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# Manual for Behavioral Health Safety Net of Tennessee

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Behavioral Health Safety Net of Tennessee  
January 1, 2009

*Tennessee Department of Mental Health & Developmental Disabilities  
Division of Recovery Services and Planning  
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Tennessee Department of Mental Health & Developmental Disabilities.  
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**NOTE: The BHSN of TN manual is a guide to implementing program parameters for a currently evolving state funded program. If you note any discrepancies, please don't hesitate to contact us.**



STATE OF TENNESSEE  
AND DEVELOPMENTAL

Division of Recovery Services and Planning

DEPARTMENT OF MENTAL HEALTH  
DISABILITIES

BEHAVIORAL HEALTH SAFETY NET OF TN  
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## Introduction

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### **Background Mental Health Safety Net/State Only/Judicial Programs:**

In response to Tennessee Public Chapter No. 474 and Section 59 of the Tennessee Appropriations Act of 2005, the Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD) created the Mental Health Safety Net (MHSN) to provide essential mental health services to the 191,000 persons who were disenrolled from the TennCare Program due to TennCare Reform and of those, the approximately 21,000 were identified as Severely and/or Persistently Mentally Ill (SPMI). The Department was appropriated **\$11.5 million** to cover core, vital mental health services that people with serious mental illness must retain to continue leading functional, productive lives. The Mental Health Safety Net would not have been possible without the successful partnership between the TDMHDD and the twenty mental health agencies that agreed to be a provider of services through the Mental Health Safety Net.

Persons who are registered into the Mental Health Safety Net are eligible to receive mental health services such as assessment, evaluation, diagnostic, and therapeutic sessions; case management; psychiatric medication management; lab work related to medication management; and pharmacy assistance and coordination. In addition to these services, funds were allocated to Finance and Administration – Cover Rx program for pharmacy services that include discounts on generic and brand name drugs plus one atypical antipsychotic drug per month with a \$5 co-pay. Additional funding was added so that lithium and Depakote could be available with a \$5 co-pay. In Fiscal Year (FY) 2007 to present, Cover Rx offers over 250 generics and 7 antipsychotics to MHSN service recipients with a tiered co-pay structure.

On January 1, 2009, TDMHDD will absorb the State Only/Judicial program from TennCare which currently serves 12,000 very low income Tennesseans diagnosed with severe and persistent mental illness. TDMHDD staff examined various alternatives for provision of core, vital mental health services and determined that the services offered through the MHSN would be the most appropriate for this population.

### **Behavioral Health Safety Net (BHSN of TN):**

This new program, Behavioral Health Safety Net of Tennessee, will serve the State Only/Judicial population as well as the MHSN population based upon funds available, beginning January 1, 2009. There is no federal financial participation for persons who receive services through BHSN of TN (see services referenced above under Mental Health Safety Net) and the ability of TDMHDD to cover services is dependent on annual appropriations by the legislature. Therefore, it is important that service recipients covered for services through BHSN of TN who have not applied for TennCare do so as soon as possible. This will allow more service recipients in need of behavioral health services to access BHSN of TN assistance throughout the year.

At the beginning of FY10, TDMHDD agreed to offer three BHSN services to Daniels Disenrollees with Medicare and original MHSN/CTR individuals with Medicare who meet all other eligibility criteria except the age limit. The three services to be offered are Case Management, Medication Training and Support and CRG Assessment, which are not covered by Medicare. These Exception populations will NOT have access to Cover Rx.

## Definitions

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**CRG (Clinically Related Group)** – Defining and classifying service recipients 18 years or older into clinically related groups involves diagnosis, the severity of functional impairment, the duration of severe functional impairment, and the need for services to prevent relapse. However, the BHSN of TN only serves persons who are 19 to 64 years. Based on these criteria, there are five clinically related groups:

Group 1 - Persons with Severe and Persistent Mental Illness (SPMI)

Group 2 - Persons with Severe Mental Illness (SMI)

Group 3 - Persons who were Formerly Severely Impaired and need services to prevent relapse

Group 4 - Persons with Mild or Moderate Mental Disorder

Group 5- Persons who are not in Clinically Related Groups 1 – 4 as a result of their diagnosis being substance use disorder, developmental disorder, or V-codes.

**Eligible** – A service recipient who has been determined to meet the eligibility criteria for Behavioral Health Safety Net of TN.

**Federal Poverty Level (FPL)** – A type of federal poverty measure used for administrative purposes, such as determining financial eligibility for services. The current year's (change 08 to current year, ie. 09) FPL levels can be found at <http://aspe.hhs.gov/poverty/08poverty.shtml>. The FPL levels are updated annually in the first quarter of each year.

**Income** – Household income shall mean all monies from whatever source, earned or unearned. Please see page 23 for details.

**Inmate** – An individual confined in a local, state, or federal prison, jail, youth development center, or other penal or correctional facility, or on furlough from such facility.

**Mandatory Outpatient Treatment (MOT)**- This designation allows for a less restrictive alternative to inpatient care for those service recipients with SPMI who have a legal obligation to participate in outpatient treatment.

**Medically Necessary** To be determined to be medically necessary, a medical item or service must be recommended by a physician who is treating the enrollee or other licensed healthcare provider practicing within the scope of the physician's license who is treating the enrollee and must satisfy each of the following criteria:

(1) It must be required in order to diagnose or treat an enrollee's medical condition. The convenience of an enrollee, the enrollee's family, or a provider, shall not be a factor or justification in determining that a medical item or service is medically necessary;

(2) It must be safe and effective. To qualify as safe and effective, the type and level of medical item or service must be consistent with the symptoms or diagnosis and treatment of the particular medical condition, and the reasonably anticipated medical benefits of the item or service must outweigh the reasonably anticipated medical risks based on the enrollee's condition and scientifically supported evidence;

(3) It must be the least costly alternative course of diagnosis or treatment that is adequate for the medical condition of the enrollee. When applied to medical items or services delivered in an inpatient setting, it further means that the medical item or service cannot be safely provided for the same or lesser cost to the person in an outpatient setting. Where there are less costly alternative courses of diagnosis or treatment, including less costly alternative settings that are adequate for the

medical condition of the enrollee, more costly alternative courses of diagnosis or treatment are not medically necessary. An alternative course of diagnosis or treatment may include observation, lifestyle or behavioral changes or, where appropriate, no treatment at all; and

(4) It must not be experimental or investigational. A medical item or service is experimental or investigational if there is inadequate empirically-based objective clinical scientific evidence of its safety and effectiveness for the particular use in question. This standard is not satisfied by a provider's subjective clinical judgment on the safety and effectiveness of a medical item or service or by a reasonable medical or clinical hypothesis based on an extrapolation from use in another setting or from use in diagnosing or treating another condition”

**Priority Service Recipients** – Individuals seeking behavioral health services in the State of Tennessee who are deemed Severely and/or Persistently Mentally Ill by having a Clinically Related Group rating of Group 1, 2 or 3 for persons 18 years and older. The BHSN of TN only serves individuals who are age 19-64 years.

**Provider** – A TDMHDD-approved facility or agency, which accepts payment for providing services to a service recipient with BHSN of TN assistance.

**Severely and/or Persistently Mentally Ill (SPMI)** - Service recipients who have been identified by the Tennessee Department of Mental Health and Developmental Disabilities or its designee as meeting the following criteria. These persons will be identified as belonging in one of the clinically related groups who meet the following criteria:

- (a) Age 18 and over, however, only persons 19 – 64 are eligible for services in the BHSN of TN; and
- (b) Currently, or at any time during the past year, has had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet the diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders DSM-IV-TR (and subsequent revisions) of the American Psychiatric Association, with the exception of DSM-IV-TR (and subsequent revisions) V-codes, substance use disorders, and developmental disorders, unless these disorders co-occur with another diagnosable serious mental illness other than above exclusions. All of these disorders have episodic, recurrent, or persistent features, however, they vary in terms of severity and disabling effects; and
- (c) The diagnosable mental, behavioral, or emotional disorder identified above has resulted in functional impairment that substantially interferes with or limits major life activities. Functional impairment is defined as difficulties that substantially interfere with or limit role functioning in major life activities including basic living skills (e.g., eating, bathing, dressing); instrumental living skills (maintaining a household, managing money, getting around in the community, taking prescribed medication); and functioning in social, family, and vocational/educational contexts. This definition includes adults who would have met functional impairment criteria during the referenced year without the benefit of treatment or other support services.

**Behavioral Health Safety Net of TN (BHSN of TN)** – Assistance for uninsured service recipients who are classified in the priority population in the State of Tennessee and require behavioral health services on an outpatient basis. Predetermined eligibility criteria must be met for service recipients to qualify for this assistance including 100% FPL, Tennessee residency, U.S. Citizenship and lack of other insurance or payor source.

**TennCare** – The program administered by the Single State Agency as designated by the State and the Centers for Medicare and Medicaid Services pursuant to Title XIX of the Social Security Act and the Section 1115 Research

and Demonstration waiver granted to the State of Tennessee.

**Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD)** – The single State authority for mental health and substance abuse. TDMHDD is responsible for the provision of services to service recipients deemed eligible for the BHSN of TN.

## Instructions related to the Revised BHSN of TN application

1. The Certificate of Diagnosis is NO LONGER Required if the Revised 2/27/09 BHSN of TN application is completed and submitted with the BHSN of TN application packet. The information previously captured on the Certificate of Diagnosis is now located on the BHSN of TN Enrollment Request form and on the Review Form. Item # 2 of the Form requests the following:  
“2. The individual has an eligible mental health diagnosis that was made or reviewed by a Licensed Mental Health Professional.  
Principal Diagnosis Code #: \_\_\_\_\_ Secondary Diagnosis Code #: \_\_\_\_\_”
2. The Review Mailing Cycle is being increased from 2 months to 3 months in order to afford providers an additional month to obtain the required paperwork on service recipients who continue to require BHSN of TN services. In March 2009, you will receive Review Letters in the Beginning of March (for CRG assessments expiring in May) and the Middle of March (for CRG assessments expiring in June) as we transition to the 3 month cycle.
3. Effective after 3/2/09: The BHSN of TN Enrollment request form, Cover Rx application, Review Form and New Change of Service Information Form will all reflect the new Federal Poverty Limits for 2009.
4. New!- Change of Service Recipient Form: If your service recipient has a change in either NAME or SSN- a Cover Rx application is also required (if pharmacy assistance is needed).
5. A Change of Name request must be accompanied by a brief explanation for request and copy of SSN card and Driver’s License or Marriage License, or another form of State or Federal identification.
6. The BHSN of TN database has been updated to accept very specific Primary and Secondary Diagnosis codes. Your applications will be returned if terminal zeros are missing from a diagnosis. For example, code 290.40 must be written as “290.40” and not “290.4.” For example, 294.0, Amnestic Disorder must be written as “294.0” or it will be returned to you for correction.

### **REVISIONS 7/09**

1. The BHSN Intake form has been revised: please provide the first date of admission to service as requested with associated CRG assessment to document SPMI status. Only persons with SPMI/CRG 1,2,3 are eligible for the BHSN of TN.
  2. Review Form: provide the **Last Appointment Date** when indicating Inactive Status for a service recipient.
  3. Question #7 now asks whether the individual has Medicare Part B and restrict service package to those 3 services not covered by Medicare; Case mgmt, medication training and support, CRG assessment.
- NOTE:** persons with Medicare (regardless of Part) are not eligible for Cover Rx.

## **Eligibility Criteria**

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TDMHDD shall be the lead state agency responsible for determining eligibility and contracting for services to be rendered to service recipients who qualify for BHSN of TN assistance. TDMHDD contracts directly with Community Mental Health Agencies (CMHA) to deliver covered mental health services and a pharmacy assistance program may be utilized for the rendering of pharmacy assistance to service recipients who qualify for BHSN of TN assistance. There are technical and financial eligibility requirements that must be met by service recipients before they can qualify for BHSN of TN assistance.

By applying for BHSN of TN assistance, the service recipient grants permission and authorizes release of information to TDMHDD, or its designee, to investigate any and all information provided, or any information not provided if it could affect eligibility, to determine BHSN of TN assistance eligibility. Information may be verified through, but not limited to, the following sources:

1. Proof of Annual household income: Federal income tax records- Federal Income tax records for current or previous year; state income tax returns; Statement of Unemployment insurance from the Department of Labor and Work force Development; Credit bureau report; State income tax records, where applicable, for any state where income is earned;
2. The Tennessee Labor and Work Force Development, and other employment security offices within any state whereby the applicant may have received wages or been employed;
3. Credit bureaus;
4. Insurance companies;
5. Any other governmental agency or public or private source of information where such information may impact a service recipient's eligibility for BHSN of TN assistance.
6. Proof of TN Residence: Utility bill, rent or mortgage statement with current residence information.
7. Proof of U.S. Citizenship: Current Green Card, Visa, U.S. Passport and U.S. Birth Certificate.

## **What are the eligibility criteria BSHN of TN assistance?**

Individuals qualify for the BHSN of TN if:

1. They have been determined ineligible for TennCare or, if not, have completed a DHS application; and
2. They do not have private health insurance, or the private health insurance lacks mental health coverage or all mental health benefits under private health insurance have been exhausted as determined by the Provider in consultation with the service recipient; and
3. They do not have Medicare coverage EXCEPTION for Daniels Disenrollees with Medicare and MHSN/CTR 2005 disenrollees with Medicare; and
4. They are not actively receiving benefits through the Veteran's Administration; and
5. They are a US Citizen, or legal resident Alien, and a resident of Tennessee
6. They have been identified as SPMI (CRG = 1, 2, or 3); and
7. They have household income no greater than 100% of the Federal Poverty Level (FPL); and
8. They are age 19-64 years, EXCEPT for Daniels Disenrollees and MHSN/CTR disenrollees with Medicare; and
9. They are not an inmate, ie. they are not receiving out-patient services due to being incarcerated and an application to BHSN should NOT be submitted.

## **Eligibility Paperwork**

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The required minimum paperwork for a BHSN of TN eligibility request packet is outlined below.

### **What Paperwork is Required for the Behavioral Health Safety Net of TN Application?**

A Regional Mental Health Institute (RMHI) or a CMHA staff member determines if a service recipient is a potential candidate for BHSN of TN assistance, the staff should prepare and submit the following paperwork:

1. BHSN of TN Enrollment Request form; and
2. A certificate of Diagnosis- NOT REQUIRED IF YOU USE THE UPDATED APPLICATION; and
3. Copy of the CRG assessment; and
4. Current household income information; and
5. A Cover Rx application (if the service recipient is in need of pharmacy assistance); and
6. Proof of current visa or green card if the service recipient is a legal resident Alien or
7. U.S. passport or U.S. Birth Certificate if the service recipient is a U.S. Citizen; and
8. Proof of current residency in the State of Tennessee; and
9. A copy of the TennCare (DHS) application or DHS Notice of Disposition.

**Important:** You may submit an eligibility request form or Annual Review information without proof of income, TN residence or U.S. citizenship, however, these items must be in the service recipient file within 30 days of the enrollment/Registration begin date. Any service recipient receiving mental health services paid for by the BHSN of TN shall be held financially responsible for all mental health services provided to the service recipient if during receipt of any mental health services the person did not meet the BHSN of TN eligibility criteria.

Copies of the various forms used in the BHSN of TN eligibility process are located in Appendix II and TDMHDD's policy and eligibility procedures for this BHSN of TN assistance can be found in Appendix I

### **Where Do I Send the Completed Behavioral Health Safety Net of TN Application?**

**The BHSN of TN eligibility request packets are submitted to the Eligibility Unit within the Division of Recovery Services, a division of the Tennessee Department of Mental Health and Developmental Disabilities. BHSN of TN eligibility request packets may be submitted to the Eligibility Unit via the U.S. Postal Service or via fax.**

The Eligibility Unit's mailing address is as follows.

**Tennessee Department of Mental Health and Developmental Disabilities  
Division of Recovery Services, Eligibility Unit  
3<sup>rd</sup> Floor, Cordell Hull Building  
425 5<sup>th</sup> Ave North  
Nashville TN 37243**

The Eligibility Unit's fax number is **(615) 253 -3187**.

## **What Happens Once an Application is Received by TDMHDD?\_\_\_\_\_**

Once the Eligibility Unit receives a BHSN of TN eligibility request packet, the packet will be screened for completeness. If the packet is complete, the service recipient will be screened for potential eligibility, based upon the information contained within the eligibility request packet. If the service recipient is eligible, an active registration for the service recipient will be created in the BHSN of TN database.

## **What Happens Once a BHSN of TN Application is Approved?**

The process outlined above usually takes from two (2) to five (5) business days to complete from the date of receipt of the eligibility request packet, depending on the volume of the requests.

### **Correspondences from the Eligibility Unit to Providers:**

1. Returns: Denied and Returned applications are sent with cover sheet to the provider with the reason for return noted.
2. Approvals: Approvals can be accessed through Active Registrations in the menu bar of the BHSN of TN website.
3. Reviews: Annual Review letters are sent to Providers within sixty (60) days of the service recipients CRG assessment expiration date. Eligibility for BHSN of TN will be terminated on the CRG assessment expiration date.
4. Denials: A denied application can be accessed through the Patient Inquiry function in the menu bar of the BHSNT system.

### **Correspondence from the Eligibility Unit to Service recipients:**

1. Denial Letters are sent to service recipients if an application fails to meet eligibility criteria for BHSN of TN.

## **What is Considered the Effective Date of Eligibility?**

For BHSN of TN applicants, the effective date of eligibility depends upon the timely receipt of an appropriately completed application from providers; the application evidence that all of the eligibility criteria is met. If a completed application is received within thirty (30) calendar days from the initial service date, the initial service date will be the effective date of eligibility. If a completed application is received more than thirty (30) calendar days from the initial date of service, the effective date of eligibility will be the date the completed application is received by TDMHDD's Eligibility Unit. It is important to note that if an incomplete application is received within thirty (30) calendar days from initial date of service and is not rectified within this time period, the effective date of eligibility will be the date the completed application is received. Therefore, it is in the service recipients' and providers' best interest to submit applications as soon as possible after individuals present for services to prevent non-payment of reimbursable services.

## **How will I know if a Service Recipient has been Approved?**

A Registration report is available to a designated contact within each CMHA via the Behavioral Health Safety Net of TN (BHSNT) formerly known as the Clinical Therapeutics and Recovery (CTR) website. This report contains the following information:

1. The enrollee's name, date of birth, and Social Security number;
2. Date the BHSN of TN eligibility request was received by the Eligibility Unit;
3. Start date of assistance.

**Note:** If two or more applications are submitted on the same day for BHSN of TN for the same individual, we will investigate the situation and come to consensus regarding which agency the service recipient will be registered for services.

## **Annual Review**

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TDMHDD shall be responsible for the re-verification of BHSN of TN enrollment. This re-verification process shall be completed at a minimum of **every twelve (12) months** for BHSN of TN enrollees and is aligned with the enrollee's CRG expiration date. The primary purpose of re-verification is to ensure that those who continue to access behavioral health services through the BHSN of TN still meet the criteria for eligibility.

### **What documentation is required to re-verify Behavioral Health Safety Net of TN enrollment?**

1. Completed and signed BHSN of TN Eligibility/Scheduled Review form; and
2. Proof of citizenship or legal U.S. residency through a current visa or green card;
3. Proof of current annual family income information; and
4. Proof of current residency in the State of Tennessee; and
5. Cover Rx application (if the service recipient needs pharmacy assistance)

**NOTE:** In FY 2009, proof of citizenship, residence and income must be maintained in the service recipient file and does NOT have to be submitted to TDMHDD Eligibility Unit. Additional documentation may be required depending on the particulars of a given case.

### **What can a Service Recipient do if they are deemed Ineligible for BHSN of TN?**

Under the BHSN of TN, service recipients that have been denied enrollment or had enrollment terminated based upon the annual review process do not have appeal rights. However, denied or terminated service recipients can file a new BHSN of TN enrollment request form, if there has been a change in their circumstances.

**NOTE:** If you are deemed Ineligible for BHSN of TN based on Income criteria, your Cover Rx application may be forwarded to Cover Rx, Express Scripts, Inc for pharmacy assistance.

### **What Services are available to a BHSN service recipient?**

- 1) Covered, essential mental health services including individual and group psychotherapy, case management, pharmacological management, and;
- 2) Lab analysis related to medication management. Lab Draws in counties without a State Vendor site (2008 Labcorp) may request (to Director of BHSN of TN) use of the local health department. Service Recipients must present at the Health Department with a completed State Vendor Requisition form; results are sent directly to the BHSN of TN provider. The provider should submit lab services to the BHSN of TN and pay invoice from the State Vendor.
- 3) Pharmacy Assistance through Cover Rx
  - a) The Cover Rx Drug list is updated on occasion and will be distributed by the BHSN of TN
  - b) The Cover Rx Income Categories are updated annually as the Federal limits are published; this has occurred during the month of February in past years. Please look for a new BHSN of TN and Cover Rx application with updated FPL information.

**NOTE:** Transportation and Housing assistance are NOT covered services in the BHSN of TN.

## **Termination of Assistance**

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Through the re-verification process, TDMHDD will determine if service recipients still meet the criteria to continue their assistance as a BHSN of TN enrollee. When service recipients are determined to no longer meet the criteria to continue assistance, they will be notified in writing of the termination of assistance.

### **When will a Service Recipient be Terminated from The BHSN of TN?**

1. The service recipient no longer meets BHSN of TN eligibility criteria, such as Income Above 100% FPL or CRG indicates not SPMI; or
2. The service recipient is found to be eligible for TennCare or other insurance coverage is uncovered through state audits or other program monitoring activities.
3. The service recipient's most recent CRG assessment expires, due to a non-response from the CMHA of record to the annual review letter.

**NOTE:** If a BHSN of TN application packet is DENIED due to Income criteria, the Cover Rx application may be forwarded to Cover Rx, Express Scripts Inc (St Louis, MO) for processing as a Non-SPMI member.

## Covered Services

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### BHSN of TN Services

**Effective Date- November 27, 2008**

#### Clinical Therapeutic and Support Services

- Behavioral Health Assessment – Procedures used to diagnose mental illness conditions and determine treatment plans including obtaining relevant social situation information. (per assessment)
- Psychological Evaluation – An evaluation of cognitive processes, emotions and problems of adjustment through components such as interpretations of tests of mental abilities, aptitudes, interests, attitudes, emotions, motivation and personality characteristics. May include neuropsychological and psychosocial assessments. (per evaluation regardless of time involved)
- Clinically Related Group (CRG) Assessment - An assessment mechanism for persons age 18 and older to determine an individual's level of functioning and duration of impairment due to a mental illness.
- Intervention/Therapy/Therapeutic sessions or related counseling provided to an individual or in a group setting through interview, supportive psychotherapy, relationship therapy, insight therapy or other forms of intervention. (per session)
- Individual face to face session: Individual 45 – 50 minutes
- Individual face to face session 20 – 30 minutes
- Group session (other than multi-family group)
- Case management –Care coordination for the purpose of linking individuals who without such assistance would not be able to access needed BHSN of TN services. Case management is delivered through face-to-face encounters with individuals. Case management is tied to access for provision of follow-up activities related to the provision of safety net services such as individual/group therapy, psychiatric medication management, pharmacy assistance and coordination, labs related to medication management, community transitional support, and will promote community tenure. Case management is based on a current assessment and clinical considerations linked to individuals who, without such service, would not be able to access needed BHSN of TN services.
- We have defined the Case Management unit as a 15 minute session, allowing up to a maximum of twelve (12) units to be billed within a single date of service.

#### Psychiatric Medication Management

- Initial and/or periodic diagnostic examinations including psychiatric evaluations as indicated. Includes prescribing medication, adjusting dosage, and monitoring for medication effects and or side effects. Monitoring includes but not limited to the following: Checking vital signs including height, weight, waist circumference and blood pressure based on the prescribed medication as well as obtaining specimens for laboratory processing are included and should not be billed separately.
- Pharmacologic management – includes prescription, use and review of medication with not more than minimal other therapy.

- Office visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history, a comprehensive examination, and medical decision-making of moderate complexity.
- Office visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history, a detailed examination, and medical decision-making of moderate complexity.
- Brief office visit – Limited to monitoring or changing psychotropic medication
- Medication training and support
  
- 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)
  - Lithium Assay
  - Valproic Acid Assay
  - Carbamazepine, Tegretol Assay
  - Urine Drug Screen per each of the following classes of 9 Drug Panel:
  - (Amphetamine, Barbiturate, Phencyclidine, Cannabionoid, Cocaine, Opiate, Methadone, Benzodiazepines, Propoxphene)
  - Routine Urinalysis w/Microscopic Exam on Positives
  - Basic Metabolic Panel
  - Comprehensive Metabolic Panel
  - Thyroid Panel, Comprehensive (T3, T4, & Free T4 index (T7))
  - Thyroid Stimulating Hormone (TSH)
  - Hepatic Function Panel
  - Gama Glutamyltransferase
  - Quantitative Glucose
  - Complete Blood Count (CBC) with differential
  - Hemoglobin A1c Quantitation
  - Lipid Panel
  - Serum Clozapine (Protocol Required)
  - Serum Haloperidol (Protocol Required)
  - Venipuncture, Health Department (must be entered by Provider but only reimbursed to Health Dept)
  - Venipuncture

## **Provider Responsibilities**

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Providers must be authorized and trained by the DMHDD before they may be a provider rendering services BHSN of TN (BHSN of TN) enrollees. These providers must have the ability to complete the CRG assessments that determine priority status. Providers must also:

1. Maintain Tennessee medical licenses and/or certifications as required by his/her practice, or licensure by TDMHDD, if appropriate; and
2. Not be under a federal Drug Enforcement Agency (DEA) restriction of his/her prescribing and/or dispensing certification for scheduled drugs; and
3. Agree to maintain and provide access to TDMHDD and/or its designee all medical records for BHSN of TN enrollees for ten (10) years from the date of service, including requisite proof of residence, income and U.S citizenship within one (1) month of registration with BHSN of TN; and
4. Provide medical assistance at or above recognized standards of practice;
5. Inform BHSN of TN Office of changes to staff that access the BHSNT/CTR database.

## **Payments and Billing**

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### **Maximum Liability**

Each participating BHSN of TN provider has a maximum liability for the fiscal year. Net payments to providers cannot exceed the quarterly cap; if a payment derived exceeds the quarterly cap then a debit balance forward is created for the provider.

### **How Does a Provider Receive Reimbursement for Eligible Services?**

BHSN of TN program will reimburse contracted, network providers up to the amount of their annual contract maximum liability for all eligible Fee-for-Service activities as delineated in the BHSN of TN Service Rate Sheet in Appendix V. All claims for eligible services should be entered into the CTR database or sent in electronic file format (837p file) on a monthly basis. Payment processing for BHSN of TN providers will occur once a month on the fourth (4<sup>th</sup>) business day of the month, at 9 a.m. CST. All eligible services must be received by 9 a.m. CST on the 4<sup>th</sup> business day of the month in order to receive reimbursement within 7-10 business days from the date of the payment process.

**End-of-year 13<sup>th</sup> payment process:** The BHSN of TN will offer network providers a 13<sup>th</sup> payment process for end of prior FY billable services. The fiscal year officially ends after the July payment process in any given program year and it is expected that the bulk of your billable services will be entered by the payment process in July of each year. For providers who are unable to enter all billable services for the FY ending on June 30<sup>th</sup> of each program year, an additional payment process will be scheduled in the first quarter of the following program year/fiscal year. In past years, the 13<sup>th</sup> payment process has been accomplished in early November, October, and in FY 08, in the month of September. After the 12<sup>th</sup> payment process in each fiscal year, you will be asked to provide an accrual amount for your 13<sup>th</sup> payment as well as a readiness date in order to schedule the 13<sup>th</sup> payment process.

**NOTE: You can only bill for services delivered within a registration period where your agency is identified as the provider of record. For example, if a patient is registered for BHSN of TN assistance with your agency effective 01/15/2009, then you will only be able to bill for services delivered on 01/15/2009 or later. As an additional example, if a patient is registered for BHSN of TN assistance with your agency from 01/15/2009 through 02/28/2009, then you will only be able to bill for services on or between these dates. You will not be able to bill for services outside of these dates.**

**NOTE: CRG assessments must be in the year in which they are current and must not be older than 90 days from the beginning of the service recipient's registration period. The CTR database will not allow us to save an expired CRG assessment.**

If you wish to submit your billable services by 837p file, you must contact the Director of BHSN of TN, to receive documentation on the file protocol and instructions for submitting at Test file prior to sending an actual billing file. A Test file must be accomplished before you may begin submitting billable services via the 837p file.

## BHSNT formerly known as CTR System

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### **BHSN of TN Provider functions:**

1. Enter Services
2. View/Update Services (with Credit Capability)
3. Remittance Advice access
4. Patient Inquiry

### **Enter Services:**

After logging on to the BHSNT formerly the CTR web database, your cursor will blink in the SSN field of the Enter Services page. Enter the service recipients Social Security number (SSN) and use the Tab key to move to the next field. If a match is found for the SSN, the service recipient name and date of birth will display. Confirm that this information is correct and proceed with the tab key to enter a Date of Service and select Service Code and specify Unit(s). Tab to enter and a service record will appear below with visual confirmation of the entered service. If there is an error noted, double click the record in the grid and make necessary corrections or delete (if the service has **not** been billed).

### **Enter Services Error Messages:**

1. Service recipient is not registered with provider agency... "Please Enter a Valid SSN for a patient registered with your Agency!"
2. Date of Service is prior to service recipient's Registration Begin Date... "Date of Service is not within a registration span for your Agency!"
3. The same Service code is not allowed on the same date of service for a service recipient... "The Service Record you are attempting to enter already exists for this patient!"
4. Specific combinations of service codes are not allowed on the same date of service for a service recipient... "The service record you are attempting to enter cannot be billed in combination with codeXXXXX".
5. Units entered exceed the Maximum defined for the service code... "Units Exceed Maximum CAP of X"; the number will vary depending on the service being entered.

### **View/Update Services (with Credit Capability):**

1. All Service Records can be viewed, whether entered through online interface or processed via an 837p file.
  - a. After logging on, go to Services on the Menu bar and select View/Update. From here you can select from the list of service recipients with services or enter an SSN to find a specific service recipient.
  - b. By Default, the screen will list all service records with the most recent appearing at the top of the list. The Roll up date is the date that BHSN of TN executed the billing process (this is usually accomplished on the 4<sup>th</sup> business day of the month).
  - c. Services Not Yet Paid: if a service record displayed does not include the billing period identifier and roll-up date, then it has not been paid for and you may click on the entry in order to modify the record.
  - d. Services Already Paid: if the service record displayed includes the billing period identifier and roll-up date, then it has already been paid and cannot be modified.
    - i. HOWEVER- you may click on the entry in order to CREDIT it. This will take you to the Credit Services screen where you must input a reason for the credit and click Credit button to accomplish the credit to the record.
    - ii. Once a record has been Credited, it will no longer display in View/Update services UNLESS you specify that you want to list Credited Services (by clicking on the dot beside Credited Services before hitting Search).

**On-Line Remittance Advice:**

1. After logging on, go to Payment on the Menu bar and select Remittance Advice. Payment entries by billing period will display with amounts for Pharmacy Assistance and Coordination, Fee-for-Service, Admin fee, any balance forward and Net payment.
2. You may click on a specific billing period to see detail for that payment.
  - a. Clicking on the Column Header will change the Sort order.
  - b. The bottom right of the screen lists detail of the net payment including Credits.

To download the Remittance Advice to EXCEL, click on the Excel button.

**Patient Inquiry:**

In the BHSNT system (formerly known as CTR) you have Read-Only access on service recipients registered with your agency. You may look up an individual or select Active Registrations for a list of service recipients registered with your agency.

To look up an individual:

1. Log onto BHSNT database
2. Go to menu item- Patient
3. Select- Inquiry- from drop down menu
4. Enter the SSN of the individual you are assisting and Enter. You will see the following:

MOT	Received From	Provider	Begin Date	End Date	Status	Reason	Received date	Crx

These fields are self-explanatory, for example, “Active” status means that the service recipient has a valid Registration segment at your agency. “Elig” under Crx means that the service recipient has a valid enrollment in Cover Rx.

To view your agency’s Active Registrations:

1. Log onto BHSNT database
2. Go to menu item- Patient
3. Select- Active Registrations- from the drop down menu
  - a. A list of your Service Recipients will appear with the option to export to Excel.
  - b. You will be able to view the Registration Date, CRG Assessment Date and Cover Rx status- “SPMI Low” or “Not Elig”.

## Pharmacy Assistance Program Guidance

The BHSN of TN offers pharmacy assistance through Cover Rx. Cover Rx is the State's pharmacy assistance program for persons with no prescription drug coverage who meet the eligibility criteria listed on the application in Appendix IV. Cover Rx offers a predominantly generic drug list of over 250 medications and a limited list of brand and generic anti-psychotics for up to two prescriptions.

1. A Cover Rx application must be completed and submitted to the Eligibility Unit with **all** BHSN of TN applications and Review forms in order to access Cover Rx pharmacy assistance.
2. In addition to other eligibility criteria (see application on page 37), a service recipient must be registered with a BHSN of TN provider in order to access Cover Rx's Brand Drug list of medications.

Guidance for Pharmacy Assistance Coordinators: Signing service recipients up for Free or Reduced cost medications through a Pharmaceutical company program.

1. BHSN of TN is NOT an Insurance Program.
2. CoverRx is NOT a Pharmacy Coverage Program.
3. CoverRx only offers a two-month supply of the Brand Anti-psychotics. After the second prescription fill, the service recipient will have to pay for the medication out-of-pocket if not already on a PAP.

**If your service recipient did not file a tax return and does not have other proof of income, an IRS tax form 4506-T that is completed and signed, is acceptable for proof of income for most Pharmacy Assistance Program's (PAP). This tax form allows a third party to verify a person's non-filing status. A printable version of this tax document is available on the IRS website and just made copies.**

Also, for those who have access to TN Anytime's website for TennCare eligibility verification, if a PAP wants proof of a person's ineligibility for Medicaid services, you can print off a person's eligibility page and submit it as proof. Most of the PAP will accept this since the majority of our service recipients did not keep any letters stating their Medicaid ineligibility.

There is a program to help with Lithium; however, it is more of a mail order drug program, not really an assistance program. The service recipient still pays for their medication and in most cases it would be more expensive the medication through Express Scripts Inc.

### **Restricted Drug List**

A Pharmacy Assistance Program (PAP) must be accessed for the following six (7) Brand drugs:

- Risperdal (available in Generic form) – A denial must be obtained in order to use Cover Rx for the generic version Risperadone
- Seroquel (AstraZeneca)
- Abilify (Bristol-Myers Squibb)
- Zyprexa (Eli Lilly)
- Geodon (Pfizer)
- Depakote (available in Generic form) - A denial must be obtained in order to use Cover Rx for the generic version Divalproex
- Depakote ER

- The service recipient will have thirty (30) days from the fill date of their second antipsychotic brand prescription to obtain approval/denial from a PAP for one of the above medications.
- If a Denial is not submitted to 615-253-6822 (ATTN: BHSN of TN) by the end of the 60-day grace period/two prescription drug list, access to the Cover Rx Restricted Drug list will be denied and the service recipient will not be able to refill his/her medication through Cover Rx. You may submit your denial once it is received.
- The Pharmacy Assistance Coordinator in conjunction with the service recipient is responsible for
  - submission of applications to the PAP, and
  - faxing of denial from the PAP for one of the Restricted Drugs.

**NOTE:** This process will be audited at the individual and provider levels. Non compliance with this process will have several consequences, including the following:

- the service recipient paying more for their medications out-of-pocket,
- inappropriate use of CoverRx funds, which will result in program caps and possible closure, and
- Reassessment of pharmacy assistance funds to the CMHA for pharmacy assistance coordinators.

## **How to Complete the Cover Rx Application for BHSN of TN members**\_\_\_\_\_

1. Use the correct version of the Cover Rx application
  - a. The correct Cover Rx application for BHSN of TN members is distinguished by the following:
    - i. The top of the application states- “for members of the Behavioral Health Safety Net of TN”
    - ii. The application code is N1208
2. Mandatory Fields: the following fields **must** be completed and **cannot be left blank**-
  - a. Last name
  - b. First name
  - c. Gender
  - d. Date of Birth
  - e. Social Security number
  - f. Number of People in Household
  - g. Yearly Household Income
  - h. Home address: Street, City, State and Zip code-
    - i. If the service recipient is Homeless, you must still enter an address and may use your Agency address in c/o if no other address is available
  - i. Mailing address, if it is different from Home address
  - j. Check one box- Yes or No for the following questions
    - i. Are you a U.S. citizen or qualified legal alien?
    - ii. Have you lived in TN for at least the last six months?
      1. Note: This criterion is different from the TN Residency criteria for BHSN of TN.
    - iii. Do you have health insurance (including TennCare)?
    - iv. Do you have any prescription drug coverage other than Cover Rx? This includes Medicare, TennCare or drug coverage provided by your employer. (Discount drug programs or patient assistance programs providing free or low-cost medications do not count.)
  - k. Signature Line: application must be signed by the service recipient
  - l. Date line: application must be dated on the day it is signed.

## **FYI: RMHI Guidance for Behavioral Health Safety Net of TN Service recipients**

NOTE: Ask referring RMHI to confirm BHSN of TN Registration to avoid Change of Provider conflicts!

Is your service recipient a TennCare disenrollee?

- Check the BSHNT database or CITRIX to check if they are eligible for TNCARE or BHSN of TN.
  - Check the BHSNT database: You have Read-Only access to Inquire by SSN (Reference RMHI Guidance on BHSNT access; you may call Office of BHSN of TN for a copy)
  - Check Citrix
  - Call Office of Consumer Affairs: 615-532-6700
  - Call BHSN of TN office: 615-253-8906

NOTE: If you submit a BHSN of TN Application, you must assign a BHSN of TN Provider to the service recipient. You must check the BHSN database for an existing Registration and Provider information to prevent unnecessary changes in Provider care.

Does your service recipient need medications upon discharge?

- Call us for instructions and information on completing the Cover Rx application: 615-253-8906 or 1-866-886-5648
- Complete a Cover Rx application and fax or mail to the Eligibility Unit along with the BHSN of TN application. <http://state.tn.us/mental/recovery/CoverRxForm.pdf>

Our participating Providers and their **Pharmacy Assistance Coordinator contacts** are listed in Appendix V. Call us for more information at 615-253-8906.

BHSN of TN offers pharmacy assistance through a partnership with Cover Rx. A Cover Rx application must be completed, signed and faxed or mailed to BHSN of TN Eligibility Unit with the BHSN of TN packet in order for the individual to receive pharmacy assistance.

If the individual needs a **Brand Antipsychotic** (or recent brand now available as generic) they must also be registered with one of the CMHA, listed in Appendix V, in the BHSN of TN. The application is in Appendix IV and can also be found online at:

<http://state.tn.us/mental/recovery/CoverRxForm.pdf>

The Cover Rx application will be processed along with the BHSN of TN application in 2-5 business days. If there is an urgent need for medications please call us at 615-253-8906 or 1-866-886-5648.

Cover Rx offers over 200 generics and a two month supply for certain Brand antipsychotics: Risperdal, Depakote, Zyprexa, Seroquel, Geodon, and Abilify.

Please inform your **service recipient**: During this two-month grace period, the individual must complete a Pharmacy Assistance Application for their medication and can receive assistance for this process from a Pharmacy Assistance Coordinator located at each CMHA..

To be eligible for Cover Rx with access to behavioral health medications, the individual must be:

- SPMI (CRG 1, 2, or 3)
- Registered with a BHSN of TN provider
- A Tennessee Resident
- A US citizen or legal resident alien...;
- Have income at or below 100% FPL
- Without other prescription drug coverage
- Be age 18-64

**Don't hesitate to call us. We'll check on your service recipient's BHSN of TN status, eligibility for Pharmacy assistance or other mental health outpatient resources: BHSN of TN 615-253-8906.**

# Appendix I

# Behavioral Health Safety Net of TN Policy and Eligibility Procedures

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## POLICY AND ELIGIBILITY PROCEDURES FOR Behavioral Health Safety Net of TN

### CRITERIA

Individuals qualify for the Behavioral Health Safety Net of TN (BHSN of TN) category if :

- A. They have been determined ineligible for any other category of TennCare, or have a pending TennCare application; and
- B. They do not have private health insurance, or the private health insurance lacks mental health assistance, or all mental health benefits under private health insurance have been exhausted; and
- C. They do not have access to Medicare assistance\*; and
- D. They are not actively receiving benefits through the Veteran's Administration; and
- E. They are a U.S. Citizen or a legal resident Alien, **and** a resident of Tennessee; and
- F. They have been identified as SPMI(CRG = 1,2, or 3); and
- G. The family income is no greater than 100% of the Federal Poverty level; and
- H. They must **not** be an inmate.

NOTE: Grand-fathering of current CTR service recipients with an active registration status until their CRG assessment expires. At the time of CRG assessment expiration, a BHSN of TN application will be required to evaluate eligibility for the new BHSN of TN program.

\* Current and active CTR clients who are Medicare eligible recipients (due to age of 65 years) on January 1, 2009 will not be subject to this criteria and will be grand-fathered into the BHSN of TN.

### COVERED SERVICES (Effective Service Rate Sheet Appendix IV)

Covered services for service recipients 19 years of age and older enrolled as BHSN of TN include:

1. Outpatient mental health services (including physician services); and
2. Core, essential mental health services including individual and group psychotherapy, case management, and pharmacological management; and
3. Labs related to medication management.

### EFFECTIVE DATES

The effective date of eligibility depends upon the timely receipt of an appropriately completed applications from providers. If a completed application is received within thirty (30) calendar days from the initial service date, the initial service date will be the effective date of eligibility. If a completed application is received more than thirty (30) calendar days from the initial date of service, the effective date of eligibility will be the date the completed application is received by TDMHDD's Eligibility Unit. **Important Note:** If an incomplete application is received

within thirty (30) calendar days from initial date of service and it is not rectified within this time period, the effective date of eligibility will be the date the completed application is received by the Eligibility Unit.

Effective termination date is the date that the person no longer meets the criteria for participation in this category or the date the person becomes eligible for TennCare (Medicaid), whichever comes first.

### **BEHAVIORAL HEALTH SAFETY NET OF TN ELIGIBILITY REQUEST PROCESS:**

- A. Provider will complete the BHSN of TN Enrollment Request providing demographic information.
- B. Provider will submit (and maintain in service recipient file) the following documents to TDMHDD Division of Recovery Services, Eligibility Unit:
  - 1. A completed BHSN of TN Enrollment Request with original signature of the provider's Chief Executive Officer or the designee of the CEO and original signature of the applicant;
  - 2. A completed BHSN of TN Certificate of Diagnosis (**NOT REQUIRED if Revised BHSN of TN 2/27/09 application completed and submitted with packet**);
  - 3. A copy of the original TennCare (DHS) Application; or copy of DHS Notice of Disposition confirming that Service Recipient applied for TennCare Medicaid and was denied or that application is still in pending status;
  - 4. A copy of letter or other confirmation from TennCare indicating denial of eligibility, if available;
  - 5. A current and qualifying CRG Assessment;
    - a. CRG must be completed within the past 12 months and have an assessment code of 1, 2 or 3
  - 6. Verification of identity;
  - 7. Verification of U.S. citizenship or alien status (maintain in service recipient file only);
    - a. Verification of U.S. citizenship or Legal resident Alien status will only be required when the service recipient's statements regarding their citizenship or alien status appear to be contradictory.  
(i.e. Service recipient presents an apparently counterfeit Social Security card. Service recipient claims U.S. citizenship, but they were born overseas.)
    - b. For U.S. citizenship, the permissible forms of documentation are birth certificates, religious records (i.e. records of births and deaths kept in a family Bible or a baptismal record), voter registration cards, certificates of citizenship or naturalization provided by Bureau of Citizenship and Immigration Service (BCIS), or U.S. passports.
    - c. For verification of Legal Resident Alien status the permissible forms of documentation are "green" card, visa, or Form I-688 (Temporary Resident card).
    - d. If needed, verification of U.S. citizenship will only need to be supplied once. After the documentation is on file, it will not need to be sent a subsequent time. For Legal Resident Aliens this verification will be needed once yearly.
  - 8. Verification of Tennessee residence (maintain in service recipient file only);
    - a. Permissible forms of verification are rent receipt in the service recipient's name, utility bill in the service recipient's name, voter registration card, Tennessee driver's license, Tennessee state I.D. card, or in the absence of the above, a signed and dated statement from a collateral contact, a person

familiar with the applicant's circumstances (i.e. family member, friend, case manager, etc.)

- b. If a service recipient claims to be homeless, then a completed copy of the BHSN of TN Income and Homeless Declaration Form (Appendix II) should be included.

9. Verification of income (maintain in service recipient file only).

- a. Earned Income: Earned income is money derived from an individual's work efforts, such as wages, salaries, commissions, or as profits from a self-employment enterprise, including farming, carried on either alone or jointly. It includes pay received from jury duty, bonuses, vacation pay, maternity leave pay, and sick pay received by an individual while still employed. Garnished or diverted wages also are considered to be earned income. If a service recipient is employed, their income would need to be verified by one (1) month's pay stubs or by a written, signed, and dated statement from the employer, stating the average number of hours worked each month and the hourly wage. A copy of the first page of the previous year's tax return, showing the Total Income for the household, is also acceptable verification. If the service recipient is paid on a cash basis, then the written, signed, and dated statement from the employer will suffice.
- b. Unearned Income: Unearned income is defined as income not directly realized from work (i.e. Social Security income, unemployment benefits, Family First (TANF) grants, child support or cash gifts from family and/or friends. In the case of a Social Security payment, unemployment payment, or similar benefit payments, permissible verifications include a copy of the check itself; a copy of a bank statement, if benefit is direct deposited; a copy of the benefit letter or change of benefit letter; or a print out from the issuing agency (i.e. a print out from SSA in the case of Social Security or DHS in the case of a Family First grant). In the case of cash gifts, a written, signed and dated statement from the giver will suffice for documentation.

NOTE: Food Stamps are not considered to be a type of Unearned Income.

- c. If a service recipient reports that he or she lacks income of any type, then a completed copy of the BHSN of TN Income and Homeless Declaration Form (Appendix II) should be included.
- d. Guidelines on whose income to consider for BHSN of TN eligibility are outlined below.
  - Any income realized by the BHSN of TN applicant himself or herself is counted.
  - If the BHSN of TN applicant is married, then the spouse's income is considered in determining the applicant's BHSN of TN eligibility in addition to bullet 1 above. Income realized by a minor child, such as SSI or Social Security survivors' benefits, is considered as a part of the overall household or family income. Therefore, it is countable in determining the parent's or legal/custodial guardian's BHSN of TN eligibility.
  - In the case of adult children living with their parents, the parents' income is not countable in determining the adult child's BHSN of TN eligibility.
  - In the case of parent(s) living with their adult children, the adult child's income is not counted in determining the parent(s) BHSN of TN of TN eligibility.
  - In the case of adult siblings living together and income of one of the siblings does not count against the BHSN of TN eligibility of the other sibling.

- In the case of non-related adults living together (i.e. roommates), the income of one roommate does not count against the BHSN of TN eligibility of the other roommate.
- C. The Provider may fax completed BHSN of TN requests to TDMHDD. Completed State-Only requests should be faxed to (615) 253-3187. Alternately, the completed BHSN of TN request can be mailed to TDMHDD. The appropriate mailing address is listed at the bottom of the BHSN of TN Eligibility Request form. **If the fax option is utilized, it is not necessary to follow-up with an original copy.** Regardless of the submission option chosen, the completed BHSN of TN Eligibility packet should be sent to TDMHDD within fourteen (14) calendar days of the individual's date of admission to service, but not more than thirty (30) calendar days from the date of admission to service.
- D. TDMHDD Division of Recovery Services will perform a check to verify that the individual is not currently enrolled in TennCare.
- E. TDMHDD Division of Recovery Services will review the BHSN of TN Eligibility Request and supporting documentation to determine that criteria for BHSN of TN category are met and that information is complete.
1. If the eligibility packet is incomplete:
    - a. The eligibility packet will be returned to the provider with an explanation of the missing information. **CORRECTED ELIGIBILITY PACKET MUST BE RETURNED TO TDMHDD WITHIN FIVE (5) BUSINESS DAYS FROM THE DATE THE PROVIDER RECEIVES THE RETURNED PACKET.**
    - b. Provider furnishes the missing information and returns documentation to TDMHDD within five (5) business days.
    - c. If the missing information is not or cannot be corrected, Provider returns packet, with explanation that information cannot be provided, within the five (5) business days.
    - d. If the corrected eligibility packet is not returned to TDMHDD within the specified timeframe, the BHSN of TN Eligibility Request will be denied by TDMHDD, a denial letter will be issued to the applicant, explaining the applicant's options for resubmitting a request.
  2. If the eligibility packet is complete, and
    - a. The applicant is eligible; TDMHDD will notify the provider who in turn is responsible for alerting the service recipient, or
    - b. The applicant is ineligible because he/she does not meet the criteria; TDMHDD will issue a denial letter with instructions to the applicant, explaining the applicant's options for resubmitting a request.

TDMHDD requires an annual verification for BHSN of TN eligibility that should coincide with the recipient's CRG assessment expiration date.

1. Prior to the annual verification date, a BHSN of TN Eligibility Letter will be sent to the Provider. This letter will address and capture updated data on all BHSN of TN eligibility criteria, including the individual's most recent date of service. **The BHSN of TN Eligibility Review letter must be completed, signed by its preparer, and returned to the Eligibility Unit by the date specified in the letter, or the individual may lose their BHSN of TN eligibility.**

2. If the individual continues to meet the BHSN of TN eligibility criteria, the CRG assessment information is updated in the BHSN of TN system and eligibility continues.
3. Eligibility under the BHSN of TN program will be terminated if:
  - a. The individual no longer meets the criteria above or is found to have falsified information provided to TDMHDD and approval was based on this false information; or
  - b. The individual voluntarily requests to be made ineligible; or
  - c. The individual dies; or
  - d. The individual is approved for TennCare
4. If the determination is made that the individual no longer meets the criteria for BHSN of TN eligibility registration will be closed. The individual will be issued a termination letter, explaining the reason for termination. Cover Rx pharmacy assistance will be terminated within a specified time of BHSN of TN termination.

**NOTE:** the Preparer of the Review Form should ensure that all Billable services have been submitted to the BHSN of TN database before indicating that a registration is closed. The Revised Review form now requests a last Appointment Date to reduce billing conflicts.

# Appendix II





**This Form No Longer Required with BHSN of TN packet if Revised 2/27/09 BHSN of TN application submitted!!!**

**Certificate of Diagnosis**

Patient Name:			
First Name	MI	Last Name	
Social Security Number:     -     -	Date of Birth:     /     /		

**Agency Contact Information**

**Facility Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street Address                      City                      State                      Zip

**Office Phone Number:** \_\_\_\_\_                      **Fax:** \_\_\_\_\_

Was a CRG/TPG assessment conducted for the person whose name is on this form?  Yes                       No

I certify that the above-named patient has been diagnosed with the following mental health or emotional conditions:

\_\_\_\_\_

\_\_\_\_\_

I certify that a CRG assessment was performed on the above named individual. I understand that this information will be used to determine this patient's medical eligibility for Behavioral Health Safety Net of TN. I understand any intentional act on my part to provide false information that will potentially result in a person obtaining benefits or assistance to which s/he is not entitled is considered an act of fraud.

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_                      Tennessee License Number: \_\_\_\_\_

Professional Designation: \_\_\_\_\_

Licensed Mental Health Professional Signature: \_\_\_\_\_

MH-5251

Revised: 06/09/04

**This Form No Longer Required with BHSN of TN packet if Revised 2/27/09 BHSN of TN application submitted!**

# THE TENNESSEE CLINICALLY RELATED GROUP (CRG) FORM FOR ADULTS AGE 18 AND ABOVE

## IDENTIFYING INFORMATION

1. CHECK BOX THAT APPLIES:    CRG ASSESSMENT - INITIAL     CRG ASSESSMENT - CORRECTION     CRG ASSESSMENT - UPDATE

2. BHO ID NUMBER (IF KNOWN)        3. SERVICE RECIPIENT'S SSN:    --

4. SERVICE RECIPIENT'S FIRST NAME:        5. SERVICE RECIPIENT'S MIDDLE INITIAL:

6. SERVICE RECIPIENT'S LAST NAME:   

7. SERVICE RECIPIENT'S DOB:    //

8. PRINCIPAL DIAGNOSIS:    .    9. DUAL PRINCIPAL / SECONDARY DIAGNOSIS: .

## FUNCTIONAL ASSESSMENT

Focus on the service recipient's **LOWEST** level of functioning during the past one year and use the following functional impairment scales to describe the level of impairment due to mental illness. Enter the appropriate number in the corresponding box to the right. (See "Additional Guidelines for Assessing Level of Functioning" for the expanded criteria for each scale, if necessary.)

10. **ACTIVITIES OF DAILY LIVING:** Include activities such as cleaning; shopping; taking public transportation; paying bills; maintaining a residence; grooming and hygiene; using telephones and directories; using a post office; etc. Also taken into account is the individual's independence, appropriateness, and effectiveness in executing these skills, as well as the ability to initiate and participate in such activities without supervision or direction.

EXTREME (1)	MARKED (2)	MODERATE (3)	MILD (4)	NONE (5)
Unable to perform any daily routine activities and requires constant assistance in most areas. Extreme dysfunction in this area may cause marked dysfunction in other areas.  _____ _____	Has extensive problems with performing daily routine activities and requires frequent assistance.  _____ _____	Has regular or frequent problems with performing daily routine activities and is unable to perform up to acceptable standards without frequent assistance.  _____ _____	Has some or occasional problems with performing daily routine activities and could benefit from some assistance.  _____ _____	Has no problem performing daily routine activities without assistance  _____ _____

11. **INTERPERSONAL FUNCTIONING:** Capacity to interact appropriately and communicate effectively with others and get along with family and community. Deficits are reflected in history of altercations; evictions or firings; fear of strangers; avoidance of interpersonal relationships and social isolation. Strengths are reflected in ability to initiate social contact and to participate actively in groups, cooperative behavior, and consideration of and sensitivity to others' feelings.

<b>EXTREME (1)</b>	<b>MARKED (2)</b>	<b>MODERATE (3)</b>	<b>MILD (4)</b>	<b>NONE (5)</b>
Isolated in the community; has no support network and/or no ability to take part in social activities or self manage in relationships with others and/or demonstrates extreme aggression with inability to control behavior.	Isolated in the community; uses agency staff or program for social support and/or has substantial impairment in the ability to take part in social activities or self manage in relationships with others and/or demonstrates aggressive episodes but can control behavior with assistance.	Limited integration in the community; little or no use of natural supports and/or marginal capacity to take part in a variety of social activities or manage self in relationship to others and/or demonstrates aggressive episodes with limited ability to self manage behavior.	Partial integration into community life; uses natural supports and/or participates in appropriate interaction with others within expected social, developmental, and cultural norms when engaged and/or demonstrates aggressive episodes with ability to self manage behavior.	Full integration into community life; uses natural supports and/or initiates appropriate interaction with others within expected social, developmental, and cultural norms and/or asserts self appropriately.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**12. CONCENTRATION, TASK PERFORMANCE, AND PACE:** Ability to sustain focused attention for long enough time to permit the completion of tasks commonly found in work settings or other structured situations in school and home. Deficits are reflected in inability to concentrate and/or complete simple tasks within required time; committing frequent errors; or requiring assistance in completing such tasks.

<b>EXTREME (1)</b>	<b>MARKED (2)</b>	<b>MODERATE (3)</b>	<b>MILD (4)</b>	<b>NONE (5)</b>
Unable to complete simple tasks.	Seldom able to concentrate and has extensive difficulty completing simple tasks without assistance.	Regular or frequent difficulty with concentration and can complete simple tasks within timeframes and/but needs prompting and help.	Some or occasional difficulty with the ability to concentrate and can complete simple tasks within timeframes with few errors and with some assistance.	Has ability to concentrate and can complete simple tasks within set timeframes with few errors and without assistance.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**13. ADAPTATION TO CHANGE:** Ability to cope with stressful circumstances associated with work, school, family, or social interaction. Deficits are reflected when any unexpected environmental change causes agitation; exacerbation of signs and symptoms associated with the illness; or withdrawal from the stressful situation.

<b>EXTREME (1)</b>	<b>MARKED (2)</b>	<b>MODERATE (3)</b>	<b>MILD (4)</b>	<b>NONE (5)</b>
No tolerance for any changes; negative reaction may cause marked dysfunction in other areas.	Extensive difficulty in adjusting to change; will require a significant amount of intervention.	Regular or frequent difficulty in accepting and adjusting to change; adaptation will require some intervention.	Some or occasional difficulty in accepting and adjusting to change; may need minimal support.	Able to reasonably adapt to change within developmental and cultural norms.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**14. SEVERITY OF IMPAIRMENT:** Referring to the above four scales (questions #10 - #13), is there MODERATE (3) impairment in all four areas OR MODERATE (3) impairment in three areas and EXTREME (1) or MARKED (2) in one area OR MARKED (2) impairment in at least two areas OR EXTREME (1) impairment in at least one area? (Check "YES" or "NO") YES  NO   
(GO TO #15) (GO TO #16)

15. **DURATION:** Answer this question only if you checked "YES" for #14. YES  NO   
 Focus on the dysfunctional periods identified when you completed the level of functioning scales above (#10 - #13). Over the past year, did these periods of severe dysfunction accumulate to a total of six months duration or longer? (Check "YES" or "NO", skip questions #16 & #17 and go to question #18.) (GO TO #18) (GO TO #18)

16. **FORMERLY SEVERE:** If the person has not recently experienced severe functional impairment, i.e. checked "NO" for #14, has the service recipient experienced periods of severe impairment in the past? (Check "YES" or "NO") YES  NO   
(GO TO #17) (GO TO #18)

17. **NEEDS SERVICES TO PREVENT RELAPSE:** If you answered "YES" to #16, does the person need mental health services to prevent relapse? YES  NO   
 Mental health services are those services provided by mental health providers and include, but are not limited to: psychiatric services, therapy, case management, psychosocial rehabilitation, etc. (GO TO #18) (GO TO #18)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**18. DETERMINATION OF SERVICE RECIPIENT GROUP: The description of each service recipient group is given below, based on the diagnosis and on the answers to the preceding questions. Review the service recipient's diagnosis. If the diagnosis(es) place the service recipient in Group 5, check that box. Otherwise, following the criteria noted, check the box that represents the service recipient's group.**

<input type="checkbox"/> <b>GROUP 1 - Persons with Severe and Persistent Mental Illness:</b> Persons in this group are recently severely impaired ("YES" on question #14) and the duration of their severe impairment totals six months or longer of the past year ("YES" on question #15).	<input type="checkbox"/> <b>GROUP 2 - Persons with Severe Mental Illness:</b> Persons in this group are recently severely impaired ("YES" on question #14) and the duration of their severe impairment totals less than six months of the past year ("NO" on question #15).	<input type="checkbox"/> <b>GROUP 3 - Persons who are Formerly Severely Impaired:</b> Persons in this group are not recently severely impaired ("NO" to question # 14) but have been severely impaired in the past ("YES" to question #16) and need services to prevent relapse ("YES" to question #17).	<input type="checkbox"/> <b>GROUP 4 - Persons with Mild or Moderate Mental Disorders:</b> Persons in this group are not recently severely impaired ("NO" to question #14). These persons are <u>either</u> not formerly severely mentally ill ("NO" to question #16) <u>or</u> <b>are</b> formerly severely mentally ill ("YES" to question #16) and do not need services to prevent relapse ("NO" to question #17).	<input type="checkbox"/> <b>GROUP 5 - Persons who are not in clinically related groups 1-4 as a result of their diagnosis.</b> The diagnosis(es) of service recipient's in this group include only: substance use disorders (DSM-IV-TR ranges: 291.0 - 292.9, 303.00 - 305.90), developmental disorders (DSM-IV-TR ranges: 299.00 - 299.80, 315.00 - 319), or V-codes (DSM-IV-TR range: V15.81 - V71.09).
--	--	---	---	--

19. **REASON FOR ASSESSMENT (Check One)**

01 <input type="checkbox"/> Service recipient requested CRG assessment 03 <input type="checkbox"/> Mental health care provider requested assessment 05 <input type="checkbox"/> TDMHDD requested CRG assessment 07 <input type="checkbox"/> MCO requested CRG assessment 09 <input type="checkbox"/> Service recipient is referred for a mental health service in the Enhanced Benefits Package <i>(For currently enrolled participants in the TennCare Partners Program)</i> 11 <input type="checkbox"/> Service recipient used 15 consecutive inpatient psychiatric days in a calendar year <i>(For currently enrolled participants in the TennCare Partners Program)</i> 13 <input type="checkbox"/> Service recipient has been admitted to an RMHI and is potentially eligible for Federal and/or State supported benefits <i>(For persons not currently enrolled in the TennCare Partners Program)</i>	02 <input type="checkbox"/> Family member requested CRG assessment for the service recipient 04 <input type="checkbox"/> Primary health care provider requested CRG assessment 06 <input type="checkbox"/> BHO requested CRG assessment 08 <input type="checkbox"/> One year reassessment is due 10 <input type="checkbox"/> Service recipient used 40 outpatient mental health benefits in a calendar year <i>(For currently enrolled participants in the TennCare Partners Program)</i> 12 <input type="checkbox"/> Service recipient used 30 cumulative inpatient psychiatric days in a calendar year <i>(For currently enrolled participants in the TennCare Partners Program)</i> 14 <input type="checkbox"/> Other 15 <input type="checkbox"/> Intake
---	--

<b>20. DATE OF REQUEST / CIRCUMSTANCE</b> (MM/DD/CCYY):  <input type="text"/> / <input type="text"/> / <input type="text"/>	<b>21. DATE OF CRG ASSESSMENT</b> (MM/DD/CCYY):  <input type="text"/> / <input type="text"/> / <input type="text"/>	<b>22. SERVICE RECIPIENT INFORMATION INDICATOR:</b> Indicate the availability of service recipient information for completing the CRG form. <input type="checkbox"/> MINIMAL <input type="checkbox"/> ADEQUATE <input type="checkbox"/> SUBSTANTIAL
<b>23. SERVICE RECIPIENT'S CURRENT GAF:</b> <i>at the time of assessment</i> <i>(This item must be completed)</i> <input type="text"/>	<b>24. SERVICE RECIPIENT'S HIGHEST GAF:</b> <i>within last one year</i> <i>(Not required if there is no previous GAF history)</i> <input type="text"/>	<b>25. SERVICE RECIPIENT'S LOWEST GAF:</b> <i>within last one year</i> <i>(Not required if there is no previous GAF history)</i> <input type="text"/>
<b>NOTES:</b> _____  _____  _____		
<b>26. PROGRAM CODE:</b> 100% STATE SUPPORTED <input type="checkbox"/> JUDICIAL <input type="checkbox"/>	<i>(Check one)</i> UNINSURABLE <input type="checkbox"/> TENNCARE ELIGIBLE <input type="checkbox"/>	<b>27. RATER'S TENNCARE PROVIDER ID NUMBER:</b> <input type="text"/>  <b>RATER'S PRINTED NAME:</b> _____

CRG FORM 4/1/2004



**STATE OF TENNESSEE**  
**DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES**  
**DIVISION OF RECOVERY SERVICES, ELIGIBILITY UNIT**  
 425 5TH Avenue North  
 3rd Floor, Cordell Hull Building  
 Nashville, Tennessee 37243

**SERVICE RECIPIENT NAME:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**INCOME STATEMENT**

I, \_\_\_\_\_, am not currently employed.

(PLEASE PRINT SERVICE RECIPIENT NAME)

I do not have any income at the present time.

\_\_\_\_\_  
 Service recipient Signature

\_\_\_\_\_  
 Date

**Homeless Declaration Statement**  
**Proof of Residence**

If service recipient is Homeless or living in a Shelter / Mission, please indicate this by completing the bottom portion of this form. To the Counselor or CMHA staff person assisting this service recipient, please have the service recipient sign where indicated and please counter – sign where indicated.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Service recipient Signature: \_\_\_\_\_

Counselor / CMHA (RMHI) staff Signature: \_\_\_\_\_

**BEHAVIORAL HEALTH SAFETY NET OF TN ELIGIBILITY/SCHEDULED REVIEW**

<b>Agency:</b>	<b>&lt;C.M.H.A. NAME&gt;</b>			<b>Date sent:</b>	
<b>Service recipient's Name</b>					
	<b>First Name</b>		<b>MI</b>	<b>Last Name</b>	
<b>Address</b>					
<b>City:</b>		<b>TN</b>	<b>Zip Code</b>		
<b>Social Security Number:</b>					
		State Only Effective			

**<CRG EXPIRATION DATE>**

<p align="center"><b>ACTIVE</b></p> <p><b>This Service recipient is ACTIVE</b></p> <p>Date of last Appointment: ____ / ____ / ____</p> <ul style="list-style-type: none"> <li>• <b>ATTACH A and E:</b></li> <li>• <b>KEEP ITEMS C AND D ON FILE:</b> <ul style="list-style-type: none"> <li>A. Current CRG: Where the service recipient has a current CRG assessment of CRG1, CRG2, CRG3.</li> <li>B. The individual has an eligible mental health diagnosis that was made or reviewed by a Licensed Mental Health Professional.</li> </ul> </li> </ul> <p>Principal Diagnosis Code #: _____</p> <p>Secondary Diagnosis Code #: _____</p> <ul style="list-style-type: none"> <li>C. Proof of household income within the last 3 months and number of persons in household must be maintained in client file.</li> </ul> <p>The Gross Annual Income for the service recipient's Household/Family is:</p> <p>\$ _____ and does not exceed the <b>Federal Poverty Guidelines</b> below:</p> <table border="1"> <thead> <tr> <th><u>Number in Family</u></th> <th><u>Annual Income</u></th> <th><u>Number in Family</u></th> <th><u>Annual Income</u></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>\$10,830</td> <td>7</td> <td>\$ 33,270</td> </tr> <tr> <td>2</td> <td>\$14,570</td> <td>8</td> <td>\$ 37,010</td> </tr> <tr> <td>3</td> <td>\$18,310</td> <td>9</td> <td>\$ 40,750</td> </tr> <tr> <td>4</td> <td>\$22,050</td> <td>10</td> <td>\$ 44,490</td> </tr> <tr> <td>5</td> <td>\$25,790</td> <td>11</td> <td>\$48,230</td> </tr> <tr> <td>6</td> <td>\$29,530</td> <td>12</td> <td>\$51,970</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>D. Proof of Current Address.</li> <li>E. Attach Cover Rx application for BHSN of TN member if pharmacy assistance is needed.</li> </ul> <p>By signing below, I certify that the information contained herein is true and accurate. I understand any intentional act on my part to provide false information that will potentially result in a person obtaining benefits or coverage to which he or she is not entitled is considered an act of fraud.</p> <p>_____  <b>Signature of Service Recipient</b>                      Date</p> <p>_____  <b>Signature of PREPARER OF REVIEW</b>                      Date</p>	<u>Number in Family</u>	<u>Annual Income</u>	<u>Number in Family</u>	<u>Annual Income</u>	1	\$10,830	7	\$ 33,270	2	\$14,570	8	\$ 37,010	3	\$18,310	9	\$ 40,750	4	\$22,050	10	\$ 44,490	5	\$25,790	11	\$48,230	6	\$29,530	12	\$51,970	<p align="center"><b>INACTIVE</b></p> <p><b>This Service recipient is INACTIVE</b></p> <p>Date of last Appointment: ____ / ____ / ____</p> <ul style="list-style-type: none"> <li>• <b>CHECK ONE OF THE FOLLOWING :</b></li> </ul> <p>_____ CLOSED / DISCHARGED on _____</p> <p>_____ Did not show for Appointment.</p> <p>_____ Did not return for Services.</p> <p>_____ Incarcerated.</p> <p>_____ Deceased.</p> <p>_____ Moved out of State of Tennessee.</p> <p>_____ Has access to services through Private Insurance.</p> <p>_____ Has access to services through Veteran's Administration.</p> <p>_____ Referred to another Agency / Facility. ***</p> <p>***</p> <p>Name of Agency / Facility: _____</p> <p>Address: _____</p> <p>City: _____ TN _____  <span style="float: right;"><b>Zip code</b></span></p> <p align="center">Return by date: <b>&lt;DUE DATE&gt;</b></p> <p align="center"><b>Mail to: TDMHDD</b>          Division of Recovery Services &amp; Planning          Eligibility Review Unit          3rd Floor, Cordell Hull Building          425 5<sup>th</sup> Avenue North  <b>Nashville, TN 37243</b>  <b>Fax to (615) 253 – 3187</b></p>
<u>Number in Family</u>	<u>Annual Income</u>	<u>Number in Family</u>	<u>Annual Income</u>																										
1	\$10,830	7	\$ 33,270																										
2	\$14,570	8	\$ 37,010																										
3	\$18,310	9	\$ 40,750																										
4	\$22,050	10	\$ 44,490																										
5	\$25,790	11	\$48,230																										
6	\$29,530	12	\$51,970																										

Revised: 02/27/09

# Appendix III

# BHSN of TN CTR User Form



STATE OF TENNESSEE

{PLEASE PRINT CLEARLY}

## BHSNT aka Clinical Therapeutics And Recovery User ID Request Form

Add New User

Re-activate User

Inactivate User

<b>Provider Name:</b>	<b>Date:</b>
-----------------------	--------------

**User Information:**

<b>First Name:</b>	<b>MI:</b>	<b>Last Name:</b>
<b>Provider Location:</b>		
<b>Email Address:</b>		
<b>Phone:</b>		

In accordance with the federal security and privacy regulations (HIPAA), I agree to fully comply with the requirements applicable to "business associates," as that term is defined in the Privacy Rule and not use or further disclose Protected Health Information other than as permitted or required by the Behavioral Health Safety Net aka Mental Health Safety Net Contract, or as Required By Law.

**Signature**

**Date**

**Signature of Agency's Authorizing Representative:**

**For Internal Use Only**

User ID	Activated	De-activated

**BHSN of TN Unallowable Service Code Combos**

<b>Column A</b>	<b>Column B</b>
80048 Basic Metabolic Panel	80053 Comprehensive Metabolic Panel
80048 Basic Metabolic Panel	82947 Glucose, quantitative (except reagent strip)
80053 Comprehensive Metabolic Panel	80048 Basic Metabolic Panel
80053 Comprehensive Metabolic Panel	82947 Glucose, quantitative (except reagent strip)
82947 Glucose, quantitative (except reagent strip)	80048 Basic Metabolic Panel
82947 Glucose, quantitative (except reagent strip)	80053 Comprehensive Metabolic Panel
85025 CBC with Diff, automated	85048 WBC, automated
85048 WBC, automated	85025 CBC with Diff, automated
90804 Psychotherapy, individual 20-30 minutes	90806 Psychotherapy, individual 45-50 minutes
90804 Psychotherapy, individual 20-30 minutes	90853 Psychotherapy, group
90806 Psychotherapy, individual 45-50 minutes	90804 Psychotherapy, individual 20-30 minutes
90806 Psychotherapy, individual 45-50 minutes	90853 Psychotherapy, group
90853 Psychotherapy, group	90804 Psychotherapy, individual 20-30 minutes
90853 Psychotherapy, group	90806 Psychotherapy, individual 45-50 minutes
90862 Pharmacologic Management	99204 Office visit, initial
90862 Pharmacologic Management	99214 Office visit, established
90862 Pharmacologic Management	M0064 Pharmacologic Management, Brief
99204 Office visit, initial	90862 Pharmacologic Management
99204 Office visit, initial	99214 Office visit, established
99204 Office visit, initial	M0064 Pharmacologic Management, Brief
99214 Office visit, established	90862 Pharmacologic Management
99214 Office visit, established	99204 Office visit, initial
99214 Office visit, established	M0064 Pharmacologic Management, Brief
M0064 Pharmacologic Management, Brief	90862 Pharmacologic Management
M0064 Pharmacologic Management, Brief	99204 Office visit, initial
M0064 Pharmacologic Management, Brief	99214 Office visit, established
M0064 Pharmacologic Management, Brief	H0034 Psych Med Mgmt
90862 Pharmacologic Management	H0034 Psych Med Mgmt
T1016 Case Management 15-60 minutes/unit	T1016 Case Management 15 minute/unit

**The Services in Column A cannot be billed with the adjacent service in Column B, on the same date and for the same service recipient.**

# **Appendix IV**

Cover Rx Application: Submit this application with all BHSN of TN application packets.



**CoverRx**

Application for Enrollment (for members of the Behavioral Health Safety Net of Tennessee)  
 State of Tennessee • Department of Finance and Administration • Benefits Administration

**All fields must be compl**

eted (unless noted as optional) or application will be returned.

Applicant Information				
Last Name	First Name	MI	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth
Social Security Number	# of People in Household	Yearly Household Income (Do not leave blank)		Phone Number (Write N/A if you do not have a phone) ( )
Home Address		City	State	Zip Code
Mailing Address (if different from above)		City	State	Zip Code
Race (optional): <input type="checkbox"/> Black: Hispanic or Non-Hispanic <input type="checkbox"/> White: Hispanic or Non-Hispanic <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> American Indian / Alaskan <input type="checkbox"/> Mixed Ethnicity <input type="checkbox"/> Other _____			Language Spoken (optional): <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a U.S. citizen or qualified legal alien?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you lived in Tennessee for at least the last six months?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have health insurance (including TennCare)?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any prescription drug coverage other than CoverRx? This includes Medicare, TennCare or drug coverage provided by your employer. (Discount drug programs or patient assistance programs providing free or low-cost medications do not count.)			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you homeless or living in a shelter? (optional)			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you employed (including self-employed)? (optional)			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you work 20 hours or more in a seven day work week? (optional)			

**Terms and Conditions**

While you are in CoverRx, you must follow the program rules. By signing the front of this form, you agree that: **You will pay your co-pay for each prescription filled.**

**You will notify CoverRx when:**

- You move to a new address
- Your household income changes significantly
- The number of people in your household changes
- You have other prescription drug coverage

**Event Code**  
**N1208**

**You will help with any investigations.** CoverRx may ask you for proof of your household income. CoverRx may also ask you to provide proof that you live in Tennessee and/or that you are a U.S. citizen or qualified alien. You agree to provide this information to CoverRx. If you do not help, then you could lose your pharmacy assistance.

**You allow CoverRx to get information about you.** I understand that I have certain privacy rights with respect to my medical information under the Health Insurance Portability and Accountability Act (HIPAA), CFR Parts 160 and 164 ("Privacy Rule"). The Privacy Rule permits CoverRx to use and disclose my protected health information for purposes of treatment, payment and health care operations, including determining my eligibility for benefits. **You can report fraud or abuse.** If you suspect someone of fraud or abuse please call Express Scripts at 1-888-560-2649

**Authorization: I want to apply for CoverRx pharmacy assistance. By signing below, I certify that the information contained in the application is true and accurate. I know that if I give any false information, I may be breaking the law. I know that CoverRx will check my information. I agree to help with any investigations. I also agree to follow the rules for the CoverRx program. I have read and understand these rules, which are on the back of this form.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CoverRx does not support any practice that excludes participation in programs or denies the benefits of such programs on the basis of race, color, or national origin. If you have a complaint regarding discrimination, please call 1-866-576-0029 or 615-741-4517.

## Eligibility

To be eligible to participate in CoverRx, you must meet the following eligibility guidelines:

- Age 19 through 64
- Household income must be at or below the income guidelines listed below
- U.S. citizen or qualified alien
- Tennessee resident for at least the last six months
- No prescription drug coverage including Medicare, TennCare, or employer-sponsored drug coverage. (Discount drug programs or patient assistance programs providing free or low cost medications do not count.)

## How Much You Will Have to Pay

If you are enrolled, CoverRx will help you pay for up to five prescriptions each month, plus diabetic supplies and insulin. You must pay a small co-payment for your first five prescriptions each month. (Note: A 90-day prescription counts as three 30-day prescriptions.) The co-payment amount for the first five prescriptions is based on your household income. Co-pay ranges are listed in the table to the right. If enrolled, your exact co-payments will be included in your welcome packet.

Co-payments are subject to change.

Co-Payments (for each medication, up to five prescriptions per month)	
Drugs on the CoverRx list	Generic Drugs: 30 day = \$3 - \$8 *90 day = \$3 - \$16  Brand Drugs / Insulin / Diabetic Supplies: 30 day (or up to covered limits = \$5 - \$12  *90-day supplies are only available through mail order and those local retail pharmacies that have chosen to participate. Before you fill your prescription, check with your pharmacy to see if the 90-day supply is available at that location. A 90 day supply is not available for covered brand drugs and covered insulin
Drugs NOT on the CoverRx list and/or ALL prescriptions after the five prescription per month limit	Full price (price varies by drug), plus any pharmacy discounts available

- You must pay the full amount for all prescriptions above the monthly (5) prescription limit. Pharmacy discounts are available to help you with the cost of these medications.
- You can purchase your prescriptions at participating local community retail pharmacies and mail order pharmacies.
- Upon enrollment in CoverRx, a welcome packet will be sent to you with information about how to use the program.

## Income Guidelines

To qualify for the Behavioral Health Safety Net portion of the CoverRx program, your yearly household income must be at or below the levels listed in the table to the right.

The yearly household incomes listed are for 2009. Amounts are subject to change each year.

Persons in Household	Yearly Household Income
1	\$10,830
2	\$14,570
3	\$18,310
4	\$22,050
5	\$25,790
6	\$29,530
7	\$33,270
8	\$37,010

## Contact Information

**Mail completed form to:** Tennessee Department of Mental Health and Developmental Disabilities ▪ Division of Recovery Services, Eligibility Unit ▪ 5<sup>th</sup> Floor Cordell Hull Building ▪ 425 5<sup>th</sup> Avenue North ▪ Nashville, TN 37243

**OR fax completed form to:** 615-253-3187

**For questions about enrolling in CoverRx:** 1-800-560-5767

## Definitions

“**Discount**” means a price reduction offered to participants for certain prescriptions.

“**Household Income**” is the combined income of all household members 18 years old and over who maintain a single economic unit, as well as any income received by the household for the personal medical and other obligations of the participant(s) in the household.

“**Household**” is comprised of all persons living in the same residence maintaining a single economic unit.

“**Qualified alien**” means that you are not a U.S. citizen, but you live in the United States legally. To be a qualified alien, you must also meet other conditions. These conditions are defined in the federal law at 8 U.S.C. § 1622(b). If you are not a U.S. citizen or qualified alien, then you cannot enroll in CoverRx.

CoverRx is managed by Express Scripts, Inc. (ESI), which among other things, owns and operates a mail order pharmacy. ESI does not accept returns of unused medicine, and fees are nonrefundable once ESI received your valid prescription. ESI will send your medicines to the address you choose. You are responsible for the package once it arrives. 1/07

# **Appendix V**

**Behavioral Health Safety Net of TN  
Service Rate Sheet  
FY 10**

Rev. 6.09

Clinical Therapeutic and Support Services	Service Codes	Rates
<b>Assessment, Evaluation, Diagnostic, and Therapeutic Activities</b>		
Behavioral Health Assessment – Procedures used to diagnose mental illness conditions and determine treatment plans including obtaining relevant social situation information. (per assessment)		
Psychiatric diagnostic interview examination	90801	\$61.50
Psychological Evaluation – An evaluation of cognitive processes, emotions and problems of adjustment through components such as interpretations of tests of mental abilities, aptitudes, interests, attitudes, emotions, motivation and personality characteristics. May include neuropsychological and psychosocial assessments. (per evaluation regardless of time involved)		
Psychological testing	96100	\$61.50
Clinically Related Group (CRG) Assessment - An assessment mechanism for persons age 18 and older to determine an individual’s level of functioning and duration of impairment due to a mental illness. (per assessment)		
Mental health assessment, non physician	H0031	\$25.63
Intervention/Therapy/Therapeutic sessions or related counseling provided to an individual or in a group setting through interview, supportive psychotherapy, relationship therapy, insight therapy or other forms of intervention. (per session)		
Individual face to face session: Individual 45 – 50 minutes	90806	\$61.50
Individual face to face session 20 – 30 minutes	90804	\$30.75
Group session (other than multi-family group) up to 2 units can be billed within a single date of service.	90853	\$30.75
<b>Case Management</b>	<b>T1016</b>	<b>\$23.00</b>
Case Management – case management is defined as care coordination for the purpose of linking safety net individuals to clinically indicated services. Case management may be delivered through face-to-face encounters or may consist of telephone contacts, mail or email contacts necessary to ensure that the service recipient is served in agency office, in the community setting or through methods outlined in the Centers for Medicaid and Medicare Services' (CMS') guidance on case management, including but not limited to assessment activities; completing related documentation to identify the needs of the individual; and monitoring and follow-up activities which may include making necessary adjustments in the care plan and service arrangements with providers. Case management is tied to access to services related to follow-up activities such as individual/group therapy, psychiatric medication management, pharmacy assistance and coordination and labs related to medication management; services that promote community tenure. Case management is offered to safety net individuals with a current assessment of severe and persistent mental illness and other clinical considerations. It is reimbursed at \$23 per unit, which Federal law defines as a 15 minute session. We allow a maximum of twelve (12) units to be billed within a single date of service.		
Psychiatric Medication Management		
Pharmacologic management – includes prescription, use and reviews of medication with not more than minimal other therapy.	90862	\$61.50

Office visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history, a comprehensive examination, and medical decision-making of moderate complexity.	99204	\$71.75
Office visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history, a detailed examination, and medical decision-making of moderate complexity.	99214	\$51.25
Brief office visit – Limited to monitoring or changing psychotropic medication	M0064	\$41.00
Medication training and support	H0034	\$25.63
Administration of long-acting injectable medications – subcutaneous or intramuscular (90782; 90772 Inactive)	96372	\$5.13
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)		
Amylase, Serum	82150	\$13.00
Free Thyroxine	84439	\$29.00
Nortriptyline, Serum	80182	\$45.40
Lithium Assay (LC #007708)	80178	\$10.00
Valproic Acid Assay (LC #007260)	80164	\$10.00
Carbamazepine, Tegretol Assay (LC #007419)	80156	\$10.00
Urine Drug Screen per each of the following classes of 9 Drug Panel: (Amphetamine, Barbiturate, Phencyclidine, Cannabionoid, Cocaine, Opiate, Methadone, Benzodiazepines, Propoxphene) (LC #789119)	80101 (Quantity 9)	\$16.30
Routine Urinalysis w/Microscopic Exam on Positives (LC #003038)	81003	\$2.00
Basic Metabolic Panel (LC #322758)	80048	\$2.30
Comprehensive Metabolic Panel (LC #322000)	80053	\$2.90
Thyroid Panel, Comprehensive (T3, T4, & Free T4 index (T7)) (LC #001156 and LC#001149)	84479 84436	\$1.50 \$1.50
Thyroid Stimulating Hormone (TSH) (LC #004259)	84443	\$4.00
Hepatic Function Panel (LC #322755)	80076	\$2.20
Gama Glutamyltransferase (GGT) (LC #001958)	82977	\$1.60
Quantitative Glucose (LC #001032)	82947	\$1.60
Complete Blood Count (CBC) with differential (LC #005009)	85025	\$2.50
Hemoglobin A1c Quantitation (LC #001453)	83036	\$5.00
Lipid Panel (LC #235010)	80061	\$4.50
Serum Clozapine (Protocol Required) (LC #706440)	80299	\$102.75
Serum Haloperidol (Protocol Required) (LC #070482)	80173	\$51.90
Venipuncture, Health Department (provider must manually enter service to verify reimbursements to the Health Departments)	36415	\$24.00
Venipuncture (LC #998085)	36415	\$4.50
Other lab services not listed above may be ordered in accordance with Statewide Contract number 532 for Clinical Laboratory Services through Labcorp. 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 TDMHDD before they are ordered.		
<b>Pharmacy Assistance and Coordination (Monthly Rate)</b>		
<b>Pharmacy Assistance and Coordination Maximum 299 Individuals</b> 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 for initial pharmacy assistance applications, emergency and periodic medication changes and monitoring and submission of data necessary for monitoring and reporting. (per service unit)	N/A	\$2,083
<b>Pharmacy Assistance and Coordination Minimum 300 Maximum 500 Individuals</b> 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 for initial pharmacy assistance applications, emergency and periodic medication changes and monitoring and submission of data necessary for monitoring and reporting. (per service unit)	N/A	\$4,167
<b>Pharmacy Assistance and Coordination Minimum 501 Maximum 1000 Individuals</b> 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 for initial pharmacy assistance applications, emergency and periodic medication changes and monitoring and submission of data necessary for monitoring and reporting. (per service unit)	N/A	\$6,250
<b>Pharmacy Assistance and Coordination Minimum 1,001 Maximum 2,000 Individuals</b> 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 for initial pharmacy assistance applications, emergency and periodic medication changes and monitoring and submission of data necessary for monitoring and reporting. (per service unit)	N/A	\$12,500
<b>Pharmacy Assistance and Coordination Minimum 2,001 Maximum 2,500 Individuals</b> 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 for initial pharmacy assistance applications, emergency and periodic medication changes and monitoring and submission of data necessary for monitoring and reporting. (per service unit)	N/A	\$16,667
<b>Pharmacy Assistance and Coordination Maximum 2501-3,000 + Individuals</b> 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 for initial pharmacy assistance applications, emergency and periodic medication changes and monitoring and submission of data necessary for monitoring and reporting. (per service unit)	N/A	\$20,833
<b>Pharmacy Assistance and Coordination Maximum 3,001 + Individuals</b> 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 for initial pharmacy assistance applications, emergency and periodic medication changes and monitoring and submission of data necessary for monitoring and reporting. (per service unit)	N/A	\$22,917

# Behavioral Health Safety Net of TN

## List of Providers

<p><b>Carey Counseling</b> 408 Virginia Street Paris, TN 38242 Contact: Dee Rose 800-611-7757 731-641-0626 <a href="mailto:jdaniel@bhillc.org">jdaniel@bhillc.org</a></p>	<p><b>Frontier</b> 401 Holston Drive Greeneville, TN 37743 Contact: Emmie Box 800-332-7281 <a href="mailto:ebox@frontierhealth.org">ebox@frontierhealth.org</a></p>	<p><b>Quinco Community MHC</b> 10710 Old Hwy. 64 Bolivar, TN 38008 Contact: Elaine Wilson 615-658-4926 800-532-6339 <a href="mailto:elaine.wilson@quincomhc.org">elaine.wilson@quincomhc.org</a></p>
<p><b>Case Management, Inc.</b> 4841 Summer Ave. Memphis, TN 38122 Contact: Linda Logan, Bobbie Harris 901-821-5868 <a href="mailto:llogancmi@bellsouth.net">llogancmi@bellsouth.net</a> <a href="mailto:bharriscmi@bellsouth.net">bharriscmi@bellsouth.net</a></p>	<p><b>Helen Ross McNabb</b> 201 W. Springdale Ave. Knoxville, TN 37917 Contact: Candace Allen 865-637-9711 <a href="mailto:candace.allen@mcnabb.org">candace.allen@mcnabb.org</a></p>	<p><b>Ridgeview</b> 240 W. Tyrone Rd. Oak Ridge, TN 37830 Contact: Jan Hooks 865-276-1216 <a href="mailto:jhooks@ridgevw.com">jhooks@ridgevw.com</a></p>
<p><b>Comprehensive Community Network</b> 2150 Whitney Avenue Memphis, TN 38127 Contact: Jo Hudson 901-354-7307 <a href="mailto:jo@ccnmemphis.org">jo@ccnmemphis.org</a></p>	<p><b>LifeCare Family Services</b> 446 Metroplex Dr. Suite A-100 Nashville, TN 37211 Contact: Christy Donnell 615-781-0013 Ext. 118 <a href="mailto:christy.donnell@lifecarefs.org">christy.donnell@lifecarefs.org</a></p>	<p><b>Southeast MH Center</b> 2579 Douglass Ave. Memphis, TN 38114 Contact: Debra Dillon 901-369-1480 <a href="mailto:debra.dillon@semhcinc.com">debra.dillon@semhcinc.com</a></p>
<p><b>Centerstone</b> 1101 Sixth Ave., N. 3<sup>rd</sup> Floor Nashville, TN 37208 Contact: Anita 877-834-9841 <a href="mailto:sallie.allen@centerstone.org">sallie.allen@centerstone.org</a></p>	<p><b>Mental Health Cooperative</b> Nashville, Dickson and Sumner Offices Contact: Front Desk 615-726-3340</p>	<p><b>Volunteer</b> 413 Spring Street Chattanooga, TN 37405 877-567-6051 Contact: Phyllis Persinger 615.278.6274 <a href="mailto:ppersinger@vbhcs.org">ppersinger@vbhcs.org</a></p>
<p><b>Cherokee Health</b> 305 North Bellwood Rd. Morristown, TN 37814 Contact: Pam Sawyer 423-586-5031 <a href="mailto:pam.sawyer@cherokeehealth.com">pam.sawyer@cherokeehealth.com</a></p>	<p><b>Park Center</b> 948 Woodland St. Nashville, TN 37206 Contact: Phyllis Holt 615-650-5550 <a href="mailto:phyllis.holt@parkcenternashville.org">phyllis.holt@parkcenternashville.org</a></p>	<p><b>Whitehaven-Southwest</b> 1087 Alice Ave. Memphis, TN 38106 Contact: Angela Saulsberry - Ext.161 or Demetria King - Ext.324 901-259-1920 <a href="mailto:dking@wswmhc.org">dking@wswmhc.org</a></p>
<p><b>Fortwood Center</b> 601 Cumberland St. Chattanooga, TN 37404 Contact: Kristi Cannon 423-763-4797 <a href="mailto:kmcatee@fortwoodcenter.org">kmcatee@fortwoodcenter.org</a></p>	<p><b>Pathways, Inc.</b> 238 Summar Drive Jackson, TN 38301 Contact: Amy Williamson 731-935-8200 <a href="mailto:amy.williamson@wth.org">amy.williamson@wth.org</a></p>	<p style="text-align: center;"><b>TDMHDD-DRPS</b> <b>Behavioral Health Safety Net</b> <b>Contact: Melissa Da Silva</b> <b>615-253-6748</b> <a href="mailto:melissa.dasilva@tn.gov">melissa.dasilva@tn.gov</a> <b>or</b> <b>April Sharpe</b> <b>615-253-8906</b> <a href="mailto:April.sharpe@tn.gov">April.sharpe@tn.gov</a></p>
<p><b>Parkwest dba Peninsula</b> 9352 Park West Blvd. Knoxville, TN 37923 office -- 865-373-1009 Mark Potts- 865-374-7106</p>	<p><b>Professional Care Svcs.</b> 1997 Hwy. 51 S. Covington, TN 38019 Contact: Marna Bentley 901-313-1116 <a href="mailto:marnam@bhillc.org">marnam@bhillc.org</a></p>	



# BEHAVIORAL HEALTH SAFETY NET OF TN

## Change of Service Recipient Information Request

Client Name: \_\_\_\_\_

(Please Print Clearly)

First Name

MI

Last Name

Name Changed to: \_\_\_\_\_

First Name

MI

Last Name

(Submit revised **Cover Rx application** and proof of name change with this form per instructions in BHSN of TN Manual)

New Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Change of SSN: \_\_\_\_\_

**Social Security Number**

(Submit copy of Application for new SSN or letter of explanation for change along with a copy of new SSN Card and photo ID.

**Submit revised Cover Rx application.** )

Write "Yes" to all that apply. "Yes" to any of the below will result in Termination of services through the BHSN of TN.

\_\_\_\_\_ Client is NOT a TN state resident.

\_\_\_\_\_ Client currently has behavioral health insurance (including TennCare).

\_\_\_\_\_ Client is Deceased. \_\_\_\_\_ Client is incarcerated or an inmate.

Client/Service Recipient Signature: \_\_\_\_\_

By signing above, client/service recipient certifies that the information contained on this form is true and accurate.

**NOTE: A complete BHSN of TN application packet is required for NEW clients.**

### CHANGE in INCOME or Number in Household

1. The **Gross Annual Income** for the service recipient's Household is \$ \_\_\_\_\_ and EXCEEDS the Federal poverty Guidelines listed below. **Note: estimate or approximate amount of gross annual income on Behavioral Health Safety Net of Tennessee request form.** Provider agency must retain proof of income and household number in service recipient/client chart as well as any other item changed above.

Federal Poverty Guidelines and corresponding number of persons in household: *(Please circle number in household below)*

Number in Household	Annual Income	Number in Household	Annual Income	Number in Household	Annual Income
1	\$10,830	5	\$25,790	9	\$40,750
2	\$14,570	6	\$29,530	10	\$44,490
3	\$18,310	7	\$33,270	11	\$48,230
4	\$22,050	8	\$37,010	12	\$51,970

(Write out Agency Name) **PROVIDER Name:** \_\_\_\_\_

\_\_\_\_\_  
Signature of

\_\_\_\_\_  
Date

**CHIEF EXECUTIVE OFFICER or CLINICAL DESIGNEE**

**Mail to:**

Tennessee Department of Mental Health and Developmental Disabilities  
Division of Recovery Services and Planning, Eligibility Unit 3rd Floor, Cordell Hull Building  
425 5<sup>th</sup> Avenue North  
Nashville, TN 37243

MH 5400