Commercial Insurance:

- Print out from TennCare Online Services OR TennCare Connect website indicating CoverKids enrollment; **or**
- Copy of CoverKids insurance card; **or**
- Proof of private/commercial behavioral health insurance.

Note: Any individual receiving mental health services paid for by BHSN may be held financially responsible for all mental health services provided to the individual, if during receipt of any mental health services the person did not meet BHSN eligibility criteria.

Program Enrollment Process for BHSN for Adults and Children

1. Screen all enrollees for BHSN eligibility requirements.
2. Check the enrollee for TennCare Coverage.
3. It is recommended that the enrollee's Social Security Number be verified either through government documents as available, or the TennCare Online Eligibility website prior to

searching for or registering enrollees into the Behavioral Health Safety Net system. This process avoids registration complications in cases of SSN errors.

4. Advise the enrollee of the services they are eligible for through BHSN. Explain that BHSN is not health insurance coverage and only covers selective outpatient services through the BHSN Provider, while also informing the enrollee that they may only receive services from one BHSN Provider at a time.

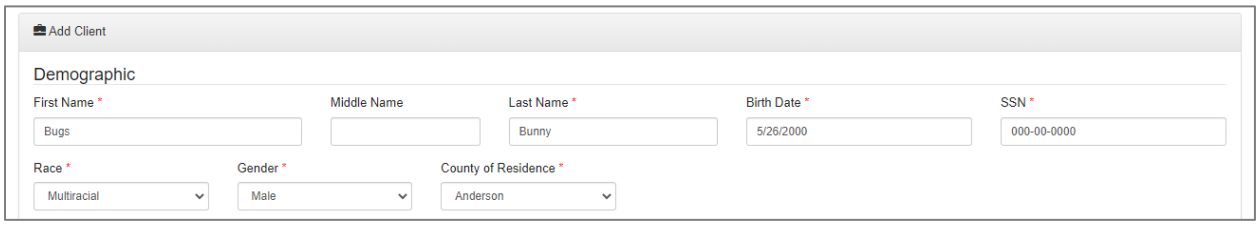
5. Receive informed consent to enroll the applicant in BHSN and advise them that their information may be shared with TDMHSAS as necessary for the payment and the provision of services through BHSN.

Behavioral Health Safety Net System Overview

The BHSN enrollee online record contains four sections which must be completed by the Provider to successfully create a BHSN registration. These four sections are: **Demographic**, **Registration**, **Eligibility Data**, and **Eligibility Term**, which are described in detail below.

Demographic Section

The **Demographic** section should be completed with information provided by the enrollee, or through verifying documentation when available.

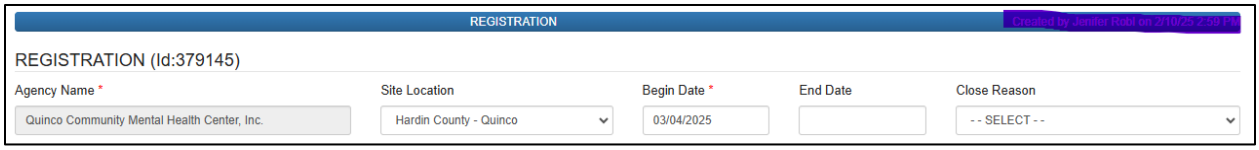


All fields marked with an * are required to create a Registration

- First Name *
- Middle Name
- Last Name *
- Birth Date* (pre-populates from search)
- SSN* (pre-populates from search)
- Race*
- Gender*
- County of Residence*

Registration Section

The **Registration** section should be completed with information provided by the enrollee, or through verifying documentation when available. Remember that BHSN is based on presumptive eligibility, and eligibility documentation must be gathered within sixty (60) calendars days of the Begin Date of the current BHSN Registration. Components of the BHSN Registration section are detailed below.



All fields marked with an * are required to create a Registration

Field Descriptions

Agency Name*
The Provider's Agency name will pre-populate according to the BHSN Provider assigned to the Provider staff account. Provider staff cannot edit or change the Agency Name field.

Site Location
Providers are required to supply and regularly update the BHSN office with a selection list of current Site Locations used by the Provider. Although not a required field, selecting the appropriate Site Location is helpful in sorting agency enrollee data, particularly when organizing Annual Reviews.

Begin Date*
The Begin Date is the date the enrollee begins services with a Provider per the BHSN System. The Begin Date serves as the first date that a Provider may bill for BHSN services. The Begin Date may be within a range of up to sixty (60) calendar days prior to the current date, but not before the Eligibility Review Date.
Example: If the current date is 10/1/22, the Begin Date may be edited back to 8/2/22 (60 days).

End Date
The End Date is used when closing a Registration and specifies the last date in which an enrollee is eligible to receive or be billed for BHSN services. The End Date may be entered manually by Provider staff, system generated through auto-closure or entered by TDMHSAS staff.

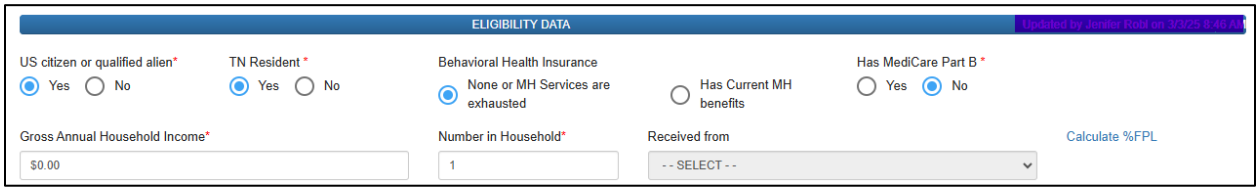
A system generated auto-closure may occur when an enrollee has an expired BHSN Eligibility Term, or if the enrollee has been found to have active TennCare coverage. The BHSN system and the TennCare data system perform client data matching on a weekly basis to determine TennCare eligibility. In the event of a Provider Change request, TDMHSAS staff will determine and select the BHSN End Date.

Close Reason
A Closure Reason must be selected from the drop-down menu when adding an End Date and closing an active registration.

For an overview of BHSN disenrollment and closure reasons, see the Disenrollment section.

Eligibility Data

The **Eligibility Data** section contains BHSN qualifying program eligibility information that must be verified and updated at each annual enrollment period.



All fields marked with an * are required to create, or Renew a Registration

Field Descriptions

US Citizen or Qualified Alien*

All BHSN enrollees must be a verified US citizen or Qualified Alien to meet BHSN eligibility criteria. A "yes" or "no" selection by radio button is required in this field. The BHSN system will only allow a "yes" to be selected. A selection of "no" will populate the error message "Client must be US citizen or qualified alien."

TN Resident*

All BHSN enrollees must be a verified Tennessee resident to meet BHSN eligibility criteria. A "yes" or "no" selection by radio button is required in this field. The BHSN system will only allow a "yes" to be selected. A selection of "no" will populate the error message "Client must be a TN resident."

Behavioral Health Insurance*

A radio button selection must be made indicating that the enrollee either has "None or MH Services are exhausted" or "Has current MH benefits."

- For Adult Enrollees: Selecting "Has current MH benefits" will generate the system error "Behavioral Health Insurance must be none or MH services are exhausted for client." Adult enrollees must have "None or MH Services are exhausted" selected to save the registration.

- For Child Enrollees: If the enrollee has CoverKids or Private/Commercial behavioral health insurance, "Has current MH benefits" must be selected. An additional field for "CoverKids Coverage" will display, and the BHSN Provider will select "yes" if the child has CoverKids and "no" if the child only has private/commercial behavioral health insurance. As child enrollees with CoverKids and private insurance are eligible for a limited array of BHSN services, a "yes" in the "Has current MH benefits" field alerts the system to only allow appropriate services from the limited array to be billed under this enrollee's record. This process safeguards against data errors when entering services.

Medicare Part B coverage* is regarded as an independent field selection and "None or MH Services are exhausted" must be selected. Medicare Part B coverage will be recorded in the next field selection.

Gross Annual Household Income*

The total dollar amount of Gross Annual Household income. Please refer to the Eligibility Determination section for specific instructions on whom to count when deriving this total.

Number in Household*

A numerical value which includes all persons considered in the household for BHSN eligibility. Please refer to the Eligibility Determination Section on whose income is considered for BHSN purposes. The maximum allowable number to enter in this field is twelve (12) individuals.

Received From

This field is populated when the enrollee is registered by either a Regional Mental Health Institute (RMHI) or Contracted Private Hospitals. Providers are unable to edit this field.

Calculate %FPL

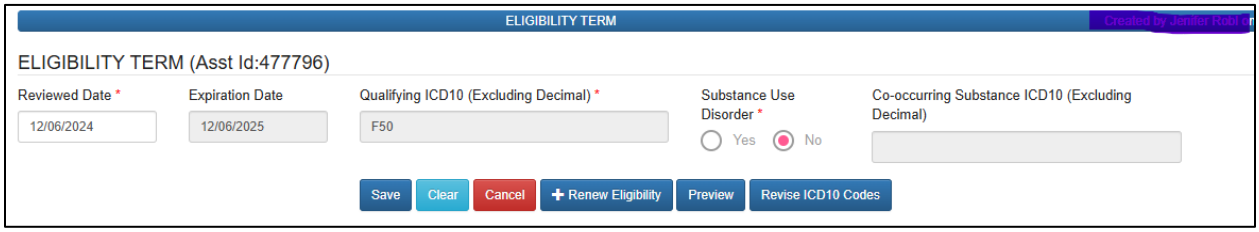
This is an optional tool to assist in the calculation of total Federal Poverty Level (FPL) percentage between the Gross Annual Household and Number in Household fields. Currently, the FPL% for Adult BHSN enrollees is 138% FPL, but FPL determinations are made annually by the federal government and BHSN income structures are updated annually in conjunction with federal guidelines.

> For Child BHSN Enrollees: Remember that there is no income limit for enrollment, but a report of household income is needed to enroll an applicant into BHSN for Children. Additionally, a report of household income helps the Provider determine other potential behavioral health payors.

Please refer to the Eligibility Determination Section for BHSN income eligibility guidelines for Adults and Children.

Eligibility Term

The **Eligibility Term** section represents the annual period an enrollee is eligible for the BHSN program after review of eligibility criteria. The Eligibility Term emphasizes reviewing eligibility requirements (income, BH insurance, etc.) at each annual review. A qualifying diagnosis is still required for each eligibility term period, but an existing qualifying diagnosis may be entered.



All fields marked with an * are required to create an Eligibility Term Period

Field Descriptions

Reviewed Date*
The Reviewed Date is the date the enrollee is determined by Provider Staff to be eligible for the BHSN program. On new registrations, the Reviewed Date will default to the entered Begin Date. The Eligibility Reviewed Date must be within ninety (90) calendar days of the current date. At program renewal after one year, a newly entered Reviewed Date will begin a new annual enrollment period.

Expiration Date
A BHSN Eligibility Term is active for one year. After entering a Reviewed Date, the Expiration Date field will system generate for 365 days from the Reviewed Date entered by the Provider. The Expiration Date cannot be edited by a Provider. A new review for BHSN eligibility will be required each year to continue receiving BHSN services, as covered in detail in the Annual Review Section.

Qualifying ICD10 (excluding decimal)*
All BHSN enrollees must have a Qualifying Mental Health Diagnosis based on the criteria in the most current edition of the *International Statistical Classification of Diseases and Related Health Problems (ICD).* A list of eligible diagnoses can also be found in the Documents section under BHSN Information the BHSN System, and in Appendix II. The Qualifying Mental Health Diagnosis code is determined by the Provider during a clinical diagnostic assessment.

Enter the ICD10 code (omitting the decimal point) in this field.

Note: An updated Qualifying MH Diagnosis is not required at each Eligibility Term period as long as an existing Qualifying MH Diagnosis is still applicable. There is no minimum time period on an existing diagnostic assessment (ex: 90, 180 days old, etc.).

Substance Use Disorder*
If a Provider determines during the BHSN Eligibility Review that the enrollee has a substance use disorder, co-occurring with a mental health diagnosis, this will be indicated in this field by a "yes" or "no" selection by radio button is required in this field.

If "yes" is marked, the Co-occurring Substance ICD10 field must be completed.

Note: A Substance Use Disorder cannot be the Qualifying Mental Health Diagnosis for BHSN eligibility. BHSN does not pay for SUD treatment services.

Co-occurring Substance ICD10 (excluding decimal)
If it is determined that the enrollee has a substance use disorder and "yes" was checked in the previous radio button, enter the specific ICD10 code (omitting the decimal point) associated with the diagnosed substance use disorder.

Provider Attestation

You will notice a pink box alerting you to the following at the bottom of the screen:

This statement serves as confirmation that the person creating the registration attests to the information being entered into the BHSN System as factual to the best of the Provider's knowledge, that the enrollee has been made aware of the BHSN program polices, the enrollee gives consent to be enrolled into the BHSN program, and that the enrollee has also given consent for their data to be shared in a secure and confidential State of Tennessee database.

By clicking **SAVE**, you, as a provider in the Behavioral Health Safety Network (BHSN), attest to the following:

> **(1)** Your agency has reviewed what the BHSN is, the eligibility requirements for the BHSN, and all BHSN services and policies with the applicant; **and**
>
> **(2)** After review, your agency has received informed consent from this applicant to enroll in the BHSN; **and**
>
> **(3)** Your agency has received informed consent from the applicant to share information about the applicant that might otherwise be considered protected or confidential under law with TDMHSAS, and TDMHSAS may use this information as necessary for the payment and provision of services under the BHSN; **and**
>
> **(4)** Your agency believes that the information contained in this enrollment is accurate and true as provided by the applicant.

The Provider is responsible for maintaining documentation supporting the above statements. This documentation may be requested at any time by TDMHSAS.

It is at the Provider's discretion how this requirement will be documented. Documentation must be included in the client eligibility files.

<u>Options may include</u>:

- A case note documenting the above by verifying Provider staff; **or**
- A standard form created by a Provider agency verifying the above.

BHSN System Enrollment Navigation

Search Client – Required First Step for Entering All BHSN Enrollees

If the enrollee meets BHSN eligibility requirements, first check the BHSN System to verify that the enrollee is not already active with another BHSN Provider before creating a new registration. https://cloudmh.tn.gov/SafetyNet/Account/Login

- ✓ The BHSN User System Home Screen is the **Search Client** page
- ✓ A valid SSN and Date of Birth are required for an enrollee search
- ✓ The radio button **All Clients** will populate
- ✓ After the SSN and DOB have been entered, hit **SEARCH**

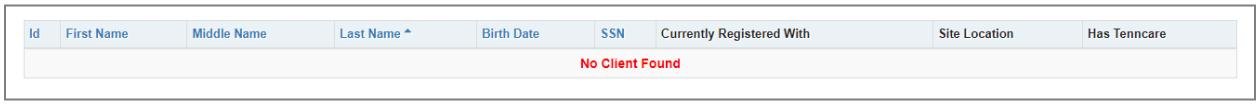


New Enrollees

Enrollees who do not have an existing record in the BHSN System

After performing the Client Search:

If the enrollee is not in the BHSN System, the "**No Client Found**" message will display.



1. After receiving the "**No Client Found**" message when performing the client search, click the **ADD** button to proceed to the screen for creating a Registration.



2. After clicking the **ADD** button, the **Add Client** screen will appear, populating the Birth Date and SSN used in the search.

3. Complete the **Demographic**, **Registration**, and **Eligibility** sections with available information. Refer to the Enrollment Process & System Overview for a detailed overview of these required fields.

4. Once the **Demographic**, **Registration**, and **Eligibility** sections have been populated with information supplied by the enrollee and Provider, hit **SAVE** at the bottom of the screen. If the **SAVE** button is shaded out and will not allow the record to save, make sure all required fields of the enrollee record have been populated. If the client record still will not save, please refer to the System Errors when Creating a Registration Section.

5. Providers may also save the enrollee record by clicking the **PREVIEW** button. This method will produce a pop-up screen with a PDF overview of the enrollee's BHSN registration record which may be saved or printed.

Enrollees with an Existing, but Inactive BHSN Registration

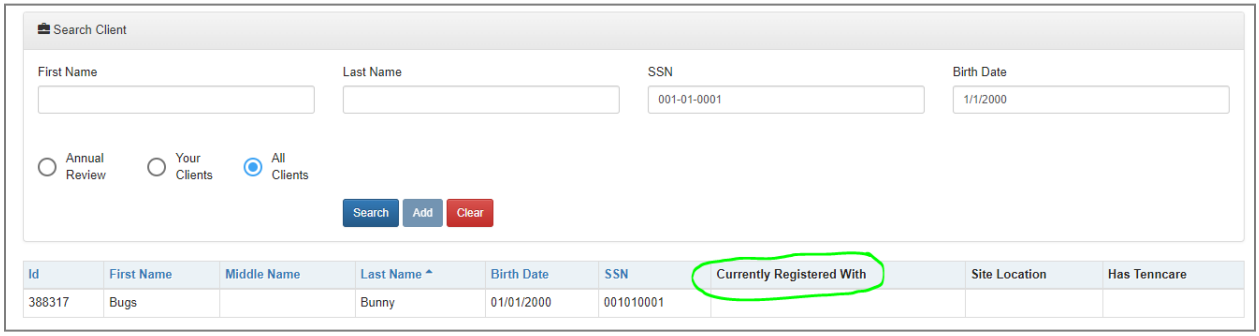
Enrollees who have previously been registered for BHSN services, but are inactive

If it is discovered that an enrollee has an existing BHSN record after performing the **Search Client** function, Providers will need to determine if the existing BHSN enrollee record is active, or inactive.

If an inactive record exists, limited demographic information will appear.

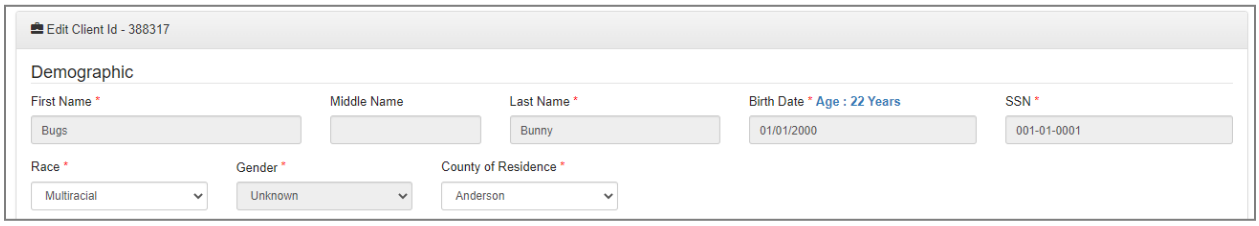
Under the "**Currently Registered With**" column, the field will be blank, indicating that a BHSN record exists for the client, but the registration is inactive. The system will not display which provider the enrollee was previously active with.

See the following section for instructions when encountering an active registration.

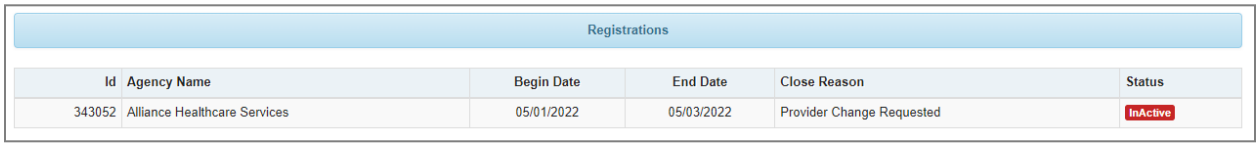


1. In the case of an existing, but inactive BHSN registration, click anywhere inside the inactive registration tab that populates after the client search.

2. After clicking the inactive registration, the **Edit Client** screen will appear, populating the **Demographic** section information used in the previous, inactive registration.



Note: Any previous registration periods with your Provider Agency will populate at the bottom of the screen. Registration periods with another Provider will not display.



3. Complete the **Registration & Eligibility** sections with available information. Refer to the Enrollment Process & System Overview for a detailed overview of these fields.

4. Once the required sections have been populated with information supplied by the enrollee and Provider, hit **SAVE** at the bottom of the screen. If the **SAVE** button is shaded out and will not allow the record to save, make sure all required fields of the enrollee record have been populated. If the client record still will not save, please refer to the System Errors when Creating a Registration Section.

6. Providers may also save the enrollee record by clicking the **PREVIEW** button. This method will produce a pop-up screen with a PDF overview of the enrollee's BHSN registration record which may be saved or printed.

✓ If existing Demographic information from a previous Registration, conflicts with information provided at the time of enrollment, please refer to the Change of Information Requests Section for instructions on requesting information changes to BHSN Registrations.

Provider Change Requests

Enrollees with an Active BHSN Registration

Enrollees who have an active registration with another Provider

After performing the Client Search:

If it is discovered that an enrollee has an active BHSN registration after performing the **Search Client** function, the name of the Provider currently serving the enrollee will display under the "**Currently Registered With**" column.



Id	First Name	Middle Name	Last Name	Birth Date	SSN	Currently Registered With	Site Location	Has Tenncare
388317	Bugs		Bunny	01/01/2000	001010001	Alliance Healthcare Services		

If the enrollee wishes to transfer BHSN services from their current Provider to your Provider Agency, follow the process for requesting a **BHSN Change of Provider**.

Remember: BHSN enrollees may only be registered with and receive services from one BHSN Provider at a time.

1. After discussing the criteria for changing BHSN Providers with the enrollee, make certain that the client understands that they may only receive services from one Provider at a time.

2. Send a courtesy email to the Provider that the enrollee is currently receiving BHSN services from, informing them that the enrollee wishes to change Providers.

3. Complete a BHSN **Change of Provider Request Form** (Appendix 1) and send to TDMHSAS through email at bhsn.team@tn.gov. Please make sure the form is as legible as possible, or it may be returned, delaying the process.

All fields of the Provider Change Request Form are required for submission:

- Date of BHSN Provider Change
- Name of BHSN Provider Requesting Provider Change
- Client Name
- Client SSN
- Client DOB
- Current BHSN Provider of Record
- Requested Begin Date of BHSN with new Provider
- Name of Requesting BHSN Provider Staff
- Requesting Agency Staff Email

Provider Change Request Conflicts may occur when the Provider initiating the Provider Change requests a Begin Date that overlaps with a billed date of service rendered by the current BHSN Provider. As BHSN enrollees are only permitted to receive services from one Provider at a time, active BHSN registration periods cannot overlap.

In the event of Provider Change conflicts, the TDHMSAS office will assist in determining an appropriate Begin Date with both Providers before making the transfer.

Example: If Provider XYZ requests a Provider Change with a Begin Date of 7/4/2022, but it is determined by TDMHSAS staff that the current BHSN Provider, ABC Agency, has a billed service for 7/8/2022, the requested Begin Date of 7/4/2022 is not permissible. TDMHSAS will confirm the last date services were rendered with the current Provider before a Provider Change is approved.

In the above example, if it is confirmed that the last service the enrollee received from ABC Provider was in fact, 7/8/2022, then the earliest Begin Date permissible for the Provider Change from ABC Agency to XYZ Agency will be 7/9/2022, the day *after* the last service provided to ensure there is not an overlap in registration.

- ✓ It is advised that Providers requesting a Provider Change submit their request to the TDMHSAS office as soon as possible to avoid Provider Change conflicts.

System Errors When Creating a Registration

If the **SAVE** button does not highlight when attempting to save a completed Registration, the record may contain errors, or other possible conflicts preventing the Registration from saving.

Common errors when the SAVE button will not populate:

- The SSN/ITIN is already in the BHSN System; **or**
- The Begin Date is more than sixty (60) days from current date; **or**
- The Begin Date is prior to the Eligibility Term Reviewed Date; **or**
- The Reviewed Date is more than ninety (90) days from the current date; **or**
- The current age of enrollee conflicts with contractual allowance for the agency; **or**
- The enrollee does not meet FPL guidelines based on the household income and number in household, **or**
- An unallowable eligibility code was populated such as the enrollee not being a TN resident or not being a US Citizen or Qualified Alien.

Common error messages received when attempting to save:

Message: "Specified Begin Date creates overlap with an existing registration!"

- **Problem:** The Begin Date overlaps with an existing BHSN registration with your own agency, or another BHSN Provider.
- **Solution:** Check the End Date of the previous registration with your agency and adjust your Begin Date OR submit a Provider Change Request Form if the enrollee is currently registered with another Provider.

Message: "Client's age on Registration begin date < 18 and data indicates Traditional TennCare enrollment!"

- **Problem:** A child enrollee is determined to have active TennCare coverage through electronic communication between the BHSN and TennCare data systems.
- **Solution:** Check the enrollee's TennCare eligibility. If the child enrollee has active CoverKids, make sure the "Has Current MH benefits" and "CoverKids Coverage" radio buttons are populated on the BHSN registration screen.

Message: "SSN must be unique."

- **Problem:** A few issues may be creating this error message:
  - The SSN is already in use in the BHSN System by another enrollee.
  - The SSN is already in use in the BHSN System but has a different DOB associated with it.
  - The SSN and DOB are assigned to a different spelling of the enrollee's name.
- **Solution:** Check that the enrollee's SSN and DOB were entered correctly. If the entry was not a keying error, Notify the BHSN Office through the secure email sent to bhsn.team@tn.gov, providing the name, DOB, and SSN, along with verifying documentation when possible.

Message: "A very similar client record exists; please search your clients by name and verify the SSN!"

- **Problem:** The enrollee has same Last Name, first three (3) characters of the First Name, and the same DOB as an existing client record.
- **Solution:** Check that the enrollee's demographic information was entered correctly. If the entry was not a keying error, Notify the BHSN Office through the secure email sent to bhsn.team@tn.gov, providing the name, DOB, and SSN, along with verifying documentation when possible.

Common error messages received when attempting to close a registration:

Message: "End Date cannot be before a billed Date of Service!"

- **Problem:** The manually entered End Date is *before* the most recent Date of Service uploaded for payment into the BHSN System.
- **Solution:** The End Date must be entered for *on or after* the last Date of Service.

Managing Registrations

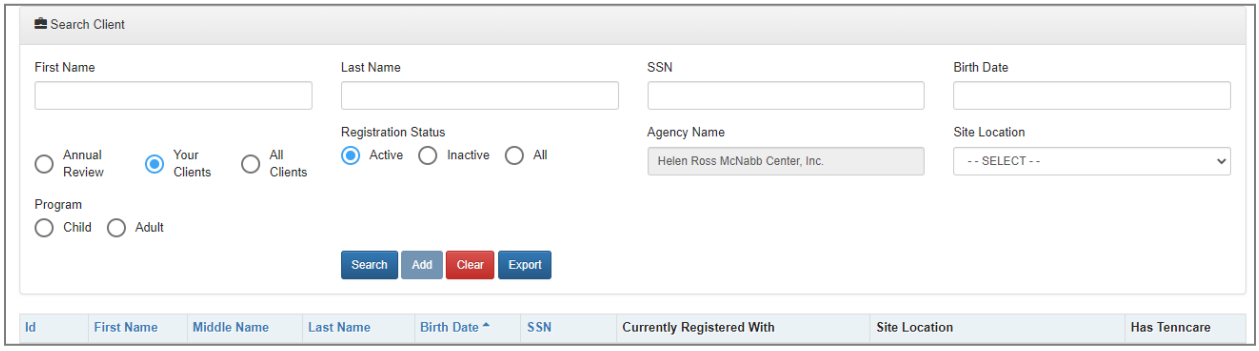
To Search Registrations Within Your Own Agency

1. From the homepage, under "Search Client" screen:
2. Select the "Your Clients" radio button
3. Registration Status Options: Active, Inactive, and All
4. Program Options: Child or Adult

Note: The "Child" or Adult" buttons can be left blank to search both at once.

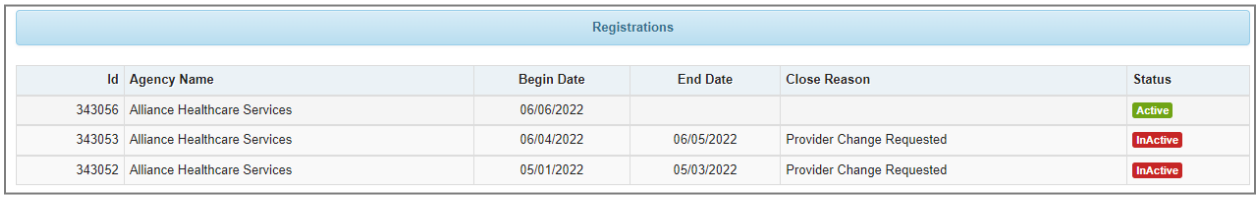
The resulting list may be downloaded into an Excel document by clicking the **EXPORT** button, or by sorting the highlighted blue demographic fields at the top of the client list.

Providers may also sort Active clients by Site Location and can download the list to Excel.



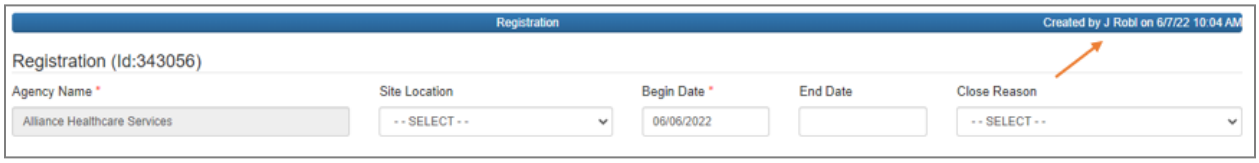
To View Client Registration Data

When pulling up an enrollee who is/was registered with your agency, click on their name. The Demographic information will come up along with the current and previous Registrations with your agency.

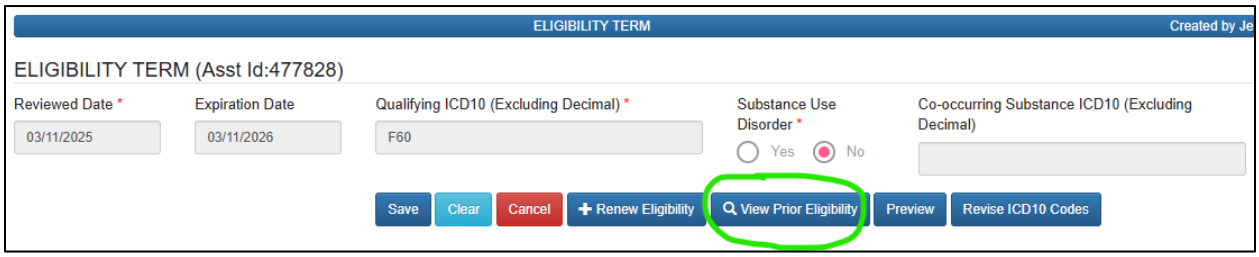


Providers can view both active and closed registrations within their own agency, but only active registrations allow changes. See the **Change of Information** section for making edits to active registrations.

The system displays the User who created the current registration and date/time created in the registration banner.



If a registration has multiple eligibility terms, a "**View Prior Eligibility**" button will appear, allowing Providers to view all prior eligibility term records.



BHSN Annual Review for Eligibility Redetermination

Active BHSN enrollees are required to be reviewed annually for BHSN eligibility. This ensures that those who continue to access behavioral health services through BHSN still meet the eligibility criteria. The Annual Review process requires a full re-verification of eligibility documentation (with the exception of US Citizenship). It is the BHSN Provider's responsibility to determine each enrollee's continuing eligibility and to update each file with required BHSN eligibility documentation within sixty days of each BHSN Annual Eligibility Term.

Providers are responsible for conducting the BHSN Annual Eligibility Review process, which aligns with the expiration date of the BHSN Eligibility Term. The BHSN expiration date is displayed on active registrations. If the re-enrollment process is not conducted prior to the expiration date, the system will automatically close the registration the day after the expiry date. If a registration is auto-closed due to an expired BHSN Eligibility Term, the enrollee may re-apply for services.

For BHSN Enrollees Actively Receiving Services

Provider staff must re-verify the BHSN enrollee's eligibility criteria at each annual enrollment period. If household income changes throughout the enrollment period, income must be recalculated to verify the client is still eligible for BHSN services at time of income change.

The Eligibility Documents Required to be Updated at Each Annual Eligibility Review:

- Proof of Household Income; **and**
- Proof of Current Legal Residency in Tennessee; **and**
- Proof of Qualified Alien Status (Note: US Citizenship only needs to be proved once. Therefore, only Qualified Alien Status needs to be reviewed annually); **and**
- Proof No Behavioral Health Coverage, or Exhausted Behavioral Health Coverage through Commercial Insurance.

Note: An updated Qualifying MH Diagnosis is <u>not</u> required at each Eligibility Term period as long as an existing Qualifying MH Diagnosis is still applicable. There is <u>no minimum</u> time period on an existing diagnostic assessment (ex: 90, 180 days old, etc.).

Additional Documentation Which May be Required for Children at BHSN Re-Enrollment:

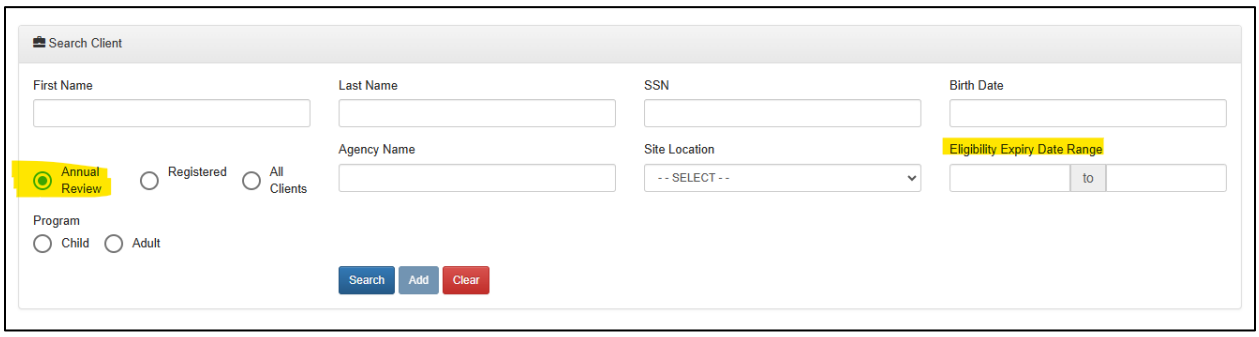
- Proof of CoverKids or Private Insurance which includes behavioral health coverage for BHSN for Children
- For children enrolling with no behavioral health coverage insurance, the "BHSN for Children No Private/Commercial Behavioral Health Insurance Statement Form" is required to be completed at each BHSN Annual Review.

Reviewing All Active Registrations by Annual Review Date

From the Client Search Screen – Populate the **ANNUAL REVIEW** radio button and hit **SEARCH** This pulls up all Registrations with an Eligibility Term period expiring within 90 days. BHSN Provider may also narrow search to Adults or Children

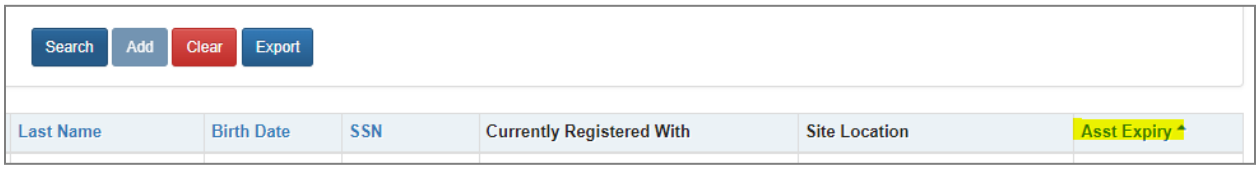
To search within a specific date range:

Input date range to be viewed into the "Eligibility Expiry Date Range" and hit **SEARCH**.

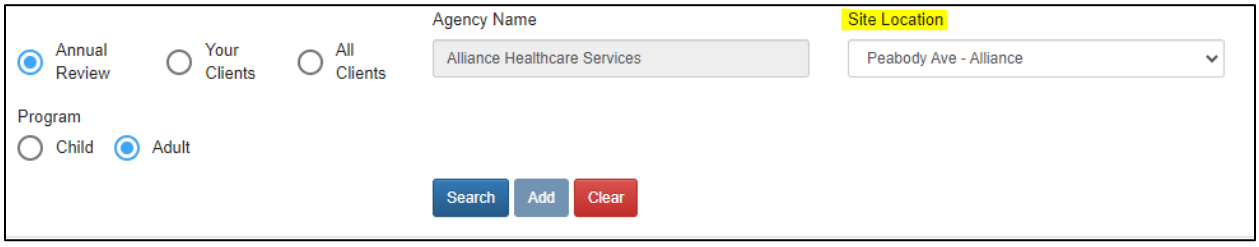


To sort Annual Reviews by ascending or descending date:

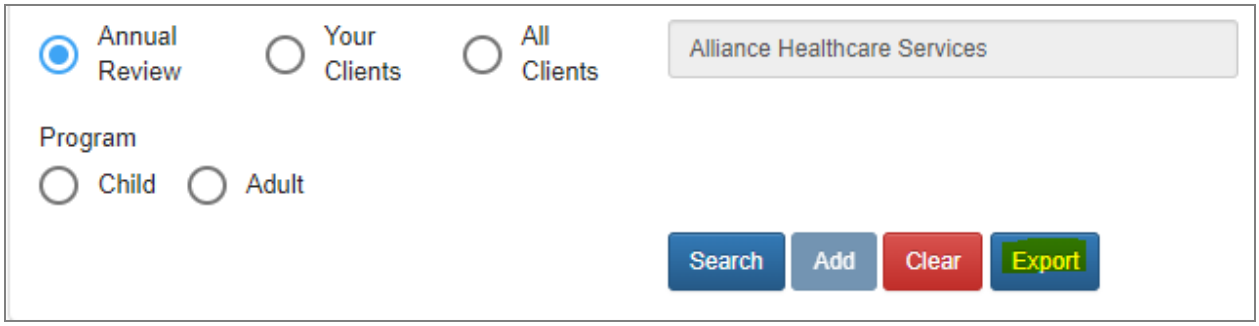
Click **ASST EXPIRY** at the top right-hand corner of the populated client list.



To sort Annual Reviews by **SITE LOCATION**:



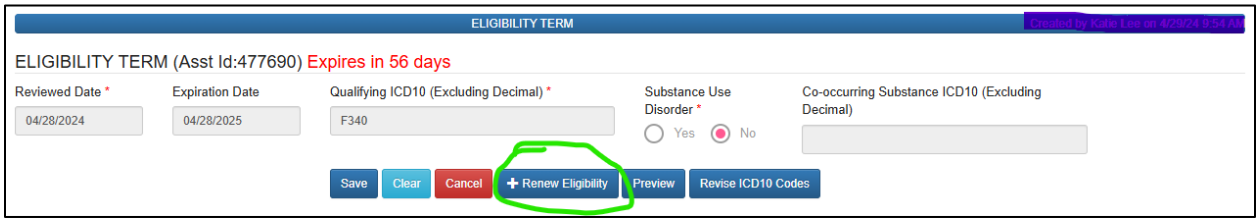
You may also export the list to a sortable Excel report by clicking the **EXPORT** button.



Completing the Annual Eligibility Review in the BHSN System

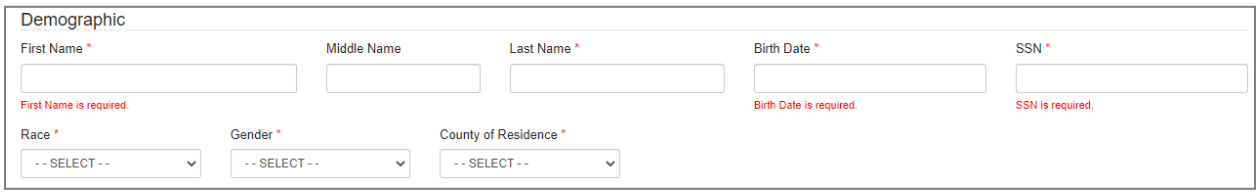
From the Active Registration Screen:

1. Under the Eligibility Term section, click **"Renew Eligibility"**



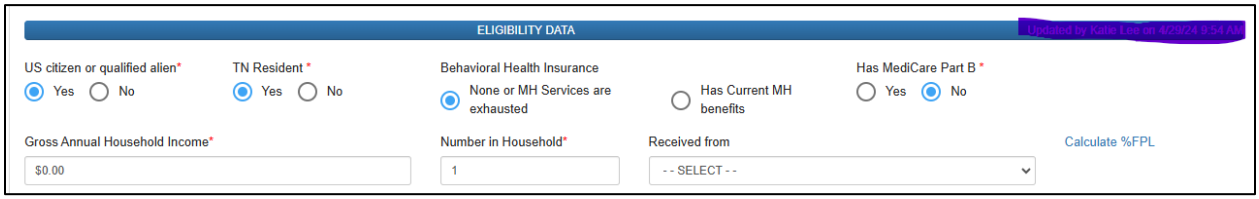
An alert appears stating that a "New Eligibility Term requires complete eligibility review."

2. Verify the enrollee's demographic information is still correct. If there are changes needed to demographic information on the registration screen (Name, Social Security Number) that the Provider is unable to change on their own, please complete a BHSN Change of Information Request Form and submit to BHSN Team at bhsn.team@tn.gov. For an overview of the Change of Information process, please refer to the Change of Information Requests Section.



3. Update the Registration Section with current annual review information including:
   - Household Income verifications and FPL Calculation
   - US Citizenship or Qualified Alien Status
   - TN Residency
   - Enrollee's Insurance Status
   - If the Enrollee has Medicare Part B

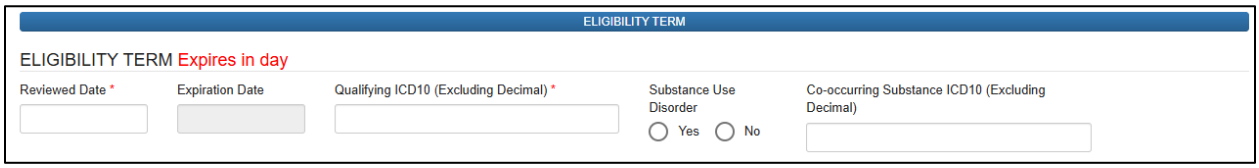
Note: Agency Name, Site Location, and Begin Date will auto-populate.



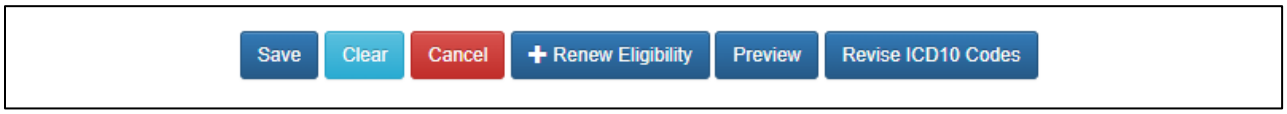
4. Update the Eligibility Term Section with current ICD-10 code information including:
    - Date of Review
    - Qualifying ICD-10 (excluding decimal)
    - Substance Use Disorder ICD-10, if applicable

Note: An updated Qualifying MH Diagnosis is <u>not</u> required at each Eligibility Term period as long as an existing Qualifying MH Diagnosis is still applicable.

The new Expiration Date will auto-generate by the system.



Once all information has been entered – The **SAVE** button will highlight, allowing to save the Annual Eligibility Review. If the **SAVE** button is not highlighted, the Annual Eligibility Review is incomplete and will need to be reviewed for missing information. The **PREVIEW** button will also save the new information, as well as generate a printable document for the enrollee file if needed.



Change of Information in BHSN System

Changes to ACTIVE BHSN Registrations in the BHSN System, including Demographic Information, Registration Information, and Eligibility Term Information.

Change of Information Impacting BHSN Eligibility

If there are changes in a BHSN enrollee's circumstance which impacts BHSN eligibility (i.e., change in annual household income, change of TN residency, or acquisition of other behavioral health insurance), the BHSN System will not allow the registration to be saved with the ineligible criteria. If a change in circumstance renders a BHSN enrollee no longer eligible for BHSN services, the BHSN registration should be closed with the appropriate Closure Reason from the drop-down list. See page 41 for a list of Closure Reasons.

Changes in Demographic Information

If it is determined that Demographic Information needs updating due to an error when inputting registration information, receiving new information through the process of gathering eligibility documentation, or new information gathered at the annual eligibility review, the registration should be examined to determine the appropriate next step.

✓ **Quick Tip:**

If the field needing correction is shaded, Providers cannot make the system change.
If the field needing correction is not shaded, Providers can make the system change.

If a BHSN enrollee **has only received services through your agency AND does not have any billed services** you are able to make the following changes to the Demographic Information on an **ACTIVE** registration:

- Name – First, Middle, and Last
- Birth Date
- Social Security Number
- Gender

If the demographic field is shaded, it indicates the individual has been previously enrolled with another BHSN Provider, or has billed services, and a **Change of Information in BHSN System Form** must be submitted to bhsn.team@tn.gov for assistance (Appendix 1).

Providers **always** have the capability to make changes to the following fields:

- Race
- County of Residence

Changes in Registration Information

Providers always have the ability to make changes to an **ACTIVE** registration in the following fields:

- Site Location

- Gross Household Income
- Number in Household
- Medicare Part B Status
- Behavioral Health Insurance Status

✓ **Note:** Behavioral Health Insurance Status is important to keep updated to identify adults with Medicare Part B and children with private/commercial behavioral health coverage or CoverKids.

Changes in Begin Date

Providers may backdate the BHSN Begin Date of a Registration in the BHSN System up to **sixty (60) days** from the CURRENT date if:

- The Registration is ACTIVE; **and**
- BHSN Begin Date is within the prior sixty (60) days of current date; **and**
- BHSN Begin Date does not overlap with another Registration; **and**
- BHSN Begin Date is either *on or after* current BHSN Reviewed Date; **and**
- No Dates of Service have been uploaded into BHSN System.

✓ **Note:** If the BHSN Begin Date is prior to **sixty (60) days** from the current date or if Dates of Services have been uploaded into the BHSN System, a **Change of Information in BHSN System Form** must be submitted to bhsn.team@tn.gov.

Changes in Eligibility Term – Reviewed Date

Providers may backdate the Reviewed Date in the BHSN System up to **sixty (60) days** from the current date if:

- The Registration is NEW, not an Annual Review; **and**
- Reviewed Date is within prior sixty (60) days of current date; **and**
- The new Reviewed Date is *on or before* BHSN Begin Date; **and**
- The new Reviewed Date is not a future date.

✓ **Note:** If the BHSN Review Date is prior to **sixty (60) days** from the current date, a **Change of Information in BHSN System Form** must be submitted to bhsn.team@tn.gov.

NOTE: If changing both the Begin and Reviewed Date on your own, the Reviewed Date must be changed *before* the Begin Date. The Reviewed Date must always be *on or before* the Begin Date in the system.

Change of Information in BHSN System Form

When a Provider needs BHSN Team assistance to complete a change in the BHSN System, a **Change of Information Request Form** must be submitted. This form can be found in the BHSN System under the **BHSN Documents** section. The form can be completed electronically, or by hand, and must be submitted to bhsn.team@tn.gov. Demographic information requires proof of documentation to change. Submit PDF files only (no Word docs, .jpeg files, etc.). Please submit request form & identification verification as a single PDF document.

Change of Qualifying Diagnosis or Substance Use Disorder ICD10 Codes

Changes can be made through the "Revise ICD10 Codes" button in the Eligibility Term Section.

What Can BHSN Providers Change without BHSN Team Assistance on Active BHSN Registrations?

BHSN System Fields		What BHSN Providers Change/Update Without BHSN Team Assistance
Demographic Information	First, Mid, Last Name	If BHSN enrollment has only been at your agency and does not have any billed services. If it is shaded out, it means the individual has been enrolled at another BHSN Provider, or has billed services, and that BHSN Provider cannot edit it themselves.
	Birth Date	If BHSN enrollment has only been at your agency. If it is shaded out, it means the individual has been enrolled at another BHSN Provider, and that BHSN Provider cannot edit it themselves.
	SSN	If BHSN enrollment has only been at your agency. If it is shaded out, it means the individual has been enrolled at another BHSN Provider, and that BHSN Provider cannot edit it themselves.
	Race	Changes are allowable.
	Gender	If BHSN enrollment has only been at your agency. If it is shaded out, it means the individual has been enrolled at another BHSN Provider, and that BHSN Provider cannot edit it themselves.
	County of Residence	This should stay as up to date as possible.
Registration/Eligibility Data Information	Site Location	This should stay as up to date as possible.
	BHSN Begin Date	Must be an Active Registration, Begin Date must be within the prior 60 days, Begin Date cannot overlap another registration, Begin Date is either on or after current BHSN Reviewed Date, and No Dates of Services are uploaded into BHSN System.
	BHSN End Date	Allowable when closing registration.
	Close Reason	Allowable when closing registration.
	Income/# in HH	This should stay as up to date as possible.
	Behavioral Health Insurance Status	Important to keep up to date for BHSN for Children enrollees.
	Medicare Part B Status	Changes are allowable.
Eligibility Term Information	Eligibility Term Reviewed Date	Must be Eligibility Review Date for a new registration, not an Annual Review. Reviewed Date must be within 60 days of the current date, on or before Begin Date, and not a future date.
	Qualifying Dx Assessment ICD10 Code	Changes can be made through the “Revise ICD10 Codes” button in the Eligibility Term Section.
	Substance Use Disorder ICD10 Code	Changes can be made through the “Revise ICD10 Codes” button in the Eligibility Term Section.

BHSN Disenrollment

BHSN Enrollees may be disenrolled for the following reasons:

- If the enrollee no longer meets BHSN eligibility criteria, such as income above 138% FPL or is no longer a resident of Tennessee; **or**
- If it is found that the enrollee falsified information to the Provider when determining BHSN eligibility, and approval was based on the false information; **or**
- If the enrollee is found to be eligible for TennCare or other insurance coverage. Individuals who enroll in TennCare will be automatically closed by the BHSN System; **or**
- If the enrollee's BHSN Annual Eligibility Term expires due to either failure of the enrollee to attend the scheduled appointment, or the BHSN Provider was unable to complete an BHSN Annual Eligibility Review by the system generated due date. In both scenarios, the BHSN system will automatically disenroll the enrollee; **or**
- If the enrollee requests to be disenrolled from BHSN; **or**
- For children enrolled in BHSN for Children with CoverKids or private/commercial behavioral health insurance, they will automatically disenroll from BHSN for Children when they turn 18 years old; **or**
- If the enrollee is incarcerated (over 90 days); **or**
- If the enrollee is in an inpatient facility, such as an inpatient psychiatric (sub-acute) hospital or nursing home; **or**
- If the enrollee dies.

Children with CoverKids who change to full TennCare coverage must be closed under the category "Child Changed from CoverKids to Full TennCare." This may be determined during annual review, client disclosure, or through the Office of BHSN bi-annual audit of CoverKids enrollees. Providers will use the current date when closing these clients.

For an overview of the BHSN System process for program disenrollment, see the Enrollment Process & System Overview Section.

Appeal Rights for BHSN Disenrollment or Denied Enrollment

BHSN is **NOT** an entitlement program. Individuals who have been denied enrollment or had enrollment terminated based upon the BHSN Annual Review process do not have appeal rights. Denied or terminated individuals can reapply for BHSN services through a BHSN Provider in the community if there has been a change in circumstances

BHSN Closure Reason Overview

Closure Reason	Definition
Access to Behavioral Health Insurance	Client has access to behavioral health insurance coverage through either a private or commercial carrier, or the Health Insurance Marketplace.
Access to Veterans Administration Services	Client has access to behavioral health coverage through a VA location, or the VA's network of Tennessee community providers.
Agency Does Not Serve Client Population	Client population not represented by another listed closure reason.
Child Changed from CoverKids to Full TennCare	Client previously had CoverKids but now has regular TennCare coverage.
Child in State Foster System Custody	Client has been placed into the state foster care system.
Client Failed to Attend Scheduled Services	Client has failed to attend scheduled services.
Client Reached Age 18	Client enrolled in BHSN for Children has reached age 18 and is over income for the BHSN for Adults program.
Deceased	Client is deceased.
Does Not Have a Qualifying MH Diagnosis	Client does not have a MH diagnosis that qualifies for BHSN program eligibility.
Failed to Provide BHSN Eligibility	Client failed to provide BHSN eligibility documentation within the 60-day presumptive eligibility period, either at initial enrollment, or at annual re-enrollment.
Incarcerated	Client is incarcerated long-term (over 90 days).
Income Above FPL Criteria	Client has an income above the maximum allowable FPL threshold.
Not a Tennessee Resident	Client is not a resident of Tennessee
Not a US Citizen or Qualified Alien	Client is not a US Citizen or Qualified Alien
Services Terminated at Client Request	Client has expressed that they no longer wish to receive services from provider agency.
Services Terminated at Provider Request	Provider has terminated client services for reasons not represented by another closure reason.

Covered Services

BHSN provides essential outpatient mental health services. BHSN does not cover substance use disorder treatment services. BHSN service definitions, length of service, service code, and service rates are identified in the BHSN for the Adult Rate Sheet and the BHSN for Children Rate Sheet (Appendix III). BHSN Providers can only bill for covered services delivered within a BHSN registration period when the BHSN Provider is identified as the active BHSN Provider of record.

Unallowable BHSN Service Code Combinations are also listed on the BHSN for Adults and BHSN for Children Service Rate Sheets.

It should be noted that BHSN Transportation (T2002, T2003, A0110) is not a stand-alone service and must be billed on the same day as another BHSN service.

Note: Transportation services are not permitted in the event of BHSN services being provided in the enrollee's home, or if the enrollee receives BHSN services through telehealth in their home, or other primary location. Transportation services are for a client's transportation, not staff transportation.

BHSN for Adults Service Array

BHSN for Adults services include:

Assessment and evaluation, psychological testing evaluation services, individual therapy, group therapy, psychosocial rehabilitation, peer support, case management, family therapy, transportation, psychiatric medication management, administration of long acting injectables, and labs related to medication management, including venipuncture. Telephonic and audio-service delivery of these services may be available based on the clinical discretion of the BHSN Provider and when all other options are documented as exhausted.

For enrollees with Medicare Part B and/or sixty-five (65) years of age or older:

1. Enrollees who have Medicare Part B and meet all other eligibility requirements for BHSN for Adults may be enrolled.
2. Enrollees sixty-five (65) years of age or older will be treated as having Medicare Part B, even if they are not receiving Medicare Part B.

These two (2) groups are eligible only for the following approved BHSN services:

- Case Management (T1016)
- Medication Training and Support (H0034)
- Peer Support (H0038, H0038HQ)
- Psychosocial Rehabilitation Services (H2017, H2017HQ)

- Transportation (T2002, T2003, A0110)*

* Transportation is only allowed when the enrollee is receiving another approved BHSN service.

✓ Active enrollment in either the QMB or SLMB supplements does not disqualify enrollees from receiving BHSN services.

BHSN for Children Service Array

BHSN for Children service array includes:

Assessment and evaluation, psychological evaluation, individual therapy, group therapy, family therapy, case management, psychiatric medication management, family support services, transportation, administration of long-acting injections, and labs related to medication management, including venipuncture. Telephonic and audio-service delivery of these services may be available based on the clinical discretion of the BHSN Provider and when all other options are documented as exhausted.

For Child Enrollees with Private or Commercial Insurance:

Children with CoverKids, or Private/Commercial insurance which includes behavioral health coverage, may be enrolled in BHSN for Children if they meet all other eligibility requirements for BHSN for Children.

These two (2) groups are eligible for the following approved services:

- Case Management (T1016)
- Family Support Services (H2014)
- Family Therapy with Client Present (90847)
- Family Therapy without Client Present (90846)
- Medication Training and Support (H0034)
- Transportation (T2002, T2003, A0110)*

* Transportation is only allowed when the enrollee is receiving another approved BHSN service.

BHSN Labs Related to Medication Management

Laboratory services related to psychiatric treatment, such as processing and reporting on blood samples to assure the safe and effective use of psychiatric medications, are a covered BHSN service. BHSN Providers operationalize BHSN blood draws for labs differently. For BHSN Providers that do not have in-house blood draw services for labs, BHSN Providers may send BHSN Enrollees (ages 12 and older) to American Esoteric Laboratories (AEL) Patient Services Centers. AEL is the current vendor for the statewide contract for laboratory services determined by the Tennessee Department of General Services.

TDMHSAS has an Interagency Agreement with the Tennessee Department of Health (TDOH) to provide laboratory blood draw services through County Health Departments in counties where adequate coverage for these services is not available through AEL.

County Health Departments that can provide blood draws services for BHSN enrollees due to inadequate AEL coverage:

Anderson, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Crockett, Cumberland, Decatur, Dekalb, Dickson, Dyer, Fayette, Fentress, Gibson, Giles, Grainger, Greene, Grundy, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, Macon, Marion, Marshall, Maury, McMinn, McNairy, Meigs, Monroe, Moore, Obion, Overton, Pickett, Perry, Polk, Putnam, Rhea, Roane, Robertson, Scott, Sequatchie, Sevier, Smith, Stewart, Sumner, Tipton, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, Wilson, White and Williamson.

For BHSN enrollees to receive blood draw services at a County Health Department, an appointment must be made ahead of time and the BHSN enrollee must arrive at the County Health Department with the following form:

- The **AEL Requisition Form**, which includes all information listed on the BHSN Laboratory Request Form.

Laboratory blood draws will be sent to AEL. The BHSN Community Provider will receive the laboratory results from AEL.

Pharmacy Assistance and Coordination

Pharmacy Assistance and Coordination provides BHSN enrollees with assistance in securing medications at a reduced price, or at no cost, through pharmaceutical manufacturer patient assistance programs, or Tennessee's prescription drug program for Tennesseans with no pharmacy coverage called CoverRx. Pharmacy Assistance and Coordination also includes coordination with BHSN enrollees, prescribers, manufacturers, and Pharmacy Benefit Manager (currently OptumRX for CoverRx) for initial pharmacy assistance applications, emergency and periodic medication changes, and monitoring and submission of data necessary for monitoring and reporting.

Funding for Pharmacy Assistance and Coordination

Each BHSN Provider receives a monthly allocation for both BHSN for Adults and BHSN for Children to assist BHSN enrollees in securing mental health medications through pharmacy assistance programs or CoverRx.

CoverRx

CoverRx, operated through TennCare, is a prescription drug program designed to assist those who have no pharmacy coverage but have a need for medication. CoverRx provides participants with affordable access to more than 200 generic medications in addition to some name brands of insulin, mental health medications, and naloxone products.

CoverRx is not health insurance and will not cover doctor's visits or hospitalizations. CoverRx has no monthly premiums, just affordable copays.

- ✓ **Please Note: CoverRx and BHSN are two separate programs. If a Provider has questions regarding CoverRx, they should contact OptumRx at 800-424-5815.**

CoverRx Eligibility criteria includes:

• Tennessee resident (6 months); **and**
• U.S. Citizen or Qualified Alien; **and**
• Age 18 to 64; **and**
• Uninsured or insured with no pharmacy coverage; **and**
• Household income below 138% of the federal poverty level.

Complete details about the CoverRx Program can be found at:
https://www.tn.gov/tenncare/coverrx.html

A complete list of covered medications can be found at:
https://www.tn.gov/content/dam/tn/tenncare/documents/coverrx_druglist.pdf

The CoverRx Prescription Benefit Manager (PBM) is OptumRx. Please contact OptumRx, 800-424-5815, for assistance with enrollment; questions about prescription services or membership; and to update your profile. OptumRx Mail Service Pharmacy is available to members.

Online Applications and current enrollment status for CoverRx through OptumRx can be found at: https://www.optumrx.com/coverrx.

Patient Assistance Programs

Patient Assistance Programs bring together pharmaceutical companies, doctors, other health care providers, patient advocacy organizations, and community groups to help qualifying patients without prescription drug coverage to receive free or low-cost medicines through the public or private program that is best suited to meet pharmaceutical needs.

- ✓ Note: When applying for a Pharmaceutical Drug Manufacturer's Patient Assistance Program, please remember that BHSN is NOT an insurance program, and CoverRx is NOT a pharmacy coverage program.

Reporting for Patient Assistance Programs

Each BHSN Provider is required to submit a report to the BHSN Team for Pharmaceutical Drug Manufacturer's Patient Assistance Programs for both BHSN for Adults and BHSN for Children. The report template (named Patient Assistance Program – Quarterly Report 7.2022) can be found under BHSN Information in the BHSN System. BHSN Providers are required to report on the number of BHSN enrollees utilizing Patient Assistance Programs, number of initial Patient Assistance Program applications submitted, number of refills through Patient Assistance Programs, and the projected amount saved by using Patient Assistance Programs.

Payments and Billing

Maximum Liability

BHSN for Adults and BHSN for Children

Each participating BHSN Provider has a maximum liability for each state fiscal year that it is being funded. BHSN Payment Processing is designed to ensure an agency's maximum liability is spread across the fiscal year by implementing Quarterly Caps. A BHSN Provider's payment sum cannot exceed 25% of the annual maximum liability the first quarter of the fiscal year, 50% of the annual maximum liability the second quarter, and so on. If a payment derived exceeds the Quarterly Cap, then a balance forward is created for the BHSN Provider. Unspent funds will not carry forward to the next fiscal year.

BHSN for Children Program Funding Structure

BHSN for Children has two separate programs, with two separate maximum liabilities.

- **Program Code 400099 Behavioral Health Safety Net for Children**
  This program code's maximum liability is for all Fee-for-Service activities and the monthly Pharmacy Assistance Coordination. Each participating BHSN Provider has a maximum liability for each state fiscal year that it is being funded. This program code is part of the monthly BHSN Payment Process with Quarterly Caps. Unspent funds will not carry forward to the next fiscal year.

- **Program Code 400100 BHSN for Children Outreach Coordinators**
  This program code's maximum liability is for the BHSN for Children Outreach Coordinator position. Each participating BHSN Provider has a maximum liability for each state fiscal year it is being funded. This program code is a cost reimbursement grant and a monthly invoice, separate from the monthly BHSN Payment Process, is submitted to TDMHSAS for payment. Unspent funds will not carry forward to the next fiscal year.

Maximum Liability for Transportation for BHSN for Adults and BHSN for Children

- ✓ Billable BHSN Transportation services (T2002, T2003, A0110) may not exceed five percent (5%) of a BHSN Provider's annual maximum liability.

Monthly BHSN Payment Processing for BHSN for Adults and BHSN for Children

TDMHSAS will reimburse contracted BHSN Providers up to the amount of the annual contract maximum liability for all eligible Fee-for-Service activities as defined in the BHSN Service Rate Sheet. BHSN Providers will enter eligible BHSN services for payment into the BHSN System by electronic file format (i.e., 837p file upload) at least monthly. Payment processing for BHSN Providers will occur on the fourth (4th) business day of each month.

- ✓ See the Payment Functionality Section for specific details around BHSN System electronic claims upload, crediting, and system access.

The 13th Payment Process for BHSN for Adults and BHSN for Children

BHSN Providers will be offered a 13th Payment Process for the end of prior state fiscal year billable services. The billing period for each state fiscal year officially ends on June 30th, and it is expected that the bulk of the BHSN Provider's billable services will be entered by the Payment Process in July of each year. For BHSN Providers who are unable to enter all billable services for the state fiscal year by the July Payment Process, the 13th Payment Process will be scheduled in the first quarter of the following year/state fiscal year (usually at the beginning of August). After the July Payment Process in each state fiscal year, BHSN Providers will be asked to provide an accrual amount for the 13th payment.

TennCare Retro Billing for BHSN for Adults and BHSN for Children

BHSN Providers are contractually required to seek reimbursement from TennCare for BHSN enrollees who enroll in TennCare and credit back to BHSN any services paid for by TennCare.

- When a BHSN enrollee is determined eligible for the TennCare Program, the BHSN System automatically disenrolls the individual from BHSN. BHSN Providers will generate the BHSN System report "Registrations-Closures" on a weekly basis to view which BHSN enrollees were enrolled in TennCare, the TennCare Effective Date, and the date of BHSN disenrollment. Please refer to the Disenrollment Section for more information.

- The BHSN Provider will also generate the BHSN System report "Services – TennCare Elig" on a weekly basis to view BHSN services provided on or after a BHSN enrollee's TennCare Effective Date, and therefore, potential eligibility for TennCare payment. Potentially eligible services for TennCare payment could span several fiscal years. However, this report may leave some clients and eligible services off if there are inconsistencies between the RMAST process and TennCare Interchange/Anytime. BHSN

Providers are encouraged to check every client on the "Registrations-Closures" report for all potential eligible services for TennCare retro-reimbursement.

- BHSN Providers will bill all eligible BHSN services to TennCare rendered since the BHSN enrollee's TennCare Effective Date. The Provider has one hundred and twenty (120) days from the date of final TennCare eligibility determination (also known as an "Add Date" to Managed Care Organization) to bill for eligible services.

- BHSN Providers are encouraged to communicate with TennCare and MCOs to determine exact timeframes to bill for services rendered since a BHSN enrollee's TennCare Effective Date.

- **Reminder**: Potentially eligible services for TennCare payment could span several fiscal years. For example, a person may have been enrolled in TennCare and added to an MCO on 2.11.2022, with a TennCare Effective Date of 6.22.2021. The BHSN Provider has one hundred and twenty (120) days from the MCO Add Date (2.11.2022) to seek TennCare payment for all billed services since the TennCare Effective Date of 6.22.2021.

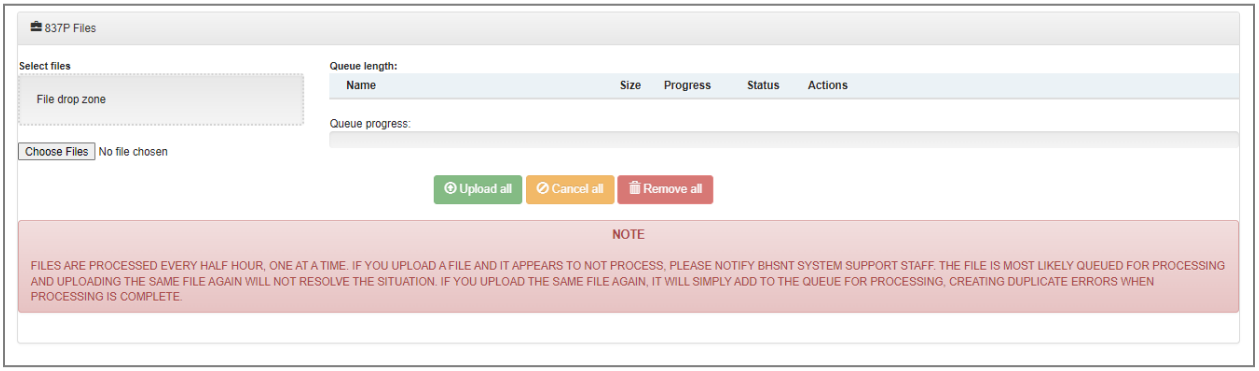
Note: For all services TennCare reimburses, the BHSN Provider must credit these services back to BHSN. If TennCare does not reimburse the BHSN Provider for a retro service, the BHSN Provider is not required to credit back the service to BHSN, but the Provider must document the denial notification. If a credit is due and has not been made, TDMHSAS reserves the right to make appropriate adjustments.

Payment Functionality in BHSN System

BHSN Providers process all BHSN claim uploads, enter/credit services, and view remittance advice in the BHSN System. BHSN Providers must enter eligible BHSN services for payment into the BHSN System by electronic file format (i.e., 837P file upload) at least monthly.

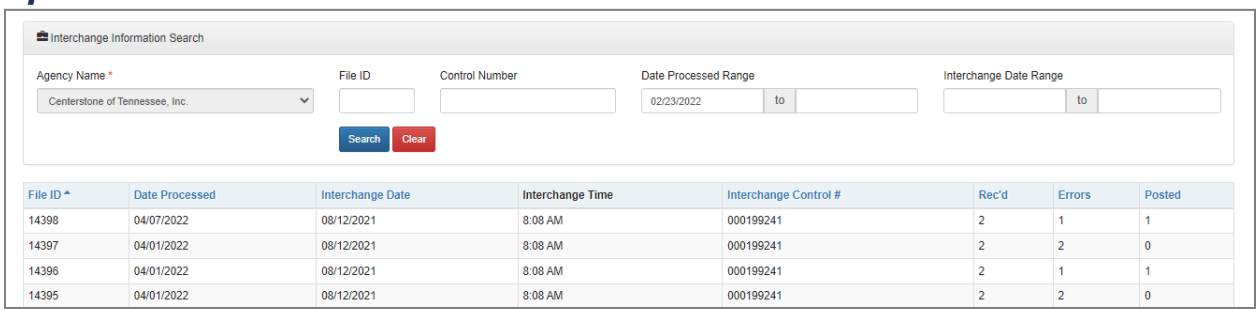
Under the "Services" tab, five options are available to BHSN Providers:

Option 1: 837P – Upload Files



- Permission to upload files is assigned by the BHSN Team. Requests for 837P file upload capability are made by populating the upload request button on the BHSN User Agreement Form.
- BHSN Provider staff can either drag the desired 837P file to the "**File drop zone**" or select the file through "**Choose Files**."
  - ✓ **Note**: 837P files must be in the .txt format.
- The file name will appear in the "Name" field.
- BHSN Provider staff can upload more than one file.
- BHSN Provider staff will click either "**Upload**" or "**Upload all**" to submit.
- The "**Queue progress"** bar will be completely blue upon successful submission.
- Please note that files are processed every half hour, with one file being processed at a time.

Option 2: 837P – View Files



- BHSN Providers are responsible for ensuring files process, and for reconciling any claims errors.
- Files will appear under the **837P - View Files** tab once they have processed.
- BHSN Providers may search using various parameters. The BHSN System will pull up a grid view display of records meeting the search criteria, summarizing the number of billed services received, along with the number posted/accepted, and the number errored/not accepted.
- BHSN Provider staff will click a specific file/line in the grid view list to view a brief description of the error condition. To download the error listing, click on the "**Excel**" button.

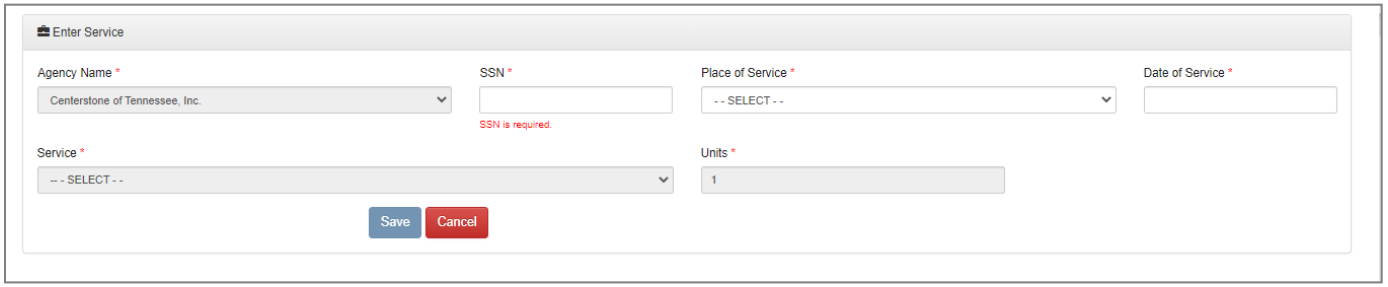
Common errors include, but are not limited to, the following:

- **Message: "Date of Service is not within a registration span."**
  The BHSN Provider is trying to bill a service either before BHSN began, or after a BHSN registration closed.
- **Message: "Duplicate Service."**
  The BHSN Provider has already billed for that service on that specific date of service.
- **Message: "The service record you are attempting to enter cannot be billed in combination with code XXXX."**
  The BHSN Provider is trying to bill an unallowable service code combination on the same date of service. Unallowable service code combinations can be found in the BHSN Service Rate Sheets.
- **Message: "Units exceed maximum allowed cap of XX."**
  The BHSN Provider is trying to bill for more units than allowed. This error message also displays when a BHSN Provider is trying to bill for an unallowable service for an enrollee with Medicare Part B or children with CoverKids or private/commercial behavioral health insurance.

- **Message: "Invalid subscriber ID/SSN."**
  The BHSN Provider is trying to bill for an SSN that is not located in a BHSN registration/record.

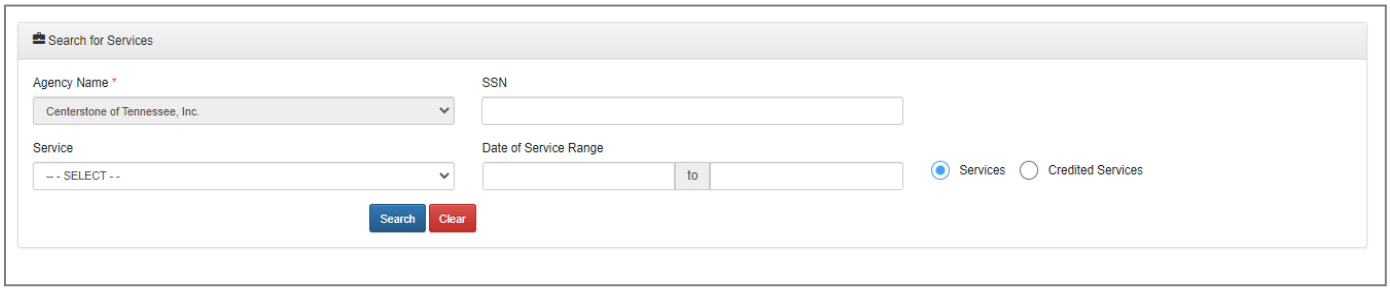
✓ BHSN Provider staff may display how the 837P file was received by clicking the "**Display File"** button.

Option 3: Enter Services



- This section allows for manual entry of services data.
- BHSN Providers will manually enter the SSN, the Place of Service, the Date of Service, the Service, and the number of Units.
- The BHSN Provider staff will hit "**TAB"** or the "**SAVE**" button to save.
- The service record entered will appear in the lower portion of the screen in a grid format for visual confirmation.

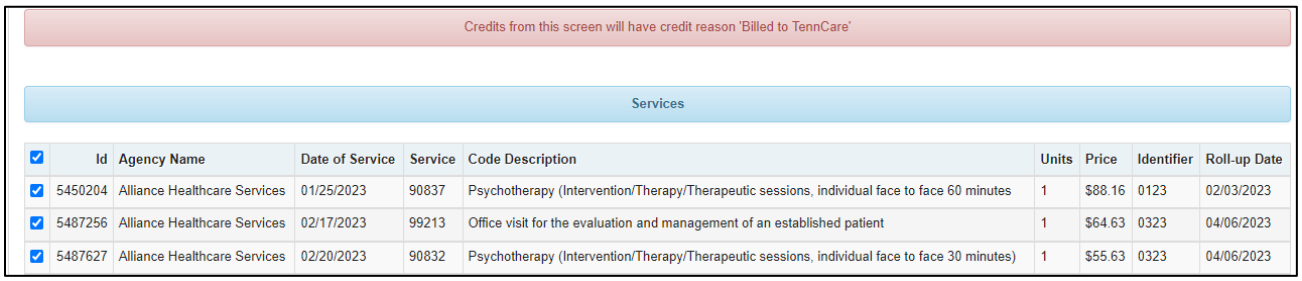
Option 4: View/Update



- All service records can be viewed and edited, whether entered manually or processed via 837P claims.
- BHSN Provider Staff may search for records by various parameters and by Services (billed) vs Credited Services.

- Matching records based on the search parameters will display in grid view.
- The "**Roll-up Date**" is the date that the BHSN Payment Process "picked up" the service record. If this column is empty, the service record has not yet been included in the payment process (and not yet paid).
- To modify or credit a service, click the record on the grid view. The record will display in the "**Edit Services**" screen.
    - ✓ If the service has not been paid yet, it can be modified or deleted.
    - ✓ If the service has been paid, it cannot be modified or deleted. It can only be credited.
    - ✓ When crediting, BHSN Provider staff will be required to select Credit Reason (i.e., Billed to TennCare, DOS incorrect, Number of units incorrect, etc.). If OTHER-please specify is selected, please add detail in the Note field.

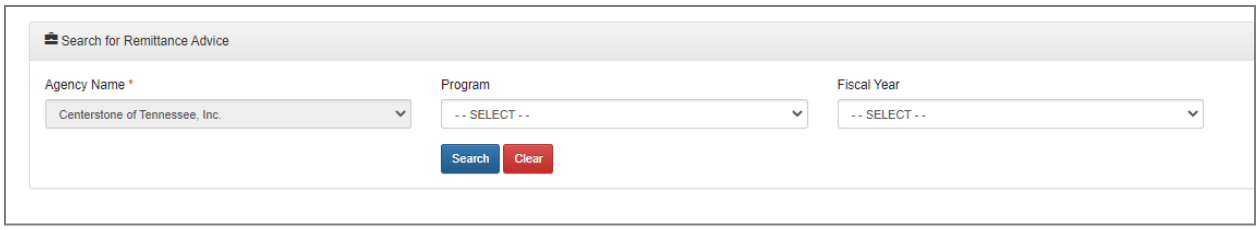
Option 5: TennCare Credit



	Id	Agency Name	Date of Service	Service	Code Description	Units	Price	Identifier	Roll-up Date
☑	5450204	Alliance Healthcare Services	01/25/2023	90837	Psychotherapy (Intervention/Therapy/Therapeutic sessions, individual face to face 60 minutes	1	$88.16	0123	02/03/2023
☑	5487256	Alliance Healthcare Services	02/17/2023	99213	Office visit for the evaluation and management of an established patient	1	$64.63	0323	04/06/2023
☑	5487627	Alliance Healthcare Services	02/20/2023	90832	Psychotherapy (Intervention/Therapy/Therapeutic sessions, individual face to face 30 minutes)	1	$55.63	0323	04/06/2023

- Service records that are eligible for retroactive billing to TennCare that have NOT yet been credited can be viewed and credited in batch mode.
- Although timely filing is considered within 120 days of the date the client is enrolled in TennCare, this tab will list clients having services that have been added to TennCare eligibility in the last 120 days. This provides some time for payment to be received from the MCOs.
- BHSN Provider staff may search for records by various parameters including First Name, Last Name, SSN, and DOB.
- BHSN Provider staff will select the desired client record and the client's demographics, and eligible services will display.
- BHSN Provider staff may select all services to be credits by clicking the box located in the volume header row. BHSN Provider staff may also select individual services by clicking the box on each applicable service row.
- Click the CREDIT button to credit the selected services.

Remittance Advice - Under "Payments" Tab



- Under the "**Program**" tab, Providers can search by BHSN for Adults or BHSN for Children. Current and past fiscal years can be selected under the "**Fiscal Year**" tab.

Records matching the search criteria will appear in a grid view displaying the following:

- Identifier (the month and year of the payment process)
- Date processed
- Monthly allocation
- Sum of Fee for Service activities
- Beginning Balance Forward (i.e., if a quarterly CAP was exceeded the last payment process or if credits were entered by the BHSN Provider)
- Ending Balance Forward (i.e., if a CAP was exceeded with that payment process, the amount that moves forward to the next payment process)
- Net payment

- Providers can click on a row in the grid view to see detailed service records included in the payment.

  ✓ Please Note: The amount listed for the detailed service record does not include admin fee.

- Providers can export the Remittance Advice to Excel by clicking "**Excel**."

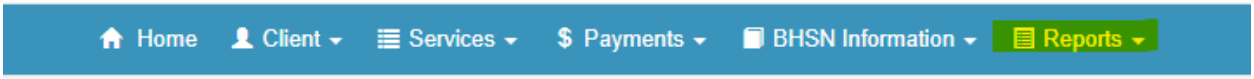
  ✓ Please Note: The Excel download includes the Beginning Balance Forward, Monthly Allocation, Fee for Service activities, Credits, Admin Fee, the Net Payment, and any Ending Balance Forward.

Additional Help for Payment Functionality in BHSN System

Additional information specific to the BHSN System functionality around claims and payments can be found in the TDMHSAS SafetyNet System documentation. This system documentation can be found in the BHSN System under the top right drop down under "**HELP**." Claims and payment information can be found starting on page 12.

BHSN Reports

There are several reports available to Providers in the BHSN System to assist in management of the BHSN program at the agency level. Reports are located at the top of the BHSN screen in the blue navigation bar.



Clients Served – By County or Race/Gender/Age – This report shows enrollees an agency is serving by county of residence or by age, gender, and race.

Registrations - Active with BH Insurance Status - This report is used to view active registrations with the designation of having Medicare Part B, Insured (children only), and CoverKids. Populates a range of searchable options by insurance category.

Registrations – Closures - This report identifies when service recipients have been enrolled in TennCare, and what date they were auto-closed by the BHSN system. The report also has the capability to review closures made by Provider Agencies, by the full range of closure reason options. It is contractually required that providers run this report weekly to view BHSN enrollees enrolled in TennCare, view the TennCare Effective Date, and view the date of BHSN disenrollment.

Services – Patient Experience – This report breaks down BHSN spending by BHSN service category and how many clients are receiving services in each category.

Services –TennCare Eligible - This report identifies services available for TennCare Retro Billing. This report will change frequently as clients enroll in TennCare, services are credited to TennCare, and/or Dates of Service roll outside the 120 days from MCO/BHO Add Date. The report is sortable once downloaded into Excel. It is contractually required that providers run this report weekly to view BHSN services provided on or after a BHSN enrollee's TennCare Effective Date and therefor are potentially eligible for TennCare payment.

Services – Transportation Without Other Service – This report shows all billed BHSN transportation services that do not have a corresponding BHSN service on the same date of service. It is contractually required that providers run this report and reconcile billing monthly.

Services – Utilization by Provider – This report shows how many units of each BHSN service that have been delivered by your agency as well as how many unique individuals have received a specific BHSN service.

BHSN User Accounts

The Behavioral Health Safety Net System is a web-based system where all BHSN eligibility, enrollment, claim uploads, and billing take place. The BHSN System is used by all BHSN Providers, Regional Mental Health Institutes, and TDMHSAS contracted private hospitals. The BHSN System is not public facing, therefore only staff from the BHSN Provider Network, RMHIs, and TDMHSAS contracted private hospitals may be assigned a BHSN User Account.

Establishing New Users

BHSN Providers, RMHIs, and TDMHSAS contracted private hospital staff requiring access to the BHSN system must complete a **User Agreement BHSN System form**. This form is located under the BHSN Information tab in the BHSN system, and in Appendix I. User Agreement BHSN System form must be signed by both the prospective new user, and the submitting agency's Authorizing Representative. If the new user requires the capability to upload 837p claim files, this should be indicated in the 837p file upload field on the second page of the form.
The completed User Agreement BHSN System form must be submitted to BHSN.Team@tn.gov.

As stated on the User Agreement BHSN System form, A BHSN System User is agreeing to the following when signing the BHSN User ID Request Form:

- Using the BHSN System as authorized and not accessing information without authority or in excess of their authority.
- Complying with HIPAA requirements, including not using or disclosing Protected Health Information other than permitted or required by BHSN or by law.
- Understanding that the User Account may be deactivated if the user improperly discloses information, enters fraudulent information into the system, or shares their username/password.
- If a user leaves their current employer, or their job function no longer requires BHSN System access, de-activation will be requested through their employer.
- Users must be trained in BHSN program procedures and know how to access the BHSN Provider Manual.
- The BHSN login credentials shall not be shared with other agency employees.

As stated on the User Agreement BHSN System form, the Authorizing Representative is attesting to the following when signing the BHSN User ID Request Form:

- The individual requesting User Access is authorized to access the BHSN System.
- The individual has been trained in the BHSN program procedures specific to their job duties.
- The individual knows how to access the BHSN Provider Manual.
- If the individual leaves the agency, or their current job function no longer requires BHSN System access, the Authorizing Representative will request de-activation of the User ID

immediately. Since the BHSN system is available via the web, BHSN provider agencies must notify the Office of BHSN when an employee leaves their agency. Upon such notification, the Office of BHSN will inactivate the employee's BHSN user account.

For BHSN Providers and TDMHSAS Contracted Private Hospital Staff:

A valid work email address for the new user is required to establish a BHSN user account. The work email address will be the username for the BHSN account.

For RMHI Staff:

The username and password for the BHSN System is their CI/Active Directory Account username and password used to access multiple State of Tennessee systems. The log in process is completed through secure log in, by clicking the "Login with AD Integration (State Employees)" button on the log in page. As the Active Directory password changes, the associated password is automatically updated.

Note: In addition to the Active Directory login, RMHI staff will be assigned a numerical PIN associated with their user account, which is required at BHSN system login, and again to save newly entered data (such as registrations) into the BHSN system. **This PIN# must not be shared, and it does not expire.**

Once the BHSN User Account has been created, BHSN Office staff will notify the new user via email of their user activation, as well as their PIN#.

- For BHSN Provider Staff and TDMHSAS contracted private hospital staff, the notification email will outline instructions on establishing a personalized password using of the "Forgot password?" link on the BHSN System login page.
- If a RMHI user forgets their BHSN PIN#, they must email bhsn.team@tn.gov for assistance.
- For RMHI staff, the notification email will outline instructions for using their CI/Active Directory Account.

Login and Password Processes

For BHSN Provider Staff and TDMHSAS Contracted private hospitals

The password reset capability provided in the email generated through the "Forgot Password?" link expires 15 minutes after the request is sent. If the capability has expired, the user will receive a message of "Invalid Token" when attempting to reset their password. The user will need to repeat the reset process through the "Forgot password?" link.

Password Requirements:

- Be at least 8 characters
- Contain at least one lower case letter
- Contain at least one upper case letter
- Contain at least one number
- Contain at least on special character (anything not a number or letter)

Account Maintenance:

- A BHSN user account will become locked after 5 unsuccessful login attempts. If a BHSN user account is locked, hitting the "Forgot Password?" link will not generate the email to reset a password.
- A request should be made to the Office of BHSN through BHSN.Team@tn.gov to unlock the user account. Once the account is unlocked, a notification email will be sent to Provider staff informing them that the account is unlocked, and to reset the password using the "Forgot password?" link.
- A user is automatically logged off the system after 20 minutes of inactivity.
- Passwords expire every 45 days. The system begins notifying the user 14 days prior to this expiration upon every login, providing a link for the user to change their password. Once the password expires and the user does not reset the password within an additional 45 days, the system will inactivate the account. Once the account has been inactivated, the user will not be able to reset the password using the "Forgot password?" link because the account will be locked.
- Users may change their password while active in the BHSN system by hovering over their name in the top right corner of any system page.
- Twice a year, in April and October, the Office of BHSN and Older Adults will conduct a survey of each provider to confirm their list of active BHSN users. Any BHSN user reported to no longer need BHSN system access, or to have left employment with the provider will be deactivated as a BHSN user.

  Remember: Once an account has been inactivated, a new User Agreement BHSN System form will need to be completed and submitted to BHSN.Team@tn.gov.

Reactivation of Prior BHSN System Users

Prior users may be re-activated in the BHSN System at any time by completing a BHSN System User ID Request Form. Reminder that if an account becomes inactive because a System User has not logged in during the past 90 days, they must re-submit a User Agreement BHSN System form to re-activate, including the signature of an Authorized Representative.

RMHIs and TDMHSAS Contracted Hospitals

Things to Know about Enrolling Discharging Patients into BHSN

The four Regional Mental Health Institutes and three TDMHSAS contracted private hospitals are strongly encouraged to screen and enroll eligible discharging patients into BHSN to help facilitate outpatient mental health treatment and support services after psychiatric hospitalization.

RMHI and contracted hospital staff are required to have an active User Account in the BHSN System to view current BHSN enrollment status, and to enroll applicants into BHSN.
Please see the User Accounts Section for information on requesting access.

All patients should be screened for BHSN for Adults before hospital discharge.

- ✓ **Note:** If a TDMHSAS Contracted Hospital admits patients under 18, those patients should be screened for BHSN for Children, which does have slightly different eligibility criteria.

An overview of BHSN eligibility for both BHSN for Adults and BHSN for Children can be found in the Eligibility Determination Section. Information may also be found in the Appendix VI documents "BHSN for Adults Enrollment Procedures for RMHIs and Contracted Hospitals" and "BHSN for Children Enrollment Procedures for RMHIs and Contracted Hospitals." These documents are also available in the BHSN System under BHSN Information – Documents. Current Federal Poverty Level Calculations (FPL) can be found on the TDMHSAS BHSN website at: https://www.tn.gov/behavioral-health/bhsn/safety-net-eligibility-requirements.html, or in the BHSN System under the Help Documents tab labeled "FPL Guide."

If a patient meets BHSN eligibility requirements, first check the BHSN System to verify if the patient is currently enrolled in BHSN. Refer to System Enrollment Navigation for a detailed overview.

If a Patient meets BHSN eligibility requirements and is not enrolled in BHSN:

1. Review what BHSN is, the eligibility requirements, and BHSN services and policies with the patient.

Key things to share with the patient:

- The Behavioral Health Safety Net is a program that offers free essential outpatient mental health services to eligible Tennesseans.
- To be eligible for BHSN for Adults, they must lack behavioral health insurance, be 18 or older, be a US Citizen or a Qualified Alien, live in TN, meet income requirements, and have a qualifying mental health diagnosis.
- BHSN for Adults services include psychiatric medication management, therapy, case management, peer support, psychosocial rehabilitation, and, in some cases, transportation to and from BHSN services.
- BHSN is not insurance, and they will not receive an enrollment card. They can only be enrolled with, and receive services from, one BHSN Provider at a time. BHSN enrollees can choose to change BHSN Providers if they prefer.

2. Receive consent from the patient after informing them that their BHSN enrollment information will be shared with the TN Department of Mental Health and Substance Abuse Services, clarifying that their information is protected, and will only be used for the payment and provision of services under the BHSN program.

3. Receive consent from the patient to enroll them in BHSN with the BHSN Provider they choose.

4. If a patient agrees to be enrolled in BHSN, complete the online enrollment in the Behavioral Health Safety Net System https://cloudmh.tn.gov/SafetyNet/Account/Login. See the System Enrollment Navigation Section for details on BHSN online enrollment.

5. Document in the patient's hospital record "Enrolled Patient in BHSN per BHSN Enrollment Procedures" at minimum in the Hospital Discharge Summary, or in a case management/progress note.

If a Patient is enrolled in BHSN but wants services at a different BHSN Provider:

1. Confirm the patient understands they can only be enrolled in BHSN with one Provider at a time.

2. Share with the new BHSN Provider that the patient is currently enrolled in BHSN but is choosing a different BHSN Provider after hospital discharge.

Information to share with the Patient and the new BHSN Provider:

- **For the Patient** - Provide the "Referral Information: Behavioral Health Safety Net for Adults Program Sheet" (or Referral Information: Behavioral Health Safety Net for Children, if applicable) (Appendix 1 & BHSN Help Documents), which includes the date/time of their first appointment, and a checklist of documents needed at the first appointment.

- **For the BHSN Community Provider** - Share information with the BHSN Community Provider, including aftercare plan and physician's discharge orders, supports continuity of care for the patient after discharge.

CoverRx

Since BHSN does not cover prescription medications, many BHSN enrollees also enroll in CoverRx for prescription coverage. CoverRx is a prescription drug program designed to assist those who have no pharmacy coverage but have a need for medication.

Eligibility includes ages 18-64 and incomes at or below 138% of the Federal Poverty Level.

CoverRx and BHSN are two separate programs.

CoverRx is operated through TennCare, and the CoverRx Prescription Benefit Manager is OptumRx. For assistance with CoverRx, call 1-800-424-5815.

To learn more about CoverRx, including eligibility and Covered Drug List:
https://www.tn.gov/behavioral-health/bhsn/coverrx.html

To enroll or check current enrollment status: https://www.optumrx.com/coverrx

If a patient is enrolled in CoverRx by a RMHI or contracted hospital, document at minimum in the Hospital Discharge Summary. CoverRx enrollment is immediate and a CoverRx benefits card can be printed to the patient prior to discharge.

Appendix I – Sample Forms

The following are samples of commonly used BHSN forms. Please do not print forms from this manual for use. The most current versions of all BHSN forms, as well as other helpful BHSN program information, can be found in the BHSN System navigation bar under "BHSN Information."



Sample Forms Included in this Appendix:

- BHSN for Children No Private/Commercial Behavioral Health Insurance Statement Form
- BHSN No Income and/or Homeless Declaration Statement Form
- User Agreement BHSN System (for activation & deactivation request)
- Change of BHSN Provider Request Form
- Change of Information Request Form
- Patient Assistance Program Report

Department of Mental Health & Substance Abuse Services

Behavioral Health Safety Net for Children
No Private/Commercial Behavioral Health Insurance
Statement Form

BHSN for Children Applicant's Name:_____

Social Security Number:_____

Date of Birth:_____

No Behavioral Health Coverage Statement

_____ (BHSN for Children Applicant Name), does not currently have private/commercial behavioral health insurance.

By signing below, I, as the BHSN Provider Staff, attest my agency has received informed consent from the applicant to enroll in BHSN for Children and believes that the information contained on this form is accurate and true as provided by the applicant.

BHSN Provider Staff Name:_____
BHSN Provider Staff Signature:_____
Date:_____

SAMPLE

This signed and completed form should be included in an individual's BHSN eligibility documentation. This signed and completed form does not need to be submitted to TDMHSAS/Office of Behavioral Health Safety Net.

Department of Mental Health & Substance Abuse Services

Behavioral Health Safety Net
No Income and/or Homeless Declaration Statement Form

BHSN Applicant's Name:_____

Social Security Number:_____

Date of Birth:_____

No Income Statement

_____(BHSN Applicant Name), is not currently employed and does not have any income at this time.

Homeless Declaration Statement

_____(BHSN Applicant Name), is a Tennessee resident who is homeless and/or living in a Shelter/Mission.

By signing below, I, as the BHSN Provider Staff, attest that I understand the information contained on this form to be accurate and true as provided by the applicant.

BHSN Provider Staff Name: _____

BHSN Provider Staff Signature: _____

Date: _____

This signed and completed form should be included in an individual's BHSN eligibility documentation. This form does not need to be submitted to TDMHSAS unless requested.

SAMPLE

Department of Mental Health & Substance Abuse Services

Behavioral Health Safety Net for Adults and Children

Pharmacy Assistance and Coordination
Quarterly Reporting for Pharmaceutical Drug Manufacturer's Patient Assistance Program

BHSN Provider Name:_____
Contact Person:_____
Email/Phone Number of Contact Person:_____
Date Form Completed:_____

Patient Assistance Program Information

For each item, please enter total numbers year to date.

BHSN for ADULTS
BHSN Enrollees utilizing Patient Assistance Programs this fiscal year: _____
Initial Patient Assistance Program applications for BHSN Enrollees this fiscal year: _____
Refills for BHSN Enrollees utilizing Patient Assistance Programs this fiscal year: _____
Projected amount saved by using Patient Assistance Programs during this fiscal year: _____

BHSN for CHILDREN
BHSN Enrollees utilizing Patient Assistance Programs this fiscal year: _____
Initial Patient Assistance Program applications for BHSN Enrollees this fiscal year: _____
Refills for BHSN Enrollees utilizing Patient Assistance Programs this fiscal year: _____
Projected amount saved by using Patient Assistance Programs during this fiscal year: _____

SAMPLE

Quarterly Reports are due October 15th, January 15th, April 15th, and July 15th. Please submit to BHSN.Team@tn.gov.

Department of Mental Health & Substance Abuse Services

Behavioral Health Safety Net

Behavioral Health Safety Net System User ID Request Form

◯ Activate New User ◯ Re-activate User ◯ Deactivate User

Name of BHSN Provider, RMHI, or TDMHSAS Contracted Hospital: _____

BHSN System User Information

First Name:_____MI:____Last Name: _____

Work Email Address: _____

Work Phone Number: _____

Are you currently a State of Tennessee employee: ◯ Yes ◯ No

- If yes, please provide your TN Active Directory User ID (example: ci0000) _____

Are you a current employee of a TDMHSAS contracted inpatient psychiatric hospital? (i.e., Woodridge Hospital, Peninsula Hospital, Ridgeview Inpatient Services) ◯ Yes ◯ No

I understand I am requesting access to the Behavioral Health Safety Net System. The BHSN System is for use by authorized personnel only. Individuals accessing this application without authority or in excess of their authority are in violation of Federal and/or State laws, regulations and/or policies and may be subject to criminal, civil and/or administrative actions.

In accordance with the Health Insurance Portability and Accountability Act (HIPAA), I agree to fully comply with the requirements applicable to "business associates," as that term is defined in the HIPAA Privacy Rule 45 CFR 164.502(e), 164.504(e), 164.532(d) and (e) and not use or further disclose Protected Health Information other than as permitted or required by the Behavioral Health Safety Net or as Required By Law.

I understand that violation of any program policies and procedures, altering the application, disclosing the contents of this application to others not properly authorized without proper releases of information, entering fraudulent data and/or sharing my assigned User ID and/or password may result in termination of system/application access.

I hereby affirm that I am authorized to perform the function(s) which I am about to perform.

I understand I will be assigned a User ID with an associated password and I agree I will not share that User ID and/or password with anyone else.

I understand if I leave my current employer and/or my job functions no longer require me to have access to the BHSN System, I will request de-activation of my User ID through my employer.

SAMPLE

I have been trained in the program procedures of the Behavioral Health Safety Net by my employer. I have read and understand the Behavioral Health Safety Net Provider Manual and have ongoing access to this manual.

Signature of BHSN System User:_____
Name of BSHN System User: _____
Date: _____

BHSN Provider/RMHI/TDMHSAS Contracted Hospital Authorizing Representative

Will this individual be processing 837p file uploads for billing purposes? ◯ *Yes* ◯ *No*

I attest the above individual is authorized to access the Behavioral Health Safety Net System. The individual has been trained in the program procedures of the Behavioral Health Safety Net by our agency specific to their job duties, including 837p file processing procedures where applicable. The individual has received the Behavioral Health Safety Net Provider Manual.

If the individual leaves our agency and/or their job functions no longer require access to the BHSN system, our agency will request de-activation of their User ID immediately.

Name of Agency's Authorizing Representative: _____
Title of Agency's Authorizing Representative: _____
Signature of Agency's Authorizing Representative: _____
Date: _____

Email User ID Request Form to: BHSNTeam@tn.gov

SAMPLE

Department of Mental Health & Substance Abuse Services

Behavioral Health Safety Net
Change of BHSN of TN Provider Request Form

Date Request Submitted: _____

Name of BHSN Provider Requesting Provider Change: _____

Name of Requesting BHSN Provider Staff: _____

Requesting BHSN Provider Staff Email: _____

Requested Begin Date of BHSN with Your Agency: _____

Client Name: _____

Client SSN: _____ Client DOB: _____

Current BHSN Provider of Record: _____

Please email Change of BHSN of TN Provider Request Form to BHSN.Team@tn.gov.

SAMPLE

***** Have you discussed with Client and made sure that the client understands that only one BHSN Provider may be used for Behavioral Safety Net Services, not multiple BHSN Providers; also that once request is submitted, the client can no longer use the previous BHSN Provider at the same time?

Provider Requesting Provider Change: [ ] Yes [ ] No

****** If you have checked NO, please explain the above situation with client before submitting Behavioral Health Safety Net Change of BHSN of TN Provider Request Form.

Department of Mental Health & Substance Abuse Services

Behavioral Health Safety Net
Change of Information in BHSN System

Date of Request: _____

Name of BHSN Provider Requesting Change of Information: _____

Name of Requesting BHSN Provider Staff: _____

Requesting BHSN Provider Staff Email:_____

Current BHSN Enrollee Information

Client Name: _____

Client SSN: _____

Client DOB: _____

Requested Change of Information

Please confirm that you are unable to make client record changes on your own before sending to the BHSN Team.

If the field needing correction is shaded, you are unable to make the system change.
If the field needing correction is not shaded, you are able to make the system change.

SAMPLE

Demographic Information	Begin Date	Reviewed Date
Providers may change these fields if the client has *only* been enrolled at your agency and *no services have been billed*. If services have been billed – Providers are unable to change the name fields even if the client has not been enrolled with another provider. ____ First, Mid, or Last Name* ____ DOB* ____ SSN* ____ Gender	Providers may change the BHSN Begin Date themselves if it is within 60 days of today's date; there are no dates of service uploaded into the BHSN System; and it is not an Annual Review. *Begin Date must be a date *On* or *After* the Reviewed Date. If the new Begin Date is before the current Reviewed Date, the Reviewed Date must also be changed. ___ BHSN Begin Date	Providers may change the Reviewed Date if it is within 60 days of today's date and not on/after BHSN Begin Date. ___ BHSN Reviewed Date

Proof of documentation required for change. Submit PDF files only (no Word docs, .jpeg files, etc.).
Please submit request form & identification verification as a single PDF document.

Requested information in BHSN System to be changed to:

_____

Reason for Request (i.e., data entry error, corrected information based on additional information):

_____

Please email Change of Information Form to BHSN.Team@tn.gov

7.2025

Appendix II – Qualifying Mental Health Diagnoses for BHSN

To qualify for the Behavioral Health Safety Net Program, an individual must have a qualifying mental health diagnosis listed on the BHSN ICD10 Eligibility Diagnosis Codes document.

DIAGNOSIS CODE DESIGNATIONS AS OF 5/5/2026

Mental Health

F01	Vascular dementia
F015	Vascular dementia, unspecified severity
F0150	Vascular dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F0151	Vascular dementia, unspecified severity, with behavioral disturbance
F01511	Vascular dementia, unspecified severity, with agitation
F01518	Vascular dementia, unspecified severity, with other behavioral disturbance
F0152	Vascular dementia, unspecified severity, with psychotic disturbance
F0153	Vascular dementia, unspecified severity, with mood disturbance
F0154	Vascular dementia, unspecified severity, with anxiety
F01A0	Vascular dementia, mild, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F01A11	Vascular dementia, mild, with agitation
F01A18	Vascular dementia, mild, with other behavioral disturbance
F01A2	Vascular dementia, mild, with psychotic disturbance
F01A3	Vascular dementia, mild, with mood disturbance
F01A4	Vascular dementia, mild, with anxiety
F01B0	Vascular dementia, moderate, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F01B11	Vascular dementia, moderate, with agitation
F01B18	Vascular dementia, moderate, with other behavioral disturbance
F01B2	Vascular dementia, moderate, with psychotic disturbance
F01B3	Vascular dementia, moderate, with mood disturbance
F01B4	Vascular dementia, moderate, with anxiety
F01C0	Vascular dementia, severe, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F01C11	Vascular dementia, severe, with agitation
F01C18	Vascular dementia, severe, with other behavioral disturbance
F01C2	Vascular dementia, severe, with psychotic disturbance
F01C3	Vascular dementia, severe, with mood disturbance
F01C4	Vascular dementia, severe, with anxiety
F02	Dementia in other diseases classified elsewhere
F028	Dementia in other diseases classified elsewhere, unspecified severity
F0280	Dementia in other diseases classified elsewhere, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F0281	Dementia in other diseases classified elsewhere, unspecified severity, with behavioral disturbance
F02811	Dementia in other diseases classified elsewhere, unspecified severity, with agitation
F02818	Dementia in other diseases classified elsewhere, unspecified severity, with other behavioral disturbance
F0282	Dementia in other diseases classified elsewhere, unspecified severity, with psychotic disturbance
F0283	Dementia in other diseases classified elsewhere, unspecified severity, with mood disturbance
F0284	Dementia in other diseases classified elsewhere, unspecified severity, with anxiety
F02A	Dementia in other diseases classified elsewhere, mild
F02A0	Dementia in other diseases classified elsewhere, mild, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F02A1	Dementia in other diseases classified elsewhere, mild, with behavioral disturbance
F02A11	Dementia in other diseases classified elsewhere, mild, with agitation
F02A18	Dementia in other diseases classified elsewhere, mild, with other behavioral disturbance
F02A2	Dementia in other diseases classified elsewhere, mild, with psychotic disturbance
F02A3	Dementia in other diseases classified elsewhere, mild, with mood disturbance
F02A4	Dementia in other diseases classified elsewhere, mild, with anxiety
F02B	Dementia in other diseases classified elsewhere, moderate
F02B0	Dementia in other diseases classified elsewhere, moderate, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F02B1	Dementia in other diseases classified elsewhere, moderate, with behavioral disturbance
F02B11	Dementia in other diseases classified elsewhere, moderate, with agitation
F02B18	Dementia in other diseases classified elsewhere, moderate, with other behavioral disturbance
F02B2	Dementia in other diseases classified elsewhere, moderate, with psychotic disturbance
F02B3	Dementia in other diseases classified elsewhere, moderate, with mood disturbance
F02B4	Dementia in other diseases classified elsewhere, moderate, with anxiety
F02C	Dementia in other diseases classified elsewhere, severe
F02C0	Dementia in other diseases classified elsewhere, severe, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F02C1	Dementia in other diseases classified elsewhere, severe, with behavioral disturbance
F02C11	Dementia in other diseases classified elsewhere, severe, with agitation
F02C18	Dementia in other diseases classified elsewhere, severe, with other behavioral disturbance
F02C2	Dementia in other diseases classified elsewhere, severe, with psychotic disturbance
F02C3	Dementia in other diseases classified elsewhere, severe, with mood disturbance
F02C4	Dementia in other diseases classified elsewhere, severe, with anxiety
F03	Unspecified dementia
F039	Unspecified dementia, unspecified severity
F0390	Unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety

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F0391	Unspecified dementia, unspecified severity, with behavioral disturbance
F03911	Unspecified dementia, unspecified severity, with agitation
F03918	Unspecified dementia, unspecified severity, with other behavioral disturbance
F0392	Unspecified dementia, unspecified severity, with psychotic disturbance
F0393	Unspecified dementia, unspecified severity, with mood disturbance
F0394	Unspecified dementia, unspecified severity, with anxiety
F03A0	Unspecified dementia, mild, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F03A11	Unspecified dementia, mild, with agitation
F03A18	Unspecified dementia, mild, with other behavioral disturbance
F03A2	Unspecified dementia, mild, with psychotic disturbance
F03A3	Unspecified dementia, mild, with mood disturbance
F03A4	Unspecified dementia, mild, with anxiety
F03B0	Unspecified dementia, moderate, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F03B11	Unspecified dementia, moderate, with agitation
F03B18	Unspecified dementia, moderate, with other behavioral disturbance
F03B2	Unspecified dementia, moderate, with psychotic disturbance
F03B3	Unspecified dementia, moderate, with mood disturbance
F03B4	Unspecified dementia, moderate, with anxiety
F03C0	Unspecified dementia, severe, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F03C11	Unspecified dementia, severe, with agitation
F03C18	Unspecified dementia, severe, with other behavioral disturbance
F03C2	Unspecified dementia, severe, with psychotic disturbance
F03C3	Unspecified dementia, severe, with mood disturbance
F03C4	Unspecified dementia, severe, with anxiety
F04	Amnestic disorder due to known physiological condition
F05	Delirium due to known physiological condition
F06	Other mental disorders due to known physiological condition
F060	Psychotic disorder with hallucinations due to known physiological condition
F061	Catatonic disorder due to known physiological condition
F062	Psychotic disorder with delusions due to known physiological condition
F063	Mood disorder due to known physiological condition
F0630	Mood disorder due to known physiological condition, unspecified
F0631	Mood disorder due to known physiological condition with depressive features
F0632	Mood disorder due to known physiological condition with major depressive-like episode
F0633	Mood disorder due to known physiological condition with manic features
F0634	Mood disorder due to known physiological condition with mixed features
F064	Anxiety disorder due to known physiological condition
F0789	Other personality and behavioral disorders due to known physiological condition
F079	Unspecified personality and behavioral disorder due to known physiological condition
F09	Unspecified mental disorder due to known physiological condition
F1991	Other psychoactive substance use, unspecified, in remission
F20	Schizophrenia
F200	Paranoid schizophrenia
F201	Disorganized schizophrenia
F202	Catatonic schizophrenia
F203	Undifferentiated schizophrenia
F205	Residual schizophrenia
F208	Other schizophrenia
F2081	Schizophreniform disorder
F2089	Other schizophrenia
F209	Schizophrenia, unspecified
F21	Schizotypal disorder
F22	Delusional disorders
F23	Brief psychotic disorder
F24	Shared psychotic disorder
F25	Schizoaffective disorders
F250	Schizoaffective disorder, bipolar type
F251	Schizoaffective disorder, depressive type
F258	Other schizoaffective disorders
F259	Schizoaffective disorder, unspecified
F28	Other psychotic disorder not due to a substance or known physiological condition
F29	Unspecified psychosis not due to a substance or known physiological condition
F30	Manic episode
F301	Manic episode without psychotic symptoms
F3010	Manic episode without psychotic symptoms, unspecified
F3011	Manic episode without psychotic symptoms, mild
F3012	Manic episode without psychotic symptoms, moderate
F3013	Manic episode, severe, without psychotic symptoms
F302	Manic episode, severe with psychotic symptoms
F303	Manic episode in partial remission
F304	Manic episode in full remission
F308	Other manic episodes
F309	Manic episode, unspecified
F31	Bipolar disorder
F310	Bipolar disorder, current episode hypomanic
F311	Bipolar disorder, current episode manic without psychotic features
F3110	Bipolar disorder, current episode manic without psychotic features, unspecified
F3111	Bipolar disorder, current episode manic without psychotic features, mild

Mental Health

F3112	Bipolar disorder, current episode manic without psychotic features, moderate
F3113	Bipolar disorder, current episode manic without psychotic features, severe
F312	Bipolar disorder, current episode manic severe with psychotic features
F313	Bipolar disorder, current episode depressed, mild or moderate severity
F3130	Bipolar disorder, current episode depressed, mild or moderate severity, unspecified
F3131	Bipolar disorder, current episode depressed, mild
F3132	Bipolar disorder, current episode depressed, moderate
F314	Bipolar disorder, current episode depressed, severe, without psychotic features
F315	Bipolar disorder, current episode depressed, severe, with psychotic features
F316	Bipolar disorder, current episode mixed
F3160	Bipolar disorder, current episode mixed, unspecified
F3161	Bipolar disorder, current episode mixed, mild
F3162	Bipolar disorder, current episode mixed, moderate
F3163	Bipolar disorder, current episode mixed, severe, without psychotic features
F3164	Bipolar disorder, current episode mixed, severe, with psychotic features
F317	Bipolar disorder, currently in remission
F3170	Bipolar disorder, currently in remission, most recent episode unspecified
F3171	Bipolar disorder, in partial remission, most recent episode hypomanic
F3172	Bipolar disorder, in full remission, most recent episode hypomanic
F3173	Bipolar disorder, in partial remission, most recent episode manic
F3174	Bipolar disorder, in full remission, most recent episode manic
F3175	Bipolar disorder, in partial remission, most recent episode depressed
F3176	Bipolar disorder, in full remission, most recent episode depressed
F3177	Bipolar disorder, in partial remission, most recent episode mixed
F3178	Bipolar disorder, in full remission, most recent episode mixed
F318	Other bipolar disorders
F3181	Bipolar II disorder
F3189	Other bipolar disorder
F319	Bipolar disorder, unspecified
F32	Depressive episode
F320	Major depressive disorder, single episode, mild
F321	Major depressive disorder, single episode, moderate
F322	Major depressive disorder, single episode, severe without psychotic features
F323	Major depressive disorder, single episode, severe with psychotic features
F324	Major depressive disorder, single episode, in partial remission
F325	Major depressive disorder, single episode, in full remission
F328	Other depressive episodes
F3281	Premenstrual dysphoric disorder
F3289	Other specified depressive episodes
F329	Major depressive disorder, single episode, unspecified
F32A	Depression, unspecified
F33	Major depressive disorder, recurrent
F330	Major depressive disorder, recurrent, mild
F331	Major depressive disorder, recurrent, moderate
F332	Major depressive disorder, recurrent severe without psychotic features
F333	Major depressive disorder, recurrent, severe with psychotic symptoms
F334	Major depressive disorder, recurrent, in remission
F3340	Major depressive disorder, recurrent, in remission, unspecified
F3341	Major depressive disorder, recurrent, in partial remission
F3342	Major depressive disorder, recurrent, in full remission
F338	Other recurrent depressive disorders
F339	Major depressive disorder, recurrent, unspecified
F34	Persistent mood [affective] disorders
F340	Cyclothymic disorder
F341	Dysthymic disorder
F348	Other persistent mood [affective] disorders
F3481	Disruptive mood dysregulation disorder
F3489	Other specified persistent mood disorders
F349	Persistent mood [affective] disorder, unspecified
F39	Unspecified mood [affective] disorder
F40	Phobic anxiety disorders
F400	Agoraphobia
F4000	Agoraphobia, unspecified
F4001	Agoraphobia with panic disorder
F4002	Agoraphobia without panic disorder
F401	Social phobias
F4010	Social phobia, unspecified
F4011	Social phobia, generalized
F402	Specific (isolated) phobias
F409	Phobic anxiety disorder, unspecified
F41	Other anxiety disorders
F410	Panic disorder [episodic paroxysmal anxiety]
F411	Generalized anxiety disorder
F413	Other mixed anxiety disorders
F418	Other specified anxiety disorders
F419	Anxiety disorder, unspecified
F42	Obsessive-compulsive disorder
F422	Mixed obsessional thoughts and acts
F423	Hoarding disorder
F424	Excoriation (skin-picking) disorder
F428	Other obsessive-compulsive disorder
F429	Obsessive-compulsive disorder, unspecified
F43	Reaction to severe stress, and adjustment disorders
F430	Acute stress reaction

Mental Health

F431	Post-traumatic stress disorder (PTSD)
F4310	Post-traumatic stress disorder, unspecified
F4311	Post-traumatic stress disorder, acute
F4312	Post-traumatic stress disorder, chronic
F432	Adjustment disorders
F4320	Adjustment disorder, unspecified
F4321	Adjustment disorder with depressed mood
F4322	Adjustment disorder with anxiety
F4323	Adjustment disorder with mixed anxiety and depressed mood
F4324	Adjustment disorder with disturbance of conduct
F4325	Adjustment disorder with mixed disturbance of emotions and conduct
F4329	Adjustment disorder with other symptoms
F438	Other reactions to severe stress
F4381	Prolonged grief disorder
F4389	Other reactions to severe stress
F439	Reaction to severe stress, unspecified
F44	Dissociative and conversion disorders
F440	Dissociative amnesia
F441	Dissociative fugue
F442	Dissociative stupor
F444	Conversion disorder with motor symptom or deficit
F445	Conversion disorder with seizures or convulsions
F446	Conversion disorder with sensory symptom or deficit
F447	Conversion disorder with mixed symptom presentation
F448	Other dissociative and conversion disorders
F4481	Dissociative identity disorder
F4489	Other dissociative and conversion disorders
F449	Dissociative and conversion disorder, unspecified
F45	Somatoform disorders
F450	Somatization disorder
F451	Undifferentiated somatoform disorder
F4522	Body dysmorphic disorder
F454	Pain disorders related to psychological factors
F4541	Pain disorder exclusively related to psychological factors
F4542	Pain disorder with related psychological factors
F458	Other somatoform disorders
F459	Somatoform disorder, unspecified
F48	Other nonpsychotic mental disorders
F481	Depersonalization-derealization syndrome
F488	Other specified nonpsychotic mental disorders
F489	Nonpsychotic mental disorder, unspecified
F50	Eating disorders
F5000	Anorexia nervosa, unspecified
F50010	Anorexia nervosa, restricting type, mild
F50011	Anorexia nervosa, restricting type, moderate
F50012	Anorexia nervosa, restricting type, severe
F50013	Anorexia nervosa, restricting type, extreme
F50014	Anorexia nervosa, restricting type, in remission
F50019	Anorexia nervosa, restricting type, unspecified
F50020	Anorexia nervosa, binge eating/purging type, mild
F50021	Anorexia nervosa, binge eating/purging type, moderate
F50022	Anorexia nervosa, binge eating/purging type, severe
F50023	Anorexia nervosa, binge eating/purging type, extreme
F50024	Anorexia nervosa, binge eating/purging type, in remission
F50029	Anorexia nervosa, binge eating/purging type, unspecified
F5020	Bulimia nervosa, unspecified
F5021	Bulimia nervosa, mild
F5022	Bulimia nervosa, moderate
F5023	Bulimia nervosa, severe
F5024	Bulimia nervosa, extreme
F5025	Bulimia nervosa, in remission
F508	Other eating disorders
F50810	Binge eating disorder, mild
F50811	Binge eating disorder, moderate
F50812	Binge eating disorder, severe
F50813	Binge eating disorder, extreme
F50814	Binge eating disorder, in remission
F50819	Binge eating disorder, unspecified
F5089	Other specified eating disorder
F509	Eating disorder, unspecified
F51	Sleep disorders not due to a substance or known physiological condition
F510	Insomnia not due to a substance or known physiological condition
F514	Sleep terrors [night terrors]
F515	Nightmare disorder
F530	Postpartum depression
F531	Puerperal psychosis
F59	Unspecified behavioral syndromes associated with physiological disturbances and physical factors
F60	Specific personality disorders
F600	Paranoid personality disorder
F601	Schizoid personality disorder
F602	Antisocial personality disorder
F603	Borderline personality disorder
F604	Histrionic personality disorder
F605	Obsessive-compulsive personality disorder
F606	Avoidant personality disorder
F607	Dependent personality disorder
F608	Other specific personality disorders
F6081	Narcissistic personality disorder
F6089	Other specific personality disorders
F609	Personality disorder, unspecified
F63	Impulse disorders
F630	Pathological gambling
F631	Pyromania
F632	Kleptomania
F633	Trichotillomania
F638	Other impulse disorders
F6381	Intermittent explosive disorder
F6389	Other impulse disorders
F639	Impulse disorder, unspecified

Mental Health

F681	Factitious disorder imposed on self
F6810	Factitious disorder imposed on self, unspecified
F6811	Factitious disorder imposed on self, with predominantly psychological signs and symptoms
F6812	Factitious disorder imposed on self, with predominantly physical signs and symptoms
F6813	Factitious disorder imposed on self, with combined psychological and physical signs and symptoms
F688	Other specified disorders of adult personality and behavior
F68A	Factitious disorder imposed on another
F90	Attention-deficit hyperactivity disorders
F900	Attention-deficit hyperactivity disorder, predominantly inattentive type
F901	Attention-deficit hyperactivity disorder, predominantly hyperactive type
F902	Attention-deficit hyperactivity disorder, combined type
F908	Attention-deficit hyperactivity disorder, other type
F909	Attention-deficit hyperactivity disorder, unspecified type
F911	Conduct disorder, childhood-onset type
F912	Conduct disorder, adolescent-onset type
F913	Oppositional defiant disorder
F918	Other conduct disorders
F919	Conduct disorder, unspecified
F930	Separation anxiety disorder of childhood
F940	Selective mutism
F941	Reactive attachment disorder of childhood
F942	Disinhibited attachment disorder of childhood
F950	Transient tic disorder
F951	Chronic motor or vocal tic disorder
F952	Tourette's disorder
F958	Other tic disorders
F959	Tic disorder, unspecified
F98	Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence
F981	Encopresis not due to a substance or known physiological condition
F983	Pica of infancy and childhood
F984	Stereotyped movement disorders

Appendix III – BHSN Rate Sheets for Adult & Children

Behavioral Health Safety Net for Adults
Rate Sheet – FY2027

The Behavioral Health Safety Net provides outpatient Mental Health Services only. The BHSN program does not provide substance use disorder services. SUD services, including Medication Assistant Treatment (MAT) are provided by grants through the TDMHSAS Division of Substance Abuse Services.

TDMHSAS prefers in-person service delivery. BHSN Providers should follow federal and state guidelines and clinical standards when offering services via telehealth or telephone. Telephonic service delivery may be used when all other options are documented as exhausted.

Place-of-Service Codes must be used on claims to specify the entity where services were rendered. Telephonic services will be coded as telehealth until further guidance is given. Please refer to CMS's Place-of-Service Code Set to use for BHSN claims.

Individuals with Medicare Part B who meet all other eligibility requirements for BHSN, and individuals sixty-five (65) years of age or older, regardless of Medicare Part B coverage, are eligible only for the following limited array of BHSN services: Case Management (T1016), Medication Training and Support (H0034), Peer Support (H0038, H0038HQ), Psychosocial Rehabilitation Services (H2017, H2017HQ), and Transportation (T2002, T2003, A0110).

These codes and services are to be used for BHSN for Adults. A 15% administrative fee payment is applied to all BHSN administered outpatient services. Check codes with TennCare before retro-billing for any service.

Clinical, Therapeutic, and Support Services	Service/CPT Code	BHSN Adult Rate
Assessment and Evaluation		
Psychiatric diagnostic evaluation is an integrated biopsychosocial assessment, including history, mental status, and recommendations. Psychiatric diagnostic evaluation with medical services in integrated biopsychosocial and medical assessment, including history, mental status, other physical examination elements as indicated, and recommendations. One assessment/evaluation allowable per day.		
Psychiatric diagnostic evaluation (with no medical services)	90791	$108.54* *Enhanced Rate of $126.54 when provided to incarcerated individuals with an upcoming release date. POS must be 09 Prison/Correctional Facility.
Psychiatric diagnostic evaluation (with medical services)	90792	$105.20* *Enhanced Rate of $123.20 when provided to incarcerated individuals with an upcoming release date. POS must be 09 Prison/Correctional Facility.
Psychological Testing Evaluation Services		
Psychological testing evaluation services by physician or other qualified healthcare professional (including Qualified Graduate Students under the supervision of a licensed professional, to include integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed.		
Psychological Testing Evaluation Service	96130	$61.50* *Enhanced Rate of $79.50 when provided to incarcerated individuals with an upcoming release date. POS must be 09 Prison/Correctional Facility.
Individual Intervention/Therapy/Therapeutic Session		
Psychotherapy is the treatment of mental illness and behavioral disturbances in which the physician or other qualified health care professional (including Qualified Graduate Students under the supervision of a licensed professional), through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior, and encourage personality growth and development. Includes ongoing assessment and adjustment of psychotherapeutic interventions and may include involvement of informants in the treatment process.		
Psychotherapy, 60 minutes with patient (53 minutes or more)	90837	$111.32
Psychotherapy, 45 minutes with patient (38-52 minutes)	90834	$82.57
Psychotherapy, 30 minutes with patient (16-37 minutes)	90832	$61.08

Group Intervention/Therapy/Therapeutic Session		
Intervention/Therapy/Therapeutic sessions or related counseling provided in a group setting through interview, supportive psychotherapy, relationship therapy, insight therapy or other forms of intervention.		
Group psychotherapy (other than a multiple-family group): Maximum of two (2) units per person to be billed within a single date of service.	90853	$33.76
Family Therapy		
Intervention/Therapy/Therapeutic sessions or related counseling provided to a family through interview, supportive psychotherapy, relationship therapy, insight therapy or other forms of intervention.		
Family psychotherapy (conjoint psychotherapy) (with client present): 26–50-minute session	90847	$69.71
Family psychotherapy (conjoint psychotherapy) (without client present): 26–50-minute session	90846	$69.71
Psychosocial Rehabilitation		
Psychosocial Rehabilitation is a 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 support individuals as active and productive members of their communities through interventions developed with a behavioral health professional or certified peer recovery specialist, in a non-residential setting. These interventions are aimed at actively engaging the member in services, and forming individualized service plan goals that will result in measurable outcomes in the areas of educational, vocational, recreational and social support, as well as developing structure and skills training related to activities of daily living. Such interventions are collaborative, person-centered, individualized, and ultimately results in the member's wellness and recovery being sustainable within the community without requiring the support of Psychosocial Rehabilitation. Psychosocial Rehabilitation must meet medical necessity criteria and may be provided in conjunction with routine outpatient services. Psychosocial Rehabilitation services vary in intensity, frequency, and duration in order to resolve the member's ability to manage functional difficulties.		
Individual Psychosocial Rehabilitation session, 15 minutes: Maximum of four (4) units per person to be billed within a single date of service.	H2017	$11.00
Group Psychosocial Rehabilitation session, 15 minutes: Maximum of twenty-four (24) units per person to be billed within a single date of service.	H2017HQ	$11.00
Peer Support		
Peer recovery services are designed and delivered by people who have lived experience with behavioral health issues. A Certified Peer Recovery Specialist (CPRS) is someone who has self-identified as being in recovery from mental illness, substance use disorder, or co-occurring disorders of both mental illness and substance use disorder. In addition, a Certified Peer Recovery Specialist has completed specialized training recognized by the Tennessee Department of Mental Health and Substance Abuse Services on how to provide peer recovery services based on the principles of recovery and resiliency. Certified Peer Recovery Specialists can provide support to others with mental illness, substance use disorder, or cooccurring disorder and help them achieve their personal recovery goals by promoting self-determination, personal responsibility, and the empowerment inherent in self-directed recovery. *Under the direct clinical supervision of a licensed behavioral health professional, peer recovery services provided by a Certified Peer Recovery Specialist may include assisting individuals in the development of a strengths-based, person-centered plan of care; serving as an advocate or mentor; developing community support; and providing information on how to successfully navigate the behavioral health care system. Activities which promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills are provided so individuals can educate and support each other in the acquisition of skills needed to manage their recovery and access resources within their communities. Services are often provided during the evening and weekend hours.*		
Individual Peer Support session, 15 minutes: Maximum of four (4) units per person to be billed within a single date of service.	H0038	$10.00
Group Peer Support session, 15 minutes: Maximum of twenty-four (24) unites per person to be billed within a single date of service.	H0038HQ	$10.00

Case Management		
BHSN Case Management involves coordination of care services which assist a BHSN enrollee in identifying, accessing, and coordinating resources that are supportive in achieving the BHSN enrollee's treatment and recovery goals. Case Management may be delivered face-to-face, telephonically, or via telehealth. Time spent in direct contact with the BHSN Enrollee, or in direct communication with a collateral contact on behalf of the BHSN Enrollee and in alignment with the BHSN Enrollee's treatment goals, is reimbursable. Case Management may be billed for SOAR related activities performed by a case manager (not grant-funded SOAR Specialist) for BHSN enrollees, including face-to-face encounters related to SOAR activities, telephone contacts regarding SOAR activities, mail or email correspondence regarding SOAR activities, and/or paperwork and documentation related to SOAR activities. *The staff performing this service must be trained and qualified according to the Grantee's governing body. Case Management is reimbursed at $25 per unit, which Federal law defines as a 15-minute session unit (1 unit = 8 minutes to 22 minutes; 2 units = 23 minutes to 37 minutes; 3 units = 38 to 52 minutes, etc.). Maximum of twelve (12) units per person to be billed within a single date of service.*		
Case management (1 session unit)	T1016	$25.00
Transportation		
This service provides transportation for BHSN enrollees (and their family in the Children's BHSN) for the purpose of accessing treatment and recovery services covered by BHSN. The mode of transportation used will be determined by the enrollee's BHSN provider, based on individual enrollee need and community availability. Approved modes of transportation for BHSN include: (1) BHSN contracted provider vehicles to transport; (2) public transportation, such as buses; (3) BHSN providers contracting with community transportation vendors; (4) reimbursement to enrollees for gasoline; (5) reimbursement to others, such as family, friends, and neighbors for transport; (6) reimbursement for taxi or ride-share services; and (7) BHSN contracted provider staff may use their personal vehicles if the following conditions are met: (a) staff must have a class D license with an F endorsement, and (b) staff must have a copy of their current full coverage vehicle insurance on file at the agency. Provider must keep on file documentation regarding the date and mode of each transportation service. Transportation is reimbursable based on the following three criteria: (1) there is no other payment source for this service; (2) the BHSN enrollee has no other reliable transportation alternative; (3) enrollees must be receiving another BHSN service as transportation is not a stand-alone service.		
Non-emergency transportation; per diem: Maximum of one (1) unit per person to be billed on a single date of service.	T2002	$18.00
Non-emergency transportation; Encounter/Trip: Maximum of one (1) unit person to be billed on a single date of service.	T2003	$9.00
Non-emergency Transport Bus	A0110	$4.00
Psychiatric Medication Management		
Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.	99211	$13.91
Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.	99212	$64.06
Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.	99213	$70.96
Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.	99214	$79.18
Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.	99215	$96.88
Medication Training and Support, 15 minutes	H0034	$25.63

Administration of Long-Acting Injectable			
Therapeutic, prophylactic, or diagnostic injection; subcutaneous or intramuscular	96372	$14.56	
Venipuncture			
Collection of venous blood by venipuncture	36415	$3.00	
Labs Related to Medication Management			
Laboratory services related to psychiatric treatment such as processing and reporting on blood samples or specimens to assure the safe and effective use of psychiatric medications (per lab service).	Memphis Pathology Lab/AEL Vender Item/Part #	Service/CPT Code	Rate
Amylase, Serum	C200	82150	$1.80
Basic Metabolic Panel with Glomerular Filtration Rate	C011	80048	$1.45
Carbamazepine Total	L114	80156	$3.42
Complete Blood Count, w/Differential/Platelet	H010	85025	$1.25
Comprehensive Metabolic Panel with Glomerular Filtration Rate	C010	80053	$1.50
Gamma-Glutamyl Transferase (GGT)	C153	82977	$1.35
Glucose	C100	82947	$1.05
Hemoglobin A1C	C114	83036	$2.70
Hepatic Function Panel	C-12	80076	$1.48
Lipid Panel	C014	80061	$1.65
Lithium	L130	80178	$4.00
Pregnancy Test Serum (qualitative)	E509	84703	$4.25
Prolactin	E550	84146	$3.20
T3 (Triiodothyronine) Total	E425	84480	$1.80
T4 (Thyroxin) Free	E429-A	84439	$2.50
T4 (Thyroxin) Total	E421	84436	$1.40
Thyroid Stimulating Hormone (TSH)	E423	84443	$1.55
Urinalysis, Microscopic	K003-A	81001	$1.25
Urine Drug Screen	L431	80307	$12.78
Valproic Acid (Depakote)	L202	80164	$4.00
Vitamin B12	E760	82607	$4.05
Vitamin D	E751	82306	$5.00
Other lab services not listed above may be ordered in accordance with Statewide Contract number 532 (or subsequent number) for Clinical Laboratory Services through Memphis Pathology Laboratory, dba American Esoteric Laboratories (AEL). Billing rate and service shall be determined by the rates listed in that Contract. To be eligible for reimbursement, labs not listed above are required to have prior approval from TDMHSAS before they are ordered.	As listed in the statewide Clinical Laboratory Services Contract (No. 532; or subsequent number)		
Pharmacy Assistance and Coordination			
Services provided directly to those eligible for the BHSN to individually assist in securing medications at a reduced price, or no cost, through a manufacturer sponsored program or other pharmacy assistance program. Also includes coordination with service recipient, prescriber, manufacturer and Pharmacy Benefit Manager (PBM) for initial pharmacy assistance applications, emergency and periodic medication changes and monitoring and submission of data necessary for monitoring and reporting. (per month)	As established by the State based on total number of persons expected to be served during State Fiscal Year		

Unallowable Service Code Combinations

The services in Column A cannot be billed with the corresponding service in Column B on the same date and for the same service recipient.
This list may be subject to change depending on CMS guidelines.

Column A		Column B	
CPT	**Service**	**CPT**	**Service**
80053	Comprehensive Metabolic Panel	80048	Basic Metabolic Panel
82947	Glucose, quantitative	80048	Basic Metabolic Panel
80048	Basic Metabolic Panel	80053	Comprehensive Metabolic Panel
82947	Glucose, quantitative	80053	Comprehensive Metabolic Panel
80053	Comprehensive Metabolic Panel	82947	Glucose, quantitative
80048	Basic Metabolic Panel	82947	Glucose, quantitative
90792	Psychiatric diagnostic evaluation (with medical services)	90791	Psychiatric diagnostic evaluation (with no medical services)
90791	Psychiatric diagnostic evaluation (with no medical services)	90792	Psychiatric diagnostic evaluation (with medical services)
99211	Office visit for evaluation and management of an established patient	90792	Psychiatric diagnostic evaluation (with medical services)
99212	Office visit for the evaluation and management of an established patient	90792	Psychiatric diagnostic evaluation (with medical services)
99213	Office visit for the evaluation and management of an established patient	90792	Psychiatric diagnostic evaluation (with medical services)
99214	Office visit for the evaluation and management of an established patient	90792	Psychiatric diagnostic evaluation (with medical services)
99215	Office visit for the evaluation and management of an established patient	90792	Psychiatric diagnostic evaluation (with medical services)
90834	Psychotherapy, individual 45 minutes	90832	Psychotherapy, individual 30 minutes
90837	Psychotherapy, individual 60 minutes	90832	Psychotherapy, individual 30 minutes
90832	Psychotherapy, individual 30 minutes	90834	Psychotherapy, individual 45 minutes
90837	Psychotherapy, individual 60 minutes	90834	Psychotherapy, individual 45 minutes
90832	Psychotherapy, individual 30 minutes	90837	Psychotherapy, individual 60 minutes
90834	Psychotherapy, individual 45 minutes	90837	Psychotherapy, individual 60 minutes
90847	Family psychotherapy (with client present)	90846	Family psychotherapy (without client present)
90846	Family psychotherapy (without client present)	90847	Family psychotherapy (with client present)
90792	Psychiatric diagnostic evaluation (with medical services)	99211	Office visit for evaluation and management of an established patient
H0034	Medication Training & Support - 15 minutes per unit	99211	Office visit for evaluation and management of an established patient
90792	Psychiatric diagnostic evaluation (with medical services)	99212	Office visit for the evaluation and management of an established patient
H0034	Medication Training & Support - 15 minutes per unit	99212	Office visit for the evaluation and management of an established patient
90792	Psychiatric diagnostic evaluation (with medical services)	99213	Office visit for the evaluation and management of an established patient
H0034	Medication Training & Support - 15 minutes per unit	99213	Office visit for the evaluation and management of an established patient
90792	Psychiatric diagnostic evaluation (with medical services)	99214	Office visit for the evaluation and management of an established patient
H0034	Medication Training & Support - 15 minutes per unit	99214	Office visit for the evaluation and management of an established patient
90792	Psychiatric diagnostic evaluation (with medical services)	99215	Office visit for the evaluation and management of an established patient
H0034	Medication Training & Support - 15 minutes per unit	99215	Office visit for the evaluation and management of an established patient
T2002	Non-emergency transportation; per diem	A0110	Non-emergency Transport Bus
T2002	Non-emergency transportation; per diem	A0110	Non-emergency Transport Bus
T2003	Non-emergency transportation; Encounter/Trip	A0110	Non-emergency Transport Bus
99211	Office visit for evaluation and management of an established patient	H0034	Medication Training & Support - 15 minutes per unit
99212	Office visit for the evaluation and management of an established patient	H0034	Medication Training & Support - 15 minutes per unit
99213	Office visit for the evaluation and management of an established patient	H0034	Medication Training & Support - 15 minutes per unit
99214	Office visit for the evaluation and management of an established patient	H0034	Medication Training & Support - 15 minutes per unit
99215	Office visit for the evaluation and management of an established patient	H0034	Medication Training & Support - 15 minutes per unit
A0110	Non-emergency Transport Bus	T2002	Non-emergency transportation; per diem
T2003	Non-emergency transportation; Encounter/Trip	T2002	Non-emergency transportation; per diem
A0110	Non-emergency Transport Bus	T2002	Non-emergency transportation; per diem
T2002	Non-emergency transportation; per diem	T2003	Non-emergency transportation; Encounter/Trip
A0110	Non-emergency Transport Bus	T2003	Non-emergency transportation; Encounter/Trip

Behavioral Health Safety Net for Children
Rate Sheet – FY2027

The Behavioral Health Safety Net provides outpatient Mental Health Services only. The BHSN program does not provide substance use disorder services. SUD services, including Medication Assistant Treatment (MAT) are provided by grants through the TDMHSAS Division of Substance Abuse Services.

TDMHSAS prefers in-person service delivery. BHSN Providers should follow federal and state guidelines and clinical standards when offering services via telehealth or telephone. Telephonic service delivery may be used when all other options are documented as exhausted.

Place-of-Service Codes must be used on claims to specify the entity where services were rendered. Telephonic services will be coded as telehealth until further guidance is given. Please refer to CMS's Place-of-Service Code Set to use for BHSN claims.

Children with private health insurance that includes behavioral health coverage and children enrolled in CoverKids are eligible only for the following limited array of BHSN for Children services: Case Management (T1016), Family Support Services (H2014), Family Therapy without client present (90847), Family Therapy with client present (90846), Transportation (T2002, T2003, A0110), and Medication Training and Support (H0034).

These codes and services are to be used for BHSN for Children. Check codes with TennCare before retro-billing for any service.

Clinical, Therapeutic, and Support Services	Service/CPT Code	BHSN for Children Rate
Assessment and Evaluation		
Psychiatric diagnostic evaluation is an integrated biopsychosocial assessment, including history, mental status, and recommendations. Psychiatric diagnostic evaluation with medical services in integrated biopsychosocial and medical assessment, including history, mental status, other physical examination elements as indicated, and recommendations. One assessment/evaluation allowable per day.		
Psychiatric diagnostic evaluation (with no medical services)	90791	$108.54
Psychiatric diagnostic evaluation (with medical services)	90792	$105.20
Psychological Testing Evaluation Services		
Psychological testing evaluation services by physician or other qualified healthcare professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed.		
Psychological Testing Evaluation Service	96130	$61.50
Individual Intervention/Therapy/Therapeutic Session		
Psychotherapy is the treatment of mental illness and behavioral disturbances in which the physician or other qualified health care professional, including Qualified Graduate Students under the supervision of a licensed professional, through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior, and encourage personality growth and development. Includes ongoing assessment and adjustment of psychotherapeutic interventions and may include involvement of informants in the treatment process.		
Psychotherapy, 60 minutes with patient (53 minutes or more)	90837	$111.32
Psychotherapy, 45 minutes with patient (38-52 minutes)	90834	$82.57
Psychotherapy, 30 minutes with patient (16-37 minutes)	90832	$61.08

Group Intervention/Therapy/Therapeutic Session		
Intervention/Therapy/Therapeutic sessions or related counseling provided in a group setting through interview, supportive psychotherapy, relationship therapy, insight therapy or other forms of intervention.		
Group psychotherapy (other than in a multiple-family group): Maximum of two (2) units per person to be billed within a single date of service.	90853	$33.76
Family Therapy		
Intervention/Therapy/Therapeutic sessions or related counseling provided to a family through interview, supportive psychotherapy, relationship therapy, insight therapy or other forms of intervention.		
Family psychotherapy (conjoint psychotherapy) (with client present): 26–50-minute session	90847	$69.71
Family psychotherapy (conjoint psychotherapy) (without client present): 26–50-minute session	90846	$69.71
Family Support Services		
Family support services are used to assist other caregivers of children or youth diagnosed with emotional, behavioral, or co-occurring disorders, and are provided by a Certified Family Support Specialist under the direct clinical supervision of a licensed behavioral health professional. A Certified Family Support Specialist is a person who has previously self-identified as the caregiver of a child or youth with an emotional, behavioral or co-occurring disorder and who has successfully navigated the child-serving systems to access treatment and resources necessary to build resiliency and foster success in the home, school, and community. This individual has successfully completed and passed training recognized by the Tennessee Department of Mental Health and Substance Abuse Services on how to assist other caregivers in fostering resiliency in their child based on the principles of resiliency and recovery; and has received certification from the Tennessee Department of Mental Health and Substance Abuse Services as a Certified Family Support Specialist. *These services include assisting caregivers in managing their child's illness and fostering resiliency and hope in the recovery process. These direct caregiver-to-caregiver support services include, but are not limited to, developing formal and informal supports, assisting in the development of strengths-based family and individual goals, serving as an advocate, mentor, or facilitator for resolution of issues that a caregiver is unable to resolve on his or her own, or providing education on system navigation and skills necessary to maintain a child with emotional, behavioral or co-occurring disorders in their home environment.*		
Family Support session: 15 minutes. Maximum of eight (8) units per person/family to be billed within a single date of service.	H2014	$10.00
Case Management		
BHSN Case Management involves coordination of care services which assist a BHSN enrollee in identifying, accessing, and coordinating resources that are supportive in achieving the BHSN enrollee's treatment and recovery goals. Case Management may be delivered face-to-face, telephonically, or via telehealth. Time spent in direct contact with the BHSN Enrollee, or in direct communication with a collateral contact on behalf of the BHSN Enrollee and in alignment with the BHSN Enrollee's treatment goals, is reimbursable. Case Management may be billed for SOAR related activities performed by a case manager (not grant-funded SOAR Specialist) for BHSN enrollees, including face-to-face encounters related to SOAR activities, telephone contacts regarding SOAR activities, mail or email correspondence regarding SOAR activities, and/or paperwork and documentation related to SOAR activities. The staff performing this service must be trained and qualified according to the Grantee's governing body. Case Management is reimbursed at $25 per unit, which Federal law defines as a 15-minute session unit (1 unit = 8 minutes to 22 minutes; 2 units = 23 minutes to 37 minutes; 3 units = 38 to 52 minutes, etc.). Maximum of twelve (12) units per person to be billed within a single date of service.		
Case management (1 session unit)	T1016	$25.00

Transportation		
This service provides transportation for BHSN of TN enrollees (and their family in the Children's BHSN) for the purpose of accessing treatment and recovery services covered by the BHSN of TN. The mode of transportation used will be determined by the enrollee's BHSN of TN provider, based on individual enrollee need and community availability. Approved modes of transportation for the BHSN of TN include: (1) BHSN of TN contracted provider vehicles to transport; (2) public transportation, such as buses; (3) BHSN of TN providers contracting with community transportation vendors; (4) reimbursement to enrollees for gasoline; (5) reimbursement to others, such as family, friends, and neighbors for transport; (6) reimbursement for taxi or ride-share services; and (7) BHSN of TN contracted provider staff may use their personal vehicles if the following conditions are met: (a) staff must have a class D license with an F endorsement, and (b) staff must have a copy of their current full coverage vehicle insurance on file at the agency. Provider must keep on file documentation regarding the date and mode of each transportation service. Transportation is reimbursable based on the following three criteria: (1) there is no other payment source for this service; (2) the BHSN of TN enrollee has no other reliable transportation alternative; (3) enrollees must be receiving another BHSN of TN service as transportation is not a stand-alone service.		
Non-emergency transportation; per diem: Maximum of one (1) unit per person to be billed on a single date of service.	T2002	$18.00
Non-emergency transportation; Encounter/Trip: Maximum of one (1) unit person to be billed on a single date of service.	T2003	$9.00
Non-emergency Transport Bus	A0110	$4.00
Psychiatric Medication Management		
Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.	99211	$13.91
Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.	99212	$64.06
Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.	99213	$70.96
Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.	99214	$79.18
Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.	99215	$96.88
Medication Training and Support, 15 minutes	H0034	$25.63
Administration of Long-Acting Injectable		
Therapeutic, prophylactic, or diagnostic injection; subcutaneous or intramuscular	96372	$14.56

Venipuncture		
Collection of venous blood by venipuncture	36415	$3.00
Labs Related to Medication Management		
Laboratory services related to psychiatric treatment such as processing and reporting on blood samples or specimens to assure the safe and effective use of psychiatric medications (per lab service).	**Service Code**	**Rate**
Amylase, Serum - C200	82150	$1.80
Basic Metabolic Panel with Glomerular Filtration Rate - C011	80048	$1.45
Carbamazepine Total - L114	80156	$3.42
Complete Blood Count, w/Differential/Platelet - H010	85025	$1.25
Comprehensive Metabolic Panel with Glomerular Filtration Rate - C010	80053	$1.50
Gamma-glutamyl transferase (GGT) - C153	82977	$1.35
Glucose - C100	82947	$1.05
Hemoglobin A1C - C114	83036	$2.70
Hepatic Function Panel - C-12	80076	$1.48
Lipid Panel - C014	80061	$1.65
Lithium - L130	80178	$4.00
Pregnancy Test Serum (qualitative) - E509	84703	$4.25
Prolactin - E550	84146	$3.20
T3 (Triiodothyronine) Total - E425	84480	$1.80
T4 (Thyroxin) Free - E429-A	84439	$2.50
T4 (Thyroxin) Total - E421	84436	$1.40
Thyroid Stimulating Hormone (TSH) - E423	84443	$1.55
Urinalysis, Microscopic - K003-A	81001	$1.25
Urine Drug Screen - L431	80307	$12.78
Valproic Acid (Depakote) - L202	80164	$4.00
Vitamin B12 - E760	82607	$4.05
Vitamin D - E751	82306	$5.00
Other lab services not listed above may be ordered in accordance with Statewide Contract number 532 (or subsequent number) for Clinical Laboratory Services through Memphis Pathology Laboratory, dba American Esoteric Laboratories (AEL). Billing rate and service shall be determined by the rates listed in that Contract. To be eligible for reimbursement, labs not listed above are required to have prior approval from TDMHSAS before they are ordered.	As listed in the statewide Clinical Laboratory Services Contract (No. 532; or subsequent number)	
Pharmacy Assistance and Coordination		
Services provided directly to those eligible for the BHSN of TN to individually assist in securing medications at a reduced price, or no cost, through a manufacturer sponsored program or other pharmacy assistance program. Also includes coordination with service recipient, prescriber, manufacturer and Pharmacy Benefit Manager (PBM) for initial pharmacy assistance applications, emergency and periodic medication changes and monitoring and submission of data necessary for monitoring and reporting. (per month)	As established by the State based on total number of persons expected to be served during State Fiscal Year	As established by the State based on total number of persons expected to be served during State Fiscal Year

Unallowable Service Code Combinations			
The services in Column A cannot be billed with the corresponding service in Column B on the same date and for the same service recipient. This list may be subject to change depending on CMS guidelines.			
Column A		**Column B**	
CPT	**Service**	**CPT**	**Service**
80053	Comprehensive Metabolic Panel	80048	Basic Metabolic Panel
82947	Glucose, quantitative	80048	Basic Metabolic Panel
80048	Basic Metabolic Panel	80053	Comprehensive Metabolic Panel
82947	Glucose, quantitative	80053	Comprehensive Metabolic Panel
80053	Comprehensive Metabolic Panel	82947	Glucose, quantitative
80048	Basic Metabolic Panel	82947	Glucose, quantitative
90792	Psychiatric diagnostic evaluation (with medical services)	90791	Psychiatric diagnostic evaluation (with no medical services)
90791	Psychiatric diagnostic evaluation (with no medical services)	90792	Psychiatric diagnostic evaluation (with medical services)
99211	Office visit for evaluation and management of an established patient	90792	Psychiatric diagnostic evaluation (with medical services)
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99213	Office visit for the evaluation and management of an established patient	90792	Psychiatric diagnostic evaluation (with medical services)
99214	Office visit for the evaluation and management of an established patient	90792	Psychiatric diagnostic evaluation (with medical services)
99215	Office visit for the evaluation and management of an established patient	90792	Psychiatric diagnostic evaluation (with medical services)
90834	Psychotherapy, individual 45 minutes	90832	Psychotherapy, individual 30 minutes
90837	Psychotherapy, individual 60 minutes	90832	Psychotherapy, individual 30 minutes
90832	Psychotherapy, individual 30 minutes	90834	Psychotherapy, individual 45 minutes
90837	Psychotherapy, individual 60 minutes	90834	Psychotherapy, individual 45 minutes
90832	Psychotherapy, individual 30 minutes	90837	Psychotherapy, individual 60 minutes
90834	Psychotherapy, individual 45 minutes	90837	Psychotherapy, individual 60 minutes
90847	Family psychotherapy (with client present)	90846	Family psychotherapy (without client present)
90846	Family psychotherapy (without client present)	90847	Family psychotherapy (with client present)
90792	Psychiatric diagnostic evaluation (with medical services)	99211	Office visit for evaluation and management of an established patient
H0034	Medication Training & Support - 15 minutes per unit	99211	Office visit for evaluation and management of an established patient
90792	Psychiatric diagnostic evaluation (with medical services)	99212	Office visit for the evaluation and management of an established patient
H0034	Medication Training & Support - 15 minutes per unit	99212	Office visit for the evaluation and management of an established patient
90792	Psychiatric diagnostic evaluation (with medical services)	99213	Office visit for the evaluation and management of an established patient
H0034	Medication Training & Support - 15 minutes per unit	99213	Office visit for the evaluation and management of an established patient
90792	Psychiatric diagnostic evaluation (with medical services)	99214	Office visit for the evaluation and management of an established patient
H0034	Medication Training & Support - 15 minutes per unit	99214	Office visit for the evaluation and management of an established patient
90792	Psychiatric diagnostic evaluation (with medical services)	99215	Office visit for the evaluation and management of an established patient
H0034	Medication Training & Support - 15 minutes per unit	99215	Office visit for the evaluation and management of an established patient
T2002	Non-emergency transportation; per diem	A0110	Non-emergency Transport Bus
T2002	Non-emergency transportation; per diem	A0110	Non-emergency Transport Bus
T2003	Non-emergency transportation; Encounter/Trip	A0110	Non-emergency Transport Bus
99211	Office visit for evaluation and management of an established patient	H0034	Medication Training & Support - 15 minutes per unit
99212	Office visit for the evaluation and management of an established patient	H0034	Medication Training & Support - 15 minutes per unit
99213	Office visit for the evaluation and management of an established patient	H0034	Medication Training & Support - 15 minutes per unit
99214	Office visit for the evaluation and management of an established patient	H0034	Medication Training & Support - 15 minutes per unit
99215	Office visit for the evaluation and management of an established patient	H0034	Medication Training & Support - 15 minutes per unit
A0110	Non-emergency Transport Bus	T2002	Non-emergency transportation; per diem
T2003	Non-emergency transportation; Encounter/Trip	T2002	Non-emergency transportation; per diem
A0110	Non-emergency Transport Bus	T2002	Non-emergency transportation; per diem
T2002	Non-emergency transportation; per diem	T2003	Non-emergency transportation; Encounter/Trip
A0110	Non-emergency Transport Bus	T2003	Non-emergency transportation; Encounter/Trip

Appendix IV – Children's Behavioral Health Safety Net Eligibility Map

BEHAVIORAL HEALTH SAFETY NET FOR CHILDREN



ELIGIBILITY MAP



BASIC CRITERIA

- Age 3-17
- Tennessee Resident
- US Citizen or Qualified Alien
- Mental Health Diagnosis
- Not in Long-Term Inpatient or Residential Facility
- Not in Foster Custody
- No Family Income Limits

COVERAGE

- No Insurance
- No Behavioral Health Coverage
- Exhausted Behavioral Health Coverage
- Cover Kids
- Commercial Insurance with Behavioral Health Coverage

ELIGIBLE SERVICES

Eligible for All Services

Eligible For:

- Case Management
- Family Support Services
- Family Therapy
- Medication Training & Support
- Transportation (to and from BHSN Services)

DOCUMENTATION

- Proof of Lack of TennCare & Attestation to Lack of Commercial Coverage
- Verification from Insurance Carrier showing behavioral health coverage has been exhausted
- Proof of CoverKids
- Proof of Commercial Behavioral Health Insurance

All Enrollees Need Documents Proving:
Age, TN Residency, US Citizenship or Qualified Alien Status, and Mental Health Diagnosis

Link for more information:
tn.gov/behavioral-health/bhsn

Updated 6.2025

TN Department of Mental Health & Substance Abuse Services

Appendix V – Onepager References for BHSN Adults & BHSN for Children

BEHAVIORAL HEALTH SAFETY NET FOR ADULTS

The Behavioral Health Safety Net (BHSN) for Adults provides essential outpatient mental health services to uninsured adult Tennesseans who meet program eligibility criteria through a network of 15 BHSN Community Mental Health Providers.

PROVIDER NETWORK

Alliance Healthcare Services
901-369-1400
West

Carey Counseling Center
800-611-7757
West

CMI Healthcare Services
901-821-5600
West

Centerstone of Tennessee
800-HOPE-123
Middle, East

Frontier Health
855-336-9327
East

McNabb Center
877-302-1226
East

Mental Health Cooperative
866-816-0433
West, Middle, East

Pathways Behavioral Health Services
800-587-3854
West

Peninsula Behavioral Health
865-970-9800
East

Professional Care Services of West TN
844-727-2778
West

Quinco Mental Health Center
800-532-6339
West

Ridgeview Behavioral Health Services
800-834-4178
East

River Valley Health
866-231-4477
East

TN Voices
800-670-9882
Middle

Volunteer Behavioral Health
877-567-6051
Middle, East

ELIGIBILITY CRITERIA

- **Diagnosed with a Mental Health Condition**
- **Tennessee Resident**
- **18 Years or Older**
- **US Citizen or Qualified Legal Alien**
- **Income Eligibility Based on Household Size**
  In 2026, for a household of one the annual income cap is $22,025; household of two $29,863; household of three $37,702; and household of four $45,540
- **Not in an Inpatient or Nursing Facility**
- **Ineligible for TennCare**
- **Do not have Private Health Insurance**
  OR the insurance lacks mental health coverage
  OR all mental health benefits under the health insurance are exhausted for the year

TOP SERVICES

- **Mental Health Assessment and Evaluation**
- **Case Management**
- **Psychiatric Medication Management**
- **Help Getting Mental Health Prescriptions**
- **Individual Therapy**
- **Group Therapy**
- **Family Therapy**

IMPORTANT FACTS

- **Outpatient Mental Health Services Only**
- **No Physical Health Treatment**
- **Is Not Insurance or Part of TennCare**
- **Prescription Assistance Available**

Link for more information:
tn.gov/behavioral-health/bhsn

TN Department of Mental Health & Substance Abuse Services

Updated 2.2026

BEHAVIORAL HEALTH SAFETY NET FOR CHILDREN

The Behavioral Health Safety Net (BHSN) for Children provides essential outpatient mental health services to Tennessee children ages 3-17 who meet program eligibility criteria through a network of 15 BHSN Community Mental Health Providers.

PROVIDER NETWORK

Alliance Healthcare Services
901-369-1400
West

Carey Counseling Center
800-611-7757
West

CMI Healthcare Services
901-821-5600
West

Centerstone of Tennessee
800-HOPE-123
Middle, East

Frontier Health
855-336-9327
East

McNabb Center
877-302-1226
East

Mental Health Cooperative
866-816-0433
West, Middle, East

Pathways Behavioral Health Services
800-587-3854
West

Peninsula Behavioral Health
865-970-9800
East

Professional Care Services of West TN
844-727-2778
West

Quinco Mental Health Center
800-532-6339
West

Ridgeview Behavioral Health Services
800-834-4178
East

River Valley Health
866-231-4477
East

TN Voices
800-670-9882
Middle

Volunteer Behavioral Health
877-567-6051
Middle, East

ELIGIBILITY CRITERIA

- Diagnosed with a Mental Health Condition
- Tennessee Resident
- Ages 3-17
- US Citizen or Qualified Legal Alien
- No Income Limit
- Not in an Inpatient Facility or Foster Care
- Ineligible for TennCare
- Insured Children or Children with CoverKids May Receive the Following Services if They Meet Other BHSN Eligibility Criteria:

  Case Management
  Family Support Services
  Family Therapy
  Medication Training and Support
  Transportation to and from BHSN Services

TOP SERVICES

- Mental Health Assessment and Evaluation
- Case Management
- Psychiatric Medication Management
- Family Support Services
- Individual Therapy
- Group Therapy
- Family Therapy

IMPORTANT FACTS

- NO INCOME LIMIT
- Outpatient Mental Health Services Only
- No Physical Health Treatment
- Is Not Insurance or Part of TennCare
- Prescription Assistance Available

Link for more information:
tn.gov/behavioral-health/bhsn

Updated 6.2025

TN Department of Mental Health & Substance Abuse Services

Appendix VI – Income Calculation

How to Calculate Employer Income for BHSN

If the client has regular employer income, you will gather a consecutive month of the most recent paystubs (four, one-week stubs **OR** two, two-week stubs) and calculate the **GROSS** income as follows:

Weekly Income example:	Bi-weekly Income example:
Client has four *weekly* paystubs. 1. 9/1 is $172.00 (net) and $202.00 (gross) 2. 9/8 is $96.00 (net) and $117.00 (gross) 3. 9/15 is $114.00 (net) and $145.00 (gross) 4. 9/22 is $78.00 (net) and $112.00 (gross) We calculate the total **gross** income for the four-week period: $202 + $117 + $145 + $112 = $576 Take the $576 total for the month and multiply by 12 (months): The client's gross income for the year is estimated to be $6,912	Client has two *bi-weekly* paystubs. 1. 9/8 is $350.00 (net) and $400.00 (gross) 2. 9/22 is 298.00 (net) and $330.00 (gross) We calculate the total **gross** income for the four-week period: $400 + $330 = $730 Take the $730 total for the month and multiply by 12 (months): The client's gross income for the year is estimated to be $8,760

For additional help calculating BHSN income, please reach out to your BHSN Lead.

Appendix VII – Enrollment Information for RMHIs and TDMHSAS Contracted Hospitals

BHSN Enrollment Procedures for Adults
BHSN Enrollment Procedures for Children

BHSN for Adults Referral Form
BHSN for Children Referral Form

TN Department of Mental Health & Substance Abuse Services

Behavioral Health Safety Net (BHSN) for ADULTS
Enrollment Procedures for RMHIs & TDMHSAS Contracted Hospitals

- **SCREEN ALL PATIENTS FOR BHSN ELIGIBLITY BEFORE DISCHARGE.**
    - **BHSN Eligibility Criteria:**
        - Do not have behavioral health insurance (including not having TennCare, behavioral health benefits through the Veteran's Administration, or private insurance that has current behavioral health benefits). Note: Individuals with Medicare Part B may be eligible but will receive a limited BHSN service array.
        - Be a US Citizen or have Qualified Alien Status (a nine digit Social Security Number or ITIN is needed to enroll)
        - Be a resident of Tennessee
        - Have a qualifying mental health diagnosis
        - Be 18 years old or older
        - Have a household income at or below 138% of the Federal Poverty Level

2026* Federal Poverty Levels (FPLs) for Tennessee Residents	
1 in household	$22,025
2 in household	$29,863
3 in household	$37,702
4 in household	$45,540

** Please note FPLs change each calendar year.*

- If patient meets BHSN eligibility requirements, check the Behavioral Health Safety Net System (HTTP://cloudmh.tn.gov/SafetyNet/Account/Login) to verify if the patient is currently enrolled.

IF PATIENT MEETS BHSN ELIGIBILITY REQUIREMENTS AND IS NOT ENROLLED IN BHSN:

- Review what BHSN is, the eligibility requirements, and BHSN services and policies with the patient. ***Key things to share with the patient***:
    - The Behavioral Health Safety Net is a program that offers free essential outpatient mental health services to eligible Tennesseans.
    - To be eligible, you must lack behavioral health insurance, be 18 or older, be a US Citizen or a Qualified Alien, live in TN, meet income requirements, and have a qualifying mental health diagnosis.
    - BHSN services include psychiatric medication management, therapy, case management, peer support, psychosocial rehabilitation, and, in some cases, transportation to BHSN services.
    - BHSN is not insurance, and you will not receive an enrollment card. You can only be enrolled with and receive services from one BHSN Provider at a time. BHSN enrollees can choose to change BHSN Providers if they prefer.

- Receive consent from patient to enroll the patient in BHSN with the BHSN Provider they choose.
- Receive consent from the patient that their BHSN enrollment information is shared with the TN Department of Mental Health and Substance Abuse, but the information is protected and will only be used for the payment and provision of services under the BHSN.
- If patients agree to be enrolled in BHSN, complete online enrollment in the Behavioral Health Safety Net System (HTTP://cloudmh.tn.gov/SafetyNet/Account/Login).
- Document in the patient's hospital record "*Enrolled patient in BHSN per BHSN Enrollment Procedures*" at minimum in the Hospital Discharge Summary or in a case management/progress note.

IF PATIENT IS ENROLLED IN BHSN AND WANTS SERVICES AT A DIFFERENT BHSN PROVIDER:

- Confirm the patient understands they can only be enrolled in one BHSN Provider at a time.
- Share with the current, and newly identified BHSN Providers, that the patient wants to be referred to another BHSN Provider after hospital discharge.
- Note: RHMI staff cannot make Provider Changes on their own.

IF DEMOGRAPHIC INFORMATION LISTED FOR PATIENT IN BHSN SYSTEM IS INCORRECT:

- Share the correct demographic information with the current BHSN Provider so they may update in the BHSN system.
- Note: RMHI staff may not make demographic changes to registrations on their own.

SHARE THE FOLLOWING INFORMATION WITH THE PATIENT AND BHSN PROVIDER:

- For the patient – Provide the "Referral Information: Behavioral Health Safety Net for Adults Program Sheet" which includes the date/time of their first appointment and a checklist of documents needed at the first appointment.
- For the BHSN Provider - Sharing information, including after care plan and physician's discharge orders, supports continuity of care for the patient after discharge.

CoverRx

CoverRx is a prescription drug program designed to assist those who have no pharmacy coverage but have a need for medication. Eligibility includes ages 18-64 and incomes at or below 138% of the Federal Poverty Level.

CoverRx and BHSN are two **separate** programs. CoverRx is operated through TennCare, and the CoverRx Prescription Benefit Manager is OptumRx. For assistance with CoverRx, call 1-800-356-3477.

To learn more about CoverRx, including eligibility and Covered Drug List:
https://www.tn.gov/content/dam/tn/tenncare/documents/coverrx_druglist.pdf

To enroll or check current enrollment status: https://www.optumrx.com/coverrx

If patient is enrolled in CoverRx by RMHI/contracted hospital, document at minimum in the Hospital Discharge Summary. CoverRx enrollment is immediate and a CoverRx benefits card can be printed to the patient prior to discharge.

TN Department of Mental Health & Substance Abuse Services

Behavioral Health Safety Net (BHSN) for CHILDREN
Enrollment Procedures for RMHIs &TDMHSAS Contracted Hospitals

- **SCREEN ALL PATIENTS FOR BHSN FOR CHILDREN ELIGIBLITY BEFORE DISCHARGE**

  - **BHSN for Children Eligibility Criteria:**

    - Age 3 years to 17 years old
    - Be a US Citizen or have Qualified Alien Status (a nine digit Social Security Number or ITIN is needed to enroll)
    - Be a resident of Tennessee
    - Have a qualifying mental health diagnosis
    - Have one of the following behavioral health insurance statuses:
      - Do have not behavioral health insurance, including TennCare; OR private health insurance lacks mental health coverage; OR all mental health benefits under the private health insurance have been exhausted; **or**
      - Enrolled in CoverKids. Please note: *Children in CoverKids are eligible for a limited service array in BHSN for Children that includes Case Management, Transportation, Family Support Services, and Family Therapy;* ***or***
      - Have private health insurance that includes behavioral health coverage. Please note: *Children with private health insurance with behavioral health coverage are eligible for a limited service array in BHSN for Children that includes Case Management, Transportation, Family Support Services, and Family Therapy.*

- If patient meets BHSN for Children eligibility requirements, check the Behavioral Health Safety Net System https://cloudmh.tn.gov/SafetyNet/Account/Login to verify if the patient is currently enrolled.

IF PATIENT MEETS BHSN ELIGIBILITY REQUIREMENTS AND IS NOT ENROLLED IN BHSN:

- Review what BHSN is, the eligibility requirements, and BHSN services and policies with the patient. ***Key things to share with the patient and family***:

  - The Behavioral Health Safety Net is a program that offers free essential outpatient mental health services to eligible Tennesseans.
  - To be eligible, you must be between ages 3 to 17 years old, be a US Citizen or have qualified alien status, be a resident of TN, have a qualifying mental health diagnosis, and have one of the following insurance statuses: be uninsured, have CoverKids, or have private insurance with mental health benefits.
  - BHSN services may include based on your insurance status: psychiatric medication management, therapy, case management, and transportation to a covered BHSN service.
  - BHSN is not insurance, and you will not receive an enrollment card. You can only be enrolled with and receive services from one BHSN Provider at a time. BHSN enrollees can choose to

change BHSN Providers if they prefer.

- Receive consent from patient and family to enroll the patient in BHSN for Children with the BHSN Provider they choose.
- Receive consent from the patient and family that their BHSN for Children enrollment information is shared with the TN Department of Mental Health and Substance Abuse, but the information is protected and will only be used for the payment and provision of services under the BHSN.
- If patient and family agree to be enrolled in BHSN, complete online enrollment in the Behavioral Health Safety Net System https://cloudmh.tn.gov/SafetyNet/Account/Login.
- Document in the patient's hospital record "*Enrolled patient in BHSN per BHSN Enrollment Procedures*" at minimum in the Hospital Discharge Summary or in a case management/progress note.

IF PATIENT IS ENROLLED IN BHSN AND WANTS SERVICES AT A DIFFERENT BHSN PROVIDER:

- Confirm the patient understands they can only be enrolled in one BHSN Provider at a time.
- Share with the current, and newly identified BHSN Providers, that the patient wants to be referred to another BHSN Provider after hospital discharge.
- Note: RHMI staff cannot make Provider Changes on their own.

IF DEMOGRAPHIC INFORMATION LISTED FOR PATIENT IN BHSN SYSTEM IS INCORRECT:

- Share the correct demographic information with the current BHSN Provider so they may update in the BHSN system.
- Note: RMHI staff may not make demographic changes to registrations on their own.

SHARE THE FOLLOWING INFORMATION WITH THE PATIENT AND BHSN PROVIDER:

- For the patient – Provide the "Referral Information: Behavioral Health Safety Net for Adults Program Sheet" which includes the date/time of their first appointment and a checklist of documents needed at the first appointment.
- For the BHSN Provider - Sharing information, including after care plan and physician's discharge orders, supports continuity of care for the patient after discharge.

TN Department of Mental Health & Substance Abuse Services

REFERRAL INFORMATION

Behavioral Health Safety Net for ADULTS Program

You have been referred for outpatient mental health treatment and support services as part of the Behavioral Health Safety Net (BHSN) program. BHSN is provided by the Tennessee Department of Mental Health and Substance Abuse Services. BHSN offers mental health services to support you in your recovery such as therapy; case management; peer support services; psychosocial rehabilitation; and medication management.

Appointment Information

BHSN Provider:	
Location:	
Phone Number:	
Appointment Date and Time:	

Who can be served by the BHSN program? People that are 18 years of age or older, live in Tennessee, have a household income at or below 138% of the federal poverty level, have a qualifying primary mental health diagnosis, and lack behavioral health insurance coverage, may qualify for the BHSN program.

What should I bring to my first appointment? To help the BHSN Provider sign you up for the BHSN program, please try to bring the following items with you to your first appointment. If you cannot bring these items, the BHSN Provider can help you.

Citizenship (bring one)

- ✓ Valid Tennessee State Issued Driver's License/State Issued Identification Card **or** Social Security Card **or** Birth Certificate **or** Permanent Residency Card, Visa, Passport **or** Voter Registration Card **or** Hospital Birth Records. If Valid Driver's License/Identification Card is issued by a state other than Tennessee, a Social Security Card is also needed.

Family Income (bring one)

- ✓ Benefits Check (Social Security or Unemployment) **or** One month of check stubs **or** Prior year tax records **or** Bank Statement **or** No Income statement signed by client.

Current Residency in Tennessee (bring one)

- ✓ Valid Tennessee Driver's License with current Tennessee address **or** Utility Bill in individual's name and addressed to Tennessee address **or** Copy of lease **or** Letter from landlord **or** Homeless Declaration Statement.

No Behavioral Health Insurance (bring one)

- ✓ TennCare Denial Letter **or** Letter from Private Health Insurance stating no Behavioral Health Benefits or that Benefits have been exhausted for the year **or** Copy of results from the TennCare Online Eligibility website indicating no TennCare **or** Print out from healthcare.gov if applied on-line **or** Verbal or written confirmation of denial from the individual if applied by phone.

Other important facts: BHSN does not offer physical health services. BHSN does not cover the cost of prescription medications. BHSN is not an insurance plan and is not part of the TennCare program. You will not receive a membership card for the Behavioral Health Safety Net.

Department of Mental Health & Substance Abuse Services

REFERRAL INFORMATION

Behavioral Health Safety Net for CHILDREN Program

You have been referred for outpatient mental health treatment and support services as part of the Behavioral Health Safety Net (BHSN) program. BHSN is provided by the Tennessee Department of Mental Health and Substance Abuse Services. BHSN offers mental health services to support you in your recovery that may include therapy; case management; family support services; and medication management.

Appointment Information

BHSN Provider:	
Location:	
Phone Number:	
Appointment Date and Time:	

Who can be served by the BHSN for Children program? People that are 3 to 17 years of age, live in Tennessee, have a qualifying primary mental health diagnosis, and lack behavioral health insurance coverage or have private health insurance or CoverKids may qualify for the BHSN program.

What should I bring to my first appointment? To help the BHSN Provider sign you up for the BHSN program, please try to bring the following items with you to your first appointment. If you cannot bring these items, the BHSN Provider can help you.

Citizenship (bring one)

- ✓ Valid Tennessee State Issued Driver's License/State Issued Identification Card **or** Social Security Card **or** Birth Certificate **or** Permanent Residency Card, Visa, Passport **or** Voter Registration Card **or** Hospital Birth Records. If Valid Driver's License/Identification Card is issued by a state other than Tennessee, a Social Security Card is also needed.

Current Residency in Tennessee (bring one)

- ✓ Valid Tennessee Driver's License with current Tennessee address **or** Utility Bill in individual's name and addressed to Tennessee address **or** Copy of lease **or** Letter from landlord **or** Homeless Declaration Statement.

No Behavioral Health Insurance, if uninsured (bring one)

- ✓ TennCare Denial Letter **or** Letter from Private Health Insurance stating no Behavioral Health Benefits or that Benefits have been exhausted for the year **or** Copy of results from the TennCare Online Eligibility website indicating no TennCare **or** Print out from healthcare.gov if applied on-line **or** Verbal or written confirmation of denial from the individual if applied by phone.

Other important facts: BHSN does not offer physical health services. BHSN does not cover the cost of prescription medications. BHSN is not an insurance plan and is not part of the TennCare program. You will not receive a membership card for the Behavioral Health Safety Net.

Appendix VIII – Contact Information

TDMHSAS Office of Behavioral Health Safety Net

Andy Lawrence
Director of Behavioral Health Safety Net and Older Adult Services
Email: andy.lawrence@tn.gov
Phone: 615-651-1844

TDMHSAS Office of Behavioral Health Safety Net – Daily Operations

For all BHSN general inquires and requests, including - Provider Change Requests, Change of Information Requests, System Troubleshooting, New User Requests, or Other General Information or Inquiries:

Please email: BHSN.team@tn.gov.

The TDMHSAS Helpline

The TDMHSAS Helpline provides access to an advocate who listens to concerns, provides behavioral health information and resources, including, but not limited to the following:

- Finding mental health and substance abuse resources in your area
- Questions about insurance
- Where to find housing options
- Communicating with mental health and substance abuse providers
- Questions about the Certified Peer Recovery Specialist program
- Filing a complaint

Please Contact:
Email: OCA.tdmhsas@tn.gov
Phone: 1-800-560-5767

Behavioral Health Safety Net Website:

For information on BHSN Community Provider site locations and contact numbers, please visit: https://www.tn.gov/behavioral-health/bhsn.html.

Other Helpful Numbers:

Tennessee REDLINE

The Tennessee REDLINE is a 24/7/365 referral service to addiction treatment for people and their families looking for help for substance use disorders. The text message capability on the Tennessee REDLINE allows staff to make referrals via text, or to follow up phone call referrals with texted information.

Call or Text: 1-800-889-9789

Suicide & Crisis Lifeline

The 988 Lifeline connects callers experiencing a mental health crisis to a network of more than 200 local crisis call centers around the country. People who call or text the number will be connected to a trained counselor at a crisis center closest to them, who will then connect the caller to local services, including trained first responders and crisis centers when needed.

Call or Text: 988