Texas Resilience and Recovery Mental Health Utilization Management Guidelines

Behavioral Health Services

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TEXAS
Health and Human Services

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Introduction

Texas Resilience and Recovery Model

The state's community-based mental health service system is Texas Resilience and Recovery (TRR). It is designed to address the needs of adults experiencing a serious mental illness (SMI) and children experiencing a serious emotional disturbance (SED). TRR reflects a set of core values: services should be person-centered, family-focused, recovery-oriented, trauma-informed, and focused on building natural supports and functional outcomes.

The TRR model acknowledges that people experiencing SMI or SED are on a continuum of mental health and have natural supports and strengths they can use to build resilience and recovery. As part of this process, Texas recognizes the unique value of peers. Peer Specialists and Certified Family Partners use their lived experience as well as skills learned in formal training to deliver strength-based, person-centered services.

The framework of the TRR system is an intensity-based approach with Levels of Care (LOCs) that align service intensity with assessed needs. The LOC structure standardizes clinical decisions for recommending, authorizing, and reauthorizing LOCs and guides transition and discharge planning throughout the duration of services.

The continuum is flexible, allowing people to enter at any level and move to more or less intensive levels as clinical needs change. Treatment should be provided at the most appropriate, least intensive LOC needed to meet the person's biopsychosocial needs. Within every LOC, services should be individualized and responsive to the person's readiness to change and participate.

Diagnostic Eligibility

TRR services are not limited to people with specific diagnoses. Any diagnosis defined in the current edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Health Disorders (DSM) may qualify a person for TRR services if there is significant functional impairment and the person's condition meets the definition of SMI or SED. Service eligibility is governed by statute, applicable provisions in the Texas Administrative Code (TAC), the provider's contract, and other relevant requirements.

State statute requires local mental health authorities (LMHAs) and local behavioral health authorities (LBHAs) to ensure the provision of assessment services, crisis services, and intensive and comprehensive services for adults with bipolar disorder, schizophrenia, or clinically severe depression and for children with serious emotional illnesses.[a] To the extent resources are available, the statute also permits services for children with other serious emotional, behavioral, or mental disturbance and adults with other severe mental illness who are experiencing significant functional impairment due to a mental health disorder that is defined by the DSM, 5th edition, including:

1. major depressive disorder, including single episode or recurrent major depressive disorder;
2. post-traumatic stress disorder;
3. schizoaffective disorder, including bipolar and depressive types;
4. obsessive-compulsive disorder;
5. anxiety disorder;
6. attention deficit disorder;
7. delusional disorder;
8. bulimia nervosa, anorexia nervosa, or other eating disorders not otherwise specified; or
9. any other diagnosed mental health disorder.

By definition, adults with bipolar disorder or schizophrenia are eligible for ongoing TRR services. For adults diagnosed with major depressive disorder or other mental health disorders, the Clinical Management for Behavioral Health Services system (CMBHS) uses assessment results to determine whether the person is experiencing significant functional impairment; that determination is captured in the identified needs threshold (INT). Adults with a positive INT are clinically eligible for ongoing TRR services.

People with co-occurring disorders are eligible for TRR services if one of the disorders meets the definition of SMI or SED. However, someone with a sole diagnosis that falls within the following categories is not eligible for ongoing TRR services:

1. Substance related disorders
2. Mental disorders due to known physiological conditions

[a] Texas Health and Safety Code, Section 533.0354: Texas Constitution and Statutes

3. Intellectual and developmental disability
4. Autism spectrum disorder

People who do not meet the diagnostic criteria for ongoing TRR services may be eligible for time-limited services in LOC-0 (Crisis Services) and LOC-5 (Transitional Services) as specified in the authorization criteria for those LOCs.

Assessment

TRR uses a uniform assessment (UA) to support decisions about eligibility, selection of an appropriate LOC, and development of a treatment or recovery plan. The adult UA has three sections: Adult Needs and Strengths Assessment (ANSA), diagnostic clinical symptom rating scales, and community data. The children's UA includes the Child and Adolescent Needs and Strengths Assessment (CANS) and community data.

Clinicians use assessment findings, clinical judgment, and documented medical necessity to determine the appropriate LOC and services. They reassess clients regularly to monitor service utilization, identify ongoing needs, and ensure timely adjustments to treatment or recovery plans.

The clinician must conduct a new assessment at the end of each authorization period and whenever there is a significant change in the person's condition, such as after stabilization of a crisis or discharge from a psychiatric hospital or crisis facility. When a person leaves services, the provider conducts a discharge assessment.

Authorization

The authorization process provides a structured framework to support medical necessity determinations and LOC decisions. It ensures that the assigned LOC is based on a comprehensive review of the person's clinical presentation, UA results, identified needs and strengths, clinical judgment, and the person's input. The process promotes consistency in applying medical-necessity criteria and in documenting the rationale for the authorized Level of Care (LOC-A) in the clinical record.

When a clinician completes the UA, CMBHS generates a recommended LOC (LOC-R). If the clinical review indicates another LOC is needed, the clinician may request authorization into an LOC other than the LOC-R. Any difference between the LOC-R and the authorized LOC (LOC-A) is called a deviation. When requesting a deviation, the clinician identifies the reason for the deviation using the criteria in Section V (Reasons for Deviation). Deviation requests must include a clear explanation, based on UA scores or other specific conditions, that meets the deviation criteria. A Licensed

Practitioner of the Healing Arts (LPHA) must document medical necessity for any deviation from the Recommended Level of Care (LOC-R). UM staff review authorization requests and determine the LOC-A. Except for crisis services, authorization is required before service delivery.

Reassessment and review of the LOC-A is required at the end of each authorization period. Staff should also conduct a new assessment whenever there is a significant change in the person's condition (for example, after stabilization of a crisis or discharge from a psychiatric hospital or crisis facility).

Engagement

People with mental health conditions may not see the value of recommended services. Determination of the authorized LOC and treatment or recovery goals is a collaborative process, and the provider's role is to promote alignment between the person's desired services and those recommended based on the assessment and the provider's clinical judgment and determination of medical necessity. Achieving this requires ongoing client engagement.

Engagement is an integral part of service delivery from the first point of contact through discharge. Engagement involves explaining recommended services and their value in achieving recovery, developing a therapeutic alliance and strengthening rapport, enhancing motivation, and supporting full participation in the recommended LOC to achieve recovery. This occurs in multiple contexts before and after authorization into services. Engagement is an essential component of screening, which occurs before authorization and development of a treatment or recovery plan. After authorization, clinicians work to engage people in services as part of routine service delivery.

In addition to engagement as an essential component of ongoing services, there may be times when enhancing motivation may need to be the sole focus of an encounter when ambivalence is a significant issue. To address these situations, most LOCs include "engagement services" as an adjunct service. Engagement services are planned, age-appropriate interventions using motivational interviewing to address ambiguity, increase motivation to change, and promote active participation in authorized services. Engagement services must address a need identified on the treatment or recovery plan and adhere to established documentation standards.

Levels of Care

LOCs are the building blocks of TRR and determine the intensity of services. Most LOCs allow flexibility in the types of services provided. Within every LOC, some people may require more or less intense services or utilize services at a higher or lower rate. A person may choose to refuse or not engage in one type of service and still be eligible for other services.

Core services are essential services routinely delivered to all people authorized into the LOC. If core services are not included in the treatment or recovery plan, the provider must document justification in the client record. Exceptions for not providing core services include:

- The person is receiving one or more core services from an external provider.
- The UA does not indicate the need for a specific core service.
- The clinician determines delivery of a core service is clinically contraindicated (documentation required).
- The person refuses a core service despite documented engagement efforts.

Adjunct services are clinically indicated services that supplement core services and address identified needs. Authorization into an LOC makes all core and adjunct services available. A person's services are selected based on needs and documentation of medical necessity.

Some LOCs are designed to provide a wide array of services available to meet the needs of a specific population or situation. In these LOCs, no distinction is made between core and adjunct services.

Evidence-Based Practices

The use of evidence-based practices (EBPs) is a core element of TRR. EBPs are programs or practices that effectively integrate the best available research evidence with clinical expertise and the values of the people receiving services. Providers can individualize an array of EBPs and promising practices in each LOC to meet the person's needs and build upon their strengths. When selecting an appropriate intervention, the provider should consider the person's developmental needs and cognitive functioning.

The Health and Human Services Commission (HHSC) supports training for a set of core EBPs through the Centralized Training Infrastructure. However, providers may

use other EBPs if staff meet all relevant licensure, credentialing, and training requirements. LPHAs may use EBPs within their scope of licensure, provided they meet and document all relevant training requirements. Non-licensed staff may implement appropriate EBPs or curricula for skills training and psychosocial rehabilitative services if:

1. They are appropriately credentialed and clinically supervised by an LPHA who has selected and approved the EBP, and
2. They have completed the standardized training curriculum and demonstrated competency in the application of the EBP.

Integrated Care

Integrated care addresses the complex needs of adults with SMI and children with SED who may also have substance use, medical conditions, or intellectual and developmental disabilities (IDD). This approach fosters collaboration among health care providers, enabling seamless communication and coordinated treatment plans that encompass the full range of the person's health needs. This comprehensive model enhances outcomes by promoting early intervention and continuous support. It also optimizes the use of health care resources, leading to more effective and efficient care delivery.

Care Coordination

Care coordination is essential for providing holistic support to people with multifaceted needs and preferences who access care through multiple systems. In accordance with the person's consent, care coordination activities ensure providers address the diverse aspects of a person's health and well-being with a unified approach.

Mental Health and Substance Use

Substance use affects people from all backgrounds and age groups. When both mental health and substance use issues are present, providers must use a comprehensive approach that includes early identification and intervention, accurate diagnosis, and appropriate treatment. Every LOC includes Screening, Brief Intervention, and Referral to Treatment (SBIRT), an EBP that supports comprehensive, integrated care for people with substance use issues. Careful coordination and planning between LMHAs, LBHAs, substance use Outreach, Screening, Assessment, and Referral (OSAR) programs, substance use facilities, and other providers are critical to ensure the best possible outcomes.

Mental Health and Physical Health

People with serious mental illness have a lower life expectancy than the general population and a higher prevalence of chronic medical conditions such as obesity, metabolic syndrome, diabetes, and cardiovascular disease. Identification and treatment of these conditions are often inadequate. People receiving TRR services may have physical health problems impacting their lives that need to be addressed, and partnerships with local medical clinics have the potential to achieve the best outcomes. Providers can achieve this through an integrated approach. Examples include written agreements and warm handoffs with physical health providers, co-location of physical health services on site, physical and behavioral health staff working together as one team, or other integrated arrangements.

Mental Health and Intellectual or Developmental Disability

If someone has a confirmed diagnosis or is suspected of having IDD or Autism Spectrum Disorder, regardless of previously documented Intelligence Quotient scores, connecting them to the Local IDD Authority is essential to ensure access to and coordination of waiver and non-waiver services and supports. People with IDD are more likely to have mental health needs overlooked and instead attributed to challenging behavior associated with IDD. Rates of mental health diagnoses are higher among people with IDD than in the general population, but recovery is possible with accurate diagnosis and concurrent treatment and supports.

Continuity of Care

Continuity of care is a critical element of TRR services, facilitating smooth transitions between various service settings and providers. Key activities include:

- Seamless Transitions: Ensuring people move effortlessly from one care environment to another, such as from inpatient to outpatient services.
- Provider Coordination: Collaborating between different service providers to maintain consistent care.
- Coordination with state agencies: Coordinating with state agencies such as the Texas Veterans Commission, the Department of Family and Protective Services, The Texas Juvenile Justice Department, and the Texas Department of Criminal Justice to align services with broader support systems.

Utilization Management Guidelines

The Utilization Management (UM) Guidelines are designed to:

- Guide clinicians and other certified staff in matching service intensity to personal needs and strengths across child, adolescent, and adult populations;
- Define consistent authorization, reauthorization, and discharge (or transition) criteria for each LOC; and
- Promote delivery of evidence-based and person-centered care while using limited resources efficiently.

Section I: Common Levels of Care for Adults and Children

Level of Care 0: Crisis Services

Purpose

LOC-0 includes a full range of mental health crisis services, from brief interventions provided in the community to facility-based crisis services and inpatient care. Substance use is often a factor in behavioral health crises, and people authorized into LOC-0 may need to be connected with substance use services not listed in the LOC-0 Service Table. The desired outcome is to resolve the crisis in the least restrictive environment. Crisis services do not require prior authorization.

LOC-0 is for people new to services or those previously served who no longer have a current authorization and are actively in crisis. When a person with an active authorization experiences a psychiatric crisis, they receive crisis services within the current authorized Level of Care (LOC).

Following stabilization of the crisis, a clinician should reassess the person to determine further needs and the most appropriate LOC for continued services. If the person needs further crisis follow-up and relapse prevention services, they may be authorized into LOC-5 (Transitional Services) or another LOC. If the assessment identifies potential substance use needs, the person should be provided with appropriate referrals to substance use services, which may include a referral for a comprehensive substance use assessment as indicated.

LOC Authorization Criteria

The person does not have a current authorization and at least one of the following criteria is met:

- The uniform assessment (UA) results in a Recommended Level of Care (LOC-R) of 0.
- The UA results in another LOC-R but the clinician determines the person is in crisis.
- The UA is incomplete, but the clinician determines immediate crisis intervention is needed.

Note:

- The clinician does not complete a full assessment for a person in crisis.
- A diagnosis is not required for authorization into LOC-0.

Reauthorization Criteria

The person remains in crisis and LOC-0 services are medically necessary.

Transition and Discharge Criteria

Transition from LOC-0 is indicated when:

The identified crisis is resolved and the person is eligible to be authorized into a different LOC.

OR

The person is referred to a more restrictive setting for crisis stabilization (such as inpatient psychiatric hospitalization or a crisis residential facility).

Discharge from services is indicated when the crisis has been resolved and the person:

- Does not need additional services;
- Chooses continued treatment with another provider and receives an appropriate referral if needed;
- Declines services despite documented engagement efforts;
- Cannot be located or contacted after repeated attempts; or
- Moves outside of the provider's service area.

LOC-0 Services Table

Authorization Period: 7 Days

Crisis Services	Unit Type
Psychiatric Diagnostic Evaluation	Event
Pharmacological Management	Event
Crisis Intervention Services	15 minutes
Safety Monitoring	15 minutes
Crisis Transportation (Event)	Event
Crisis Transportation (Dollar)	$1

Crisis Services	Unit Type
Inpatient Psychiatric Services	1 bed day
Crisis Stabilization Unit	1 bed day
Extended Observation Unit (EOU)	1 bed day
Crisis Residential Services	1 bed day
Crisis Respite Services	1 bed day
Day Programs for Acute Needs*	45-60 minutes
Crisis Follow-up & Relapse Prevention	15 minutes
Engagement Services	15 minutes
Crisis Flexible Benefits (Event)	Event
Crisis Flexible Benefits (Dollar)	$1
Peer Services/Supports	15 minutes
Family Partner Services/Supports	15 minutes
Screening Brief Intervention and Referral to Treatment (SBIRT) Screening—No Brief Intervention Provided◇	15 minutes (2 per year)
Screening Brief Intervention and Referral to Treatment (SBIRT) Screening and Brief Intervention Provided◇	15 minutes (4 per year)

* Adults only

◇SBIRT is limited to people 10 years of age and older.

If substance use is identified, the person may need to be connected with substance use services, which may include withdrawal management or other treatment as clinically indicated.

Level of Care 5: Transitional Services

Purpose

LOC-5 is designed to flexibly meet the needs of a person prior to admission into ongoing services or referral to community-based services. It is often indicated after LOC-0 or when a person is released from a hospital or crisis facility but may also be appropriate after a routine admission assessment.

This LOC provides an opportunity to engage and coordinate services for members of high-need or high-risk populations who may have difficulty engaging in services or experience barriers in accessing needed services and supports. Examples include people who are experiencing homelessness, are involved with the criminal or juvenile justice system, have co-occurring medical or substance use disorders, or have cognitive impairments (e.g., agnosia) or other neurological conditions affecting

perception and functioning. These people may also frequently access emergency services or have complex needs that require coordinated care.

LOC-5 provides transitional supports to help people maintain and improve stability, prevent further crises, and participate in an appropriate LOC or other community-based services. Services are highly individualized; intensity and length of stay vary according to each person's needs.

LOC Authorization Criteria

The person is eligible for ongoing services and one of the following applies:

- The person is not yet willing to participate in ongoing services.
- Staff encounter difficulties coordinating services with the ongoing provider and the person needs transitional supports.
- Ongoing services are not available due to resource limitations.

OR

The person is NOT eligible for ongoing services and one of the following circumstances applies:

- The person requires transitional supports to fully stabilize after a crisis.
- The provider is referring or linking the person to community resources and the person needs transitional supports.
- The person has chosen an external provider for ongoing services but needs transitional supports.

Reauthorization Criteria

One additional authorization may be approved if the person continues to meet LOC authorization criteria and does not meet criteria for transition or discharge.

Transition and Discharge Criteria

Any of these indicators support transition from LOC-5:

- The person was deviated into LOC-5 while waiting for ongoing services and previous barriers to authorization into the recommended LOC have been resolved.

- The person experiences a change in symptoms, functioning, or both and the UA indicates the need for another LOC.
- The clinician determines the person needs a different LOC based on clinical judgment and documentation.
- The provider lacks the resources to provide ongoing services and authorizes the person into LOC-8 (waiting for all services).
- The person no longer requires short-term transitional supports to maintain stability or complete linkage to ongoing services or community-based supports.

Any of these indicators support discharge from services. The person:

- No longer needs services;
- Has access to and is linked to services outside the Health and Human Services Commission (HHSC) community mental health system;
- Chooses to receive services from a different provider and receives an appropriate referral if needed;
- Declines services despite documented engagement efforts;
- Cannot be located or contacted after repeated attempts;
- Moves outside the provider's service area; or
- Is detained or incarcerated for more than 90 consecutive days.

LOC-5 Services Table

Authorization Period: 90 Days

Treatment or Recovery Plan Review: 90 Days

Standard Therapeutic Hours per month: N/A
High Need Therapeutic Hours per month: N/A

Providers may select from an array of evidence-based practices and individualize services to meet the person's specific needs and build upon the person's unique strengths. The clinician must indicate selected services in the treatment or recovery plan and document medical necessity.

Across the population served at this level of care, the type and intensity of services required will vary.

Available Services	Unit Type
Psychiatric Diagnostic Evaluation	Event
Pharmacological Management	25 minutes
Skills Training and Development (Individual)	15 minutes
Skills Training and Development (Group)	15 minutes
Routine Case Management	15 minutes
Medication Training and Support Services (Individual)	15 minutes
Medication Training and Support Services (Group)	15 minutes
Engagement Services	15 minutes
Supportive Housing	15 minutes
Supported Employment*	15 minutes
Peer Services/Supports	15 minutes
Family Partner Services/Supports	15 minutes
Family Training (Individual)**	15 minutes
Family Training (Group)**	15 minutes
Parent Support Group**	15 minutes
Flexible Funds	$1
Flexible Community Supports	15 minutes
Screening Brief Intervention Referral to Treatment (SBIRT) – Screening only◇	2 units per year (15 minutes /unit)
SBIRT—Screening and Brief Intervention Provided◇	4 units per year (15 minutes/unit)

Crisis Services Array: Authorized as medically necessary and available during psychiatric crisis. Refer to LOC-0 for guidance.

*Adults only

**Child only

◇SBIRT is limited to people 10 years of age and older.

Note: Providers may use one or a combination of the service modalities shown in parentheses for a specific service, based on the person's needs.

Level of Care EO: Early Onset

Purpose

LOC-EO (Early Onset) provides a specialized, team-based treatment approach for people between the ages of 15 and 30 who are experiencing a first episode of psychosis. People in this LOC have a diagnosis that includes psychotic features and may be experiencing psychotic symptoms that make daily tasks difficult or impossible. Many are entering behavioral health services for the first time, and their level of severity and need may vary. The goal is to intervene early when treatment is most effective.

LOC-EO provides a comprehensive array of services using the Coordinated Specialty Care (CSC) model to meet the diverse and evolving needs of this population. CSC Teams trained in the CSC model provide clinical and support services with a focus on resilience and recovery. Within this LOC, people also develop skills to prepare for gainful employment and educational opportunities. Services are individualized to meet each person's needs and may vary in type and intensity.

Services are provided in the community or in outpatient, office-based settings.

LOC Authorization Criteria

The clinician determines and documents medical necessity for LOC-EO services and all of the following criteria are met:

- The person has a diagnosis that includes psychotic features regardless of the person's age at onset;
- The person is between 15 and 30 years old; and
- The person lives in a service area that offers CSC.

Reauthorization Criteria

The person:

- Continues to meet LOC authorization criteria;
- Has been authorized in this LOC for less than three years; and
- Does not meet criteria for transition or discharge.

Transition and Discharge Criteria

Any of these indicators support transition from LOC-EO:

- The person experiences a change in symptoms, functioning, or both and the UA indicates the need for another LOC.
- The clinician determines the person needs a different LOC based on clinical judgment and documentation.
- The clinician determines the person does not have a qualifying diagnosis (diagnostic uncertainty may resolve after initial assignment).
- The person has been enrolled in LOC-EO for a total of 36 months or exceeds 30 years of age.
- The person moves outside of the geographic service area of the CSC team but remains within the provider's service area.

Any of these indicators support discharge from services. The person:

- Achieves treatment or recovery goals and no longer needs services;
- Chooses to receive services from a different provider and receives an appropriate referral if needed;
- Declines services despite documented engagement efforts;
- Cannot be located or contacted after repeated attempts;
- Is detained or incarcerated for more than 90 consecutive days; or
- Moves outside the geographic service area of the CSC team. To the extent possible, the CSC team must facilitate referral of the person to a provider of services capable of addressing the person's needs.

LOC-EO Service Table

Authorization Period: 90 Days (Adults), 180 Days (Children)
Treatment or Recovery Plan Review: 90 Days (Adults), 180 Days (Children)
Standard Therapeutic Hours per month: 5.87
High Need Therapeutic Hours per month: 20.35

Providers may select from an array of evidence-based practices and individualize services to meet the person's specific needs and build upon the person's unique strengths. The clinician must indicate selected services in the treatment or recovery plan and document medical necessity.

The standard and high need therapeutic hours do not represent minimum or maximum hours. Across the population served at this level of care, some people may require or use services at a higher or lower rate per month. A request for

authorization of hours that exceed the recommended threshold must be based on documented medical necessity and the person's current clinical presentation.

Available Services	Standard Therapeutic Hours	High Need Therapeutic Hours
Psychiatric Diagnostic Evaluation	1 event/year	1 event/year
Pharmacological Management	.25 hour	.5 hour
Psychosocial Rehabilitative Services (Individual)*	3.5 hours	7 hours
Psychosocial Rehabilitative Services (Group)*	2.25 hours	8.6 hours
Skills Training and Development (Individual)**	3 hours	4.25 hours
Skills Training and Development (Group)**	3 hours	4.25 hours
Psychotherapy (Individual)	3 hours/events	4 hours/events
Psychotherapy (Group)	3 hours/events	4 hours/events
Psychotherapy (Family)	3 hours/events	4 hours/events
Routine Case Management	1 hour	6 hours
Medication Training and Support Services (Individual)	1 hour	1.5 hours
Medication Training and Support Services (Group)	.75 hours	5 hours
Engagement Services	Unit type:15 minutes	Unit type:15 minutes
Supportive Housing	3 hours	4.25 hours
Supported Employment*	3 hours	4.5 hours
Supported Employment and Education**	3 hours	4.5 hours
Peer Services/Supports	2 hours	4 hours
Family Partner Services/Supports	3.5 hours	7 hours
Flexible Funds	Unit type: $1	Unit type: $1
Flexible Community Supports	Unit type: .25 hours	Unit type: .25 hours
Screening Brief Interventions Referral to Treatment (SBIRT)—Screening Only◇	2 units per year (.25 hours/unit)	2 units per year (.25 hours/unit)
SBIRT—Screening and Brief Intervention Provided◇	4 units per year (.25 hours/unit)	4 units per year (.25 hours/unit)

Crisis Services Array: Authorized as medically necessary and available during psychiatric crisis. Refer to LOC-0 for guidance.

*Adult only

**Child only

◇SBIRT is limited to people 10 years of age and older.

Note: Providers may use one or a combination of the service modalities shown in parentheses for a specific service, based on the person's needs.

Level of Care TAY: Transition Age Youth

Purpose

LOC-Transition Age Youth (TAY) provides a specialized treatment approach for eligible young people ages 16 through 20 who are involved in multiple systems of care. This is a period of life when they are experiencing tremendous change in all life domains, including physical, cognitive, relationships, educational, vocational, and housing. To meet their diverse and evolving needs, this population requires access to a broad array of flexible services.

The goal of LOC-TAY is to identify and help transition age youth prepare for the transition to adulthood and adult service systems. Young people in this LOC will engage in a person-centered and developmentally appropriate process that assesses their strengths and needs, identifies goals for the transition to adulthood, and implements a plan to meet those goals.

Services are provided in the community or in outpatient, office-based settings.

LOC Authorization Criteria

All of following criteria must be met:

- The person is between the ages of 16 and 20.
- The person has been involved in one or more systems of care, such as:
  - Juvenile or Criminal Justice
  - Foster Care
  - Family Protective Services
  - School District 504 consideration
  - Alternative Education Program
  - Substance Use Disorder Services
  - Chronic Medical Condition Services
  - Mental Health Services

- A person 18 years or older has a rating of 3 on one or more of the following items in the Strength Domains of the Adult Needs and Strengths Assessment (ANSA):
  - Family
  - Social connectedness
  - Optimism
  - Educational
  - Job history
  - Community connection
  - Natural supports
- A person 17 years or younger has a rating of 3 on one or more of the following items in the Strength Domains of the CANS:
  - Family strengths
  - Interpersonal
  - Community life
  - Educational setting
  - Vocational
  - Natural supports

Reauthorization Criteria

The person continues to meet the LOC authorization criteria and does not meet criteria for transition or discharge.

Transition and Discharge Criteria

Any of these indicators support transition from LOC-TAY:

- The person experiences a change in symptoms, functioning, or both and the UA indicates the need for another LOC.
- The clinician determines the person needs a different LOC based on clinical judgment and documentation.
- The person turns 21.
- The person moves outside the geographic service area of the TAY program but remains within the provider's service area.

Any of these indicators support discharge from services. The person:

- Achieves treatment or recovery goals and no longer needs services;
- Chooses to receive services from a different provider and receives an appropriate referral if needed;
- Declines services despite documented engagement efforts;
- Cannot be located or contacted after repeated attempts;
- Moves outside of the provider's service area; or
- Is detained or incarcerated for more than 90 consecutive days.

Special Considerations

- Intensive case management is available as an adjunct service in LOC-TAY for people who require these services based on medical necessity.
- Intensive case management and routine case management may not be provided concurrently.
- Intensive case management is provided using a strengths-based team planning process called Wraparound. HHSC has identified the National Wraparound Implementation Center model for the provision of Wraparound in the delivery of intensive case management.
- When intensive case management services are provided, the Wraparound plan developed by the Wraparound team serves as the sole plan of care to coordinate and authorize services.

LOC-TAY Service Table

Authorization Period: 180 Days
Treatment or Recovery Plan Review: 180 Days
Standard Therapeutic Hours per month: 7.5
High Need Therapeutic Hours per month: 20.35

Providers may select from an array of evidence-based practices and individualize services to meet the person's specific needs and build upon the person's unique strengths. The clinician must indicate selected services in the treatment or recovery plan and document medical necessity.

The standard and high need therapeutic hours do not represent minimum or maximum hours. Across the population served at this level of care, some people may require or use services at a higher or lower rate per month. A request for

authorization of hours that exceed the recommended threshold must be based on documented medical necessity and the person's current clinical presentation.

Note: In this LOC, the person should receive either routine case management OR intensive case management as clinically indicated

Available Services	Standard Therapeutic Hours	High Need Therapeutic Hours
Psychiatric Diagnostic Evaluation	1 Event/year	1 Event/year
Pharmacological Management	.25 hours	.25 hours
Psychotherapy (Individual)	3 hours/events	4 hours/events
Psychotherapy (Group)	3 hours/events	4 hours/events
Psychotherapy (Family)	3 hours/events	4 hours/events
Routine Case Management	2 hours	6 hours
Intensive Case Management (Wraparound)**	4 hours	8 hours
Skills Training and Development (Individual)	3 hours	6 hours
Skills Training and Development (Group)	3 hours	6 hours
Medication Training and Support Services (Individual)	1 hour	1.5 hours
Medication Training and Support Services (Group)	.75 hours	5 hours
Engagement Services	Unit type:15 minutes	Unit type:15 minutes
Supportive Housing	3 hours	4.25 hours
Supported Employment*	3 hours	4.5 hours
Supported Employment and Education **	3 hours	4.25 hours
Peer Services/Supports	2 hours	4 hours
Family Partner Services/Supports	2 hours	4 hours
Flexible Funds	Unit type: $1	Unit type: $1
Flexible Community Supports	Unit type: 15minutes	Unit type: 15minutes
Screening Brief Intervention Referral to Treatment (SBIRT)—Screening only◇	2 units per year (.25 hours/unit)	2 units per year (.25 hours/unit)
SBIRT—Screening and Brief Intervention Provided◇	4 units per year (.25 hours/unit)	4 units per year (.25 hours/unit)

Crisis Services Array: Authorized as medically necessary and available during psychiatric crisis. Refer to LOC-0 for guidance.

*Adults only

**Child only

◇SBIRT is limited to people 10 years of age and older.

Note: Providers may use one or a combination of the service modalities shown in parentheses for a specific service, based on the person's needs.

Intensive case management and routine case management may not be provided concurrently.

Section II: Distinct Levels of Care for Adults

This section outlines LOCs that are specific to adults. If a person is in crisis, they should remain in the currently authorized LOC while receiving crisis intervention services. After stabilization, the person should be reassessed using the Adult Needs and Strengths Assessment (ANSA) to determine if a more intensive LOC is indicated.

Level of Care 1M: Basic Services

Purpose

LOC-1M offers services for adults who have achieved and maintained recovery and only need medication management. These are people who could transition out of the public mental health system but cannot currently access appropriate medication services in the community. LOC-1M complements natural supports and promotes the person's recovery. The aim of this Level of Care (LOC) is to prevent deterioration of the person's mental health until they can transition to appropriate services in the community.

Services are provided in outpatient, office-based settings.

LOC Authorization Criteria

All of the following criteria must be met:

- The person is determined to have a SMI with significant functional impairment. For diagnoses other than schizophrenia, bipolar disorder, or major depressive disorder, significant functional impairment is evidenced by meeting the identified needs threshold (INT).
- The uniform assessment (UA) indicates a low level of risk.
- The person needs only medication and routine case management to maintain current functioning.
- The person received an LOC-R of 1S or 1M for all continuing assessments administered during the previous 12-month period (initial assessments are not counted).
- ANSA scores have remained stable for at least 12 months.
- The person has not had an inpatient hospitalization relating to a mental health condition, a crisis event or episode, or a period of decompensation during the previous 12 months.

- The UA results in an LOC-R of 1M. (CMBHS does not allow deviation into LOC-1M)

Reauthorization Criteria

The person continues to meet the LOC-1M authorization criteria and does not meet criteria for transition or discharge.

Transition and Discharge Criteria

Either of these indicators support transition from LOC-1M:

- The person experiences a change in symptoms, functioning, or both and the UA indicates the need for another LOC.
- The clinician determines the person needs a different LOC based on clinical judgment and documentation.

Any of these indicators support discharge from services. The person:

- Achieves treatment or recovery goals and no longer needs services;
- Can access appropriate services in the community;
- Declines services despite documented engagement efforts;
- Cannot be located or contacted after repeated attempts;
- Moves outside of the provider's service area; or
- Is detained or incarcerated for more than 90 consecutive days.

LOC-1M Service Table

Authorization Period: 365 Days
Treatment or Recovery Plan Review: 365 Days
Standard Therapeutic Hours per month: .5
High Need Therapeutic Hours per month: .75

Providers may select from an array of evidence-based practices and individualize services to meet the person's specific needs and build upon the person's unique strengths. The clinician must indicate selected services in the treatment or recovery plan and document medical necessity.

The standard and high need therapeutic hours include core and adjunct services and do not represent minimum or maximum hours. Across the population served at this level of care, some people may require or use services at a higher or lower rate per month. Core services are supplemented by adjunct services when the clinician

determines the services are medically necessary to address identified needs. A request for authorization of hours that exceed the recommended threshold must be based on documented medical necessity and the person's current clinical presentation.

Core Services	Standard Therapeutic Hours	High Need Therapeutic Hours
Pharmacological Management	.5 hours	.75 hours

Adjunct Services	Standard Therapeutic Hours	High Need Therapeutic Hours
Psychiatric Diagnostic Evaluation	1 Event/year	1 Event/year
Routine Case Management	.5 hours	2.15 hours
Peer Services/Supports	1 hour	2 hours
Family Partner Services/Supports	1 hour	2 hours
Screening Brief Intervention Referral to Treatment (SBIRT) - Screening only	2 units per year (.25 hours/unit)	2 units per year (.25 hours/unit)
SBIRT - Screening and Brief Intervention Provided	4 units per year (.25 hours/unit)	4 units per year (.25 hours/unit)

Crisis Services Array: Authorized as medically necessary and available during psychiatric crisis. Refer to LOC-0 for guidance.

Note: Providers may use one or a combination of the service modalities shown in parentheses for a specific service, based on the person's needs.

Level of Care 1S: Basic Services with Skills Training

Purpose

LOC-1S is intended for people who are at low risk and have natural supports and a level of functioning not requiring a more intensive LOC. LOC-1S is also appropriate for people who require a higher LOC but are currently unable or unwilling to participate in the recommended LOC. The primary goal is to maintain the current level of functioning, but services may also facilitate recovery by reducing symptoms and addressing functional deficits. Natural supports are developed to help the person move out of the public mental health system.

This LOC includes psychotherapy as an adjunct service only to address trauma-related diagnoses using Cognitive Processing Therapy (CPT) or another evidence-based practice with demonstrated effectiveness in helping people recover from post-

traumatic stress disorder and related conditions. If a person has not made progress in symptoms or cognition after several sessions, they should be re-evaluated for their appropriateness for psychotherapy versus other treatment options.

Services are provided in the community or in outpatient, office-based settings.

Authorization Criteria

All the following criteria must be met:

- The person is determined to have a serious mental illness (SMI) with significant functional impairment. For diagnoses other than schizophrenia, bipolar disorder, or major depressive disorder, significant functional impairment is evidenced by meeting the INT.
- The UA results in an LOC-R of 1S or the person meets deviation criteria for authorization into LOC-1S.
- The UA indicates a low level of risk.
- The person requires medication and routine case management to maintain the current level of functioning.

OR

One of the following criteria are met:

- The person meets the criteria for a more intensive LOC but is unable or unwilling to participate in the recommended LOC despite the provider's efforts to address barriers.
- The person meets the criteria for a more intensive LOC, but the provider cannot offer those services due to resource limitations.
- The clinician determines LOC-1S is the most appropriate LOC based on clinical judgment and documentation.

Reauthorization Criteria

The person continues to meet LOC-1S authorization criteria and does not meet criteria for transition or discharge.

Transition and Discharge Criteria

Any of these indicators support transition from LOC-1S:

- The person demonstrates long-term stability and meets the criteria for LOC-1M as demonstrated by an LOC-R 1M.
- The person experiences a change in symptoms, functioning, or both and the UA indicates the need for another LOC.
- The clinician determines the person needs a different LOC based on clinical judgment and documentation.
- The person was deviated into LOC-1S, continues to meet criteria for another previously recommended LOC, and prior barriers to participation are resolved.

Any of these indicators support discharge from services. The person:

- Achieves treatment or recovery goals and no longer needs services;
- Chooses to receive services from a different provider and receives an appropriate referral if needed;
- Declines services despite documented engagement efforts;
- Cannot be located or contacted after repeated attempts;
- Moves outside of the provider's service area; or
- Is detained or incarcerated for more than 90 consecutive days.

LOC-1S Services Table

Authorization Period: 180 Days
Treatment or Recovery Plan Review: 180 Days
Standard Therapeutic Hours per month: 1.3
High Need Therapeutic Hours per month: 2.25

Providers may select from an array of evidence-based practices (EBPs) and individualize services to meet the person's specific needs and build upon the person's unique strengths. Cognitive Processing Therapy (CPT) is the preferred modality for psychotherapy to address trauma, but providers may use other evidence-based approaches when clinically indicated.

The Standard and High Need Therapeutic Hours include core and adjunct services and do not represent minimum or maximum hours. Across the population served at this level of care, some people may require or use services at a higher or lower rate per month. Core services are supplemented by adjunct services when the clinician determines the services are medically necessary to address identified needs. A request for authorization of hours that exceed the recommended threshold must be based on documented medical necessity and the person's current clinical presentation.

Core Services	Standard Therapeutic Hours	High Need Therapeutic Hours
Pharmacological Management	.25 hours	.5 hours
Routine Case Management	.75 hours	1.25 hours

Adjunct Services	Standard Therapeutic Hours	High Need Therapeutic Hours
Psychiatric Diagnostic Evaluation	1 Event/year	1 Event/year
Skills Training and Development (Individual)	2 hours	3.5 hours
Skills Training and Development (Group)	.75 hours	5 hours
Medication Training and Support Services (Individual)	1 hour	1.75 hours
Medication Training and Support Services (Group)	.75 hours	1.25 hours
Psychotherapy (Individual) Standard Duration: 12 sessions or as indicated by the selected EBP.	3 hours/3 events	4 hours/4 events
Psychotherapy (Group) Standard Duration: 12 sessions or as indicated by the selected EBP.	3 hours/3 events	4 hours/4 events
Engagement Services	Unit type:15 minutes	Unit type:15 minutes
Supportive Housing	3 hours	3 hours
Supported Employment	3 hours	3 hours
Peer Services/Supports	1 hour	2 hours
Engagement Services	Unit type:15 minutes	Unit type:15 minutes
Supportive Housing	3 hours	3 hours
Supported Employment	3 hours	3 hours
Peer Services/Supports	1 hour	2 hours
Engagement Services	Unit type:15 minutes	Unit type:15 minutes
Screening Brief Intervention Referral to Treatment (SBIRT) - Screening only	2 units per year (.25 hours/unit)	2 units per year (.25 hours/unit)
SBIRT - Screening and Brief Intervention Provided	4 units per year (.25 hours/unit)	4 units per year (.25 hours/unit)

Crisis Services Array: Authorized as medically necessary and available during psychiatric crisis. Refer to LOC-0 for guidance.

Note: Providers may use one or a combination of the service modalities shown in parentheses for a specific service, based on the person's needs.

Level of Care 2: Basic Services with Therapy

Purpose

This level of care is designed for people with significant depression or other symptoms requiring psychotherapy services and do not require a more intensive level of care. Cognitive-based therapies such as Cognitive Behavioral Therapy (CBT) or Cognitive Processing Therapy (CPT) to address trauma are preferred modalities, but providers may use other evidence-based approaches when clinically indicated.

The goal is to prevent deterioration of the person's mental health and improve the person's functioning by working toward identified recovery goals. Natural supports are developed to help the person move out of the public mental health system. Services are most often provided in outpatient, office-based settings.

Authorization Criteria

All of the following criteria must be met:

- The person is determined to have a SMI with significant functional impairment. For diagnoses other than schizophrenia, bipolar disorder, or major depressive disorder, significant functional impairment is evidenced by meeting the INT.
- The UA results in an LOC-R of 2 or the person meets deviation criteria to be authorized into LOC-2.
- The UA indicates a low to moderate level of risk.
- A Licensed Practitioner of the Healing Arts (LPHA) determines the medical need for psychotherapy services.

Reauthorization Criteria

Services in this LOC are time-limited and may not extend beyond 365 consecutive days. One reauthorization (or reauthorization up to 365 total days) may be considered if the person continues to meet LOC-2 authorization criteria and one of the following applies:

- The person is participating and has made progress towards treatment or recovery objectives and continues to benefit from psychotherapy services at this LOC.
- Disruptions occurred during the first authorization period but were transient.

- Prior barriers to regular participation during the initial authorization period have been resolved.
- Engagement issues present during the initial authorization period have been resolved.

Transition and Discharge Criteria

Any of these indicators support transition from LOC-2.

- The person completes the recommended course of treatment defined by the evidence-based practice but does not make significant progress towards identified treatment or recovery goals.
- The person achieves psychotherapy goals but requires other services to address identified needs or maintain current functioning.
- The person experiences a change in symptoms, functioning, or both and the UA indicates the need for another LOC.
- The clinician determines the person needs a different LOC based on clinical judgment and documentation.
- The person is unable or unwilling to consistently participate in psychotherapy services despite the provider's efforts to address barriers and alternative care planning indicates a different LOC.

Any of these indicators support discharge from services. The person:

- Achieves treatment or recovery goals and no longer needs services;
- Chooses to receive services from a different provider and receives an appropriate referral if needed;
- Declines services despite documented engagement efforts;
- Cannot be located or contacted after repeated attempts;
- Moves outside of the provider's service area; or
- Is detained or incarcerated for more than 90 consecutive days.

Adult LOC-2 Services Table

Authorization Period: 180 Days
Treatment or Recovery Plan Review: 180 Days
Standard Therapeutic Hours per month: 3.25
High Need Therapeutic Hours per month: 5.5

Providers may select from an array of evidence-based practices and individualize services to meet the person's specific needs and build upon the person's unique strengths. Cognitive-based therapies such as Cognitive Behavioral Therapy (CBT) or Cognitive Processing Therapy (CPT) are preferred modalities for psychotherapy, but providers may use other evidence-based approaches when clinically indicated. The clinician must indicate selected services in the treatment or recovery plan and document medical necessity.

The Standard and High Need Therapeutic Hours include core and adjunct services and do not represent minimum or maximum hours. Across the population served at this level of care, some people may require or use services at a higher or lower rate per month. Core services are supplemented by adjunct services when the clinician determines the services are medically necessary to address identified needs. A request for authorization of hours that exceed the recommended threshold must be based on documented medical necessity and the person's current clinical presentation.

Core Services	Standard Therapeutic Hours	High Need Therapeutic Hours
Pharmacological Management	.25 hours	.5 hours
Routine Case Management	.25 hour	1 hour
Psychotherapy (Individual) Standard Duration: 12 to 16 sessions or as indicated by the selected EBP.	3 hours/events	4 hours/events
Psychotherapy (Group) Standard Duration: 12 to 16 sessions or as indicated by the selected EBP.	2 hours/events	3 hours/events

Adjunct Services	Standard Therapeutic Hours	High Need Therapeutic Hours
Psychiatric Diagnostic Evaluation	1 Event/year	1 Event/year
Skills Training and Development (Individual)	1 hour	2 hours
Skills Training and Development (Group)	1 hour	4.25 hours
Medication Training and Support Services (Individual)	1 hour	1.5 hours
Medication Training and Support Services (Group)	.75 hours	2.15 hours
Engagement Services	Unit type:15 minutes	Unit type:15 minutes
Supportive Housing	3 hours	4.5 hours

Adjunct Services	Standard Therapeutic Hours	High Need Therapeutic Hours
Supported Employment	3 hours	4.5 hours
Peer Services/Supports	1 hour	2 hours
Family Partner Services/Supports	1 hour	2 hours
Flexible Funds	Unit type: $1	Unit type: $1
Flexible Community Supports	.25 hours	.25 hours
Screening Brief Intervention Referral to Treatment (SBIRT) - Screening only	2 units per year (.25 hours/unit)	2 units per year (.25 hours/unit)
SBIRT - Screening and Brief Intervention Provided	4 units per year (.25 hours/unit)	4 units per year (.25 hours/unit)

Crisis Services Array: Authorized as medically necessary and available during psychiatric crisis. Refer to LOC-0 for guidance.

Note: Providers may use one or a combination of the service modalities shown in parentheses for a specific service, based on the person's needs.

Level of Care 3: Intensive Services with Psychosocial Rehabilitation

Purpose

LOC-3 is intended for people with moderate to severe levels of need who require intensive rehabilitation to remain in the community. The goal is to restore functional deficits and improve or maintain the person’s ability to remain in the community. LOC-3 supports the person served through a multi-disciplinary team approach. The team engages the person as a key partner to stabilize symptoms, improve functioning, develop skills in self-advocacy, increase natural supports in the community, and sustain improvements made during care.

This LOC includes psychotherapy as an adjunct service only to address trauma-related diagnoses using Cognitive Processing Therapy (CPT) or another evidence-based practice with demonstrated effectiveness in helping people recover from post-traumatic stress disorder and related conditions. If a person has not made progress in symptoms or cognition after several sessions, they should be re-evaluated for their appropriateness for psychotherapy versus other treatment options.

Services are provided in the community or in outpatient, office-based settings.

Authorization Criteria

All of the following criteria must be met:

- The person is determined to have a SMI with significant functional impairment. For diagnoses other than schizophrenia, bipolar disorder, or major depressive disorder, significant functional impairment is evidenced by meeting the INT.
- The UA results in an LOC-R of 3 or the person meets deviation criteria to be authorized into LOC-3.
- UA indicates moderate to high level of risk.
- The person requires psychosocial rehabilitative services to reestablish prior functioning or maintain community stability.
- The person requires the intensity and team approach of LOC-3 to reduce risk of hospitalization or loss of community placement.

Reauthorization Criteria

The person continues to meet the LOC-3 authorization criteria and does not meet criteria for transition or discharge.

Transition and Discharge Criteria

Any of these indicators support transition from LOC-3:

- The person experiences a change in symptoms, functioning, or both and the UA indicates the need for another LOC, including when progress towards treatment goals indicate the need for transition to a less intensive LOC.
- The clinician determines the person needs a different LOC based on clinical judgment and documentation.
- The person is unable or unwilling to participate in recommended services despite the provider's efforts to address barriers and alternative care planning indicates a different LOC.

Any of these indicators support discharge from services. The person:

- Achieves treatment or recovery goals and no longer needs services;
- Chooses to receive services from a different provider and receives an appropriate referral if needed;
- Declines services despite documented engagement efforts;

- Cannot be located or contacted after repeated attempts;
- Moves outside of the provider's service area; or
- Is detained or incarcerated for more than 90 consecutive days.

Adult LOC-3 Services Table

Authorization Period: 180 Days
Treatment or Recovery Plan Review: 180 Days
Standard Therapeutic Hours per month: 5.87
High Need Therapeutic Hours per month: 20.35

Providers may select from an array of evidence-based practices and individualize services to meet the person's specific needs and build upon the person's unique strengths. Cognitive Processing Therapy (CPT) is the preferred modality for psychotherapy to address trauma, but providers may use other evidence-based approaches when clinically indicated. The clinician must indicate selected services in the treatment or recovery plan and document medical necessity.

The Standard and High Need Therapeutic Hours include core and adjunct services and do not represent minimum or maximum hours. Across the population served at this level of care, some people may require or use services at a higher or lower rate per month. Core services are supplemented by adjunct services when the clinician determines the services are medically necessary to address identified needs. A request for authorization of hours that exceed the recommended threshold must be based on documented medical necessity and the person's current clinical presentation.

Core Services	Standard Therapeutic Hours	High Need Therapeutic Hours
Pharmacological Management	.25 hours	.5 hours
Psychosocial Rehabilitative Services (Individual)	3.5 hours	7 hours
Psychosocial Rehabilitative Services (Group)	2.25 hours	8.6 hours

Adjunct Services	Standard Therapeutic Hours	High Need Therapeutic Hours
Psychiatric Diagnostic Evaluation	1 Event/year	1 Event/year
Medication Training and Support Services (Individual)	1 hour	1.5 hours
Medication Training and Support Services (Group)	.75 hours	1.5 hours

Adjunct Services	Standard Therapeutic Hours	High Need Therapeutic Hours
Psychotherapy (Individual) Standard Duration: 12 sessions or as indicated by the selected EBP.	3 hours/events	4 hours/events
Psychotherapy (Group) Standard Duration: 12 sessions or as indicated by the selected EBP.	3 hours/events	4 hours/events
Engagement Services	Unit type:15 minutes	Unit type:15 minutes
Supportive Housing	3 hours	4.25 hours
Supported Employment	3 hours	4.5 hours
Peer Services/Supports	2 hours	4 hours
Family Partner Services/Supports	2 hours	4 hours
Flexible Funds	Unit type: $1	Unit type: $1
Flexible Community Supports	.25 hours	.25 hours
Screening Brief Intervention Referral to Treatment (SBIRT) - Screening only	2 units per year (.25 hours/unit)	2 units per year (.25 hours/unit)
SBIRT - Screening and Brief Intervention Provided	4 units per year (.25 hours/unit)	4 units per year (.25 hours/unit)

Crisis Services Array: Authorized as medically necessary and available during psychiatric crisis. Refer to LOC-0 for guidance.

Note: Providers may use one or a combination of the service modalities shown in parentheses for a specific service, based on the person's needs.

Level of Care 4: Assertive Community Treatment (ACT)

Purpose

LOC-4 is designed for adults with intensive needs who have experienced multiple psychiatric hospital admissions. Services are provided using the Assertive Community Treatment (ACT) model. This comprehensive program serves as the fixed point of responsibility for treatment, rehabilitation, and support services to adults with especially severe and persistent mental illness.

ACT uses an integrated team approach, merging clinical and rehabilitation staff to support the person and reduce the likelihood of hospitalization. Teams include psychiatric and support staff providing substance use, employment, peer, and housing

services. ACT features a mobile service delivery design to support the person's recovery in their home.

This LOC includes psychotherapy as an adjunct service. Cognitive-based therapies such as Cognitive Behavioral Therapy (CBT) or Cognitive Processing Therapy (CPT) are preferred modalities, but providers may use other evidence-based approaches when clinically indicated. If a person has not made progress in symptoms or cognition after several sessions, they should be re-evaluated for their appropriateness for psychotherapy versus other treatment options.

LOC Authorization Criteria

All of the following criteria must be met:

- The person is determined to have a SMI with significant functional impairment. For diagnoses other than schizophrenia, bipolar disorder, or major depressive disorder, significant functional impairment is evidenced by meeting the INT.
- The UA results in an LOC-R of 4 or the person meets deviation criteria to be authorized into LOC-4.
- An LPHA determines LOC-4 services are medically necessary.
- The person's symptoms have resulted in one or more of the following:
  - Serious problems living independently in the community;
  - Frequent use of emergency and inpatient medical and psychiatric services;
  - Experiencing homelessness or living in substandard housing;
  - Involvement in the criminal justice system;
  - Use of illegal substances;
  - Intractable (i.e., persistent or recurrent) and severe major symptoms (e.g., affective, psychotic, suicidal);
  - Inability to participate in traditional office-based services; or
  - Significant functional impairments, including at least one of the following:
    - Consistent inability to perform practical daily tasks needed to function in the community (i.e., maintaining personal hygiene, meeting nutritional needs, caring for personal business affairs, obtaining medical legal and housing services, recognizing and avoiding common dangers or hazards to oneself and one's possessions);

- Persistent or recurrent failure to perform daily living tasks, except with significant support or help from others (e.g., family or other relatives or friends);
- Consistent inability to be employed at a self-sustaining level or to conduct homemaker roles; or
- Inability to maintain a safe living situation (e.g., repeated eviction or loss of housing).

Reauthorization Criteria

The person continues to meet the LOC-4 authorization criteria and does not meet criteria for transition or discharge.

Transition and Discharge Criteria

Any of these indicators support transition from LOC-4:

- The person experiences a change in symptoms, functioning, or both and the UA indicates the need for another LOC, including when progress towards treatment goals indicate the need for transition to a less intensive LOC.
- The clinician determines the person needs a different LOC based on clinical judgment and documentation.
- The person is unable or unwilling to participate in recommended services despite the provider's efforts to address barriers and alternative care planning indicates a different LOC.

Any of these indicators support discharge from services. The person:

- Achieves treatment or recovery goals and no longer needs services;
- Chooses to receive services from a different provider and receives an appropriate referral if needed;
- Declines services despite documented engagement efforts;
- Cannot be located or contacted after repeated attempts;
- Moves outside of the provider's service area; or
- Is detained or incarcerated for more than 90 consecutive days.

Adult LOC-4 Services Table

Authorization Period: 180 Days
Treatment or Recovery Plan Review: 180 Days
Standard Therapeutic Hours per month: 10.0
High Need Therapeutic Hours per month: 26.65

Providers may select from an array of evidence-based practices and individualize services to meet the person's specific needs and build upon the person's unique strengths. Cognitive-based therapies such as Cognitive Behavioral Therapy (CBT) or Cognitive Processing Therapy (CPT) are preferred modalities for psychotherapy, but providers may use other evidence-based approaches when clinically indicated. The clinician must indicate selected services in the treatment or recovery plan and document medical necessity.

The Standard and High Need Therapeutic Hours include core and adjunct services and do not represent minimum or maximum hours. Across the population served at this level of care, some people may require or use services at a higher or lower rate per month. Core services are supplemented by adjunct services when the clinician determines the services are medically necessary to address identified needs. A request for authorization of hours that exceed the recommended threshold must be based on documented medical necessity and the person's current clinical presentation.

Core Services	Standard Therapeutic Hours	High Need Therapeutic Hours
Pharmacological Management	.25 hours	.3 hours
Psychosocial Rehabilitative Services (Individual)	5.75 hours	14.25 hours
Psychosocial Rehabilitative Services (Group)	2.5 hours	8.6 hours

Adjunct Services	Standard Therapeutic Hours	High Need Therapeutic Hours
Psychotherapy (Individual) Standard Duration: 12 to 16 sessions or as indicated by the selected EBP.	3 hours/events	4 hours/events
Psychotherapy (Group) Standard Duration: 12 to 16 sessions or as indicated by the selected EBP.	3 hours/events	4 hours/events
Medication Training and Support Services (Individual)	1 hour	2.5 hours

Adjunct Services	Standard Therapeutic Hours	High Need Therapeutic Hours
Medication Training and Support Services (Group)	.75 hours	2.75 hours
Engagement Services	1.5 hours	1.75 hours
Supportive Housing	3 hours	3.5 hours
Supported Employment	3 hours	3.5 hours
Peer Services/Supports	2 hours	4 hours
Family Partner Services/Supports	2 hours	4 hours
Flexible Funds	Unit type: $1	Unit type: $1
Flexible Community Supports	.25 hours	.25 hours
Screening Brief Intervention Referral to Treatment (SBIRT) - Screening only	2 units per year (.25 hours/unit)	2 units per year (.25 hours/unit)
SBIRT - Screening and Brief Intervention Provided	4 units per year (.25 hours/unit)	4 units per year (.25 hours/unit)

Crisis Services Array: Authorized as medically necessary and available during psychiatric crisis. Refer to LOC-0 for guidance.

Note: Providers may use one or a combination of the service modalities shown in parentheses for a specific service, based on the person's needs.

Section III: Distinct Levels of Care for Children

This section outlines LOCs that are specific to children and adolescents. If a child is in crisis, they should remain within the current authorized LOC while receiving crisis intervention services. After stabilization, the child should be reassessed using the Child and Adolescent Needs and Strengths Assessment (CANS) to determine if a more intensive LOC is indicated.

Level of Care 1: Medication Management

Purpose

LOC-1 offers services for children whose primary clinical need is medication management. Children served in this Level of Care (LOC) may have an occasional need for routine case management services, but do not have ongoing treatment needs outside of medication-related services.

The purpose of this LOC is to maintain stability and use the identified strengths and natural supports of the child, the legally authorized representative (LAR), or both to help the child transition to community-based providers and resources, if available.

Services are primarily office-based but may also be provided at school or in the community.

LOC Authorization Criteria

All of the following criteria must be met:

- The uniform assessment (UA) results in an LOC-R of 1 or the child meets deviation criteria to be authorized into LOC-1.
- The UA indicates a low level of risk.
- The child requires medication to maintain the current level of functioning.
- The child does not have other ongoing treatment needs.

OR

The child meets the criteria for a more intensive LOC, but the child and LAR are unable or unwilling to engage in the recommended services despite documented engagement efforts.

Reauthorization Criteria

The child continues to meet LOC-1 authorization criteria and does not meet criteria for transition or discharge.

Transition and Discharge Criteria

Any of these indicators support transition from LOC-1:

- The child experiences a change in symptoms, functioning, or both and the UA indicates the need for another LOC.
- The clinician determines the child needs a different LOC based on clinical judgment and documentation.
- The child was deviated into LOC-1, continues to meet criteria for another previously recommended LOC, and prior barriers to participation have been resolved.
- This child is approaching adulthood and meets the criteria for LOC-TAY.
- The child requires transition to adult services.

Any of these indicators support discharge from services. The child:

- Achieves treatment or recovery goals and no longer needs services;
- Chooses to receive services from a different provider and receives an appropriate referral if needed;
- Declines services despite documented engagement efforts;
- Cannot be located or contacted after repeated attempts;
- Moves outside of the provider's service area; or
- Is detained or incarcerated for more than 90 consecutive days.

LOC-1 Service Table

Authorization Period: 90 Days
Treatment or Recovery Plan Review: 90 Days
Standard Therapeutic Hours per month: .5 hours

Providers may select from an array of evidence-based practices and individualize services to meet the person's specific needs and build upon the person's unique strengths. The clinician must indicate selected services in the treatment or recovery plan and document medical necessity.

The Standard and High Need Therapeutic Hours include core and adjunct services and do not represent minimum or maximum hours. Across the population served at this level of care, some people may require or use services at a higher or lower rate per month. Core services are supplemented by adjunct services when the clinician determines the services are medically necessary to address identified needs. A request for authorization of hours that exceed the recommended threshold must be based on documented medical necessity and the person's current clinical presentation.

Core Services	Standard Therapeutic Hours	High Need Therapeutic Hours
Pharmacological Management	.25 hour	.5 hour

Adjunct Services	Standard Therapeutic Hours	High Need Therapeutic Hours
Psychiatric Diagnostic Evaluation	1 Event/year	1 Event/year
Medication Training and Support Services (Individual)	.5 hours	3.75 hours
Medication Training and Support Services (Group)	.5 hours	3.75 hours
Routine Case Management	.5 hour	1 hour
Peer Services/Supports	1 hour	2 hours
Family Partner Services/Supports	1 hour	2 hours
Family Training (Individual)	3 hours	6 hours
Family Training (Group)	3 hours	6 hours
Parent Support Group	1 hour	4 hours
Screening Brief Interventions Referral to Treatment (SBIRT)—Screening Only◇	2 units per year (.25 hours/unit)	2 units per year (.25 hours/unit)
SBIRT—Screening and Brief Intervention Provided◇	4 units per year (.25 hours/unit)	4 units per year (.25 hours/unit)

Crisis Services Array: Authorized as medically necessary and available during psychiatric crisis. Refer to LOC-0 for guidance.

◇SBIRT is limited to people 10 years of age and older.

Note: Providers may use one or a combination of the service modalities shown in parentheses for a specific service, based on the person's needs.

Level of Care 2: Targeted Services

Purpose

LOC-2 is designed for children with identified emotional or behavioral health treatment needs. Emotional treatment needs include symptoms such as depression, anxiety, and adjustment to trauma. Behavioral treatment needs include symptoms such as impulsiveness or hyperactivity, oppositional behavior, conduct issues, anger management issues, or substance use. The child may also have mild to moderate needs in other life domains such as family, school, or community.

The targeted service in this LOC is either psychotherapy OR individual skills training. These two services may not be provided simultaneously. The only exception occurs when psychotherapy is the primary intervention for the youth, but individual skills training is also provided as a component of parent skills training.

The purpose of this LOC is to improve mood symptoms OR address behavioral treatment needs while building strengths in the child and LAR.

Services are provided in the most convenient location for the child and LAR, including the office, school, home, other community location.

LOC Assignment Criteria

All of the following criteria must be met:

- The UA results in an LOC-R of 2 or the child meets deviation criteria to be authorized into LOC-2.
- The UA indicates a moderate level of risk.
- The UA shows:
  - Symptoms of emotional disturbance such as depression, anxiety, and adjustment to trauma; or
  - Indicators of behavioral treatment needs such as impulsiveness or hyperactivity, oppositional behavior, conduct issues, anger management issues, or substance use.
- An LPHA documents medical necessity for evidence-based psychotherapy services or skills training.

Reauthorization Criteria

Reauthorization is indicated if the child continues to meet LOC-2 authorization criteria and one of the following applies:

- The child and LAR are participating and have made progress towards treatment or recovery objectives.
- The child and LAR achieve treatment goals addressed through psychotherapy, but new issues emerge that require skills training.
- The child and LAR maximize treatment goals addressed through psychotherapy, but continued interventions remain medically necessary, warranting transition to skills training.
- Disruptions occurred during the first authorization period but were transient.
- Prior barriers to regular participation during the first authorization period have been resolved.
- Engagement issues present during the initial authorization period have been resolved.

Transition and Discharge Criteria

Any of these indicators support transition from LOC-2:

- The child and LAR complete the recommended course of treatment defined by the evidence-based practice but do not make significant progress towards identified treatment or recovery goals.
- The child and LAR achieve psychotherapy goals but require ongoing services to address other needs or maintain current functioning.
- The child experiences a change in symptoms, functioning, or both and the UA indicates the need for another LOC.
- The clinician determines the person needs a different LOC based on clinical judgment and documentation.
- The child and LAR are unwilling or unable to participate in recommended services despite documented efforts to address barriers and alternative care planning indicates a different LOC.
- The child is approaching adulthood and meets the criteria for LOC-TAY.
- The child turns 18 and requires transition to adult services.

Any of these indicators support discharge from services.

- The child achieves treatment or recovery goals and no longer needs services.
- The child and LAR choose to receive services from a different provider and receives an appropriate referral if needed.
- The child and LAR decline services despite documented engagement efforts.
- The child cannot be located or contacted after repeated attempts.
- The child moves outside of the provider's service area.
- The child is detained or incarcerated for more than 90 consecutive days.

Children LOC-2 Service Table

Authorization Period: 90 Days
Treatment or Recovery Plan Review: 90 Days
Standard Therapeutic Hours per month: 3.0

Providers may select from an array of evidence-based practices and individualize services to meet the person's specific needs and build upon the person's unique strengths. The clinician must indicate selected services in the treatment or recovery plan and document medical necessity.

The Standard and High Need Therapeutic Hours include core and adjunct services and do not represent minimum or maximum hours. Across the population served at this level of care, some people may require or use services at a higher or lower rate per month. Core services are supplemented by adjunct services when the clinician determines the services are medically necessary to address identified needs. A request for authorization of hours that exceed the recommended threshold must be based on documented medical necessity and the person's current clinical presentation.

Note: In this LOC, the child should receive Psychotherapy OR Skills Training and Development as a core service.

Core Services	Standard Therapeutic Hours	High Need Therapeutic Hours
Routine Case Management	1 hour	2 hours
Psychotherapy (Individual)	2 hours/events	4 hours/events
Psychotherapy (Group)	2 hours/events	4 hours/events
Psychotherapy (Family)	2 hours/events	4 hours/events
Skills Training & Development (Individual)	3 hours	6 hours
Skills Training & Development (Group)	3 hours	6 hours

Adjunct Services	Standard Therapeutic Hours	High Need Therapeutic Hours
Psychiatric Diagnostic Evaluation	1 event/year	1 event/year
Pharmacological Management	.25 hour	1 hour
Skills Training & Development (delivered to the LAR)	3 hours	6 hours
Medication Training & Support Services (Individual)	.5 hours	3.75 hours
Medication Training & Support Services (Group)	.5 hours	3.75 hours
Engagement Services	Unit type:15 minutes	Unit type:15 minutes
Peer Services/Supports	1 hour	2 hours
Family Partner Services/Supports	1 hour	2 hours
Family Training (Individual)	3 hours	6 hours
Family Training (Group)	3 hours	6 hours
Parent Support Group	1 hour	4 hours
Screening Brief Interventions Referral to Treatment (SBIRT)—Screening Only◇	2 units per year (.25 hours/unit)	2 units per year (.25 hours/unit)
SBIRT—Screening and Brief Intervention Provided◇	4 units per year (.25 hours/unit)	4 units per year (.25 hours/unit)

Crisis Services Array: Authorized as medically necessary and available during psychiatric crisis. Refer to LOC-0 for guidance.

◇SBIRT is limited to people 10 years of age and older.

Note: Providers may use one or a combination of the service modalities shown in parentheses for a specific service, based on the person's needs.

Level of Care 3: Complex Services

Purpose

LOC-3 is intended for children with co-occurring emotional and behavioral treatment needs that manifest in multiple environments or require intensive effort in one environment. The child typically requires a multidisciplinary team approach. Core services include both evidence-based psychotherapy and skills training, with coordination across family, school, and community providers.

The goals are symptom stabilization, reduction of risk behaviors, improved functioning, involvement in pro-social activities, increase in child's strengths, increase in family connectedness, success in school, improved work functioning if applicable,

and prevention of juvenile justice involvement, school expulsion, or displacement from home.

Services should be provided in the most convenient location for the child and LAR, including the office, school, home, or other community location. Providers may need to consider flexible service hours to support the complex needs of the child and LAR.

LOC Authorization Criteria

All of the following must be met:

- The UA results in an LOC-R of 3 or the child meets deviation criteria to be authorized into LOC-3.
- The UA indicates a moderate to high level of risk.
- The UA shows:
  - symptoms of emotional disturbance such as depression, anxiety, and adjustment to trauma; and
  - indicators of behavioral treatment needs such as impulsiveness or hyperactivity, oppositional behavior, conduct issues, anger management issues, or substance use.
- An LPHA documents medical necessity for both psychotherapy and skills training and the need for a team approach.

Reauthorization Criteria

The child continues to meet LOC-3 authorization criteria and does not meet criteria for transition or discharge.

Transition and Discharge Criteria

Any of these indicators support transition from LOC-3:

- The child experiences a change in symptoms, functioning, or both and the UA indicates the need for another LOC, including when progress towards treatment goals indicate the need for transition to a less intensive LOC.
- The provider determines the child (and LAR, if applicable) has obtained maximum clinical benefit from LOC services and recommends transition to a lower level of care.

The clinician determines the person needs a different LOC based on clinical judgment and documentation.

- The child and LAR are unwilling or unable to participate in recommended services despite the provider's efforts to address barriers and alternative care planning indicates a different LOC.
- The child is approaching adulthood and meets the criteria for LOC-TAY.
- The child turns 18 and requires transition to adult services.

Any of these indicators support discharge from services. The child:

- Achieves treatment or recovery goals and no longer needs services;
- Chooses to receive services from a different provider and receives an appropriate referral if needed;
- Declines services despite documented engagement efforts;
- Cannot be located or contacted after repeated attempts;
- Moves outside of the provider's service area; or
- Is detained or incarcerated for more than 90 consecutive days.

Children LOC-3 Service Table

Authorization Period: 90 Days
Treatment or Recovery Plan Review: 90 Days
Standard Therapeutic Hours per month: 5.0

Providers may select from an array of evidence-based practices and individualize services to meet the person's specific needs and build upon the person's unique strengths. The clinician must indicate selected services in the treatment or recovery plan and document medical necessity.

The Standard and High Need Therapeutic Hours include core and adjunct services and do not represent minimum or maximum hours. Across the population served at this level of care, some people may require or use services at a higher or lower rate per month. Core services are supplemented by adjunct services when the clinician determines the services are medically necessary to address identified needs. A request for authorization of hours that exceed the recommended threshold must be based on documented medical necessity and the person's current clinical presentation.

Core Services	Standard Therapeutic Hours	High Need Therapeutic Hours
Routine Case Management	1 hour	6 hours
Psychotherapy (Individual)	2 hours/events	4 hours/events
Psychotherapy (Group)	2 hours/events	4 hours/events
Psychotherapy (Family)	2 hours/events	4 hours/events
Skills Training & Development (Individual)	3 hours	6 hours
Skills Training & Development (Group)	3 hours	6 hours

Adjunct Services	Standard Therapeutic Hours	High Need Therapeutic Hours
Psychiatric Diagnostic Evaluation	1 event/year	1 event/year
Pharmacological Management	1 Event	4 Events
Skills Training & Development (delivered to LAR/Primary Caregiver)	3 hours	6 hours
Medication Training and Support Services (Individual)	.5 hours	4.5 hours
Medication Training and Support Services (Group)	.5 hours	4.5 hours
Engagement Services	Unit type:15 minutes	Unit type:15 minutes
Peer Services/Supports	2 hours	4 hours
Family Partner Services/Supports	1 hour	2 hours
Family Training (Individual)	3 hours	6 hours
Family Training (Group)	3 hours	6 hours
Parent Support Group	1 hour	4 hours
Flexible Funds	Unit type: $1	Unit type: $1
Flexible Community Supports	Unit type:15 minutes	Unit type:15 minutes
Screening Brief Interventions Referral to Treatment (SBIRT)—Screening Only◇	2 units per year (.25 hours/unit)	2 units per year (.25 hours/unit)
SBIRT—Screening and Brief Intervention Provided◇	4 units per year (.25 hours/unit)	4 units per year (.25 hours/unit)

Crisis Services Array: Authorized as medically necessary and available during psychiatric crisis. Refer to LOC-0 for guidance.

◇SBIRT is limited to people 10 years of age and older.

Note: Providers may use one or a combination of the service modalities shown in parentheses for a specific service, based on the person's needs.

Level of Care 4: Intensive Family Services

Purpose

LOC-4 is designed for children with behavioral, social and emotional treatment needs who are involved with multiple child-serving systems or at risk for removal from their home or community due to their mental health needs. The identified treatment needs may have resulted in, or are likely to result in, criminal justice involvement, expulsion from school or daycare, displacement from home, hospitalization, residential treatment, or serious injury to self, others, or animals.

Intensive services are provided using a strengths-based team planning process called Wraparound. The Health and Human Services Commission (HHSC) has identified the National Wraparound Implementation Center model for the provision of Wraparound in the delivery of intensive case management.

The Wraparound Team determines services in this LOC. Wraparound Teams develop, monitor and review a Wraparound Plan. The team uses the Wraparound Plan to coordinate and authorize services in LOC-4, and the plan serves as the recovery plan.

The purpose of these services is to reduce symptoms and risk behaviors, improve overall functioning, and build strengths and resiliency in the person, LAR, and primary caregiver through a team approach.

Services should be provided in the most convenient location for the child and LAR, including the office, school, home, or other community location. Providers may need to consider flexible service hours to support the complex needs of the child and LAR.

LOC Authorization Criteria

All of the following must be met:

- The UA results in an LOC-R of 4 or the child meets deviation criteria to be authorized into LOC-4.
- The UA indicates a high level of risk.
- The child is at risk of criminal justice involvement, expulsion from school or daycare, displacement from home, hospitalization, residential treatment, or serious injury to self, others, or animals due to their mental health needs.
- The child does not qualify for LOC-YES (Youth Empowerment Services) or has exhausted LOC-YES benefit.

Reauthorization Criteria

The child continues to meet LOC-4 authorization criteria and does not meet criteria for transition or discharge.

Transition and Discharge Criteria

Any of these indicators support transition from LOC-4:

- The child experiences a change in symptoms, functioning, or both and the UA indicates the need for another LOC.
- The provider determines the child (and LAR, if applicable) has obtained maximum clinical benefit from LOC services and recommends transition to a lower level of care.
- The provider determines the child (and LAR, if applicable) has made sufficient progress toward treatment goals such that a less intensive LOC can safely meet ongoing needs.
- The child and LAR refuse to participate in the Wraparound planning process despite appropriate engagement efforts.
- The child and LAR are unable or unwilling to participate in recommended services despite the provider's efforts to address barriers and alternative care planning indicates a different LOC.
- The child requires LOC-YES based on medical necessity.
- The child is approaching adulthood and meets the criteria for LOC-TAY.
- The child turns 18 and requires transition to adult services.

Any of these indicators support discharge from services. The child:

- Achieves treatment or recovery goals and no longer needs services;
- Chooses to receive services from a different provider and receives an appropriate referral if needed;
- Declines services despite documented engagement efforts;
- Cannot be located or contacted after repeated attempts;
- Moves outside of the provider's service area; or
- Is detained or incarcerated for more than 90 consecutive days.

Children LOC-4 Service Table

Authorization Period: 90 Days
Wraparound Plan Review: 90 Days
Standard Therapeutic Hours per month: 7.5

Providers may select from an array of evidence-based practices and individualize services to meet the person's specific needs and build upon the person's unique strengths. The clinician must indicate selected services in the Wraparound/Treatment Plan and document medical necessity.

The Standard and High Need Therapeutic Hours include core and adjunct services and do not represent minimum or maximum hours. Across the population served at this level of care, some people may require or use services at a higher or lower rate per month. Core services are supplemented by adjunct services when the clinician determines the services are medically necessary to address identified needs. A request for authorization of hours that exceed the recommended threshold must be based on documented medical necessity and the person's current clinical presentation.

Core Services	Standard Therapeutic Hours	High Need Therapeutic Hours
Intensive Case Management (Wraparound)	4 hours	8 hours
Psychotherapy (Individual)	2 hours/events	4 hours/events
Psychotherapy (Group)	2 hours/events	4 hours/events
Psychotherapy (Family)	2 hours/events	4 hours/events
Skills Training & Development (Individual)	3 hours	6 hours
Skills Training & Development (Group)	3 hours	6 hours

Adjunct Services	Standard Therapeutic Hours	High Need Therapeutic Hours
Psychiatric Diagnostic Evaluation	1 event/year	1 event/year
Pharmacological Management	1 unit	4 units
Skills Training & Development (delivered to LAR/Caregiver)	3 hours	6 hours
Medication Training and Support Services (Individual)	.5 hours	4.5 hours
Medication Training and Support Services (Group)	.5 hours	4.5 hours
Engagement Services	Unit type:15 minutes	Unit type:15 minutes
Peer Services/Supports	2 hours	4 hours

Adjunct Services	Standard Therapeutic Hours	High Need Therapeutic Hours
Family Partner Services/Supports	2 hours	6.25 hours
Family Training (Individual)	3 hours	6 hours
Family Training (Group)	3 hours	6 hours
Parent Support Group	1 hour	4 hours
Flexible Community Supports	Unit type:15 minutes	Unit type:15 minutes
Flexible Funds	Unit type: $1	Unit type: $1
Screening Brief Interventions Referral to Treatment (SBIRT)—Screening Only◇	2 units per year (.25 hours/unit)	2 units per year (.25 hours/unit)
SBIRT—Screening and Brief Intervention Provided◇	4 units per year (.25 hours/unit)	4 units per year (.25 hours/unit)

Crisis Services Array: Authorized as medically necessary and available during psychiatric crisis. Refer to LOC-0 for guidance.

◇SBIRT is limited to people 10 years of age and older.

Note: Providers may use one or a combination of the service modalities shown in parentheses for a specific service, based on the person's needs.

Level of Care YC: Young Child Services

Purpose

LOC-YC is designed for young children (ages three through five) with identified behavioral, social, developmental, or emotional treatment needs. A young child may also exhibit a moderate degree of life domain functioning impairments that require multiple service interventions. The parent-child relationship is the focus of services because this relationship is the primary context for young children. Most services involve both the child and the primary caregiver, and the primary caregiver should participate in all services whenever possible.

The goal is to reduce or stabilize symptoms, improve overall functioning, promote healthy development, and build strengths and resilience in the child and primary caregiver.

Services should be provided in the most convenient location for the child and primary caregiver, including the home, daycare, school, or community. Providers may need to consider flexible service hours to support the needs of the child and primary caregiver.

LOC Authorization Criteria

All of the following criteria must be met:

- The UA results in an LOC-R of YC or the child meets deviation criteria to be authorized into LOC-YC.
- The child is three to five years of age OR the child is six years old and the clinician determines medical necessity for LOC-YC based on developmental needs.
- The UA indicates any level of risk.
- The child has identified behavioral, social, developmental, or emotional treatment needs.
- The child does not need LOC-YES or is not eligible for LOC-YES.

Reauthorization Criteria

The child continues to meet LOC-YC authorization criteria and does not meet criteria for transition or discharge.

Transition and Discharge Criteria

Any of these indicators support transition from LOC-YC:

- The child experiences a change in symptoms, functioning, or both and the UA indicates the need for another LOC.
- The clinician determines the person needs a different LOC based on clinical judgment and documentation.
- The child turns six years old and the UA or other clinical documentation supports authorization into another LOC.

Any of these indicators support discharge from services:

- The child achieves treatment goals and services are no longer needed.
- The LAR chooses to receive services from a different provider and receives an appropriate referral if needed.
- The LAR declines services despite documented engagement efforts.
- The child and LAR cannot be located or contacted after repeated attempts.
- The child and LAR move outside of the provider’s service area.

Special Considerations

- The CANS 3-5 is specifically developed for children this age and is administered for assessment and treatment planning purposes. When the CANS 3-5 indicates a young child might meet criteria for the LOC-YES, the clinician must then administer the CANS 6-17 to determine if the young child meets criteria for LOC-YES.
- After the age of six, a child with an LOC-R of 1 through 4 may continue to be served in LOC-YC until the age of seven to maintain continuity of care if the clinician determines medical necessity.
- A six-year-old child who is new to services may be authorized into LOC-YC based on developmental needs and medical necessity.
- Intensive case management services are available in LOC-YC for children who require these services based on medical necessity.
- Intensive case management is provided using a strengths-based team planning process called Wraparound. HHSC has identified the National Wraparound Implementation Center model for the provision of Wraparound in the delivery of intensive case management.
- When intensive case management services are provided, the Wraparound Plan developed by the Wraparound Team serves as the sole plan of care to coordinate and authorize services.

LOC-YC Service Table

Authorization Period: 90 Days
Treatment or Recovery Plan Review: 90 Days
Standard Therapeutic Hours per month: 3.5

Providers may select from an array of evidence-based practices and individualize services to meet the person's specific needs and build upon the person's unique strengths. The clinician must indicate selected services in the treatment or recovery plan and document medical necessity.

The Standard and High Need Therapeutic Hours do not represent minimum or maximum hours. Across the population served at this level of care, some people may require or use services at a higher or lower rate. A request for authorization of hours that exceed the recommended threshold must be based on documented medical necessity and the person's current clinical presentation.

Note: In this LOC, the child should receive either routine case management OR intensive case management as clinically indicated.

Available Services	Standard Therapeutic Hours	High Need Therapeutic Hours
Psychiatric Diagnostic Evaluation	1 event/year	1 event/year
Pharmacological Management	1 event	4 events
Routine Case Management	1 hour	2 hours
Intensive Case Management (Wraparound)	3.75 hours	6.25 hours
Psychotherapy (Child-Parent/Dyad)	3 hours/events	5 hours/events
Psychotherapy (Group)	2 hours/events	4 hours/events
Psychotherapy (Family)	2 hours/events	4 hours/events
Skills Training & Development (Individual)	3 hours	6 hours
Skills Training & Development (Group)	3 hours	6 hours
Skills Training & Development (delivered to the caregiver or LAR)	3 hours	6 hours
Medication Training and Support Services (Individual)	.5 hours	3 hours
Medication Training and Support Services (Group)	.5 hours	3 hours
Engagement Services	.75 hours	2 hours
Family Training (Individual)	3 hours	6 hours
Family Training (Group)	3 hours	6 hours
Family Partner Services/Supports	1 hour	2 hours
Parent Support Group	1 hour	4 hours
Flexible Funds	Unit type: $1	Unit type: $1
Flexible Community Supports	Unit type:15 minutes	Unit type:15 minutes

Crisis Services Array: Authorized as medically necessary and available during psychiatric crisis. Refer to LOC-0 for guidance.

Note: Providers may use one or a combination of the service modalities shown in parentheses for a specific service, based on the person's needs.

Intensive case management and routine case management may not be provided concurrently.

Level of Care YES: Youth Empowerment Services

Purpose

LOC-YES is for children ages three through 18 enrolled in the Youth Empowerment Services (YES) Waiver. YES Waiver provides short-term, intensive services within a strengths-based team planning process called Wraparound. It is designed to prevent or reduce institutionalization, offer more flexibility in providing intensive community-based services, and provide support for their families by improving access to services. Duration of care varies based on the child's specific needs, but the average is 11-18 months.

In addition to all Medicaid services available in Texas Resilience and Recovery (TRR), YES Waiver services may include adaptive aids and supports, community living supports, employment assistance and supported employment, family supports, minor home modifications, non-medical transportation, paraprofessional services, respite (in-home and out-of-home), specialized therapies (animal, art, music, recreational, and nutrition); supportive family-based alternatives, and transitional services. Additional information on waiver services is available at the following links: YES Waiver and YES Waiver Providers.

Intensive case management is provided using a strengths-based team planning process called Wraparound. HHSC has identified the National Wraparound Implementation Center model for providing Wraparound in the delivery of intensive case management. The Wraparound Team uses the Wraparound Plan as the sole plan of care to coordinate and authorize services in LOC-YES.

The purpose of these services is to reduce symptoms and risk behaviors, improve overall functioning, and build strengths and resiliency in the child, LAR, and primary caregiver through a team approach.

Services are provided in the most convenient location for the child and LAR, including the office, school, home, or other community location. Providers may need to consider flexible service hours to support the complex needs of the child and LAR.

LOC Authorization Criteria

All of the following criteria must be met. The child:

- Is three to 18 years of age (up to one day before 19th birthday);

- Has a serious emotional disorder or serious mental illness;
- Is at risk of being placed outside of their home due to their mental health needs;
- Meets the criteria to be in a psychiatric hospital;
- Meets functional and clinical criteria for YES waiver services and has attempted less intensive mental health services;
- Is eligible for Medicaid (parent's income does not apply); and
- Currently lives in a home setting with a legal guardian or on their own, if legally emancipated.

Reauthorization Criteria

The child continues to meet the initial eligibility and authorization criteria, and the clinician determines further services in LOC-YES are medically necessary.

Note: Eligibility for the YES Waiver is authorized for a one-year period and must be reassessed and authorized annually.

Transition and Discharge Criteria

Any of these indicators support Transition and Discharge from LOC-YES:

- Graduated or adequate progress addressing reason(s) for referral: Wraparound Team agreed that the identified need(s) in the Wraparound Plan have been adequately met, and the participant no longer requires a YES Level of Care.
- Participant no longer meets Waiver eligibility: Participant has been denied continued enrollment, loses Medicaid coverage due to lapse in renewal or ineligibility, or no longer resides within the service region.
- Cost Neutrality: The cost of services and supports provided in the home or community exceeds the cost neutrality guidelines of the Waiver.
- Out of Home Placement: Participant resided in an out-of-home placement for more than 90 consecutive days or there is verified documentation indicating they will remain in an out-of-home placement for more than 90 consecutive days.
- Participant aged out: Participant turned 19 years of age while receiving YES Waiver services.
- Participant and LAR choice: Participant and LAR chose not to continue with YES Waiver services including suspension of Waiver services where the participant

and LAR did not respond to the local mental health authority (LMHA) or local behavioral health authority (LBHA).

- Refuse Waiver services for 60 days: Participant and LAR not engaged in YES Waiver services for 60 consecutive calendar days, and good faith efforts were attempted by the Wraparound facilitator, which may include suspension of Waiver services due to non-engagement, cancelations, or no shows.
- DFPS Conservatorship: Participant was placed in the Department of Family Protective Services (DFPS) conservatorship, attempts to transfer services were made, and the new guardian chose not to continue YES Waiver services.
- Death: Participant is deceased.

Special Considerations

- The YES Waiver, as approved by the Centers for Medicare & Medicaid Services, requires the provision of Wraparound. This includes people who are 18 years of age.
- If the provider cannot provide Wraparound due to resource limitations, the person may be authorized in LOC-YES and staff may provide routine case management until Wraparound is available. In accordance with federal requirements for person-centered planning for YES Waiver services, provider must use Wraparound in this LOC regardless of the provision of intensive case management or routine case management.
- Children ages three through 18 may be enrolled in YES Waiver. Because eligibility for YES Waiver can only be determined using the CANS 6-17, the provider must complete specific processes to authorize children ages three through five and young adults ages 18 and over:
  - Ages three through five: The CANS 3–5 cannot be used to determine YES Waiver clinical eligibility. The LMHA or LBHA must perform and directly enter a CANS 6-17 in the HHSC YES Waiver LMHA or LBHA Location in CMBHS.
  - Age 18: The ANSA cannot be used to determine YES Waiver clinical eligibility. The LMHA or LBHA must perform and directly enter the CANS 6-17 data in the HHSC YES Waiver LMHA or LBHA Location in CMBHS.

LOC-YES Service Table

Authorization Period: 90 Days
Wraparound Plan Review: 30 Days
Standard Therapeutic Hours per month: N/A

People enrolled in YES Waiver are enrolled in Medicaid and entitled to all Medicaid behavioral health services as well as services specific to the YES Waiver service array.

Providers may select from an array of evidence-based practices and individualize services to meet the person's specific needs and build upon the person's unique strengths. The clinician must indicate selected services in the Wraparound/Treatment Plan and document medical necessity.

The Standard and High Need Therapeutic Hours do not represent minimum or maximum hours. Across the population served at this level of care, some people may require or use services at a higher or lower rate. A request for authorization of hours that exceed the recommended threshold must be based on documented medical necessity and the person's current clinical presentation.

Note: In this LOC, the child should receive either routine case management OR intensive case management as clinically indicated

Available Services	Standard Therapeutic Hours	High Need Therapeutic Hours
Psychiatric Diagnostic Evaluation	1 event/year	1 event/year
Intensive Case Management (Wraparound)	4 hours	8 hours
Pharmacological Management	1 event	4 events
Psychotherapy (Individual)	2 hours/events	4 hours/events
Psychotherapy (Family)	2 hours/events	4 hours/events
Psychotherapy (Group)	2 hours/events	4 Hours/events
Skills Training & Development (Individual)	3 hours	6 hours
Skills Training & Development (Group)	3 hours	6 hours
Skills Training & Development (delivered to LAR/Caregiver)	3 hours	6 Hours
Routine Case Management*	4 Hours	8 Hours
Medication Training and Support Services (Individual)	.5 hours	4.5 hours
Medication Training and Support Services (Group)	.5 hours	4.5 hours
Engagement Services	Unit type:15 minutes	Unit type:15 minutes
Peer Services/Supports	2 hours	4 hours
Family Partner Services/Supports	2 hours	6.25 hours
Family Training (Individual)	3 hours	6 hours
Family Training (Group)	3 hours	6 hours
Parent Support Group	1 hour	4 hours

Available Services	Standard Therapeutic Hours	High Need Therapeutic Hours
Flexible Community Supports	Unit type:15 minutes	Unit type:15 minutes
Flexible Funds	Unit type: $1	Unit type: $1
Screening Brief Interventions Referral to Treatment (SBIRT)—Screening Only◇	2 units per year (.25 hours/unit)	2 units per year (.25 hours/unit)
SBIRT—Screening and Brief Intervention Provided◇	4 units per year (.25 hours/unit)	4 units per year (.25 hours/unit)

Crisis Services Array: Authorized as medically necessary and available during psychiatric crisis. Refer to LOC-0 for guidance.

*To be used only temporarily if intensive case management is not available and to be discontinued upon availability of this service. In accordance with the Waiver approved by the Centers for Medicare & Medicaid Services, Wraparound must be utilized in the development of the Wraparound/treatment plan.

◇SBIRT is limited to people 10 years of age and older.

Note: Providers may use one or a combination of the service modalities shown in parentheses for a specific service, based on the person's needs.

Intensive case management and routine case management may not be provided concurrently.

Level of Care RTC: Residential Treatment Center

Purpose

LOC-RTC is designed to meet the needs of children admitted to private residential treatment centers (RTCs) through the HHSC and Department of Family and Protective Services (DFPS) RTC Project. LOC-RTC is not intended for those admitted to the Waco Center for Youth or to private RTCs outside of the RTC Project.

Children in this LOC have identified behavioral or emotional needs, or both, that meet the medical necessity criteria for residential treatment. Prior to RTC placement the LAR is in danger of parental relinquishment of custody to DFPS due solely to a lack of mental health resources. The child’s behaviors or mood symptoms, or both, may have or could potentially result in psychiatric hospitalization, criminal justice involvement, expulsion from school, serious injury to self, others, animals, or death, as well as displacement from home to DFPS custody. RTC services prevent more restrictive psychiatric inpatient care and parental relinquishment of custody.

Goals for this LOC include family reunification, reduced risk of out-of-home placement or criminal justice involvement, improved functioning, enhanced strengths, and engagement with needed services and community supports.

Services should be provided in the most convenient location for the child and LAR, including the office, school, home, or other community location. Providers may need to consider flexible service hours to support the complex needs of the child and LAR.

LOC Authorization Criteria

The provider receives notification from the HHSC RTC Project Coordinator that the child meets RTC criteria and has been admitted to an HHSC-funded private RTC bed.

Reauthorization Criteria

Reauthorization is indicated if the child continues to meet the medical necessity for LOC-RTC and remains eligible for the services.

Note: If the LAR indicates a desire to discharge the child from RTC services or to no longer participate in treatment with the provider, the provider must notify the HHSC RTC Project Coordinator immediately and initiate review of LOC-RTC, regardless of when the authorization period ends.

Transition and Discharge Criteria

Any of these indicators will support transition from LOC-RTC:

- The child is reunited with their family at discharge from the RTC and the LAR requests continuation of outpatient care in the recommended LOC after reassessment.
- The LAR refuses outpatient services provided in this level of care while RTC services are being provided, and alternative care planning indicates the need for a different LOC.
- The LAR declines further RTC services for the child despite documented engagement efforts but accepts transition to a lower level of care.
- The provider determines the child (and LAR, if applicable) has obtained maximum clinical benefit from LOC services and recommends transition to a lower level of care.
- The clinician determines the child needs a different LOC based on clinical judgment and documentation.

Discharge from services is indicated if the child or LAR terminates RTC services and:

- Declines further services despite documented engagement efforts;
- Chooses continued treatment with a different provider and receives an appropriate referral if needed;
- Cannot be located or contacted after repeated attempts; or
- Moves outside the provider's service area.

Special Considerations

- Intensive case management is available as an adjunct service in LOC-RTC for children who require intensive services based on a review of the child's clinical presentation and life domain functioning, developmental needs, caregiver needs, and safety or stability concerns. Medical necessity for intensive case management services is based on the clinical needs of the child as reflected in the uniform assessment and documented in the clinical record.
- Intensive case management and routine case management may not be provided concurrently.
- Intensive case management is provided using a strengths-based team planning process called Wraparound. HHSC has identified the National Wraparound Implementation Center model for the provision of Wraparound in the delivery of intensive case management.
- When intensive case management services are provided, the Wraparound Plan developed by the Wraparound Team serves as the sole plan of care to coordinate and authorize services.
- A child reunifying with their family should transition into LOC-YES or LOC-4 (Intensive Family Services) to maintain treatment gains achieved at the RTC. If after 90 days the next UA indicates an LOC-R lower than LOC-4, the youth may continue treatment in the lower level of care if clinically appropriate.
- The child must be reassessed within seven days of discharge from the RTC when transitioning to another LOC.
- If medically necessary, the LMHA or LBHA must arrange for the child to meet with a physician to prescribe medications within seven days of discharge from the RTC.

LOC-RTC Service Table

Authorization Period: 365 Days
Treatment or Recovery Plan Review: N/A (Coordinated by RTC)
Standard Therapeutic Hours per month: 2.0

Providers may select from an array of evidence-based practices and individualize services to meet the person's specific needs and build upon the person's unique strengths. The clinician must indicate selected services in the treatment or recovery plan and document medical necessity.

The Standard and High Need Therapeutic Hours include core and adjunct services and do not represent minimum or maximum hours. Across the population served at this level of care, some people may require or use services at a higher or lower rate per month. Core services are supplemented by adjunct services when the clinician determines the services are medically necessary to address identified needs. A request for authorization of hours that exceed the recommended threshold must be based on documented medical necessity and the person's current clinical presentation.

Note: RTC Provider is responsible for the treatment plan and is not managed by the LMHA.

Note: In this LOC, the child should receive either routine case management OR intensive case management as clinically indicated.

Core Services	Standard Therapeutic Hours	High Need Therapeutic Hours
Routine Case Management	1 hour	3 hours
Family Partner Services/Supports	.5 hours	2 hours

Adjunct Services	Standard Therapeutic Hours	High Need Therapeutic Hours
Intensive Case Management (Wraparound)	4 hours	8 hours
Skills Training and Development (delivered to the caregiver or LAR)	1 hour	2 hours
Engagement Services	Unit type:15 minutes	Unit type:15 minutes
Peer Services/Supports	.5 hours	2 hours
Family Training (Individual)	1 hour	2 hours
Family Training (Group)	1 hour	2 hours
Parent Support Group	.5 hours	2 hours

Adjunct Services	Standard Therapeutic Hours	High Need Therapeutic Hours
Flexible Funds	Unit type: $1	Unit type: $1

Crisis Services Array: Authorized as medically necessary and available during psychiatric crisis. Refer to LOC-0 for guidance.

Note: Providers may use one or a combination of the service modalities shown in parentheses for a specific service, based on the person's needs.

Intensive case management and routine case management may not be provided concurrently.

Section IV: Other Levels of Care

Level of Care 6: Person Refuses Services

When the provider determines the person is eligible and in need of care, but the person or Legally Authorized Representative (LAR) declines all services, the person is authorized into LOC-6. Before authorizing a person into LOC-6, the provider must document appropriate engagement activities and efforts to address identified barriers.

Level of Care 8: Waiting for All Services

LOC-8 applies when an eligible person receives an LOC-R, but the provider cannot immediately provide services and places the person on a waitlist.

- Providers should avoid using LOC-8 whenever possible. As an alternative, the provider may authorize the person into a less intensive Level of Care (LOC) using Deviation reason "Resource Limitations" and provide interim services until the recommended LOC becomes available.
- Providers must adhere to applicable requirements for waitlist management for LOC-8.
- The provider may not place a person with Medicaid into LOC-8.

Level of Care 9: Undetermined or Not Eligible for Services

An LOC-R of 9 indicates either that the person is ineligible for services OR that an LOC-R cannot be determined. Clinical Management for Behavioral Health Services (CMBHS) does not permit more than two consecutive deviations out of LOC-9.

Adults

An LOC-R of 9 may be returned if an adult has a diagnosis other than schizophrenia, bipolar disorder, or major depression.

- If CMBHS shows the adult does not meet the identified needs threshold (INT), the person is not eligible for ongoing Texas Resilience and Recovery (TRR) services. These adults may be authorized into LOC-0 for crisis services or into LOC-5 for transitional services. Otherwise, the person will be authorized into

LOC-9 and receive no TRR services. People authorized into LOC-9 should receive appropriate referrals and care coordination.

- If CMBHS shows the adult meets the INT and the provider determines the person is eligible and appropriate for services, the provider may request a UM review in accordance with the organization's UM policies and procedures.
- If the UM review of required clinical documentation supports the recommendation and confirms medical necessity, the person may be authorized into the appropriate LOC.

Children

A child who receives an LOC-R of 9 may be deviated into another LOC to receive services for a limited period as outlined below.

- Clinical Need: A child may be deviated from LOC-9 to address clinical needs identified in the uniform assessment (UA). The rationale must be documented in the clinical record with medical necessity signed by a Licensed Practitioner of the Healing Arts (LPHA).
- Continuity of Care: A child may be deviated from LOC-9 when services are necessary to ensure continuity of care.

Section V: Reasons for Deviations

The UA, which includes the Child and Adolescent Needs and Strengths Assessment (CANS) and Adult Needs and Strengths Assessment (ANSA), is a reliable, dynamic, and comprehensive tool; it allows a significant level of confidence that the Recommended Level of Care (LOC-R) reflects the clinical need based on the person's current presentation. However, the UA does not have the sensitivity to identify underlying treatment needs and cannot consider the person's own determination of what services they need or want.

Adults with bipolar disorder, schizophrenia, or clinically severe depression (as measured by the INT) meet the clinical baseline to receive Texas Resilience and Recovery (TRR) services. For adults diagnosed with other mental health disorders, CMBHS generates an LOC-R 9 and indicates whether the person meets the INT. Adults meeting the INT may be authorized into the appropriate LOC using one of the available deviation reasons. Adults who do not meet the INT are not eligible for ongoing services but may be authorized into LOC-0 for crisis services or into LOC-5 for transitional services. Otherwise, they are authorized into LOC-9 and receive no TRR services.

The provider must make every effort to authorize a person into the medically necessary LOC that will best meet their needs and support resilience and recovery. This requires a collaborative exchange between the provider and the person. The provider must give a thorough explanation of why services in the LOC-R may or may not be appropriate to help the person achieve agreed upon treatment goals. The provider then uses clinical judgment to determine the most appropriate LOC.

The Level of Care Deviation (LOC-D) allows the provider to request a deviation from the LOC-R as calculated by CMBHS. The provider completes the LOC-D and documents justification in the UA. UM staff will determine the Authorized Level of Care (LOC-A) based on the provider's recommended deviation (LOC-D), the information provided in the UA, and the availability of resources. People may be deviated to an LOC that is different than the LOC-R if one of the deviation criteria are met.

Deviation Reasons

There are five reasons that the LOC-A may differ from the LOC-R:

Clinical Need (Client Need). An LPHA identifies the medical necessity for a Level of Care (LOC) that differs from the LOC-R. The clinician must document the justification

for a deviation based on clinical need in the clinical record with documentation of medical necessity signed by an LPHA.

The following are examples of appropriate use of this deviation reason:

- The clinician determines a person with an LOC-R of 9 is eligible for services and deviates them into the most appropriate medically necessary LOC.
- The person is receiving specific services in the recommended LOC from an external provider, and the clinician determines they only need services included in a less intensive LOC (e.g., medication management).
- Because of developmental or cognitive limitations, the person is not able to benefit from core services in the recommended LOC.
- The person has been participating in recommended services or has completed the recommended course of treatment in the LOC-R with minimal or negative benefit and the provider determines a more intensive LOC is medically necessary. The person is enrolled in or continuing in YES (Youth Empowerment Services) Waiver and must be deviated into LOC-YES regardless of LOC-R.
- Upon reassessment, a child has an LOC-R 9 but has not completed the recommended course of treatment.

Client Choice. After receiving information necessary to make an informed decision, the person or LAR is unwilling to participate in the recommended LOC. The clinician must document the information discussed in the clinical record.

The following are examples of appropriate use of this deviation reason:

- Despite documented efforts to address identified barriers, the person declines the LOC-R due to the service frequency interfering with prior commitments (e.g., employment, education, childcare responsibilities) but accepts a less intensive LOC.
- Despite documented efforts to encourage participation in the recommended LOC, the person or LAR refuses specific services within the recommended LOC but accepts services in a less intensive LOC.

Continuity of Care. The clinician deviates the person into a different LOC to ensure a smooth transition between service settings and maintain continuity of care. The clinician must document the justification for the deviation in the clinical record.

The following are examples of appropriate use of this deviation reason:

- A person receives an LOC-R 9 on initial assessment but has been recently discharged from a psychiatric hospital or residential treatment setting and requires transitional support in LOC-5.
- A person is detained or incarcerated but continues to need services from the provider that the facility is not obligated to provide or provides under a contract with the facility.
- A person is hospitalized and the provider communicates with a hospitalized person, LAR, or hospital staff regarding care and transition to the community.
- The person is living outside the service area for a planned and defined period (e.g., vacation) and the provider leaves the case open to ensure a seamless transition back to active service.

Resource Limitations. The UM staff member determines the provider lacks the resources to offer services at the LOC-R. Resources are defined as individual slots within a specific LOC, or resources necessary to provide services within the LOC-R. UM staff authorize the person into a less intensive LOC while waiting for the appropriate LOC to become available.

The following are examples of appropriate use of this deviation reason:

- The provider currently has no open slots for the recommended or medically necessary LOC.
- The provider lacks sufficient qualified staff to deliver the recommended or medically necessary services, and the person is deviated to a different LOC while waiting for an available slot.

Other. None of the reasons listed above accurately describe the reason for deviation. The clinician must document the justification for the deviation in the "Notes" field of the UA and in the clinical record.

The following is an appropriate use of this deviation reason:

- The provider deviates the person to a specific LOC or enrolls them into services to comply with a legal mandate (e.g., court order, parole or probation requirement).

Section VI: Definitions

Adjunct Services: Clinically indicated services that are customized and may be delivered to support the recovery of the person receiving services.

Adult Needs and Strengths Assessment (ANSA): A communimetric tool developed for adult's behavioral health services to support decision making, inclusive of level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of service outcomes. The ANSA was developed from a communication perspective to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices.

Adult: A person 18 years old or older. For the purposes of service eligibility, Medicaid defines an adult as a person who is 21 years old or older.

Authorization Period: The duration for which the provider has obtained authorization.

Certified Family Partner (CFP) or Family Partner: A Family Partner is a person who has real life experience parenting a child with mental, emotional or behavioral health disorders and can articulate the understanding of their real-life experience with another parent or family member. This legally authorized representative may be a birth parent, adoptive parent, foster parent or family member standing in for an absent parent. A Certified Family Partner has completed the Medicaid approved training and holds a certification in good standing from an HHSC-approved certifying entity. Only Certified Family Partners may provide Medicaid eligible services.

Certified Peer Specialist (CPS) or Peer Specialist: A Peer Specialist uses lived experience, in addition to skills learned in formal training, to deliver strengths-based, person-centered services to promote a recipient's recovery and resiliency.

A Certified Peer Specialist has completed the Medicaid approved peer support training process and holds a certification in good standing from an HHSC approved certifying entry. Only Certified Peer Specialist may provide the Medicaid Peer Services Benefit.

Child and Adolescent Needs and Strengths Assessment (CANS): A communimetric tool developed for children and adolescent's behavioral health services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for monitoring of service outcomes. The CANS was developed from a communication perspective to facilitate the linkage

between the assessment process and the design of individualized service plans including the application of evidence-based practices.

Child: A person who is at least three years of age, but younger than 18 years of age. For the purposes of service eligibility, Medicaid defines a child as a person who is under age 21.

Clinical Management for Behavioral Health Services (CMBHS): A statewide electronic system that supports contracted mental health and substance use service providers and qualifying agencies in assessment, documentation, claims submission, and care coordination.

Core Services: Essential services in a level of care that are generally expected to be delivered to everyone authorized in the LOC to support their recovery.

Crisis Flexible Benefits: Nonclinical supports that stabilize a crisis situation, reduce symptomatology, and enhance a person's ability to remain in the home or community. Examples for adults include spot rental, partial rental subsidies, respite, utilities, emergency food, housewares, clothing, and residential services. Examples for children include home safety modifications, childcare to allow the family to participate in treatment activities, and transportation assistance.

Crisis Follow-up and Relapse Prevention: A service provided to or on behalf of people who are not in imminent danger of harm to self or others but require additional assistance to avoid recurrence of the crisis event. The purpose is to improve the situation that gave rise to the crisis event, ensure stability, and prevent future crisis events.

Crisis Intervention Services: Interventions provided in response to a crisis to reduce or manage symptoms of serious mental illness or serious emotional disorder and prevent admission to a more restrictive environment. These services must be provided in accordance with 26 TAC, Chapter 306, Subchapter F, Section 306.313.

Crisis Residential Services: Short-term, community-based services provided to people with a behavioral health crisis that cannot be stabilized in a less intensive setting. These residential services are intended for people presenting with an increased risk of harm to themselves or others, or with moderately severe functional impairment, and may be provided for stays up to 14 days.

Crisis Respite Services: Short-term, community-based services that offer crisis treatment and support for people with mental health crisis who are at low risk of harm

and need supervision but not hospitalization. They can be provided in various settings, including homes, group homes, or designated facilities, for up to 10 days.

Crisis Stabilization Unit (CSU): A short-term residential treatment unit that provides services in a secure and protected treatment environment licensed in accordance with Texas Health and Safety Code Chapter 577 (relating to Private Mental Hospitals and Other Mental Health Facilities). Services must be provided in accordance with standards in 26 TAC, Chapter 306, Subchapter B, (relating to Standards of Care in Crisis Stabilization Units).

Crisis Transportation: Transport of people receiving Crisis Intervention Services or Crisis Follow-up and Relapse Prevention services from one location to another. Transportation is provided in accordance with state laws and regulations by law enforcement personnel, or, when appropriate, by ambulance or qualified staff.

Day Program for Acute Needs: Short-term, intensive treatment for adults who require multidisciplinary treatment to stabilize acute psychiatric symptoms or prevent admission to a more restrictive setting. This service must be provided in accordance with 26 TAC, Chapter 306, Subchapter F, Section 306.321.

Engagement Services: Planned, age-appropriate interventions using Motivational Interviewing to resolve ambivalence, boost motivation, and increase active participation. Engagement services must address a need listed on the treatment or recovery plan and meet documentation standards.

Extended Observation Unit (EOU): Emergency and crisis stabilization services provided for up to 48 hours for people in a mental health crisis who pose a high to moderate risk of harm to themselves or others. EOUs provide services in a secure, protected, clinically staffed (including medical and nursing professionals), and psychiatrically supervised treatment environment with immediate access to urgent or emergent medical evaluation and treatment. People receive appropriate and coordinated transfer to a higher level of care when needed. EOUs can accept people on emergency detention.

Family Partner Services (Family Partner Supports): Peer mentoring and support provided by Certified Family Partners (or Family Partners awaiting certification within the first year of hire) to the primary caregivers of a child who is receiving mental health community services. This may include introducing the family to the treatment process; modeling self-advocacy skills; providing information, making referrals; providing nonclinical skills training; assisting in the identification of natural or informal and formal community supports. This service does not include Mental Health Rehabilitative Services provided by Certified Family Partners.

Family Training: Training for the person's primary caregivers to assist the caregivers in coping with and managing the person's emotional disturbance. This includes instruction on basic parenting skills and other forms of guidance that cannot be considered rehabilitative skills training. Concurrent rehabilitative training should be identified as a separate encounter with the appropriate rehabilitative service code.

Flexible Community Supports: Nonclinical supports that help a person integrate into the community, reduce symptomatology, and maintain quality of life. Examples of flexible community support include transportation services, educational training (e.g., computer skills, budgeting, etc.), temporary childcare, job development and placement activities, and independent living support.

Flexible Funds: Funds used for nonclinical supports that help a person integrate into the community, reduce symptomatology, and maintain quality of life. Examples of community supports for children that may be purchased with Flexible Funds include tutors, family aides, specialized camps, therapeutic child-oriented activities, temporary childcare, and temporary kinship care. Examples for adults include initial job development and placement activities, initial independent living support, and transportation services. Flexible Funds are funds of last resort and may be used only with documented justification when no other options are available.

Identified Needs Threshold (INT): A Boolean indicator used in assessment logic to determine whether identified clinical and functional needs meet the threshold for an LOC or eligibility determination.

Inpatient Psychiatric Services: Inpatient mental health services staffed with medical and nursing professionals who provide 24-hour professional monitoring, supervision, and assistance in an environment designed to provide safety and security during acute psychiatric crisis. Staff provide intensive interventions designed to relieve acute psychiatric symptomatology and restore the person's ability to function in a less restrictive setting.

Intensive Case Management: A focused effort to coordinate community resources that assist a child or adolescent in gaining access to necessary care and services appropriate to the child's or adolescent's needs and cannot be provided concurrently with routine case management. This service must be provided in accordance with 26 TAC, Chapter 306, Subchapter E, Section 306.263.

Legally Authorized Representative (LAR): A person authorized by law to act on behalf of a person. An LAR may be a parent, guardian, or managing conservator.

Level of Care (LOC): A designation given to HHSC's standardized packages of mental health services. LOCs specify the amount and duration of mental health services to be provided to a person based on the uniform assessment and utilization management guidelines.

Licensed Practitioner of the Healing Arts (LPHA): A staff member who is:

- **Advanced Practice Registered Nurse (APRN):** A registered nurse approved by the Texas Board of Nursing as a clinical nurse specialist in psychiatric or mental health or nurse practitioner in psychiatric or mental health, in accordance with Texas Occupations Code, Chapter 301;
- **Licensed Clinical Social Worker (LCSW):** A clinical social worker licensed in accordance with the Texas Occupations Code, Chapter 505, or
- **Licensed Marriage and Family Therapist (LMFT):** A marriage and family therapist licensed in accordance with Texas Occupations Code, Chapter 502.
- **Licensed Professional Counselor (LPC):** A professional counselor licensed in accordance with Texas Occupations Code, Chapter 503, or
- **Licensed Psychologist:** A clinician licensed as a psychologist by the Texas State Board of Examiners of Psychologists in accordance with Texas Occupations Code, Chapter 501;
- **Physician:** A physician licensed in accordance with Texas Occupations Code, Chapter 155; or authorized to perform medical acts under an institutional permit at a Texas postgraduate training program approved by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, or the Texas Medical Board; or
- **Physician Assistant (PA):** A physician assistant licensed in accordance with Texas Occupations Code, Chapter 204.

Medical Necessity or Medically Necessary: A clinical determination made by an LPHA that a service or LOC:

- Is reasonable and necessary for the diagnosis or treatment of a mental health disorder or a co-occurring psychiatric and substance use disorder (COPSD) to improve or maintain a person's level of functioning;
- Is provided in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care;
- Is furnished in the most clinically appropriate, available setting in which the service can be safely provided;

- Is provided at a level that is safe and appropriate for the person's needs and facilitates the person's recovery; and
- Could not be omitted without adversely affecting the person's mental or physical health or the quality of care rendered.

Medication Training and Support Services: Education and guidance about medications and their possible side effects as described in 26 TAC, Chapter 306, Subchapter F, Section §306.315.

Outreach, Screening, Assessment, and Referral (OSAR): A no-cost service available to Texas residents seeking access to substance use services. OSAR programs provide coordinated access to a continuum of substance use and community services to support continuity of care.

Parent Support Group: A supportive group for parents or LARs offering hope, practical skills, advocacy, and guidance to navigate complex systems and foster recovery and well-being for their loved ones and themselves. These groups focus on family strengths to build resiliency and promote positive outcomes.

Peer Services (Peer Supports): Voluntary, person-centered activities provided by certified peer specialists that support individuals in planning for and working toward wellness, recovery, and independent living in the community. Activities may include recovery and wellness support, mentoring, advocacy, and assistance connecting with community resources and services. Peer Services are distinct from Mental Health Rehabilitative Services provided by Peer Providers.

Person: An individual seeking or participating in mental health services.

Pharmacological Management: A service provided by a physician or other prescribing professional that focuses on the use of medication and the in-depth management of psychopharmacological agents to treat the signs and symptoms of mental illness.

Primary caregiver: A person 18 years of age or older who has actual care, control, and possession of a child or adolescent; or has assumed responsibility for providing shelter and care for an adult.

Psychiatric Diagnostic Evaluation: An interview with the person to evaluate their psychiatric diagnosis and treatment needs provided by a licensed professional practicing within the scope of their license, as described in 26 TAC, Chapter 301, Subchapter G, Section 301.353.

Psychosocial Rehabilitative Services: Social, behavioral, and cognitive interventions provided by members of an adult's therapeutic team that build on strengths and focus on restoring the person's ability to develop and maintain social relationships, occupational or educational achievement, and other independent living skills that are affected by or the result of a serious mental illness in adults. Psychosocial rehabilitative services may also address the impact of co-occurring disorders on the person's ability to reduce symptomology and improve daily functioning. These services must be provided in accordance with 26 TAC, Chapter 306, Subchapter F, Section 306.307.

Psychotherapy: Individual, family and group therapy focused on reducing or eliminating a person's symptoms and increasing the person's ability to perform activities of daily living. Psychotherapy must be provided by an LPHA practicing within the scope of their own license or, if not billed to Medicaid, by a person with a master's degree in a human services field pursuing licensure under the direct supervision of an LPHA. This service includes treatment planning. (Note: This service was referred to as "counseling" in previous guidelines.)

Residential Treatment Center (RTC): A general residential operation regulated under Texas Human Resources Code Chapter 42 and Chapter 748 of this title (relating to Minimum Standards for General Residential Operations) for seven or more children that exclusively provides treatment services for children with emotional disorders.

Routine Case Management: Services that assist an adult or a child and their caregiver obtain and coordinate access to necessary care and services appropriate to the person's needs. Routine case management activities must be provided in accordance with TAC 26, Chapter 306, Subchapter E, Section 306.263.

Safety Monitoring: Ongoing observation of a person to ensure their safety. An appropriate staff person must be continuously present in the person's immediate vicinity, provide ongoing monitoring of their mental and physical status, and ensure rapid response to indications of a need for assistance or intervention. Safety monitoring includes maintaining continuous visual contact with frequent face-to-face contacts as needed.

Scope of Practice: The services a professional can legally perform as determined by their licensing, training, and competence.

Screening, Brief Intervention, and Referral to Treatment (SBIRT): A comprehensive, public health approach to the delivery of early intervention and treatment services for people who are 10 years of age and older and who have alcohol

or substance use disorders or are at risk of developing such disorders. SBIRT is used for intervention directed to a person and not for group intervention.

Serious Emotional Disturbance: A mental, behavioral, or emotional disorder of sufficient duration to result in functional impairment that substantially interferes with or limits a person's role or ability to function in family, school, or community activities.

Serious Mental Illness: An illness, disease, or condition (other than a sole diagnosis of epilepsy, neurocognitive disorders, substance use disorder, or intellectual disability) that:

- Substantially impairs thought, perception of reality, emotional process, development, or judgment; or
- Grossly impairs a person’s behavior as demonstrated by recent disturbed behavior.

Skills Training and Development: Training provided to an adult or to a child and their caregiver that addresses the adult’s serious mental illness or the child’s serious emotional disturbance. This service addresses the symptom-related problems that interfere with the person’s functioning, provides opportunities for them to acquire and improve skills needed to function as appropriately and independently as possible in the community, facilitates their community integration, and increases their community tenure. For adults, this service may address skill deficits in vocation and housing. For transition age youth, Skills Training and Development includes supported employment and supportive housing. This service must be provided in accordance with 26 TAC, P, Chapter 306, Subchapter F, Section 306.319.

Supported Employment: Intensive, individualized services designed to achieve employment stability and help people choose and obtain employment in integrated work sites in regular community jobs. It includes activities such as helping the person find job opportunities, complete job applications, advocate with potential employers, learn job-specific skills, and negotiate with employers. Concurrent rehabilitative training should be identified as a separate encounter with the appropriate rehabilitative service code.

Supported Employment and Education: Activities to help people pursue their individual employment and educational goals. Supported Education activities include a wide range of education options, ranging from General Educational Development (GED) to post-secondary education. Supported Education is offered together with Supported Employment to develop a sense of self-efficacy and independence and to promote career development to improve long-term work opportunities.

Supportive Housing: Services and supports to help people choose, obtain, and maintain regular integrated housing. Supportive housing includes:

- Housing Assistance: Funds for rental assistance; and
- Services and Supports: Assistance in locating, moving into, and maintaining regular integrated housing that is habitable. This service includes treatment planning to facilitate recovery. While activities that fall under "services and supports" cannot be billed as rehabilitative services, concurrent rehabilitative training should be identified as a separate encounter with the appropriate rehabilitative service code.

Transition Age Youth: As used in this document, young people ages 16 through 20.

Treatment or Recovery Plan: A written plan developed with the person and as required, the LAR and a QMHP-CS or LPHA that specifies the person's recovery goals and objectives and identifies the planned services and supports.

Uniform Assessment: A required assessment that assists in determining the medical necessity of services. For adults, the UA includes the Adult Needs and Strengths Assessment (ANSA), community data, relevant rating scales, diagnostic information, and any other state-required assessment tools and procedures. For children or adolescents, the UA includes the Child and Adolescent Needs and Strengths Assessment (CANS), community data, relevant rating scales, diagnostic information, and any other state-required assessment tools and processes.

Wraparound: A strengths-based, youth and family-driven service planning process used in intensive case management to develop a Wraparound Plan that addresses the person's unmet needs across life domains. HHSC has identified the National Wraparound Implementation Center model of Wraparound for the delivery of intensive case management services.

Appendix 1: Level of Care Overview Table

The following table provides a high-level overview of the TRR Levels of Care (LOCs) for easy reference. Refer to the appropriate LOC section for details.

Common Levels of Care

LOC	Population	Service Focus	Authorization Period	Standard Therapeutic Hours per Month
LOC-0: Crisis Services	Adults and children experiencing a mental health crisis who are not in service	Access to the full array of crisis services for immediate stabilization and short-term intervention	7 days	N/A
LOC-5: Transitional Services	Adults and children who are not authorized in ongoing services	Transitional services to maintain and improve stability in preparation for ongoing or community-based services	90 days	N/A
LOC-EO: Early Onset	People ages 15-30 with early onset psychosis	A comprehensive array of services for people ages 15-30 with early onset of psychosis	90 days (Adults) 180 days (Children)	5.87
LOC-TAY: Transition Age Youth	Transition Age Youth ages 16-20 with a history in systems of care	Intensive case management and other services to improve life functioning and prepare for successful transition to adulthood	180 days	7.5

Adult LOCs

LOC	Population	Service Focus	Authorization Period	Standard Therapeutic Hours per Month
LOC-1M: Basic Services with Medication Management	Adults with at least one year of stability	Medication services to maintain recovery and prevent mental health deterioration	365 days	0.5
LOC-1S: Basic Services with Skills Training	Adults with low level of risk who do not require high-intensity services	Medication and skills training to maintain or improve symptoms and functioning	180 days	1.3
LOC-2: Basic Services with Therapy	Adults with low to moderate level of risk who need scheduled psychotherapy and do not require intensive team-based support	Psychotherapy to reduce symptoms and improve daily functioning with a lower-intensity, lower-frequency service pattern	180 days	3.25
LOC-3: Intensive Services with Psychosocial Rehabilitation	Adults with moderate to high level of risk who need more frequent services, functional rehabilitation, and team-based support to maintain community living	Team-based psychosocial rehabilitation with therapy as needed to restore functioning, build daily living skills, and reduce risk of hospitalization or loss of community tenure	180 days	5.87

LOC	Population	Service Focus	Authorization Period	Standard Therapeutic Hours per Month
LOC-4: Assertive Community Treatment (ACT)	Adults with intensive needs and a history of multiple psychiatric hospital admissions	Assertive Community Treatment (ACT) to reduce crisis recurrence and support sustained community living	180 days	10

Child LOCs

LOC	Population	Service Focus	Authorization Period	Standard Therapeutic Hours per Month
LOC-1: Medication Management	Children with no ongoing treatment needs other than medication	Medication management to maintain stability and transition to community providers	90 days	0.5
LOC-2: Targeted Services	Children with moderate level of risk and either emotional or behavioral health needs	Psychotherapy or Skills Training to address identified emotional or behavioral needs and build strengths	90 days	3
LOC-3: Complex Services	Children with moderate to high level of risk and both emotional and behavioral health needs	Psychotherapy or Skills Training to stabilize co-occurring needs and build strengths	90 days	5
LOC-4: Intensive Services	Child with high level of risk and involvement in multiple systems	Wraparound services to prevent removal from home and reduce high-risk behaviors	90 days	7.5

LOC	Population	Service Focus	Authorization Period	Standard Therapeutic Hours per Month
LOC-YC: Young Child	Young children ages 3-5 with varied treatment needs	Varied services to improve the parent-child relationship and support healthy social-emotional development	90 days	3.5
LOC-YES: YES Waiver	Children ages 3-18 at risk of being placed outside of their home	Intensive Wraparound services to prevent institutionalization, build resilience, and support families	90 days	N/A
LOC-RTC: Residential Treatment Center	Children at risk of parental relinquishment who need residential treatment	Residential treatment with supplemental family services to stabilize severe needs, reunify families, and avoid more restrictive care	365 days	2

Appendix 2: Acronyms

Acronym	Definition
ACT	Assertive Community Treatment
ANSA	Adult Needs and Strengths Assessment
CANS	Child and Adolescent Needs and Strengths Assessment
CMBHS	Clinical Management for Behavioral Health Services
CPT	Cognitive Processing Therapy
CSC	Coordinated Specialty Care
DFPS	Department of Family Protective Services
DSM	Diagnostic and Statistical Manual of Mental Health Disorders
EBP	Evidence-Based Practice
HHSC	Health and Human Services Commission
IDD	Intellectual and Developmental Disability
INT	Identified Needs Threshold
LAR	Legally Authorized Representative
LBHA	Local Behavioral Health Authority
LMHA	Local Mental Health Authority
LOC	Level of Care
LOC-A	Authorized Level of Care
LOC-D	Level of Care Deviation
LOC-R	Recommended Level of Care
LPHA	Licensed Practitioner of the Healing Arts
RTC	Residential Treatment Center
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SED	Serious Emotional Disturbance
SMI	Serious Mental Illness
TAC	Texas Administrative Code
TRR	Texas Resilience and Recovery
UA	Uniform Assessment
YES	Youth Empowerment Services