STATE OF TENNESSEE

Member Status: Discharging from the Tennessee Health Link Program

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Kyle Williamson

Kyle has a Master's in Counseling from Carson-Newman College. He is a Licensed Professional Counselor in the state of Tennessee and has worked in healthcare for over 10 years. He worked in both residential and outpatient behavioral health treatment prior to joining UnitedHealthcare in 2015.

He has been married to his wife, Lakyn, for 11years. They live outside of Knoxville with their 6 year old daughter, Lyla Grace.

Jennifer Hibbs Perry

Jennifer graduated from Austin Peay State University, with a Bachelors in Mass Communications. She has worked in the healthcare industry for over 15 years, with the last 8 years at UnitedHealthcare.

She has two children: a son, Reagan – 8 years old, & a daughter, Amelia – 4 years old, who keep her busy. When she gets rare free time, she likes to paint, hike, explore new restaurants around Nashville, and make her own wine.

Interactive Webinar

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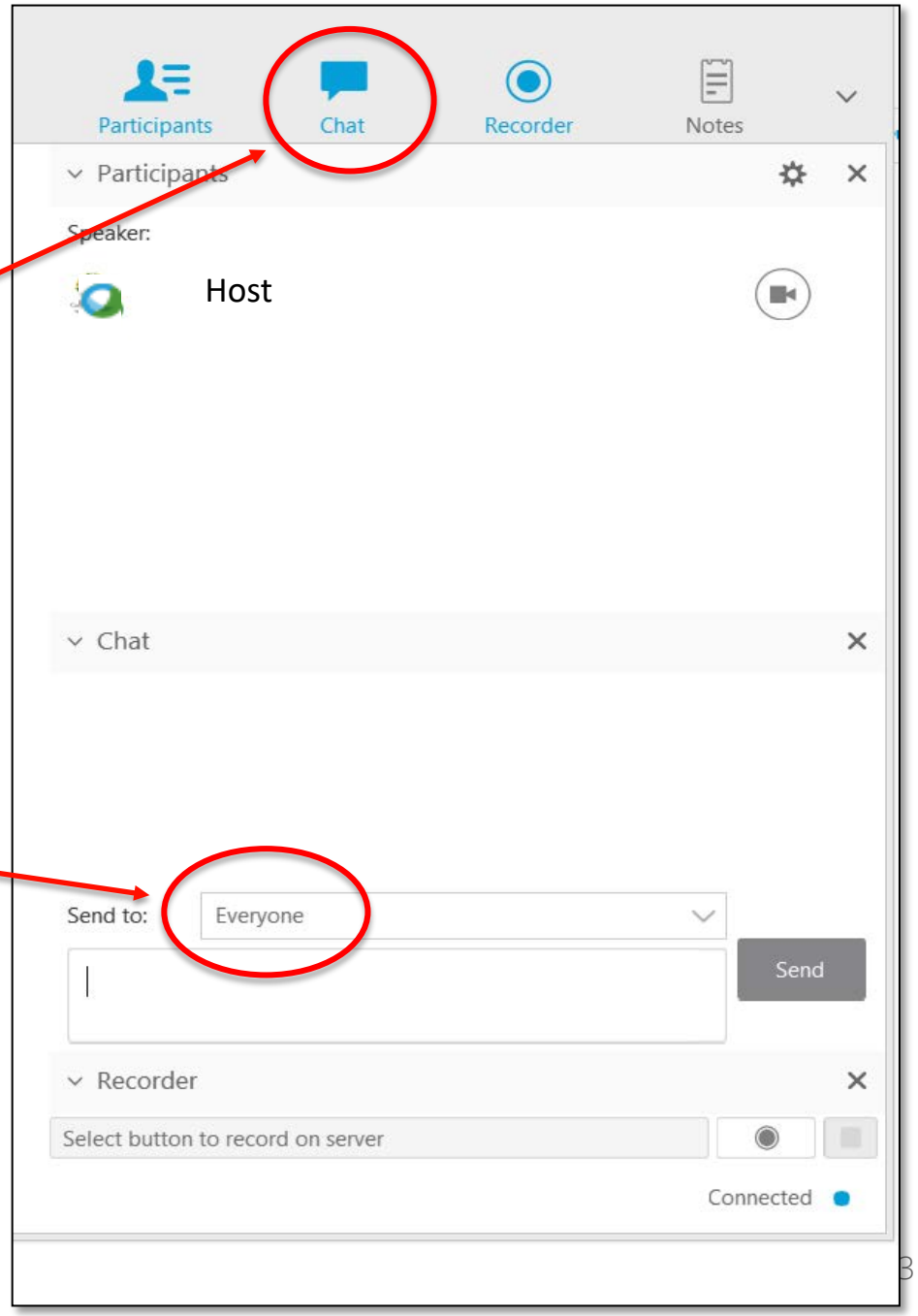
- For questions or comments during the presentation, please click on the **chat box** function.
- Select “Everyone” and enter your question or comment
- This will also be used during all Q&A portions of the presentation



Agenda

- Eligibility Criteria
- Member status explanation
- When is it appropriate to discharge?
- How do you plan for discharge?
- How do you discharge someone from THL?
- Notifying the MCO of the discharge
- Case study
- When is it appropriate to re-enroll?

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Eligibility Criteria

Category 1: Diagnostic Criteria Only

- A new or existing diagnosis or code of:
  - Attempted suicide or self-injury
  - Bipolar Disorder
  - Homicidal Ideation
  - Schizophrenia

Category 2: Diagnostic and Utilization Criteria

- One or more behavioral health related (a)inpatient admissions or (b) crisis stabilization unit admissions(18 or over), ED admissions (under 18), or RTF admission; WITH a diagnosis of:
  - Abuse and psychological trauma
  - Adjustment reaction
  - Anxiety
  - Conduct disorder
  - Emotional disturbance of childhood and adolescence
  - Major depression
  - Other depression
  - Other mood disorder
  - Psychosis
  - Psychosomatic disorders
  - PTSD
  - Somatoform disorders
  - Substance use
  - Other/Unspecified

Category 3: Functional Need

- Provider documentation of need to be attested to by the provider.

Member Status

- Attributed, Not Enrolled
- Active Enrolled
- Inactive, No BH Services
- Opted Out
- Discharged

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Member Status: Attributed Not Enrolled

- Members who are deemed eligible for services based on either diagnosis or a mixture of diagnosis and service utilization. These members are not yet engaged/active with the assigned THL. A member remains in this status until data/claims triggers another status.
  - When a THL claim is paid to an attributed THL, it changes a member's status to Active/Enrolled

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Member Status: Active Enrolled

Members who either:

- Are actively receiving THL services.
- Received Level 2 Case Management within the 6 month prior to the start of THL.

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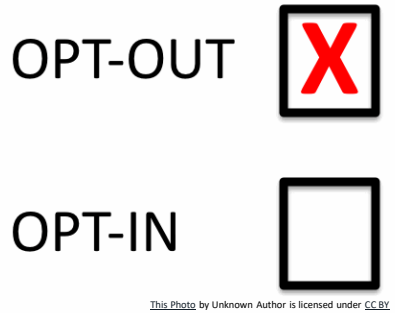
Member Status: Inactive, No BH Services

- Members who were active, but did not receive any behavioral health service for 6 months.
  - This is based off of claims data, and timely filing can impact this analysis.

Member Status: Opted Out

- Members who declined the service and were opted out by either
  - MCO
  - Their attributed THL provider



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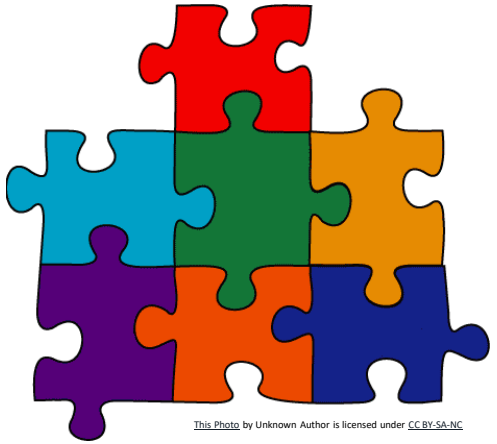
Member Status: Discharged

- Members who were discharged from the service by the THL provider.



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Why do we need to discharge?

Some of the reasons to discharge include:

- Limited resources
- Focused intervention(s)
- Medical necessity criteria
  - Medical necessity vs eligibility

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When is it appropriate to discharge?

- **Discharging a member is based on the individual's progress in the following domains:**
  - Medical / Psychiatric
  - Mental Health / Substance Abuse
  - Activities of Daily Living
  - Vocational / Educational
  - Social / Family Supports
  - Leisure / Recreation
  - Legal Issues
  - Community Resources
  - Financial Assistance
  - Housing
  - Transportation

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When is it appropriate to discharge (continued)?

Questions to ask:

- Is the member still benefiting from the service?
- Is the member still participating in the service?
- When is it appropriate to keep a member on as a client without progressing toward his/her goals?
- Incarcerated? Out of State? Deceased?

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When is it appropriate to discharge (continued)?

- Is the member still benefiting from the service?
  - Can either the MCO and/or the Health Link provider identify the individual's progress toward treatment goals in response to Health Link interventions?

When is it appropriate to discharge (continued)?

- Is the member still participating in the service?
  - When was the member last seen?
  - Is the member moving toward recovery or becoming dependent on the service?

When is it appropriate to discharge (continued)?

- When is it appropriate to keep a member on as a client without progressing toward his/her goals?
  - Members may continue to meet continuation criteria based on a documented history of deterioration in the absence of mental health supports.

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Incarcerated? Out of State? Deceased?

- Appropriate documentation should be kept on this information and how it was received.
  - Who notified you?
  - When were you notified?
  - By phone # or address?
  - Any other relevant details

How do you plan for discharge from THL?

- Discharge planning is a part of the care plan and is important to address at the initiation of the service.
- Working to ensure that the member is defining the treatment goals assists in discharge planning.

How do you plan for discharge from THL (continued)?

- An appropriate discharge plan will have several parts including
  - Plans for aftercare, and
  - When the discharge will occur.

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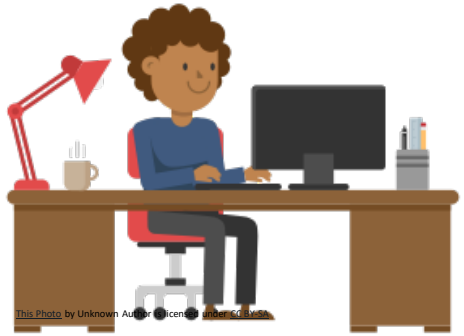
How do you discharge someone from THL?

- Once the clinical decision is made to discharge someone from THL, it is time to provide a discharge summary.
- A discharge summary should identify:
  - Why a member was discharged
  - Progress, or lack thereof, that the member made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Notifying the MCO.

- Why?
  - It is important to communicate when someone is discharged so that accurate reporting occurs.
- How?

MCO	Steps to take:
UHC	Discharge the member via the THL Attestation Portal
Amerigroup	Discharge the member via THL Attestation Portal or by fax
BCBST	Discharge the member through the THL portal

Case Study: Jon

Jon is a 39-year old unmarried male who has received services at the Middle Tennessee CMHC for several years for treatment of schizophrenia. He has been diagnosed with diabetes and receives treatment from his primary care provider at the Primary Care Clinic of Middle Tennessee.

- Jon was referred to THL by his psychiatric nurse practitioner for coordination of care and assistance in locating suitable housing.
  - He has had 19 ED visits in the past year
  - He has difficulty remembering to take his medications
  - Unstable housing
- Once the THL team met with Jon, they discovered that in addition to the issues reported by his provider, he also runs out of money each month before he receives his SSI check.

Jon's Care Plan

CARE PLAN #1

Problem 1: Limited knowledge of self-managing diabetes

Goal: Member will improve health maintenance with diabetic medications and treatment.

Objectives:

1. Take all medications as prescribed
2. Utilize community resources to assist with needs
3. Make and keep all appointments.

Case Study continued

- The THL team worked with Jon to coordinate care with his primary care provider and with community housing organizations.
- They learned that most of Jon's ED visits were related to his diabetes.
- They helped him reach his goal to reduce his ED visits to none in the past three months. This was accomplished through helping him with:
  - ✓ Organizing his medications and setting up a reminder system
  - ✓ Encouraging him to work with a dietitian to improve his diet
  - ✓ Helping him to manage his money so that he can afford to buy nutritious foods for the entire month
  - ✓ Helping him to find affordable, stable housing
- Jon met his THL goals.
- The THL team were able to discharge Jon from THL. He will continue receiving outpatient services from the CMHC and his PCP.

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When is it appropriate to re-enroll?

- A member can be re-enrolled in services. A new consent for treatment, licensed clinician recommendation for services, and treatment plan is needed.
- ***Appropriate attestation is required.***
  - ***Treat them as a brand new member if re-enrolling after 30 days…***
  - ***Attestation, consent form, clinical assessment, etc***

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QUESTIONS

Resources

Tennessee Health Link: Provider Operating Manual (2019):
https://www.tn.gov/content/dam/tn/tenncare/documents2/HealthLinkProviderOperatingManual2019.pdf

Tennessee Health Link Curriculum:

https://navigant.sharepoint.com/sites/TennCareCurriculumReview/SitePages/Home.aspx

- Module 9: Quality Improvement
  - 9C - Measuring outcomes
- Module 12:
  - 12A – Member Engagement –
  - 12B – Member Self-Management Support: members