Continuous Treatment Team (CTT) program and services

Tennessee | Medicaid

The CTT is a coordinated team of staff (including physicians, nurses, care coordinators, and other therapists as needed) that provides a range of intensive care coordination, treatment, and rehabilitation services to adults, children, and youth with acute psychiatric problems in an effort to prevent removal from the home to a more restrictive level of care. An array of services is delivered in the home or in natural settings in the community and is provided through a strong partnership with the family and other community support systems.

The CTT program provides crisis intervention and stabilization, counseling, skills building, therapeutic intervention, advocacy, educational services, medication management as indicated, school-based counseling and consultation with teachers, and other behavioral health services deemed necessary and appropriate.

Program requirements:

1. The CTT will consist of more than one individual providing services to the member or family.
2. The behavioral health care coordinators must have a minimum bachelor's degree in psychology, social work, sociology, or nursing (licensed RN).
3. The CTT will be supervised by a licensed clinician with a master's degree or higher in a behavioral health discipline:
4. If requirement 2 or 3 cannot be met, there will be access to an RN and a psychiatrist or psychiatric nurse practitioner. A minimum of one unit of service per week, lasting one hour of face-to-face contact, will be provided, and two-thirds of the services will occur in the home and involve the family unit.
5. Contacts for all other coordination activities will be documented as needed to achieve the service plan goals and objectives.
6. A comprehensive service plan will define the scope and expected outcome of CTT services.
7. A weekly team meeting will be held to review each member receiving CTT services.

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8. The focus of treatment is on services that will move the child/adolescent to a less intensive level of care.
9. There will be no duplication of outpatient behavioral health services, including Tennessee Health Link (THL).

Admission criteria

Both elements of this section are required for authorization for CTT.

1. Primary DSM diagnosis, with the exception of primary substance use–related diagnosis 2. Meets criteria for serious emotional disturbance (SED*) if child/adolescent 3. Meets medical necessity criteria per TennCare Rule 1220-13-16-05	In addition, one of the following criteria must also be met: • Member is at risk of hospitalization in an acute psychiatric setting, as evidenced by at least two mobile crisis evaluations within the past month, or a history of being hospitalized in an acute psychiatric setting within the past three months; **or** • Member's behaviors have measurably escalated within the past 30 days, showing a significant change in school, home, or community functioning. Further, both are true: - Documentation within the preceding six months of an inability to meet identified service goals while in Tennessee Health Link and outpatient therapy - Treatment is not primarily for the purpose of providing social, custodial, recreational, or respite care.

* Per TN Code § 33-1-101 (2024) (22), *serious emotional disturbance* means a condition in a child who currently has, or has had at any time during the past year, a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet psychiatric diagnostic criteria that results in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities and includes any mental disorder, regardless of whether it is of biological etiology.

Continued service guidelines

All of these requirements must be met:

1. Documentation that the member/caregivers are seeing progress, and there is a positive response toward the three-discipline/level or greater intervention treatment goals (for example, medication management, therapy, school-based interventions, Family Support Specialist engagement)

2. Willing and active participation by the member in the multilevel intervention as clinically recommended
3. Documentation that the member's current condition cannot safely, efficiently, and effectively be treated outside of a multilevel approach due to acute changes in the member's clinical presentation

Discharge guidelines

The member is appropriate for discharge when one or more of the following conditions occur:

- The symptoms and behaviors identified as meeting authorization requirements have measurably decreased, and functioning has improved to a point that care can be transitioned to a viable plan at a less intensive level of care; for example, therapeutic home leave (THL) or outpatient treatment. Further, both are true:
  - Member has successfully reached individually established goals for discharge.
  - Member has successfully demonstrated an ability to function in major role areas (such as work, social, self-care) without ongoing assistance from the CTT.
- There is a lack of measurable progress by the member/family/caregiver, or no clinical intervention seems likely to change the lack of participation, or both.

References

Medical necessity criteria per TennCare Rule 1200-13-16-.05 (quoted):

1. Services must be recommended by a licensed physician who is treating the enrollee or recommended by another licensed healthcare provider practicing within the scope of his or her license who is treating the enrollee.
2. Services must be required in order to diagnose or treat the member's medical condition.
3. Services must be safe and effective.
4. Services must not be experimental or investigational.
5. Services must be the least costly alternative course of diagnosis or treatment that is adequate for the enrollee's medical condition.

"Treating physician or other treating healthcare provider shall mean a licensed physician practicing within the scope of his or her license or other licensed healthcare provider practicing within the scope of his or her license who has personally examined a particular TennCare enrollee and who has provided diagnostic or treatment services for that particular enrollee (whether or not those services were covered by TennCare for purposes of treating or supporting the treatment of a known or suspected medical condition of that particular enrollee. The term excludes all other care providers, including those who have evaluated a particular enrollee's medical condition primarily or exclusively for the purposes of supporting or participating in a decision regarding TennCare coverage."

Severe dysfunction/child (quoted):

- Severe dysfunction in daily living for child or adolescent
- Severe dysfunction in daily living for child or adolescent is present, as indicated by one or more of the following:
  - Incapacitation because of grave disability (for example, severe regression with inability to provide for self)
  - Extreme deterioration in interactions with peers, adults, or family (for example, assaultive behaviors with no provocation, high levels of family conflict)
  - Complete withdrawal from all social interactions
  - Complete neglect of self-care with associated impairment in physical status
  - Extreme disruption in vegetative function (for example, life-sustaining functions such as eating)
  - Nearly complete inability to maintain any appropriate school behavior or academic achievement other than the presence of willful truancy.
  - Severely diminished ability to assess consequences of own actions (for example, acts of severe property damage)
  - Other evidence of severe dysfunction