



Texas Resilience and Recovery

Utilization Management Guidelines:
Child and Adolescent Services

I. Level of Care 0: Crisis Services

Purpose for Level of Care

The services in this level of care are brief interventions provided in the community that ameliorate the crisis situation. Services are intended to resolve the crisis, avoid more intensive and restrictive intervention, and prevent additional crisis events. *Any service offered must meet medical necessity criteria.*

Note: These services do not require prior authorization. However, Utilization Management (UM) staff must authorize the crisis service within 2 business days of presentation. If further crisis follow-up and relapse prevention services are needed beyond the authorization period, the child/youth may be authorized for Level of Care (LOC) 5.

Special Considerations

Level of Care 0 may only be assigned to a child/youth who is not currently assigned to an LOC. Following stabilization of the crisis, the child/youth should be reassessed to determine further eligibility and the most appropriate LOC for continuation of services.

If a child/youth enrolled in another LOC experiences a psychiatric crisis, crisis services should be delivered within the current LOC assignment.

Level of Care Assignment Criteria

A child/youth may be assigned LOC 0 for the following reasons:

- The Uniform Assessment indicates a Recommended Level of Care (LOC-R) of 0; or
- The Uniform Assessment indicates an LOC-R of 1-4, Young Child (YC), or 9 and it is clinically determined that the child/youth is in crisis; or
- The Uniform Assessment is incomplete but clinical judgment indicates the need for immediate crisis intervention.

Note: A mental health diagnosis is not required.

Criteria for Level of Care Review

Authorization for this LOC will expire in 7 days, unless reauthorized. Additional authorizations may be given if medically necessary.

If the child/youth cannot be treated safely or effectively within this LOC and acuity level increases, hospitalization may be indicated.

Discharge Criteria

The child/youth may be discharged from this LOC for the following reasons:

- The crisis has been resolved and the child/youth has been transitioned to LOC1-5 or LOC-YC; or
- The crisis has been resolved and the child/youth has been placed on a waiting list for the indicated LOC (NOTE: Individuals who are Medicaid Eligible may not be placed on a waiting list or be underserved due to resource limitations); or
- The child/youth and caregiver are referred and linked to community resources outside the DSHS system; or
- The child/youth or caregiver has found services in the community to meet their needs; or
- The child/youth or caregiver terminates services

Expected Outcomes

The following outcomes can be expected as a result of delivering crisis services:

- Reduced risk of placement in a more restrictive environment, such as a psychiatric hospital, residential treatment center, or juvenile detention center; and/or
- Child/youth and/or caregiver reports improved symptom management, behaviors, and/or functioning; and/or

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- The child/youth and/or caregiver is engaged in appropriate follow-up treatment and linked with natural and community support systems.

Special Considerations for Certain Adjunct Services

Family Partner:

As formal members of the treatment team, Family Partners should be utilized in this LOC to provide the following to the primary caregiver:

- Engagement of families as equal members of the child/youth's treatment team, and assistance making informed choices regarding the child/youth's plan for recovery;
- Mentorship in the mental health system by preparing families for what to expect during and after the resolution of the child/youth's crisis; Role-modeling the concepts of hope and resilience through articulation of the Family Partner's successes regarding their child's mental health; and
- Assistance in understanding and advocating for the child/youths mental health needs during the crisis episode.

For more information about Family Partner Services, refer to Appendix ____ Family Partner Services.

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Level of Care 0 Table Overview

Authorization Period: 7 Days		
Overall Goal Utilization in This Level of Care: N/A		
For this LOC overall goal hours of utilization are indeterminable. For children/youth authorized this LOC it is expected that the services available in the crisis service array be utilized as medically necessary and available to treat and stabilize the psychiatric crisis.		
Core Services: Identified by the uniform assessment of crisis and must be offered to the child/youth.	Individual Services in LOC – 0 Utilization Per 7 Days	
	Standard Therapeutic	High Need Therapeutic
Crisis Intervention Services	N/A	3.75 hours (15 units)
Adjunct Services: Identified by the uniform assessment and addressed in the treatment plan.	Standard Therapeutic	High Need Therapeutic
Psychiatric Diagnostic Interview Examination	N/A	1 Event (1 unit)
Pharmacological Management	N/A	10 Events (10 units)
Safety Monitoring	N/A	2 hours (8 units)
Crisis Transportation (Event)	N/A	1 Event (1 unit)
Crisis Transportation (Dollar)	N/A	As necessary (\$1 units)
Crisis Flexible Benefits (Event)	N/A	As necessary (Event)
Crisis Flexible Benefits (Dollar)	N/A	As necessary (\$1 units)
Respite Services: Community-Based	N/A	6 hours (24 units)
Respite Services: Program-Based (not in home)	N/A	3 bed days (3 units)
Extended Observation	N/A	1 unit (1 bed day)
Children’s Crisis Residential	N/A	4 units (4 bed days)
Family Partner	N/A	6 hours (24 units)
Engagement Activity	N/A	6 hours (24 units)
Inpatient Hospital Services	N/A	As necessary (1 bed day units)
Inpatient Services (Psychiatric)	N/A	As necessary (1 bed day units)
Emergency Room Services (Psychiatric)	N/A	As necessary (Events)
Crisis Follow-up & Relapse Prevention	N/A	8 hours (32 units)

II. Level of Care 1: Medication Management

Purpose for Level of Care

The services in this LOC are intended to meet the needs of the child/youth whose only identified treatment need is for medication management. Children/youth served in this LOC may have an occasional need for routine case management services but do not have ongoing treatment needs outside of medication related services. While services delivered in this LOC are primarily office based, services may also be provided at school, in the community, or via telemedicine.

The purpose of this LOC is to maintain stability and utilize the child/youth's and/or caregiver's natural supports and identified strengths to help transition to community based providers and resources, if available.

Special Considerations During Crisis

If the child/youth's symptoms or behaviors exacerbate to a crisis level, crisis services should be delivered within the current LOC. *Any service offered must meet medical necessity criteria.* Following stabilization of the crisis, the uniform assessment should be completed with the child/youth to determine if a more intensive LOC is indicated.

LOC 0 may only be used for a child or youth who is not currently assigned to an LOC.

Level of Care Assignment Criteria

A child/youth may be assigned LOC 1 for the following reasons:

- The Uniform Assessment indicates a Recommended Level of Care (LOC-R) of 1; or
- The Uniform Assessment indicates an LOC-R of 2-4, Young Child (YC), or 9 and the child/youth meets deviation reason criteria and is overridden into LOC 1.

Criteria for Level of Care Review

The following indicators require a review of the LOC authorized:

- The Uniform Assessment indicates an LOC-R for the child/youth that is different from the Level of Care Authorized (LOC-A); or
- The clinician determines the child/youth meets criteria for admission into a more intensive LOC; or
- The child/youth experiences a psychiatric crisis and must be reassessed to determine if a more intensive LOC is indicated.

Discharge Criteria

The child/youth may be discharged from this LOC for the following reasons:

- The child/youth has been linked to medication services provided in the community; or
- The child/youth does not meet criteria for admission into a more intensive LOC and medication services are not indicated; or
- The child/youth or caregiver terminates services or moves outside of service area; or
- The child/youth or caregiver is not receptive to treatment after all required engagement efforts have been exhausted.

Expected Outcomes

The following outcomes can be expected as a result of delivering services at this level of care:

- The child/youth and/or caregiver is linked with—and utilizing—natural and community support systems; and/or
- The child/youth and/or caregiver reports stabilization of symptoms or maintenance of stability; and/or
- The child/youth and/or caregiver is engaged in appropriate follow-up treatment and linked with natural and community support systems.

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Special Considerations for Certain Adjunct Services

Family Partner:

As formal members of the treatment team, Family Partners should be utilized in this LOC to provide the following to the primary caregiver:

- Engagement of families as equal members of the child/youth's treatment team and assistance making informed choices regarding the child/youth's plan for recovery;
- Mentorship in the mental health system by preparing families for what to expect;
- Assistance in understanding and advocating for the child/youth's mental health needs, including provision of expertise in navigating child serving systems and medication training and support as appropriate;
- Role-modeling options of parenting skills, advocacy skills, and self-care skills;
- Facilitation of family support groups;
- Connection to community resources and informal supports in preparation for the child/youth's transition out of the mental health system; and
- Celebrating the child/youth's resilience and recovery.

For more information about Family Partner Services, refer to Appendix ____ Family Partner Services.

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Level of Care 1 Table Overview

Authorization Period: 90 Days		
<p>Overall Goal of Monthly Utilization in This Level of Care: .5 hours Across the population served at this LOC, some individuals may require more/less intense provision of services or utilize services at a higher/lower rate than .5 hours/month. Ideally, the hours of service(s) delivered should surpass the threshold, include the Core Services and be supplemented by Adjunct Services when clinically appropriate.</p>		
Core Services: Identified by the uniform assessment and addressed in the treatment plan.	Individual Services in LOC – 1 Utilization Per Month	
	Standard Therapeutic	High Need Therapeutic
Psychiatric Diagnostic Interview Examination	N/A	1 Event (1 unit)
Pharmacological Management	1 Event (1 unit)	2 Events (2 units)
Adjunct Services: Identified by the uniform assessment and addressed in the treatment plan.	Standard Therapeutic	High Need Therapeutic
Medication Training and Support either/both of the following:		
Medication Training and Support (Individual)	.5 hours (2 units)	3.75 hours (15 units)
Medication Training and Support (Group)	.5 hours (2 units)	3.75 hours (15 units)
Routine Case Management	.5 hours (2 units)	1 hour (4 units)
Parent Support Group	1 hour (1 unit)	4 hours (4 units)
Family Partner	1 hour (4 units)	2 hours (8 units)
Family Case Management	.5 hours (2 units)	1 hour (4 units)
Crisis Service Array: Authorized as medically necessary and available during psychiatric crisis	<i>Utilization for Crisis Service Array can be found on page XX</i>	

III. Level of Care 2: Targeted Services

Purpose for Level of Care

The services in this LOC are intended to meet the needs of the child/youth with identified emotional *or* behavioral treatment needs. The child/youth must not have identified needs in both areas. In general, the child/youth will have low or no life domain functioning needs.

The purpose of this LOC is to improve mood symptoms or address behavioral needs while building strengths in the child/youth and caregiver. The services in the LOC target a specific, identified treatment need. Services should be provided in the most convenient location for the child/youth and caregiver, including the office setting, school, home, or other community location. Services may also be provided via telemedicine, if available.

The targeted service in this LOC is either counseling *or* individual skills training. The only exception occurs when counseling is the primary intervention for the child/youth but individual skills training is also provided as a component of parent skills training.

Note: If the child/youth and/or caregiver chooses not to participate in core services offered at this level of care, engagement services must be provided. Provision of engagement efforts must be documented in the clinical record.

Special Considerations During Crisis

If the child/youth's symptoms or behaviors exacerbate to a crisis level, crisis services should be delivered within the current LOC. *Any service offered must meet medical necessity criteria.* Following stabilization of the crisis, the uniform assessment should be completed with the child/youth to determine if a more intensive LOC is indicated.

LOC 0 may only be used for a child or youth who is not currently assigned to an LOC and does not have an active CANS Recommended Level of Care (LOC-R).

Level of Care Assignment Criteria

A child/youth may be assigned to LOC 2 for the following reasons:

- The Uniform Assessment indicates an LOC-R of 2; or
- The Uniform Assessment indicates an LOC-R of 1, 3-4, Young Child (YC), or 9 and the child/youth meets deviation reason criteria and is overridden into LOC 2.

Note: See Appendix C for clinical guidance on deviation reasons.

Criteria for Level of Care Review

The following indicators require a review of the level of care authorized:

- The Uniform Assessment indicates an LOC-R for the child/youth that is different from the Level of Care Authorized (LOC-A); or
- The clinician determines the child/youth meets criteria for admission into a more intensive LOC; or
- The clinician determines the child/youth and caregiver has obtained maximum clinical benefit from services and recommends transition to LOC 1 or services in the community; or
- The child/youth experiences a psychiatric crisis and must be reassessed to determine if a more intensive LOC is indicated

Step-Down/Discharge Criteria

The child/youth may be stepped down from this LOC or discharged from services for the following reasons:

- The Uniform Assessment indicates an LOC-R of 1 *and* the child/youth has completed the indicated course of treatment; or
- The child/youth and caregiver report improved mood or behavioral symptoms, have no additional identified goals, and clinical judgment supports transition to LOC 1 or transition to the community; or
- The child/youth or caregiver have found services in the community to meet their needs; or

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- The child/youth or caregiver chooses not to participate in services at the indicated intensity, all required engagement efforts have been exhausted, and clinical judgment of risk supports the transition to a lower level of care; or
- The child/youth or caregiver terminates services or moves outside of service area.

Expected Outcomes

The following outcomes can be expected as a result of delivering services at this level of care:

- The child/youth and/or caregiver reports improved mood symptom management or behaviors; and/or
- The child/youth and/or caregiver is transitioned to a lower level of care; and/or
- The child/youth and/or caregiver is linked with—and utilizing—natural and community support systems; and/or
- The child/youth and/or caregiver reports increased individual and caregiver strengths.

Special Considerations for Certain Adjunct Services

Family Partner:

As formal members of the treatment team, Family Partners should be utilized in this LOC to provide the following to the primary caregiver:

- Engagement of families as equal members of the child/youth's treatment team and assistance making informed choices regarding the child/youth's plan for recovery;
- Mentorship in the mental health system by preparing families for what to expect; Assistance in understanding and advocating for the child/youth's mental health needs, provision of expertise in navigating child serving systems and medication training and support as appropriate;
- Role-modeling options of parenting skills, advocacy skills, and self-care skills, including provision of individual skills training to parents through the use of a DSHS approved protocol;
- Facilitation of family support groups; and
- Connection to community resources and informal supports that support the child/youth's transition to a less intensive LOC and resilience and recovery.

For more information about Family Partner Services, refer to Appendix ____ Family Partner Services.

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Level of Care 2 Table Overview

Authorization Period: 90 Days		
Overall Goal of Monthly Utilization in This Level of Care: 3 hours		
Across the population served at this LOC, some individuals may require more/less intense provision of services or utilize services at a higher/lower rate than 3 hours/month. Ideally, the hours of service(s) delivered should surpass the threshold, include the Core Services and be supplemented by Adjunct Services when clinically appropriate.		
Core Services: Identified by the uniform assessment and addressed in the treatment plan. NOTE: In this LOC the child/youth should receive counseling or skills training as a core service.	Individual Services in LOC – 2 Utilization Per Month	
	Standard Therapeutic	High Need Therapeutic
Psychiatric Diagnostic Interview Examination	N/A	1 Event (1 unit)
Routine Case Management	1 hour (4 units)	2 hours (8 units)
Counseling includes any/all of the following:		
Counseling (Individual)	2 hours (2 units)	4 hours (4units)
Counseling (Group)	2 hours (2 units)	4 hours (4units)
Counseling (Family)	2 hours (2 units)	4 hours (4units)
Skills Training includes any/all of the following:		
Skills Training (Individual)	3 hours (12 units)	6 hours (24 units)
Skills Training (Group)	3 hours (12 units)	6 hours (24 units)
Adjunct Services: Identified by the uniform assessment and addressed in the treatment plan.	Standard Therapeutic	High Need Therapeutic
Engagement Activity	.5 hours (2 units)	2 hours (8 units)
Pharmacological Management*	1 Event (1 unit)	4 Events (4 units)
Medication Training and Support* either/both of the following:		
Medication Training and Support (Individual)	.5 hours (2 units)	3.75 hours (15 units)
Medication Training and Support (Group)	.5 hours (2 units)	3.75 hours (15 units)
Family Partner	1 hour (4 units)	2 hours (8 units)
Family Training includes either/both of the following:		
Family Training (Individual)	3 hours (12 units)	6 hours (24 units)
Family Training (Group)	3 hours (12 units)	6 hours (24 units)
Parent Support Group	1 hour (1 unit)	4 hour (4 units)
Family Case Management	.5 hours (2 units)	1 hour (4 units)
Crisis Service Array: Authorized as medically necessary and available during psychiatric crisis	Utilization for Crisis Service Array can be found on page <u>XX</u>	

*When prescribed or indicated by a physician these services must be offered.

IV. Level of Care 3: Complex Services

Purpose for Level of Care

The services in this LOC are intended to meet the needs of the child or youth with identified behavioral *and* emotional treatment needs. The child/youth may also exhibit a moderate degree of risk behaviors and/or life domain functioning impairments that require multiple service interventions. Some children/youth assigned to this level of care may experience a higher degree of functional impairment. This may indicate a need for interventions aimed at preventing juvenile justice involvement, expulsion from school, displacement from home, or further exacerbation of symptoms and/or behaviors.

The purpose of this LOC is to reduce or stabilize symptoms and/or risk behaviors, improve overall functioning, and build strengths and resiliency in the child/youth and caregiver. Services should be provided in the most convenient location for the child/youth and caregiver, including the office setting, school, home, or other community location. Services may also be provided via telemedicine, if available. Providers may need to consider flexible office hours to support the complex needs of the child/youth and caregiver.

Note: If the child/youth and/or caregiver chooses not to participate in core services offered at this level of care, engagement services must be provided. Provision of engagement efforts must be documented in the clinical record.

Special Considerations During Crisis

If the child/youth's symptoms or behaviors exacerbate to a crisis level, crisis services should be delivered within the current LOC. *Any service offered must meet medical necessity criteria.* Following stabilization of the crisis, the uniform assessment should be completed with the child/youth to determine if a more intensive LOC is indicated.

LOC 0 may only be used for a child or youth who is not currently assigned to an LOC and does not have an active CANS Recommended Level of Care (LOC-R).

Level of Care Assignment Criteria

A child/youth may be assigned LOC 3 for the following reasons:

- The Uniform Assessment indicates an LOC-R of 3; or
- The Uniform Assessment indicates an LOC-R of 1-2, 4, Young Child (YC), or 9 and the child/youth meets deviation reason criteria and is overridden into LOC 3.

Note: See Appendix C for clinical guidance on deviation reasons.

Criteria for Level of Care Review

The following indicators require a review of the level of care authorized:

- The Uniform Assessment indicates an LOC-R for the child/youth that is different from the Level of Care Authorized (LOC-A); or
- The clinician determines the child/youth meets criteria for admission into LOC 4; or
- The clinician determines the child/youth and caregiver has obtained maximum clinical benefit from services and recommends transition to a less intensive LOC or services in the community; or
- The clinician determines that it is contraindicated to offer counseling and skills training services concurrently and recommends deviation to LOC 2; or
- The child/youth experiences a psychiatric crisis and must be reassessed to determine if a more intensive LOC is indicated.

Step-Down/Discharge Criteria

The child/youth may be stepped down from this LOC or discharged from services for the following reasons:

- The Uniform Assessment indicates an LOC-R of 1-2 *and* the child/youth has completed the indicated course of treatment or can continue a single course of treatment in LOC 2; or

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- The child/youth and caregiver report improved mood or behavioral symptoms, have no additional identified goals, and clinical judgment supports transition to a lower level of care or transition to the community; or
- The child/youth or caregiver have found services in the community to meet their needs; or
- The child/youth or caregiver chooses not to participate in services at the indicated intensity, all required engagement efforts have been exhausted, and clinical judgment of risk supports the transition to a lower level of care; or
- The child/youth or caregiver terminates services or moves outside of service area.

Expected Outcomes

The following outcomes can be expected as a result of delivering services at this level of care:

- The child/youth and/or caregiver reports improved mood symptom management or behaviors, and/or improved life domain functioning; and/or
- The child/youth or caregiver is transitioned to a lower level of care; and/or
- The child/youth and/or caregiver is linked with—and utilizing—natural and community support systems; and/or
- The child/youth and/or caregiver reports increased individual and caregiver strengths

Special Considerations for Certain Adjunct Services

Family Partner:

As formal members of the treatment team, Family Partners should be utilized in this LOC to provide the following to the primary caregiver:

- Engagement of families as equal members of the child/youth's treatment team and assistance making informed choices regarding the child/youth's plan for recovery;
- Mentorship in the mental health system by preparing families for what to expect, including the use of the "Family Guide to Children's Mental Health Services;"
- Assistance in understanding and advocating for the child/youth's mental health needs, provision of expertise in navigating child serving systems and medication training and support as appropriate;
- Role-modeling options of parenting skills, advocacy skills, and self-care skills, including provision of individual skills training to parents and/or caregivers through the use of a DSHS approved protocol;
- Facilitation of family support groups; and
- Connection to community resources and informal supports that support the child/youth's transition to a less intensive LOC and resilience and recovery.

For more information about Family Partner Services, refer to Appendix ____ Family Partner Services.

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Level of Care 3 Table Overview

Authorization Period: 90 Days		
Overall Goal of Monthly Utilization in This Level of Care: 5 hours		
Across the population served at this LOC, some individuals may require more/less intense provision of services or utilize services at a higher/lower rate than 5 hours/month. Ideally, the hours of service(s) delivered should surpass the threshold, include the Core Services and be supplemented by Adjunct Services when clinically appropriate.		
Core Services: Identified by the uniform assessment and addressed in the treatment plan. NOTE: In this LOC the child/youth should receive counseling <i>and</i> skills training as core services.	Individual Services in LOC – 3 Utilization Per Month	
	Standard Therapeutic	High Need Therapeutic
Psychiatric Diagnostic Interview Examination	N/A	1 Event (1 unit)
Routine Case Management	1 hour (4 units)	6 hours (24 units)
Counseling includes any/all of the following:		
Counseling (Individual)	2 hours (2 units)	4 hours (4 units)
Counseling (Group)	2 hours (2 units)	4 hours (4 units)
Counseling (Family)	2 hours (2 units)	4 hours (4 units)
Skills Training includes either/both of the following:		
Skills Training (Individual)	3 hours (12 units)	6 hours (24 units)
Skills Training (Group)	3 hours (12 units)	6 hours (24 units)
Adjunct Services: Identified by the uniform assessment and addressed in the treatment plan.	Standard Therapeutic	High Need Therapeutic
Engagement Activity	.75 hours (3 units)	2 hours (8 units)
Pharmacological Management*	1 Event (1 unit)	4 Events (4 units)
Medication Training and Support* either/both of the following:		
Medication Training and Support (Individual)	.5 hours (2 units)	4.5 hours (18 units)
Medication Training and Support (Group)	.5 hours (2 units)	4.5 hours (18 units)
Family Partner	1 hour (4 units)	2 hours (8 units)
Family Training includes either/both of the following:		
Family Training (Individual)	3 hours (12 units)	6 hours (24 units)
Family Training (Group)	3 hours (12 units)	6 hours (24 units)
Flexible Funds	N/A	1500 cap/year (\$1 increments)
Parent Support Group	1 hour (1 unit)	4 hour (4 units)
Family Case Management	.5 hours (2 units)	1 hour (4 units)
Respite Services: Community Based	N/A	6 hours (24 units)
Respite Services: Program Based	N/A	3 Bed days (3 units)
Crisis Service Array: Authorized as medically necessary and available during psychiatric crisis	Utilization for Crisis Service Array can be found on page XX	

*When prescribed or indicated by a physician these services must be offered.

V. Level of Care 4: Intensive Family Services

Purpose for Level of Care

The services in this LOC are intended to meet the needs of the child or youth with identified behavioral and/or emotional treatment needs that has significant involvement with multiple child serving systems. The child or youth is also likely at risk of out of home placement as a result of behavioral and/or emotional needs. These behaviors and/or mood symptoms may have resulted in—or are likely to result in—juvenile justice involvement, expulsion from school, displacement from home, hospitalization, residential treatment, serious injury to self or others, or death.

The purpose of this LOC is to reduce or stabilize symptoms and/or risk behaviors, improve overall functioning, and build strengths and resiliency in the child/youth and caregiver through a treatment team approach. Services should be provided in the most convenient location for the child/youth and caregiver, including the office setting, school, home, or other community location. Services may also be provided via telemedicine, if available. Providers may need to consider flexible office hours to support the complex needs of the child/youth and caregiver.

Caregiver resilience is fostered through building upon natural supports and strengths that are identified by the caregiver and linkage to community resources through the Wraparound planning process. Due to the high level of severity of symptoms, the Wraparound team should be accessible to the child/youth and his/her caregiver 24 hours/day, 7days/week. The availability of the treatment team is meant to reduce the risk of out-of-home placement for the child.

Note: If the child/youth and/or caregiver chooses not to participate in core services offered at this level of care, engagement services must be provided. Provision of engagement efforts must be documented in the clinical record.

Special Considerations During Crisis

If the child/youth's symptoms or behaviors exacerbate to a crisis level, crisis services should be delivered within the current LOC. *Any service offered must meet medical necessity criteria.* Following stabilization of the crisis, the uniform assessment should be completed with the child/youth for LOC assignment.

LOC 0 may only be used for a child or youth who is not currently assigned to an LOC and does not have an active CANS Recommended Level of Care (LOC-R)

Level of Care Assignment Criteria

A child/youth may be assigned to LOC 4 for the following reasons:

- The Uniform Assessment indicates an LOC-R of 4; or
- The Uniform Assessment indicates an LOC-R of 1-3, Young Child (YC), or 9 and the child/youth meets deviation reason criteria and is overridden into LOC 4.

Note: See Appendix C for clinical guidance on deviation reasons.

Criteria for Level of Care Review

The following indicators require a review of the level of care authorized:

- The Uniform Assessment indicates an LOC-R for the child/youth that is different from the Level of Care Authorized (LOC-A); or
- The clinician determines the child/youth's needs can be met in a lower level of care (clinician must document clinical justification for deviation); or
- The clinician determines the child/youth and caregiver has obtained maximum clinical benefit from services and recommends transition to a lower level of care

Step-Down/Discharge Criteria

The child/youth may be stepped down from this LOC or discharged from services for the following reasons:

- The Uniform Assessment indicates an LOC-R of 2-3 *and* the child/youth has completed the indicated course of treatment or can continue an indicated course of treatment in a lower level of care; or

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- The child/youth and caregiver report improved mood or behavioral symptoms, have no additional identified goals, and clinical judgment supports transition to a lower level of care; or
- The child/youth or caregiver have found services in the community to meet their needs; or
- The child/youth or caregiver chooses not to participate in services at the indicated intensity, all required engagement efforts have been exhausted, and clinical judgment of risk supports the transition to a lower level of care; or
- The child/youth or caregiver terminates services or moves outside of service area.

Expected Outcomes

The following outcomes can be expected as a result of delivering services at this level of care:

- The child/youth and/or caregiver reports improved mood symptom management or behaviors; and/or
- The child/youth and/or caregiver is linked with—and utilizing—natural and community support systems; and/or
- The child/youth and caregiver is able to be transitioned to a lower level of care; and/or
- The child/youth and/or caregiver reports increased individual and caregiver strengths; and/or
- Improved stability in areas of life domain functioning, including reduced risk of out of home placement or juvenile justice involvement.

Special Considerations for Certain Adjunct Services

Family Partner:

As formal members of the treatment team, Family Partners should be utilized in this LOC to provide the following to the primary caregiver:

- Engagement of families as equal members of the child/youth's Wraparound team and assistance making informed choices regarding the child/youth's plan for recovery;
- Assurance that family voice and choice are articulated by the family and heard by professional staff;
- Mentorship in the mental health system by preparing families for what to expect; Assistance in understanding and advocating for the child/youth's mental health needs, provision of expertise in navigating child serving systems as appropriate;
- Role-modeling options of parenting skills, advocacy skills, and self-care skills, including provision of individual skills training to parents and/or caregivers through the use of a DSHS approved protocol;
- Connection to community resources and informal supports that support the child/youth's transition to a less intensive LOC and resilience and recovery.

For more information about Family Partner Services, refer to Appendix ____ Family Partner Services

Routine Case Management:

In this LOC Routine Case Management may only be used if the child/youth and family are not engaged in the Wraparound process. Once the child/youth and family are participating in the Wraparound process, Intensive Case Management shall be provided. Routine and Intensive Case Management may not be provided concurrently.

If despite engagement efforts, the child/youth and family continue to refuse participation in the Wraparound process, deviation to a less intensive LOC may be indicated. See Appendix ____ Reason for Deviation for guidance.

Note: Core Services in the LOC-R are determined to be essential to resilience and recovery. The child/youth and/or caregiver/LAR should continue to be engaged to participate in all clinically indicated core services at the LOC-R, regardless of the LOC-A. All attempts at engagement must be documented in the clinical record.

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Level of Care 4 Table Overview

Authorization Period: 90 Days		
Overall Goal of Monthly Utilization in This Level of Care: 7.5 hours		
Across the population served at this LOC, some individuals may require more/less intense provision of services or utilize services at a higher/lower rate than 7.5 hours/month. Ideally, the hours of service(s) delivered should surpass the threshold, include the Core Services and be supplemented by Adjunct Services when clinically appropriate.		
Core Services: Identified by the uniform assessment and addressed in the treatment plan. NOTE: In this LOC the individual should receive counseling <i>and/or</i> skills training as core services.	Individual Services in LOC – 4 Utilization Per Month	
	Standard Therapeutic	High Need Therapeutic
Psychiatric Diagnostic Interview Examination	N/A	1 Event (1 unit)
Intensive Case Management (Wraparound)	4 hours (16 units)	8 hours (32 units)
Family Partner	2 hours (8 units)	6.25 hours (25 units)
Counseling includes any/all of the following:		
Counseling (Individual)	2 hours (2 units)	4 hours (4 units)
Counseling (Group)	2 hours (2 units)	4 hours (4 units)
Counseling (Family)	2 hours (2 units)	4 hours (4 units)
Skills Training includes any/both of the following:		
Skills Training (Individual)	3 hours (12 units)	6 hours (24 units)
Skills Training (Group)	3 hours (12 units)	6 hours (24 units)
Adjunct Services: Identified by the uniform assessment and addressed in the treatment plan.	Standard Therapeutic	High Need Therapeutic
Engagement Activity	1.5 hours (6 units)	2.5 hours (10 units)
Pharmacological Management*	1 Event (1 unit)	4 Events (4 units)
Medication Training and Support* either/both of the following:		
Medication Training and Support (Individual)	.5 hours (2 units)	4.5 hours (18 units)
Medication Training and Support (Group)	.5 hours (2 units)	4.5 hours (18 units)
Family Training includes any/both of the following:		
Family Training (Individual)	3 hours (24 units)	6 hours (12 units)
Family Training (Group)	3 hours (24 units)	6 hours (12 units)
Routine Case Management**	2 hours (8 units)	4 hours (16 units)
Parent Support Group	1 hour (1 units)	4 hours (4 units)
Family Case Management	.5 hours (2 units)	1 hour (4 units)
Flexible Funds	N/A	1500 cap/year (\$1 increments)
Flexible Community Supports	N/A	1.25 hours (15 units)
Respite Services: Community Based	N/A	6 hours (24 units)
Respite Services: Program Based	N/A	3 Bed days (3 units)
Crisis Service Array: Authorized as medically necessary and available during psychiatric crisis	Utilization for Crisis Service Array can be found on page XX	

*When prescribed or indicated by a physician these services must be offered.

**Note: Routine Case Management can be authorized only if the caregiver chooses not to receive Intensive Case Management (Wraparound Process Planning). Routine and Intensive Case Management Services are not authorized to be provided concurrently.

VI. Level of Care YC: Young Child Services

Purpose for Level of Care:

The services in this LOC are intended to meet the needs of the young child (ages 3-5) with identified behavioral *and/or* emotional treatment needs. The young child may also exhibit a moderate degree of life domain functioning impairments that require multiple service interventions.

The purpose of this LOC is to reduce or stabilize symptoms, improve overall functioning, and build strengths and resiliency in the child and caregiver. The focus of services is placed on the dyad relationship as this relationship is the primary context for young children. These primary relationship(s) set the stage for future social-emotional behavior and future relationship behavior. Services should be provided in the most convenient location for the child and caregiver, including the office setting or home. Services may also be provided via telemedicine, if available, and if fidelity can be maintained. Providers may need to consider flexible office/service hours to support the needs of the child and caregiver.

Note: If the child/youth and/or caregiver chooses not to participate in core services offered at this level of care, engagement services must be provided. Provision of engagement efforts must be documented in the clinical record.

Special Considerations During Crisis:

If the child's symptoms or behaviors exacerbate to a crisis level, crisis services should be delivered within the current LOC. *Any service offered must meet medical necessity criteria.* Following stabilization of the crisis, the uniform assessment should be completed with the child and caregiver to determine if more intensive services are indicated.

LOC 0 may only be used for a child or youth who is not currently assigned to an LOC and does not have an active CANS Recommended Level of Care (LOC-R).

Level of Care Assignment Criteria:

A child may be assigned LOC YC for the following reasons:

- The Uniform Assessment indicates an LOC-R of YC; or
- The Uniform Assessment indicates an LOC-R of 1-4 or 9 and the child meets deviation reason criteria and is overridden into LOC-YC.

Note: The CANS 3-5 *must* be completed with the child and caregiver before LOC-YC may be authorized.

Criteria for Level of Care Review

The following indicators require a review of the level of care authorized:

- The Uniform Assessment indicates an LOC-R for the child that is different from the Level of Care Authorized (LOC-A); or
- The child has been served in LOC-YC and after reaching age 6 has an LOC-R of 1-4 and the clinician feels that the child should continue to be served in LOC-YC; or
- The child is newly admitted to services and has an LOC-R 1-4 and the clinician feels it is developmentally appropriate for the child to be served in LOC-YC; or
- The clinician determines the child and caregiver has obtained maximum clinical benefit from services and recommends transition to services in the community or LOC-1 (only if medication services are indicated).

Age out/Discharge Criteria

The child may transition from this LOC or be discharged from services for the following reasons:

- The child has completed the indicated course of treatment at this LOC and the Uniform Assessment indicates an LOC-R of 1-4; or
- The child and caregiver report improved mood or behavioral symptoms, have no additional identified goals, and clinical judgment supports transition to the community; or
- The caregiver locates services within the community to meet their needs; or
- The child or caregiver chooses not to participate in services at the indicated intensity, all required engagement efforts have been exhausted, and clinical judgment of risk supports the transition to community-based supports or LOC-1 (only if medication services are indicated) ; or

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- The child or caregiver terminates services or moves outside of service area; or
- The child has a birthday and turns 6 years old and has completed the indicated course of treatment. (Note: if the child is age 6 and the course of treatment has not been completed, the child should remain in LOC-YC for continuity of care until treatment goals have been reached or the child turns 7 years old).

Expected Outcomes

The following outcomes can be expected as a result of delivering services at this level of care:

- The child and/or caregiver reports improved mood symptom management or behaviors; and/or
- The child and/or caregiver is linked with—and utilizing—natural and community support systems; and/or
- The child and/or caregiver reports increased individual and caregiver strengths.

Special Considerations for Certain Adjunct Services

Family Partner:

As formal members of the treatment team, Family Partners should be utilized in this LOC to provide the following to the primary caregiver:

- Engagement of families as equal members of the child's treatment team and assistance making informed choices regarding the child/youth's plan for recovery;
- Mentorship in the mental health system by preparing families for what to expect;
- Assistance in understanding and advocating for the child's mental health needs, provision of expertise in navigating child serving systems and medication training and support as appropriate;
- Role-modeling options of parenting skills, advocacy skills, and self-care skills, including provision of individual skills training to parents and/or caregivers through the use of a DSHS approved protocol;
- Facilitation of family support groups; and
- Connection to community resources and informal supports that support the child's resilience.

For more information about Family Partner Services, refer to Appendix ___ Family Partner Services.

Intensive Case Management:

The provision of Wraparound (Intensive Case Management) in this LOC is determined by the clinical needs of the child. One or more of the following scores on the CANS 3-5 represents an intense clinical need and may indicate to the clinician that the child needs Wraparound Process Planning:

- Child Risks Factors:
 - Abuse/Neglect at a score of 3
- Life Domain Functioning:
 - Living Situation at a score of 3
 - Daycare at a score of 3
 - Relationship Permanence at a score of 3
- Caregiver Strengths/Needs:
 - Involvement at a score of 3

This is not an exhaustive list of indicators and/or scores that may indicate a need for Wraparound. Some CANS 3-5 items, such as Residential Stability, may also indicate a need for Wraparound. Services provided must be responsive to the clinical need of the child and clinicians must use clinical judgment in making this service determination. Justification for services provided must be documented in the clinical record.

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Level of Care YC Table Overview

Authorization Period: 90 Days		
Overall Goal of Monthly Utilization in This Level of Care: 3.5 hours Across the population served at this LOC, some individuals may require more/less intense provision of services or utilize services at a higher/lower rate than 3.5 hours/month. Ideally, the average hours of service(s) delivered should include the Core Services and be supplemented by Adjunct Services when clinically appropriate.		
Core Services: Identified by the uniform assessment and addressed in the treatment plan.	Individual Services in LOC-YC Utilization Per Month	
	Standard Therapeutic	High Needs Utilization
Psychiatric Diagnostic Interview Examination	N/A	1 Event (1 unit)
Routine Case Management	1 hour (4 units)	2 hours (8 units)
Counseling includes any/all of the following:		
Counseling (Child-Parent/Dyad)	3 hours (3 units)	5 hours (5 units)
Counseling (Group)	2 hours (2 units)	4 hours (4 units)
Counseling (Family)	2 hours (2 units)	4 hours (4 units)
Skills Training includes either/both of the following:		
Skills Training (Individual)	3 hours (12 units)	6 hours (24 units)
Skills Training (Group)	3 hours (12 units)	6 hours (24 units)
Adjunct Services: Identified by the uniform assessment and addressed in the treatment plan.	Standard Therapeutic	High Needs Utilization
Engagement Activity	.75 hours (3 units)	2 hours (8 units)
Intensive Case Management**	3.75 hours (15 units)	6.25 hours (25 units)
Pharmacological Management*	1 Event (1 unit)	4 Events (4 units)
Medication Training and Support* either/both of the following:		
Medication Training and Support (Individual)	.5 hours (2 units)	3 hour (12 units)
Medication Training and Support (Group)	.5 hours (2 units)	3 hour (12 units)
Family Partner	1 hour (4 units)	2 hours (8 units)
Family Skills Training includes either/both of the following:		
Family Training (Individual)	3 hours (12 units)	6 hours (24 units)
Family Training (Group)	3 hours (12 units)	6 hours (24 units)
Parent Support Group	1 hour (1 unit)	4 hour (4 units)
Family Case Management	.5 hours (2 units)	1 hour (4 units)
Flexible Funds	N/A	1500 cap/year (\$1 increments)
Flexible Community Supports	N/A	1.25 hours (15 units)
Respite Services: Community Based	N/A	6 hours (24 units)
Respite Services: Program Based	N/A	3 Bed days (3 units)
Crisis Service Array: Authorized as medically necessary and available during psychiatric crisis	Utilization for Crisis Service Array can be found on page XX	

*When prescribed or indicated by a physician these services must be offered.

**Note: Intensive Case Management (Wraparound Process Planning) can be authorized if clinically necessary; however, Routine and Intensive Case Management Services are not authorized to be provided concurrently.

VII. Level of Care 5: Transitional Services

Purpose for Level of Care

The services in this LOC are intended to assist children/youth and their caregivers in maintaining stability, preventing additional crisis events, and engaging the child/youth and caregiver into the appropriate level of care or assisting in accessing appropriate community-based services. This LOC is highly individualized and the level of service intensity and length of stay is expected to vary based on individual need.

Special Considerations During Crisis

If the child/youth's symptoms or behaviors exacerbate to a crisis level, crisis services should be delivered within the current LOC. *Any service offered must meet medical necessity criteria.* Following stabilization of the crisis, the uniform assessment should be completed with the child/youth to determine if a more intensive LOC is indicated.

LOC-0 may only be used for a child or youth who is not currently assigned to an LOC.

Level of Care Assignment Criteria

A child/youth may be assigned LOC-5 for the following reasons:

- The child/youth has been discharged from LOC-0 or released from the hospital and is not eligible for ongoing services and is in need of more than crisis services to stabilize; or
- The child/youth has been discharged from LOC-0 or released from the hospital and is eligible for ongoing services but ongoing services are not available or the provider has had difficulty engaging the child/youth/caregiver and the child/youth is in need of transitional services; or
- The child/youth is identified as part of a high need population (e.g. homelessness, substance abuse issues, primary healthcare needs, or juvenile justice involvement) and is not eligible for ongoing services but is in need of more than crisis services to stabilize; or
- The child/youth is identified as part of a high need population (e.g. homelessness, substance abuse issues, primary healthcare needs, or juvenile justice involvement) and is eligible for ongoing services but ongoing services are not available or the provider has had difficulty engaging the child/youth/caregiver and the child/youth is in need of transitional services; or
- The child/youth has been discharged from LOC-0, released from the hospital, or is identified as part of a high need population and has chosen a community based provider but is in need of transitional services.

The following items may also indicate that LOC-5 is the most appropriate level of care:

- The child/youth has intensive service needs and is underserved or on the wait list for all services (LOC-8). LOC-5 may be authorized for up to 90 days to stabilize or avoid further crisis events until the appropriate level of care can be provided.
- The child/youth has a Medicaid entitlement and may be authorized LOC-5 to ensure access to medically necessary services.

Criteria for Level of Care Review

Authorization for this LOC will expire in 90 days. If eligibility criteria are met, continued services may be provided in LOC 1-4, LOC-YC, or LOC-0.

Transition/Discharge Criteria

The child/youth may be transitioned to a different LOC or discharged from services for the following reasons:

- The crisis is stabilized and no additional services are indicated; or
- The crisis is stabilized and the child/youth has been transitioned to the appropriate level of care for ongoing services; or
- The crisis is stabilized and the child/youth has been in LOC-5 for 90 days and is placed on a waiting list for ongoing services; or
- The child/youth and caregiver have been referred and linked to community based services and supports.

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Expected Outcomes

The following outcomes can be expected as a result of delivering services at this level of care:

- The child/youth and/or caregiver report improved mood symptom management or behaviors, and/or improved life domain functioning; or
- The child/youth and caregiver are engaged in the appropriate level of care; or
- The child/youth and caregiver is linked with—and utilizing—natural and community support systems; or
- The child/youth and caregiver are better able to use natural and community support systems.

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Level of Care 5 Table Overview

Authorization Period: 90 Days	
Overall Goal of Monthly Utilization in This Level of Care: N/A Across the population served at this LOC, some individuals may require more/less intense provision of services or utilize services at a higher/lower rate. This LOC is designed to flexibly meet the needs of the individual prior to admission into ongoing services; services should reflect the child/youth's needs.	
Adjunct Services: Identified by the uniform assessment and addressed in the treatment plan.	Individual Services in LOC-5
	Unit
Routine Case Management	15 minutes
Psychiatric Diagnostic Interview Examination	Event
Pharmacological Management	Event
Medication Training and Support (Individual)	15 minutes
Medication Training and Support (Group)	15 minutes
Counseling: includes any/all of the following:	
Counseling (Individual or Child-Parent/Dyad)	15 minutes
Counseling (Group)	15 minutes
Counseling (Family)	15 minutes
Skills Training includes either/both of the following:	
Skills Training (Individual)	15 minutes
Skills Training (Group)	15 minutes
Family Partner	15 minutes
Family Training	
Family Training (Individual)	15 minutes
Family Training (Group)	15 minutes
Parent Support Group	15 minutes
Engagement Activity	15 minutes
Flexible Funds (dollars)	\$1 increments
Flexible Community Supports (time)	15 minutes
Crisis Service Array: Authorized as medically necessary and available during psychiatric crisis	Utilization for Crisis Service Array can be found on page <u>XX</u>

VIII. Appendix A: Service Definitions

Children's Crisis Residential: Twenty-four hour, usually short-term residential services provided to an individual demonstrating a psychiatric crisis that cannot be stabilized in a less restrictive setting. This service may use crisis beds in a residential treatment center or crisis respite beds.

Counseling: Individual, family, and group therapy focused on the reduction or elimination of a client's symptoms of emotional disturbance and increasing the individual's ability to perform activities of daily living. Cognitive behavioral therapies are the selected treatment model for CMH counseling services.

Crisis Flexible Benefits: Non-clinical supports that reduce the crisis situation, reduce symptomatology, and enhance the ability of the child to remain in the home. Examples in children's mental health services include home safety modifications, child care to allow the family to participate in treatment activities, and transportation assistance.

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

Crisis Intervention Services: Interventions in response to a crisis in order to reduce symptoms of severe and persistent mental illness or emotional disturbance and to prevent admission of an individual or client to a more restrictive environment. The provision of Crisis Intervention Services to collaterals is limited to the coordination of emergency care services.

Crisis Transportation: Transporting individuals receiving crisis 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.

Emergency Room Services (Psychiatric): Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.

Engagement Activity: Short term planned activities with the child/youth, caregiver and/or legally authorized representative (LAR) to develop treatment alliance and rapport with the child/youth, caregiver and/or LAR. Activities include but are not limited to: enhancing the child/youth and/or caregiver/LAR's motivation to participate in services; explaining recommended services; and providing education regarding value of services, adherence to the recommended LOC and its importance in recovery. This service shall not be provided in a group, and shall be provided in accordance with confidentiality requirements.

Extended Observation: Up to 48 hour emergency and crisis stabilization service that provides emergency stabilization in a secure and protected, clinically staffed (including medical and nursing professionals), psychiatrically supervised treatment environment with immediate access to urgent or emergent medical evaluation and treatment. Individuals are provided appropriate and coordinated transfer to a higher level of care when needed.

Family Case Management: Activities to assist the client's family members in accessing and coordinating necessary care and services appropriate to the family members' needs.

Family Partner: Family Partners are experienced and trained parents or primary caregivers of a child/youth with a serious emotional disturbance. Family Partners are active members of the intensive Case Management/Wraparound team process. Family Partners are instrumental in engaging families in services. They provide peer mentoring and support to the primary caregivers; introduce the family to the treatment process; model self-advocacy skills; provide information, referral and non-clinical skills training; assist in the identification of natural/non-traditional and community support systems; and document the provision of all family partner services, including both face-to-face and non-face-to-face activities.

Family Training: Provided to the client's primary caregivers to assist the caregivers in coping and managing with the client'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.

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Flexible Community Supports: Non-clinical supports that assist the child/youth with community integration, reducing symptomatology, and maintaining quality of life. Flexible community supports include but are not limited to: transportation services, educational training, (e.g. computer skills, budgeting, etc.) temporary child care, job development and placement activities, and independent living support.

Flexible Funds: Funds utilized for non-clinical supports that augment the service plan to reduce symptomatology and maintain quality of life and family integration. Community supports that may be purchased through flexible funds (FF) include but are not limited to: tutors, family aides, specialized camps, therapeutic child-oriented activities, temporary child care, temporary kinship care, initial job development and placement activities, initial independent living support, transportation services, short-term counseling for family members who do not meet the child or adult priority population definitions.

Inpatient Hospital Services: Hospital 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 provides intensive interventions designed to relieve acute psychiatric symptomatology and restore the individual's ability to function in a less restrictive setting.

Intensive Case Management: Activities to assist a client and their caregiver obtain and coordinate access to necessary care and services appropriate to the individual's needs. Wraparound Planning is used to develop the Case Management Plan.

Medication Training and Support: Instruction and guidance based on curricula promulgated by DSHS. The curricula include the Patient/Family Education Program Guidelines as referenced in TAC and other materials that have been formally reviewed and approved by DSHS.

Parent Support Group: Routinely scheduled support and informational meetings for the child/youth's primary caregiver(s).

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

Psychiatric Diagnostic Interview Examination: A face-to-face interview with the child/youth and family to evaluate the child/youth's psychiatric diagnosis and treatment needs provided by a licensed professional practicing within the scope of his/her license.

Respite Services: Services provided for temporary, short-term, periodic relief for primary caregivers. Program-based respite services are provided at temporary residential placement outside the client's usual living situation. Community-based respite services are provided by respite staff at the client's usual living situation. Respite includes both planned respite and crisis respite to assist in resolving a crisis situation.

Routine Case Management: Primarily site-based services that assist a child/youth or caregiver in gaining and coordinating access to necessary care and services appropriate to the child/youth's needs.

Safety Monitoring: Ongoing observation of an individual to ensure the individual's safety. An appropriate staff person shall be continuously present in the individual's immediate vicinity, provide ongoing monitoring of the individual's 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.

Skills Training and Development: Training provided to a child/youth and the primary caregiver or legally authorized representative (LAR) that addresses the serious emotional disturbance and symptom-related problems that interfere with the individual's functioning, provides opportunities for the individual to acquire and improve skills needed to function as appropriately and independently as possible in the community, and facilitates the individual's community integration and increases his or her community tenure. This service includes treatment planning to facilitate resiliency.