



Resiliency and Disease Management (RDM) Utilization Management Guidelines Adult Services

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I. SERVICE PACKAGE 0: Crisis Services	4
Purpose for Level of Care.....	4
Crisis Service Definitions.....	4
Admission Criteria.....	5
Special Considerations.....	5
Criteria for Level of Care Review.....	5
Discharge or Step Down Criteria.....	5
Expected Outcomes.....	5
SP0 Table Overview.....	7
II. SERVICE PACKAGE 1: Basic RDM Services	8
Purpose for Level of Care.....	8
Special Considerations During Crisis.....	8
Core Service Definitions.....	8
Specialty Service (Add On Service) Definitions.....	8
Admission Criteria.....	10
Special Considerations.....	10
Add On Service Criteria.....	10
Indicators for Increasing Level of Care.....	11
Discharge Criteria.....	11
Objective Discharge Measures.....	11
SP1 Table Overview.....	12
III. SERVICE PACKAGE 2: Basic RDM Services with Counseling Services 14	14
Purpose for Level of Care.....	14
Special Considerations During Crisis.....	14
Core Service Definitions.....	14
Add On Service Definitions.....	15
Admission Criteria.....	16
Add On Service Criteria.....	16
Discharge Criteria.....	17
Criteria for Clinical Override into SP2.....	17
SP2 Table Overview.....	18
IV. SERVICE PACKAGE 3: Intensive RDM Services with Team Approach.. 20	20
Purpose for Level of Care.....	20
Special Considerations During Crisis.....	20
Core Service Definitions.....	20
Add On Service Definitions.....	21
Admission Criteria.....	22
Service Package Reduction.....	22
Discharge Criteria.....	22
SP3 Table Overview.....	23
V. SERVICE PACKAGE 4: Assertive Community Treatment (ACT) 25	25
Purpose for Level of Care.....	25
Special Considerations During Crisis.....	25
Core Service Definitions.....	25
Add On Service Definitions.....	26

Admission Criteria.....	27
Add On Service Criteria.....	27
Service Package Reduction	27
Discharge Criteria.....	27
SP4 Table Overview.....	28

VI. SERVICE PACKAGE 5: Transitional Services 30

Purpose for Level of Care.....	30
Special Considerations During Crisis	30
Core Service Definitions.....	30
Admission Criteria.....	32
Additional Admission Criteria.....	323
Special Considerations.....	324
Criteria for Level of Care Review.....	34
Discharge Criteria.....	34
Expected Outcomes	34
SP5 Table Overview.....	34

VII. Standard Requirements for All Service Packages 355

Crisis Service Definitions.....	355
Provider Qualifications.....	366

I. SERVICE PACKAGE 0: Crisis Services

Purpose for Level of Care

The Level of Care (LOC) services in this package are brief interventions provided in the community that ameliorate the crisis situation, and prevent utilization of more intensive services. The desired outcome is resolution of the crisis and avoidance of intensive and restrictive intervention or relapse.

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, then the individual may be authorized for Service Package 5 (SP5).

Any service offered must meet medical necessity criteria.

Crisis Service Definitions

- **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. Must be provided in accordance with Title 25 of the Texas Administrative Code (TAC), Chapter 419, Subchapter L, *MH Rehabilitative Services*. This service does not require prior authorization. The average time necessary to stabilize the crisis is 4.5 hours per crisis episode.
- **Psychiatric Diagnostic Interview Examination:** An assessment that includes relevant past and current medical and psychiatric information and a documented diagnosis by a licensed professional practicing within the scope of his/her license. Must be provided in accordance with 25 TAC, Chapter 412, Subchapter G, *MH Community Services Standards*.
- **Pharmacological Management:** A service provided to a client by a physician or other prescribing professional, in accordance with TIMA when applicable to the client to determine symptom remission and the medication regimen needed.
- **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.
- **Safety Monitoring:** Ongoing observation of an individual to ensure the individual's safety. An appropriate staff person must 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.
- **Day Programs for Acute Needs:** Programs that provide short-term, intensive treatment to an individual who requires multidisciplinary treatment in order to stabilize acute psychiatric symptoms or prevent admission to a more restrictive setting. Must be provided in accordance with 25 TAC, Chapter 419, Subchapter L, *MH Rehabilitative Services*.
- **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 LOC when needed.
- **Crisis Residential Treatment:** Short-term, community-based residential treatment to persons with some risk of harm who may have fairly severe functional impairment and who require direct supervision and care but do not require hospitalization.
- **Crisis Stabilization Unit:** Short-term residential treatment designed to reduce acute symptoms of mental illness provided in a secure and protected clinically staffed, psychiatrically supervised, treatment environment that is licensed under and complies with a crisis stabilization unit licensed under Chapter 577 of the Texas Health and Safety Code and 25 TAC, Chapter 411, Subchapter M, *Standards of Care and Treatment in Crisis Stabilization Units*. The maximum length of stay is 14 days.
- **Crisis Flexible Benefits:** Non-clinical supports that reduce crisis situations, symptomatology, and enhance an individual's ability to remain in the home or community. Benefits in adult mental health

services include spot rental, partial rental subsidies, utilities, emergency food, housewares, clothing, transportation assistance, and residential services.

- **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.
- **Inpatient Hospitalization 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 provide intensive interventions designed to relieve acute psychiatric symptomatology and restore patient's ability to function in a less restrictive setting. The hospital must be contracting with or operated by Contractor.
- **Inpatient Services (Psychiatric):** Inpatient psychiatric hospital beddays - Room and Board.
- **Crisis Follow-up and Relapse Prevention:** Supported services provided to individuals who are not in imminent danger of harm to self or others but require additional assistance to avoid reoccurrence 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. This service includes ongoing assessment to determine crisis status and needs, provides time-limited (up to 30 days) brief, solution-focused interventions to individuals and families and focuses on providing guidance and developing problem-solving techniques to enable the individual to adapt and cope with the situation and stressors that prompted the crisis event.

Admission Criteria

The criteria to be met are:

- No diagnosis is needed for admission to SP0;
- The Adult Texas Recommended Assessment Guidelines (Adult-TRAG) indicates a Recommended Level of Care (LOC-R) of 0; or
- Adult-TRAG indicates an LOC-R of 1, 2, 3, 4, 5 or 9 and it is clinically determined that the individual is in crisis.

Special Considerations

- SP0 is only available at intake, with new consumers. Any consumer already in a SP receives crisis services within that current SP.
- The individual has an identified issue or goal that cannot be resolved at this point in time with a less restrictive intervention.
- Following a crisis, providers should reassess the individual to determine further eligibility and the most appropriate SP (SP1 – SP5) for continuation of services.
- An individual may go from SP0 directly to the waiting list. NOTE: Individuals who are Medicaid Eligible, (i.e. currently have Medicaid benefits) may not be placed on a waiting list or be underserved due to resource limitations.

Criteria for Level of Care Review

- This SP will terminate in 7 days, unless reauthorized. Additional authorizations may be given as medically necessary.
- SP0 is the highest outpatient LOC available. If acuity level increases, hospitalization may be indicated.

Discharge or Step Down Criteria

ANY of these indicators would support discharge from this SP:

- Individual is referred to a higher LOC for crisis management (e.g. hospitalization).
- Identified crisis is resolved and the individual has been transitioned to SPs 1- 5.
- Identified crisis is resolved and the individual is placed on a waiting list for SPs 1 - 4.
- Referred and linked to community resources outside the DSHS system.
- The individual terminates services.

Expected Outcomes

- Individual self-reports reduction or stabilization in presenting problem severity or functional impairment on Adult-TRAG.

- Individual is able to use natural and community support systems as resources.

SP0 Table Overview

UM Guidelines	Program: ADULT MH	
Service Package 0 Crisis Services	Authorized Period 7 days	
Crisis Services	Available to All Individuals During Psychiatric Crisis	
	Unit	Expected Average Utilization
Crisis Intervention Services	15 min	15 units
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	Event (avg. event = 25 min per mo.)	7 units
Crisis Transportation (Event)	Event	1 unit
Crisis Transportation (Dollar)	\$1	As necessary
Safety Monitoring	15 min	8 units
Day Programs for Acute Needs (when indicated)	45-60 min	24 units
Extended Observation	1 bedday	1 unit
Crisis Residential Treatment	1 bedday	3 units
Crisis Stabilization Unit	1 bedday	4 units
Crisis Flexible Benefits (Event)	Event	As necessary
Crisis Flexible Benefits (Dollar)	\$1	As necessary
Respite Services: Community-based	15 min	As necessary
Respite Services: Program-based (not in home)	1 bedday	As necessary
Inpatient Hospital Services	Event	As necessary
Inpatient Services (Psychiatric)	1 bedday	As necessary
Emergency Room Services (Psychiatric)	Event	As necessary
Crisis Follow-up & Relapse Prevention	15 min	32 units

II. SERVICE PACKAGE 1: Basic RDM Services

Purpose for Level of Care

Services in this package are generally intended for individuals with major depressive disorder (MDD) (GAF \leq 50), bipolar disorder, or schizophrenia and related disorders who present with very little risk of harm and who have supports and a level of functioning that does not require higher levels of care.

The general focus of this array of services is to reduce or stabilize symptoms, improve the level of functioning, and/or prevent deterioration of the person's condition. Natural and/or alternative 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, and are primarily limited to medication, rehabilitative services, and education.

Special Considerations During Crisis

If the individual's condition exacerbates to a crisis level, crisis services should be delivered within the current SP. SP0 may only be used for an individual who is newly admitted to services or is being transitioned from SP5.

Any service offered must meet medical necessity criteria.

Core Service Definitions

- **Psychiatric Diagnostic Interview Examination:** An assessment that includes relevant past and current medical and psychiatric information and a documented diagnosis by a licensed professional practicing within the scope of his/her license. Must be provided in accordance with 25 TAC, Chapter 412, Subchapter G, *MH Community Services Standards*.
- **Pharmacological Management:** A service provided to a client by a physician or other prescribing professional, in accordance with TIMA when applicable to the client to determine symptom remission and the medication regimen needed.
- **Routine Case Management:** Primarily site-based services that assist an adult, child or adolescent, or caregiver in gaining and coordinating access to necessary care and services appropriate to the individual's needs. Routine case management activities must be provided in accordance with 25 TAC, Chapter 412, Subchapter I, *MH Case Management Services*. *Contractor shall not subcontract for the delivery of these services.*
- **Medication Training & Support Services (also referred to as TIMA Patient and Family Education Program):** 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. Must be provided in accordance with 25 TAC, Chapter 419, Subchapter L, *MH Rehabilitative Services*.
- **Engagement Activity:** Face-to-face activities with the client or collaterals (in accordance with confidentiality requirements) in order to develop treatment alliance and rapport with the client and includes activities such as motivational interviewing, providing an explanation of services recommended, education on service value, education on adherence to the recommended SP and its importance in recovery, and short term planned activities designed to develop a therapeutic alliance and strengthen rapport. This service shall not be provided in a group.

Specialty Service (Add On Service) Definitions

- **Skills Training & Development:** Training provided to a client that addresses the severe and persistent mental illness 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 may address skill deficits in vocational and housing areas and includes treatment planning to facilitate recovery. Must be provided in accordance with 25 TAC, Chapter 419, Subchapter L, *MH Rehabilitative Services*.

- **Supported Employment:** Intensive services designed to result in employment stability and to provide individualized assistance to clients in choosing and obtaining employment in integrated work sites in regular community jobs. Includes activities such as assisting the individual in finding a job, helping the individual complete job applications, advocating with potential employers, assisting with learning job-specific skills, and employer negotiations. This service includes treatment planning to facilitate recovery. Concurrent rehabilitative training should be identified as a separate encounter with the appropriate rehabilitative service code.
- **Supported Housing:** Activities to assist clients in choosing, obtaining, and maintaining regular, integrated housing. Services consist of individualized assistance in finding and moving into habitable, regular, integrated (i.e., no more than 50% of the units may be occupied by clients with serious mental illness), and affordable housing. Supported housing includes:
 - Housing Assistance - Funds for rental assistance (unless the Contractor has and documents evidence that housing is affordable for people on Supplemental Security Income (SSI) or that rental assistance funds are guaranteed from another source). To receive rental assistance, clients must be willing to make application for Section 8/public housing or have a plan to increase personal income so housing will become affordable without assistance. Housing assistance without services and supports cannot be counted as supported housing.
 - 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.
- **Residential Treatment:** Twenty-four hour specialized living environments. Residential treatment includes administration of medications, room and board, and all daily living needs. Adult Foster Care, Personal Care Homes, and Assisted Living facilities are included in this category.
- **Flexible Funds:** These should be considered funds of last resort as applicable.
 - The Local Authority has the responsibility to evaluate the need and prioritize the use of available dollars.
 - NOTE: A general formula guideline may be applied to calculate the amount of the stipend:
 - (Amount of Income) X (0.30) = Client Contribution
 - (Cost of Housing) – (Client Contribution) = Center Contribution
 - This support is not intended as a source of funds for persons wishing to change residences for reasons not related to either one's mental illness or one's treatment plan (it is not simply a moving fund).
 Flexible funds include:
 - Non-Clinical Supports - Services for assisting individuals to access and maintain safe and affordable housing in the community. Services consist of assistance with rent and utility deposits, initial rent/utilities or temporary rental/utilities assistance or other necessities, to facilitate independent living.
 - Transportation - Temporary transportation to meet needs of the treatment plan or to address basic life needs that may have a clinical impact if not met. It is anticipated that most individuals will receive one-time situational/temporary transportation assistance. However, for some individuals, the plan may indicate that an extended period of assistance is necessary before other resources are available to the individual.
- **Flexible Community Supports:** Non-clinical supports that assist clients with community integration, reducing symptomatology, and maintaining quality of life. Non-clinical supports must be:
 - Included as strategies in the client's Case Management Plan;
 - Based on the preference of the client and focus on the outcomes that the client chooses;
 - Monitored for effectiveness by the Case Manager and adjusted based on effectiveness;
 - Available through GR funding; and
 - Not readily available through other sources (e.g., other agencies, volunteers).
 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.

Admission Criteria

The criteria to be met are:

- The person must be determined to have a MDD (GAF \leq 50 at intake), a bipolar disorder, or schizophrenia and related disorders as described in the latest edition of the *Diagnostic and Statistical Manual of Mental Disorders*. Persons who meet the definition of the priority population other than MDD (GAF \leq 50 at intake), bipolar disorder or schizophrenia and related disorders, may be overridden into services if the override criteria are met (see below);
- The person's disorder is amenable to medically necessary pharmacological intervention;
- The person is willing to participate in treatment; and
- Adult-TRAG indicates LOC-R of 1 or the person meets the override criteria and is overridden into SP1.

Special Considerations

In addition to the above admission criteria, any of the following may indicate this SP as the most appropriate LOC:

- The person has been in another SP and progress has not been made for 6 months, but can benefit from ongoing medication treatment.
- The person refuses more intensive services.
- This package may also be provided to individuals eligible for other SPs, but due to lack of capacity must be served in SP1 until capacity is available.

Add On Service Criteria

All criteria must be met for a specific service before it can be added:

Skills Training & Development:

- Diagnosis of Schizophrenia or Bipolar and significant functional impairments as indicated by a 3-5 on Dimension 4: Functional Impairment of Adult-TRAG; and
- Capacity exists to provide this service in SP1.

Supported Employment:

- Diagnosis of Bipolar Disorder, Schizophrenia, or MDD and a score of a 3-5 on Dimension 5: Employment Problems of Adult-TRAG;
- Desire to work expressed by the consumer; and
- Capacity exists to provide this service in SP1.

Supported Housing:

- Diagnosis of Bipolar Disorder, Schizophrenia, or MDD and a score of 3, 4 or 5 on Dimension 6: Housing Instability of Adult-TRAG;
- Desire to obtain stable housing expressed by the consumer; and
- Capacity exists to provide this service in SP1.

Flex Funds (Non-clinical supports):

- Individual must be actively working to access available housing or other resources related to this benefit;
- Individual must be determined to be able to maintain housing on an extended basis;
- Individuals who have previously received spot rental assistance at least once in the past year, who have an assessed need for budgeting training and have accepted such training; and
- Individual has attempted to access other available resources in the community.

Flex Funds (Transportation):

- Individual is enrolled in services;
- Individual temporarily needs transportation assistance to meet treatment plan goals or an extraordinary situation exists where basic life needs are addressed to avoid clinical impact;
- The individual does not have the ability to access and fund needed transportation services;
- Request for transportation is not for recreational and social needs;
- Individual participates in planning for reduced dependence on transportation assistance; and
- The individual has not refused available transportation services.

Flexible Community Supports:

Individual needs non-clinical community resources in order to assist with community integration, reduction of symptomatology, and maintenance of quality of life.

Indicators for Increasing Level of Care

- Adult-TRAG scores indicate a higher LOC-R.
- The clinician determines if the individual meets clinical necessity for a higher SP.
- If at any point in time, the individual meets the admission criteria of a higher SP, the individual may be moved up accordingly.

Discharge Criteria

ANY of these indicators would support discharge from this SP:

- Clinical documentation exists to support that the consumer has obtained the maximum benefit from this SP and further treatment will not promote continued relief and/or change (e.g., consumer has progressed sufficiently and thus no longer needs the service).
- Consumer is not receptive to all treatment even after reasonable efforts and accommodations have been made to engage the consumer, and the consumer is not at risk of harm to self or others if treatment is suspended. [Note: In accordance with 25 TAC, Chapter 412, Subchapter G, the refusal of, or non-compliance with one type of service does not affect the consumer's eligibility to receive other services]
- Consumer withdraws or requests discharge from treatment or moves outside service area.
- Community resources outside the local MHMR center have been identified that can provide the necessary services (e.g., there is a primary care physician available to provide medication-related services) and the individual has been successfully referred to those services.

Objective Discharge Measures

- Remission of major symptoms as evidenced by reduction and or stability in subscale scores.
- If in stage 1-2 of MDD algorithm and score on QIDS (SR and/or C) < 8 for 12 months, consumer may be released to primary care physician.

SP1 Table Overview

UM Guidelines	Program: ADULT MH	
Service Package 1 Basic RDM Services	Authorized Period 365 days	
Core Services	Unit	Expected Average Utilization
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	25 min	12 units
Routine Case Management	15 min	24 units
Medication Training & Support Services (Individual, Curriculum-based)	15 min	18 units
Medication Training & Support Services (Group, Curriculum-based)	15 min	12 units
Engagement Activity	15 min	24 units
Crisis Services Available to All Individuals During Psychiatric Crisis	Unit	Expected Average Utilization
Crisis Intervention Services	15 min	15 units
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	Event (avg. event = 25 min per mo.)	7 units
Crisis Transportation (Event)	Event	As necessary
Crisis Transportation (Dollar)	\$1	As necessary
Safety Monitoring	15 min	8 units
Day Programs for Acute Needs (when indicated)	45-60 min	24 units
Extended Observation	1 bedday	1 unit
Crisis Residential Treatment	1 bedday	3 units
Crisis Stabilization Unit	1 bedday	4 units
Crisis Flexible Benefits (Event)	Event	As necessary
Crisis Flexible Benefits (Dollar)	\$1	As necessary
Respite Services: Community-based	15 min	As necessary
Respite Services: Program-based (not in home)	1 bedday	As necessary
Inpatient Hospital Services	Event	As necessary
Inpatient Services (Psychiatric)	1 bedday	As necessary
Emergency Room Services (Psychiatric)	Event	As necessary
Crisis Follow-up & Relapse Prevention	15 min	32 units
Add On Services Requires Additional Authorization Based on Individual Need	Unit	Expected Average Utilization
Skills Training & Development (Individual)	15 min	5-10 units combined Individual or Group
Skills Training & Development (Group)	15 min	
Supported Employment	15 min	1-14 units
Supported Housing	15 min	1-14 units
Residential Treatment	1 bedday	As necessary
Flexible Funds	\$1	As necessary

Flexible Community Supports	15 min	1-14 units
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III. SERVICE PACKAGE 2: Basic RDM Services with Counseling Services

Purpose for Level of Care

Services in this package are intended for individuals with residual symptoms of MDD (GAF \leq 50 at intake) who present very little risk of harm, who have supports, and a level of functioning that does not require more intensive levels of care, and who can benefit from psychotherapy.

The general focus of services in this package is to improve level of functioning and/or prevent deterioration of the person's condition. Natural and/or alternative 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 and include psychotherapy services in addition to those offered in SP1.

Special Considerations During Crisis

If the individual's condition exacerbates to a crisis level, crisis services should be delivered within the current SP. SP0 may only be used for an individual who is newly admitted to services or is being transitioned from SP5.

Any service offered must meet medical necessity criteria.

Core Service Definitions

- **Psychiatric Diagnostic Interview Examination:** An assessment that includes relevant past and current medical and psychiatric information and a documented diagnosis by a licensed professional practicing within the scope of his/her license. Must be provided in accordance with 25 TAC, Chapter 412, Subchapter G, *MH Community Services Standards*.
- **Pharmacological Management:** A service provided to a client by a physician or other prescribing professional, in accordance with TIMA when applicable to the client to determine symptom remission and the medication regimen needed.
- **Routine Case Management:** Primarily site-based services that assist an adult, child or adolescent, or caregiver in gaining and coordinating access to necessary care and services appropriate to the individual's needs. Routine case management activities must be provided in accordance with 25 TAC, Chapter 412, Subchapter I, *MH Case Management Services*. *Contractor shall not subcontract for the delivery of these services.*
- **Engagement Activity:** Face-to-face activities with the client or collaterals (in accordance with confidentiality requirements) in order to develop treatment alliance and rapport with the client and includes activities such as motivational interviewing, providing an explanation of services recommended, education on service value, education on adherence to the recommended SP and its importance in recovery, and short term planned activities designed to develop a therapeutic alliance and strengthen rapport. This service shall not be provided in a group.
- **Counseling (CBT):** Individual, family and group therapy focused on the reduction or elimination of a client's symptoms of mental illness and increasing the individual's ability to perform activities of daily living. Cognitive-behavioral therapy is the selected treatment model for adult counseling services. Counseling must be provided by a Licensed Practitioner of the Healing Arts (LPHA), practicing within the scope of their license or by an individual with a master's degree in a human services field pursuing licensure under the direct supervision of an LPHA, if not billed to Medicaid. This service includes treatment planning to enhance recovery and resiliency.
- **Medication Training & Support Services (also referred to as TIMA Patient and Family Education Program):** 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. Must be provided in accordance with 25 TAC, Chapter 419, Subchapter L, *MH Rehabilitative Services*.

Add On Service Definitions

- **Skills Training & Development:** Training provided to a client that addresses the severe and persistent mental illness 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 may address skill deficits in vocational and housing areas and includes treatment planning to facilitate recovery. Must be provided in accordance with 25 TAC, Chapter 419, Subchapter L, *MH Rehabilitative Services*.
 - **Day Programs for Acute Needs:** Programs that provide short-term, intensive treatment to an individual who requires multidisciplinary treatment in order to stabilize acute psychiatric symptoms or prevent admission to a more restrictive setting. Must be provided in accordance with 25 TAC, Chapter 419, Subchapter L, *MH Rehabilitative Services*.
 - **Supported Employment:** Intensive services designed to result in employment stability and to provide individualized assistance to clients in choosing and obtaining employment in integrated work sites in regular community jobs. Includes activities such as assisting the individual in finding a job, helping the individual complete job applications, advocating with potential employers, assisting with learning job-specific skills, and employer negotiations. This service includes treatment planning to facilitate recovery. Concurrent rehabilitative training should be identified as a separate encounter with the appropriate rehabilitative service code.
 - **Supported Housing:** Activities to assist clients in choosing, obtaining, and maintaining regular, integrated housing. Services consist of individualized assistance in finding and moving into habitable, regular, integrated (i.e., no more than 50% of the units may be occupied by clients with serious mental illness), and affordable housing. Supported housing includes:
 - Housing Assistance - Funds for rental assistance (unless the Contractor has and documents evidence that housing is affordable for people on SSI or that rental assistance funds are guaranteed from another source). To receive rental assistance, clients must be willing to make application for Section 8/public housing or have a plan to increase personal income so housing will become affordable without assistance. Housing assistance without services and supports cannot be counted as supported housing.
 - 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.
 - **Residential Treatment:** Twenty-four hour specialized living environments. Residential treatment includes administration of medications, room and board, and all daily living needs. Adult Foster Care, Personal Care Homes, and Assisted Living facilities are included in this category.
 - **Flexible Funds:** These should be considered funds of last resort as applicable.
 - The Local Authority has the responsibility to evaluate the need and prioritize the use of available dollars.
 - NOTE: A general formula guideline may be applied to calculate the amount of the stipend:
 - (Amount of Income) X (0.30) = Client Contribution
 - (Cost of Housing) – (Client Contribution) = Center Contribution
 - This support is not intended as a source of funds for persons wishing to change residences for reasons not related to either one's mental illness or one's treatment plan (it is not simply a moving fund).
- Flexible funds include:
- Non-Clinical Supports - Services for assisting individuals to access and maintain safe and affordable housing in the community. Services consist of assistance with rent and utility deposits, initial rent/utilities or temporary rental/utilities assistance or other necessities, to facilitate independent living.
 - Transportation - Temporary transportation to meet needs of the treatment plan or to address basic life needs that may have a clinical impact if not met. It is anticipated that most individuals will receive one-time situational/temporary transportation assistance. However, for some

individuals, the plan may indicate that an extended period of assistance is necessary before other resources are available to the individual.

- **Flexible Community Supports:** Non-clinical supports that assist clients with community integration, reducing symptomatology, and maintaining quality of life. Non-clinical supports must be:
 - Included as strategies in the client's Case Management Plan;
 - Based on the preference of the client and focus on the outcomes that the client chooses;
 - Monitored for effectiveness by the Case Manager and adjusted based on effectiveness;
 - Available through GR funding; and
 - Not readily available through other sources (e.g., other agencies, volunteers).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.

Admission Criteria

The criteria to be met are:

- The person must be determined to have a MDD regardless of the diagnostic qualifier of with or without psychosis;
- The person has MDD (GAF \leq 50 at intake) and still has a significant level of residual symptoms;
- The consumer has a documented desire to engage in psychotherapy; and
- Adult-TRAG indicates a LOC-R of 2.

Add On Service Criteria

All criteria must be met for a specific service before it can be added:

Skills Training & Development:

- Diagnosis of MDD and significant functional impairments as indicated by a 3-5 on Dimension 4: Functional Impairment of Adult-TRAG; and
- Capacity exists to provide this service in SP2.

Supported Employment:

- MDD and a score of a 3-5 on Dimension 5: Employment Problems of Adult-TRAG;
- Desire to work as expressed by the consumer; and
- Capacity exists to provide this service in SP2.

Supported Housing:

- Diagnosis of MDD and a score of 3, 4 or 5 on Dimension 6: Housing Instability of Adult-TRAG;
- Desire to obtain stable housing expressed by the consumer; and
- Capacity exists to provide this service in SP2.

Flex Funds (Non-clinical supports):

- Individual must be actively working to access available housing or other resources related to this benefit;
- Individual must be determined to be able to maintain housing on an extended basis;
- Individuals who have previously received spot rental assistance at least once in the past year, who have an assessed need for budgeting training and have accepted such training; and
- Individual has attempted to access other available resources in the community.

Flex Funds (Transportation):

- Individual is enrolled in services;
- Individual temporarily needs transportation assistance to meet treatment plan goals or an extraordinary situation exists where basic life needs are addressed to avoid clinical impact;
- The individual does not have the ability to access and fund needed transportation services;
- Request for transportation is not for recreational and social needs;
- Individual participates in planning for reduced dependence on transportation assistance; and
- The individual has not refused available transportation services.

Flexible Community Supports:

Individual needs non-clinical community resources in order to assist with community integration, reduction of symptomatology, and maintenance of quality of life.

Discharge Criteria

ANY of these indicators would support discharge from this SP:

- Consumer has met the psychotherapy objectives as defined upon admission to this SP.
- Consumer refuses to participate in psychotherapy. [Note – a person discharged from this SP under this provision should generally be served in SP1 unless clinically contraindicated]

Criteria for Clinical Override into SP2

Reason for Deviation:

- Resource Limitations: Not Applicable
- Consumer Choice: Patient with MDD refuses medications as first line treatment.
- Consumer Need: Person is identified as having:
 - Any Mood Disorder diagnosis and a moderate to significant functional impairment score of 2, 3 or 4; or
 - MDD with psychotic features (but the psychosis is under control) and a significant functional impairment score of 2, 3 or 4.
 - Continuity of Care: Not Applicable.

SP2 Table Overview

UM Guidelines	Program: ADULT MH	
Service Package 2 Basic RDM Services with Counseling Services	Authorized Period 180 days	
Core Services	Unit	Expected Average Utilization
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	25 min	6 units
Routine Case Management	15 min	12 units
Engagement Activity	15 min	12 units
Counseling (CBT) (Individual)	15 min	80 units combined Individual and/or Group
Counseling (CBT) (Group)	15 min	
Medication Training & Support Services (Individual, Curriculum-based)	15 min	8 units combined Individual and/or Group
Medication Training & Support Services (Group, Curriculum-based)	15 min	
Crisis Services Available to All Individuals During Psychiatric Crisis	Unit	Expected Average Utilization
Crisis Intervention Services	15 min	15 units
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	Event (avg. event = 25 min per mo.)	7 units
Crisis Transportation (Event)	Event	As necessary
Crisis Transportation (Dollar)	\$1	As necessary
Safety Monitoring	15 min	8 units
Day Programs for Acute Needs (when indicated)	45-60 min	24 units
Extended Observation	1 bedday	1 unit
Crisis Residential Treatment	1 bedday	3 units
Crisis Stabilization Unit	1 bedday	4 units
Crisis Flexible Benefits (Event)	Event	As necessary
Crisis Flexible Benefits (Dollar)	\$1	As necessary
Respite Services: Community-based	15 min	As necessary
Respite Services: Program-based (not in home)	1 bedday	As necessary
Inpatient Hospital Services	Event	As necessary
Inpatient Services (Psychiatric)	1 bedday	As necessary
Emergency Room Services (Psychiatric)	Event	As necessary
Crisis Follow-up & Relapse Prevention	15 min	32 units
Add On Services Requires Additional Authorization Based on Individual Need	Unit	Expected Average Utilization
Skills Training & Development (Individual)	15 min	5 to 10 units combined Individual and/or Group
Skills Training & Development (Group)	15 min	
Day Programs for Acute Needs	45-60 continuous min	1 to 24 units per acute episode
Supported Employment	15 min	1-14 units

Supported Housing	15 min	1-14 units
Residential Treatment	1 bedday	As necessary
Flexible Funds	\$1	As necessary
Flexible Community Supports	15 min	1-14 units

IV. SERVICE PACKAGE 3: Intensive RDM Services with Team Approach

Purpose for Level of Care

The general focus of services in this package is, through a team approach, to stabilize symptoms, improve functioning, develop skills in self-advocacy, and increase natural supports in the community and sustain improvements made in more intensive SPs. Service focus is on amelioration of functional deficits through skill training activities focusing on symptom management, independent living, self-reliance, non-job-task specific employment interventions, impulse control, and effective interaction with peers, family, and community. Services are provided in outpatient office-based settings and community settings.

Services in this package are generally intended for individuals who enter the system of care with moderate to severe levels of need (or for those whose LOC-R has increased) who require intensive rehabilitation to increase community tenure, establish support networks, increase community awareness, and develop coping strategies in order to function effectively in their social environment (family, peers, school). This may include maintaining the current level of functioning. A rehabilitative case manager who is a member of the therapeutic team must provide supported housing and COPSD services. Supported employment services must be provided by both a Supported employment specialist on the team and the rehabilitative case manager. SP3 must utilize a team approach to providing more intensive rehabilitative services for the individual.

Special Considerations During Crisis

If the individual's condition exacerbates to a crisis level, crisis services should be delivered within the current SP. SP0 may only be used for an individual who is newly admitted to services or is being transitioned from SP5.

Any service offered must meet medical necessity criteria.

Core Service Definitions

- **Psychiatric Diagnostic Interview Examination:** An assessment that includes relevant past and current medical and psychiatric information and a documented diagnosis by a licensed professional practicing within the scope of his/her license. Must be provided in accordance with 25 TAC, Chapter 412, Subchapter G, *MH Community Services Standards*.
- **Pharmacological Management:** A service provided to a client by a physician or other prescribing professional, in accordance with TIMA when applicable to the client to determine symptom remission and the medication regimen needed.
- **Medication Training & Support Services (also referred to as TIMA Patient and Family Education Program):** 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. Must be provided in accordance with 25 TAC, Chapter 419, Subchapter L, *MH Rehabilitative Services*.
- **Psychosocial Rehabilitative Services:** Social, educational, vocational, behavioral, and cognitive interventions provided by members of a client's therapeutic team that address deficits in the individual's ability to develop and maintain social relationships, occupational or educational achievement, independent living skills, and housing, that are a result of a severe and persistent mental illness. This service includes treatment planning to facilitate recovery. Must be provided in accordance with 25 TAC, Chapter 419, Subchapter L, *MH Rehabilitative Services*.
- **Engagement Activity:** Face-to-face activities with the client or collaterals (in accordance with confidentiality requirements) in order to develop treatment alliance and rapport with the client and includes activities such as motivational interviewing, providing an explanation of services recommended, education on service value, education on adherence to the recommended SP and its importance in recovery, and short term planned activities designed to develop a therapeutic alliance and strengthen rapport. This service shall not be provided in a group.

- **Day Programs for Acute Needs:** Programs that provide short-term, intensive treatment to an individual who requires multidisciplinary treatment in order to stabilize acute psychiatric symptoms or prevent admission to a more restrictive setting. Must be provided in accordance with 25 TAC, Chapter 419, Subchapter L, *MH Rehabilitative Services*.
- **Supported Employment:** Comprised of intensive services designed to result in employment stability and to provide individualized assistance to clients in choosing and obtaining employment in integrated work sites in regular community jobs. Supported employment includes activities such as assisting the individual in finding a job, helping the individual complete job applications, advocating with potential employers, assisting with learning job-specific skills, and employer negotiations. This service includes treatment planning to facilitate recovery. Concurrent rehabilitative training should be identified as a separate encounter with the appropriate rehabilitative service code.
- **Supported Housing:** Activities to assist clients in choosing, obtaining, and maintaining regular, integrated housing. Services consist of individualized assistance in finding and moving into habitable, regular, integrated (i.e., no more than 50% of the units may be occupied by clients with serious mental illness), and affordable housing. Supported housing includes:
 - Housing Assistance - Funds for rental assistance (unless the Contractor has and documents evidence that housing is affordable for people on SSI or that rental assistance funds are guaranteed from another source). To receive rental assistance, clients must be willing to make application for Section 8/public housing or have a plan to increase personal income so housing will become affordable without assistance. Housing assistance without services and supports cannot be counted as supported housing.
 - 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.

Add On Service Definitions

- **Residential Treatment:** Twenty-four hour specialized living environments. Residential treatment includes administration of medications, room and board, and all daily living needs. Adult Foster Care, Personal Care Homes, and Assisted Living facilities are included in this category.
 - **Flexible Funds:** These should be considered funds of last resort as applicable.
 - The Local Authority has the responsibility to evaluate the need and prioritize the use of available dollars.
 - NOTE: A general formula guideline may be applied to calculate the amount of the stipend:
 - (Amount of Income) X (0.30) = Client Contribution
 - (Cost of Housing) – (Client Contribution) = Center Contribution
 - This support is not intended as a source of funds for persons wishing to change residences for reasons not related to either one's mental illness or one's treatment plan (it is not simply a moving fund).
- Flexible funds include:
- Non-Clinical Supports - Services for assisting individuals to access and maintain safe and affordable housing in the community. Services consist of assistance with rent and utility deposits, initial rent/utilities or temporary rental/utilities assistance or other necessities, to facilitate independent living.
 - Transportation - Temporary transportation to meet needs of the treatment plan or to address basic life needs that may have a clinical impact if not met. It is anticipated that most individuals will receive one-time situational/temporary transportation assistance. However, for some individuals, the plan may indicate that an extended period of assistance is necessary before other resources are available to the individual.
- **Flexible Community Supports:** Non-clinical supports that assist clients with community integration, reducing symptomatology, and maintaining quality of life. Non-clinical supports must be:
 - Included as strategies in the client's Case Management Plan;
 - Based on the preference of the client and focus on the outcomes that the client chooses;
 - Monitored for effectiveness by the Case Manager and adjusted based on effectiveness;

- Available through GR funding; and
 - Not readily available through other sources (e.g., other agencies, volunteers).
- 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.

Admission Criteria

The criteria to be met are:

- Must have a diagnosis of Schizophrenia or related disorder, Bipolar Disorder, or MDD with psychotic features (GAF \leq 50 at intake); and
- Adult-TRAG indicates a LOC-R of 3.

Add On Service Criteria

All criteria must be met for a specific service before it can be added:

Flex Funds (Non-clinical supports):

- Individual must be actively working to access available housing or other resources related to this benefit;
- Individual must be determined to be able to maintain housing on an extended basis;
- Individuals who have previously received spot rental assistance at least once in the past year, who have an assessed need for budgeting training and have accepted such training; and
- Individual has attempted to access other available resources in the community.

Flex Funds (Transportation):

- Individual is enrolled in services;
- Individual temporarily needs transportation assistance to meet treatment plan goals or an extraordinary situation exists where basic life needs are addressed to avoid clinical impact;
- The individual does not have the ability to access and fund needed transportation services.
- Request for transportation is not for recreational and social needs;
- Individual participates in planning for reduced dependence on transportation assistance; and
- The individual has not refused available transportation services.

Flexible Community Supports:

Individual needs non-clinical community resources in order to assist with community integration, reduction of symptomatology, and maintenance of quality of life.

Service Package Reduction

- Adult-TRAG indicates a lower LOC-R for 2 consecutive authorization periods.
- Despite *multiple and varied* documented assertive attempts at engagement, the consumer refuses to participate in all services at this intensity and clinical judgment of risk supports the movement to a lower LOC.

Discharge Criteria

This indicator supports discharge from this SP:

Consumer refuses all services. [Note: In accordance with 25 TAC, Chapter 412, Subchapter G, the refusal of, or non-compliance with one type of service does not affect the consumer's eligibility to receive other services]

SP3 Table Overview

UM Guidelines	Program: ADULT MH	
Service Package 3 Intensive RDM Services with Team Approach	Authorized Period 180 days	
Core Services	Unit	Expected Average Utilization
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	25 min	6 units
Medication Training & Support Services (Individual, Curriculum-based)	15 min	79 units combined Individual Medication Training & Support and Psychosocial Rehab
Psychosocial Rehabilitative Services (Individual)	15 min	
Medication Training & Support Services (Group, Curriculum-based)	15 min	96 units combined Group Medication Training & Support and Psychosocial Rehab
Psychosocial Rehabilitative Services (Group)	15 min	
Engagement Activity	15 min	12 units
Day Programs for Acute Needs	45-60 continuous min	24 units per acute episode
Supported Employment	15 min	240 units combination of Supported Employment and Supported Housing
Supported Housing	15 min	
Crisis Services Available to All Individuals During Psychiatric Crisis	Unit	Expected Average Utilization
Crisis Intervention Services	15 min	15 units
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	Event (avg. event = 25 min per mo.)	7 units
Crisis Transportation (Event)	Event	1 unit
Crisis Transportation (Dollar)	\$1	As necessary
Safety Monitoring	15 min	8 units
Day Programs for Acute Needs (when indicated)	45-60 min	24 units
Extended Observation	1 bedday	1 unit
Crisis Residential Treatment	1 bedday	3 units
Crisis Stabilization Unit	1 bedday	4 units
Crisis Flexible Benefits (Event)	Event	As necessary
Crisis Flexible Benefits (Dollar)	\$1	As necessary
Respite Services: Community-based	15 min	As necessary
Respite Services: Program-based (not in home)	1 bedday	As necessary
Inpatient Hospital Services	Event	As necessary
Inpatient Services (Psychiatric)	1 bedday	As necessary
Emergency Room Services (Psychiatric)	Event	As necessary

Crisis Follow-up & Relapse Prevention	15 min	32 units
Add On Services Requires Additional Authorization Based on Individual Need	Unit	Expected Average Utilization
Residential Treatment	1 bedday	As necessary
Flexible Funds	\$1	As necessary
Flexible Community Supports	15 min	1-14 units

V. SERVICE PACKAGE 4: Assertive Community Treatment (ACT)

Purpose for Level of Care

The purpose of ACT is to provide a self-contained program that serves as the fixed point of responsibility for providing treatment, rehabilitation and support services to identified consumers with severe and persistent mental illnesses. A typical ACT consumer has a diagnosis of schizophrenia or another serious mental illness such as bipolar disorder and has experienced multiple psychiatric hospital admissions either at the state or community level.

Using an integrated services approach, the ACT team merges clinical and rehabilitation staff expertise, e.g., psychiatric, substance abuse, employment, and housing within one mobile service delivery system. Accordingly, there will be minimal referral of clients to other programs for treatment, rehabilitation, and support services. Limited use of group activities designed to reduce social isolation, or address substance use/abuse issues is also acceptable as part of ACT.

ACT includes an Urban ACT program and a Rural ACT program. The Local Mental Health Authority's (LMHA) ACT designation status shall be based on the total number of individuals with an LOC-R = 4. If an LMHA has 60 or greater individuals with an LOC-R of 4 or the population density for the LMHA's local service area is greater than or equal to 300 individuals per square mile, then the LMHA shall be considered an Urban ACT team. All other teams shall be considered to be a Rural ACT team.

Special Considerations During Crisis

If the individual's condition exacerbates to a crisis level, crisis services should be delivered within the current SP. SP0 may only be used for an individual who is newly admitted to services or is being transitioned from SP5.

Any service offered must meet medical necessity criteria.

Core Service Definitions

- **Psychiatric Diagnostic Interview Examination:** An assessment that includes relevant past and current medical and psychiatric information and a documented diagnosis by a licensed professional practicing within the scope of his/her license. Must be provided in accordance with 25 TAC, Chapter 412, Subchapter G, *MH Community Services Standards*.
- **Pharmacological Management:** A service provided to a client by a physician or other prescribing professional, in accordance with TIMA when applicable to the client to determine symptom remission and the medication regimen needed.
- **Medication Training & Support Services (also referred to as TIMA Patient and Family Education Program):** 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. Must be provided in accordance with 25 TAC, Chapter 419, Subchapter L, *MH Rehabilitative Services*.
- **Psychosocial Rehabilitative Services:** Social, educational, vocational, behavioral, and cognitive interventions provided by members of a client's therapeutic team that address deficits in the individual's ability to develop and maintain social relationships, occupational or educational achievement, independent living skills, and housing, that are a result of a severe and persistent mental illness. This service includes treatment planning to facilitate recovery. Must be provided in accordance with 25 TAC, Chapter 419, Subchapter L, *MH Rehabilitative Services*.
- **Supported Employment:** Intensive services are designed to create employment stability, and provide individualized assistance for clients to choose and obtain regular community employment at integrated work sites. Activities include assisting the individual in finding a job, helping complete job applications, advocating for the individual with potential employers, assisting with learning job-specific skills, and employer negotiations. This service includes treatment planning to facilitate recovery.

Concurrent rehabilitative training should be identified as a separate encounter with the appropriate rehabilitative service code.

- **Supported Housing:** Activities to assist clients in choosing, obtaining, and maintaining regular integrated housing. Services consist of individualized assistance in finding and moving into habitable, regular, integrated (i.e., no more than 50% of the units may be occupied by clients with serious mental illness), and affordable housing. Supported housing includes:
 - Housing Assistance - Funds for rental assistance (unless the Contractor has and documents evidence that housing is affordable for people on SSI or that rental assistance funds are guaranteed from another source). To receive rental assistance, clients must be willing to make application for Section 8/public housing or have a plan to increase personal income so housing will become affordable without assistance. Housing assistance without services and supports cannot be counted as supported housing.
 - 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.
- **Day Programs for Acute Needs:** Programs that provide short-term, intensive treatment to an individual who requires multidisciplinary treatment in order to stabilize acute psychiatric symptoms or prevent admission to a more restrictive setting. Must be provided in accordance with 25 TAC, Chapter 419, Subchapter L, *MH Rehabilitative Services*.
- **Engagement Activity:** Face-to-face activities with the client or collaterals (in accordance with confidentiality requirements) in order to develop treatment alliance and rapport with the client and includes activities such as motivational interviewing, providing an explanation of services recommended, education on service value, education on adherence to the recommended SP and its importance in recovery, and short term planned activities designed to develop a therapeutic alliance and strengthen rapport. This service shall not be provided in a group.

Add On Service Definitions

- **Residential Treatment:** Twenty-four hour specialized living environments. Residential treatment includes administration of medications, room and board, and all daily living needs. Adult Foster Care, Personal Care Homes, and Assisted Living facilities are included in this category.
- **Flexible Funds:** These should be considered funds of last resort as applicable.
 - The Local Authority has the responsibility to evaluate the need and prioritize the use of available dollars.
 - NOTE: A general formula guideline may be applied to calculate the amount of the stipend:
 - (Amount of Income) X (0.30) = Client Contribution
 - (Cost of Housing) – (Client Contribution) = Center Contribution
 - This support is not intended as a source of funds for persons wishing to change residences for reasons not related to either one's mental illness or one's treatment plan (it is not simply a moving fund).

Flexible funds include:

- Non-Clinical Supports - Services for assisting individuals to access and maintain safe and affordable housing in the community. Services consist of assistance with rent and utility deposits, initial rent/utilities or temporary rental/utilities assistance or other necessities, to facilitate independent living.
- Transportation - Temporary transportation to meet needs of the treatment plan or to address basic life needs that may have a clinical impact if not met. It is anticipated that most individuals will receive one-time situational/temporary transportation assistance. However, for some individuals, the plan may indicate that an extended period of assistance is necessary before other resources are available to the individual.
- **Flexible Community Supports:** Non-clinical supports that assist clients with community integration, reducing symptomatology, and maintaining quality of life. Non-clinical supports must be:
 - Included as strategies in the client's Case Management Plan;
 - Based on the preference of the client and focus on the outcomes that the client chooses;

- Monitored for effectiveness by the Case Manager and adjusted based on effectiveness;
- Available through GR funding; and
- Not readily available through other sources (e.g., other agencies, volunteers).

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.

Admission Criteria

The criterion to be met is:

Adult-TRAG indicates a LOC-R of 4 or person meets override criteria.

Add On Service Criteria

All criteria must be met for a specific service before it can be added:

Flex Funds (Non-clinical supports):

- Individual must be actively working to access available housing or other resources related to this benefit;
- Individual must be determined to be able to maintain housing on an extended basis;
- Individuals who have previously received spot rental assistance at least once in the past year, who have an assessed need for budgeting training and have accepted such training; and
- Individual has attempted to access other available resources in the community.

Flex Funds (Transportation):

- Individual is enrolled in services;
- Individual temporarily needs transportation assistance to meet treatment plan goals or an extraordinary situation exists where basic life needs are addressed to avoid clinical impact;
- The individual does not have the ability to access and fund needed transportation services;
- Request for transportation is not for recreational and social needs;
- Individual participates in planning for reduced dependence on transportation assistance; and
- The individual has not refused available transportation services.

Flexible Community Supports:

Individual needs non-clinical community resources in order to assist with community integration, reduction of symptomatology, and maintenance of quality of life.

Service Package Reduction

- Adult-TRAG indicates a lower LOC-R for 2 consecutive authorization periods.
- Despite *multiple and varied* documented assertive attempts at engagement, the consumer refuses to participate in all services at this intensity and clinical judgment of risk supports the movement to a lower LOC.

Discharge Criteria

ANY of these indicators would support discharge from this SP:

- The consumer moves outside of the geographic service area of the ACT team. To the extent possible, the ACT team must facilitate referral of the individual to a provider of services sufficiently capable of satisfactorily addressing the consumer's needs.
- Consumer refuses all services. [Note: In accordance with 25 TAC, Chapter 412, Subchapter G, the refusal of, or non-compliance with one type of service does not affect the consumer's eligibility to receive other services]

SP4 Table Overview

UM Guidelines	Program: ADULT MH	
Service Package 4 ACT	Authorized Period 180 days	
Core Services	Unit	Expected Average Utilization
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	25 min	6 units
Medication Training & Support Services (Individual, Curriculum-based)	15 min	79 units combined Individual Medication Training & Support and Psychosocial Rehab
Psychosocial Rehabilitative Services (Individual)	15 min	
Medication Training & Support Services (Group, Curriculum-based)	15 min	96 units combined Group Medication Training & Support and Psychosocial Rehab
Psychosocial Rehabilitative Services (Group)	15 min	
Supported Employment	15 min	240 units combination of Supported Employment and Supported Housing
Supported Housing	15 min	
Day Programs for Acute Needs	45-60 continuous min	1 to 24 units per acute episode
Engagement Activity	15 min	24 units
Crisis Services Available to All Individuals During Psychiatric Crisis	Unit	Expected Average Utilization
Crisis Intervention Services	15 min	15 units
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	Event (avg. event = 25 min per mo.)	7 units
Crisis Transportation (Event)	Event	1 unit
Crisis Transportation (Dollar)	\$1	As necessary
Safety Monitoring	15 min	8 units
Day Programs for Acute Needs (when indicated)	45-60 min	24 units
Extended Observation	1 bedday	1 unit
Crisis Residential Treatment	1 bedday	3 units
Crisis Stabilization Unit	1 bedday	4 units
Crisis Flexible Benefits (Event)	Event	As necessary
Crisis Flexible Benefits (Dollar)	\$1	As necessary
Respite Services: Community-based	15 min	As necessary
Respite Services: Program-based (not in home)	1 bedday	As necessary
Inpatient Hospital Services	Event	As necessary
Inpatient Services (Psychiatric)	1 bedday	As necessary
Emergency Room Services (Psychiatric)	Event	As necessary

Crisis Follow-up & Relapse Prevention	15 min	32 units
Add On Services Requires Additional Authorization Based on Individual Need	Unit	Expected Average Utilization
Residential Treatment	1 bedday	As necessary
Flexible Funds	\$1	As necessary
Flexible Community Supports	15 min	1-14 units

VI. SERVICE PACKAGE 5: Transitional Services

Purpose for Level of Care

The major focus for this SP is to provide flexible services that assist individuals in maintaining stability, preventing further crisis, and engaging the individual into the appropriate LOC or assisting the individual in obtaining appropriate community-based services. This SP is highly individualized and the level of service intensity and length of stay is expected to vary dependent on individual need. This SP is available for up to 90 days.

Special Considerations During Crisis

As in other SPs, if a crisis occurs during the time an individual is in SP5, crisis services are considered a part of the authorization for SP5 and crisis services should be delivered without a change in the LOC. SP0 may only be used for an individual who is newly admitted to services, or who has been transitioned out of SP5 and is experiencing a crisis.

Any service offered must be medically necessary.

Core Service Definitions

- **Crisis Follow-up and Relapse Prevention:** Supported services provided to individuals who are not in imminent danger of harm to self or others but require additional assistance to avoid reoccurrence 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. This service includes ongoing assessment to determine crisis status and needs, provides time-limited (up to 90 days) brief, solution-focused interventions to individuals and families and focuses on providing guidance and developing problem-solving techniques to enable the individual to adapt and cope with the situation and stressors that prompted the crisis event.
- **Routine Case Management:** Primarily site-based services that assist an adult, child or adolescent, or caregiver in gaining and coordinating access to necessary care and services appropriate to the individual's needs. Routine case management activities must be provided in accordance with 25 TAC, Chapter 412, Subchapter I, *MH Case Management Services*. Note: Contractor shall not subcontract for the delivery of these services.
- **Psychiatric Diagnostic Interview Examination:** An assessment that includes relevant past and current medical and psychiatric information and a documented diagnosis by a licensed professional practicing within the scope of his/her license. Must be provided in accordance with 25 TAC, Chapter 412, Subchapter G, *MH Community Services Standards*.
- **Pharmacological Management:** A service provided to a client by a physician or other prescribing professional, in accordance with TIMA when applicable, to the client to determine symptom remission and the medication regimen needed.
- **Medication Training & Support Services (also referred to as TIMA Patient and Family Education Program):** 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 formally reviewed and approved by DSHS. Must be provided in accordance with 25 TAC, Chapter 419, Subchapter L, *MH Rehabilitative Services*.
- **Counseling (CBT):** Individual, family and group therapy focused on the reduction or elimination of a client's symptoms of mental illness and increasing the individual's ability to perform activities of daily living. Cognitive-behavioral therapy is the selected treatment model for adult counseling services. Counseling must be provided by a LPHA, practicing within the scope of their license or by an individual with a master's degree in a human services field pursuing licensure under the direct supervision of a LPHA, if not billed to Medicaid. This service includes treatment planning to enhance recovery and resiliency.
- **Skills Training & Development:** Training provided to a client that addresses the severe and persistent mental illness 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 may address skill deficits in vocational and housing areas and includes treatment planning to facilitate recovery. Must be provided in accordance with 25 TAC, Chapter 419, Subchapter L, *MH Rehabilitative Services*.

- **Supported Employment:** Intensive services designed to result in employment stability and to provide individualized assistance to clients in choosing and obtaining employment in integrated work sites in regular community jobs. This includes activities such as assisting the individual in finding a job, helping the individual complete job applications, advocating with potential employers, assisting with learning job-specific skills, and employer negotiations. This service includes treatment planning to facilitate recovery. Concurrent rehabilitative training should be identified as a separate encounter with the appropriate rehabilitative service code.
- **Supported Housing:** Activities to assist clients in choosing, obtaining, and maintaining regular, integrated housing. Services consist of individualized assistance in finding and moving into habitable, regular, integrated (i.e., no more than 50% of the units may be occupied by clients with serious mental illness), and affordable housing. Supported housing includes:
 - Housing Assistance - Funds for rental assistance (unless the Contractor has and documents evidence that housing is affordable for people on Supplemental Security Income (SSI) or that rental assistance funds are guaranteed from another source). To receive rental assistance, clients must be willing to complete an application for Section 8/public housing or have a plan to increase personal income so housing will become affordable without assistance. Housing assistance without services and supports cannot be counted as supported housing.
 - 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.
- **Flexible Funds:** These should be considered funds of last resort as applicable.
 - The Local Authority has the responsibility to evaluate the need and prioritize the use of available dollars.
 - This support is not intended as a source of funds for persons wishing to change residences for reasons not related to either one's mental illness or one's treatment plan (it is not simply a moving fund).Flexible funds include:
 - Non-Clinical Supports - Services for assisting individuals to access and maintain safe and affordable housing in the community. Services consist of assistance with rent and utility deposits, initial rent/utilities or temporary rental/utilities assistance or other necessities, to facilitate independent living.
 - Transportation - Temporary transportation to meet needs of the treatment plan or to address basic life needs that may have a clinical impact if not met. It is anticipated that most individuals will receive one-time situational/temporary transportation assistance. However, for some individuals, the plan may indicate that an extended period of assistance is necessary before other resources are available to the individual.
- **Flexible Community Supports:** Non-clinical supports that assist clients with community integration, reducing symptomatology, and maintaining quality of life. Non-clinical supports must be:
 - Included as strategies in the client's Case Management Plan;
 - Based on the preference of the client and focused on the outcomes that the client chooses;
 - Monitored for effectiveness by the Case Manager and adjusted based on effectiveness; and
 - Not readily available through other sources (e.g., other agencies, volunteers).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.
- **Engagement Activity:** Face-to-face activities with the client or collaterals (in accordance with confidentiality requirements) in order to develop treatment alliance and rapport with the client and includes activities such as motivational interviewing, providing an explanation of services recommended, education on service value, education on adherence to the recommended SP and its

importance in recovery, and short term planned activities designed to develop a therapeutic alliance and strengthen rapport. This service shall not be provided in a group.

Admission Criteria

- The individual has been discharged from SPO services 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 individual has been discharged from SP0 services 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 individual and the individual is in need of transitional services; or
- The individual is identified as part of a high need population e.g. homelessness, substance abuse issues, primary healthcare needs or has a history of criminal justice involvement and is not eligible for ongoing services, but is in need of more than crisis services to stabilize; or
- The individual is identified as part of a high need population e.g. homelessness, substance abuse issues, primary healthcare needs or has a history of criminal justice involvement and is eligible for ongoing services, but ongoing services are not available or the provider has had difficulty engaging the individual and the individual is in need of transitional services; or
- The individual has been discharged from SP0 services, released from the hospital or is part of a high need population e.g. homelessness, substance abuse issues, primary healthcare needs or has a history of criminal justice involvement and has chosen an external provider for ongoing services but is in need of transitional services.

Criteria for Level of Care Review

If the individual's condition worsens, as indicated by assessment, placement into a higher LOC may be appropriate.

Additional Admission Criteria

Any of these criteria may be met:

Reason for Deviation

Resource Limitations

Explanation of Deviation

Not applicable for persons with Medicaid entitlement services.

LOCR=9

- N/A

LOCR=1-4 with no ongoing services

- Client is in need of services and capacity does not currently exist in SP1-4.

LOCR=1-4 LOCA=1-4

- Client is being discharged from ongoing services due to resource limitations and short term services are indicated to assist with the transition.

Also for:

- individuals whose crisis is resolved whose LOCR=1-4 and capacity does not currently exist for ongoing services
- individuals who have been released from psychiatric hospitalization with an LOCR=1-4 and capacity does not exist for ongoing services.

Consumer Choice

Consumers cannot “choose” a higher level of services.

LOCR=9

- N/A

LOCR=1-4 with no ongoing services

- Although capacity exists for entrance into SP1-4, client chooses to begin services with the flexible array available in SP5.

LOCR=1-4 LOCA=1-4

- Client currently enrolled in ongoing services requests discharge from ongoing services but allows continued services short term through SP5.

Also for clients who have chosen an external provider but agree to SP5 services short term to assist their successful transition.

Consumer Need

LOCR=9

- Client ineligible for services but short term services are clinically indicated.

LOCR=1-4 with no ongoing services

- Although capacity exists for entrance into SP1-4, client needs to begin services with the flexible array available in SP5.

LOCR=1-4 LOCA=1-2

- Client is enrolled in ongoing services but needs the flexible service array available in SP5 for a short period for stabilization or engagement.

LOCR=1-4 LOCA=3-4

- N/A

Care should be taken to assure that client access to Medicaid entitlement services is maintained.

Continuity of Care

- The client is identified as ineligible for services, but has been discharged from a State or Community Mental Health Hospital and requires transitional support.

Other

- Requires a text note justification

Special Considerations

In addition to the above admission criteria, the following may indicate this as the most appropriate LOC:

- Individual is high need and is underserved or on the Waiting List for all services (LOC A=8). This person may be authorized into SP5 to stabilize or avoid repeated crises until the appropriate level of care is provided for up to 90 days.
- Special care needs to be provided for persons who receive Medicaid benefit to ensure access to medically necessary services.

Criteria for Level of Care Review

Continued Stay: This LOC will terminate in 90 days. If eligibility criteria are met, continued services may be provided in SPs 1-4 or SP0.

Indication for potential increase in LOC: Individual's condition worsens as indicated by a LOC-R 0-4 on the Adult-TRAG.

Discharge Criteria

ANY of these indicators would support discharge from this SP:

- Referred to a higher LOC for crisis management, e.g. psychiatric hospitalization.
- Identified crisis is resolved and the individual has been engaged and transitioned to SP 1-4.
- Identified crisis is resolved, but resources do not support placement of the individual in SP 1-4. Therefore the individual is placed on a waiting list for SP 1-4.
- Referred and linked to community resources outside the DSHS system.
- The individual terminates services.

Expected Outcomes

- Individual self-reports reduction or stabilization in presenting problem severity or functional impairment on Adult-TRAG.
- Individual becomes engaged into the appropriate level of care.
- Individual is better able to use natural and community support systems as resources.

SP5 Table Overview

SP5 is designed to flexibly meet the needs of the individual prior to admission into ongoing services. Therefore, no average expected units are indicated. Services should reflect the individual's needs.

UM Guidelines	
Service Package 5 Transitional Services	Authorization Period 90 days
	Unit
Routine Case Management	15 min
Psychiatric Diagnostic Interview Examination	Event
Pharmacological Management	Event (avg. event = 25 min per mo.)
Medication Training and Support Services (Individual, Curriculum-based)	15 min
Medication Training and Support Services (Group, Curriculum-based)	15 min
Counseling (CBT) (Individual)	15 min
Counseling (CBT) (Group)	15 min

Skills Training & Development (Individual)	15 min
Skills Training & Development (Group)	15 min
Supported Employment	15 min
Supported Housing	15 min
Flexible Funds	\$1
Flexible Community Supports	15 min
Engagement Activity	15 min
The following Crisis Services are also considered Core Services for SP5 and are Available to All Individuals During Crisis	Unit
Crisis Intervention Services	15 min
Psychiatric Diagnostic Interview Examination	Event
Pharmacological Management	Event (avg. event = 25 min per mo.)
Crisis Transportation (Event)	Event
Crisis Transportation (Dollar)	\$1
Safety Monitoring	15 min
Day Programs for Acute Needs (when indicated)	45-60 min
Extended Observation	1 bedday
Crisis Residential Treatment	1 bedday
Crisis Stabilization Unit	1 bedday
Flexible Funds (dollars)	\$1
Flexible Community Supports (time)	15 min
Respite Services: Community-based	15 min
Respite Services: Program-based (not in home)	1 bedday
Inpatient Hospital Services	Event
Inpatient Services (Psychiatric)	1 bedday
Emergency Room Services (Psychiatric)	Event
Crisis Follow-up & Relapse Prevention	15 min

VII. Standard Requirements for All Service Packages

Crisis Service Definitions

- **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. Must be provided in accordance with 25 TAC, Chapter 419, Subchapter L, *MH Rehabilitative Services*. This service does not require prior authorization. The average time necessary to stabilize the crisis is 4.5 hours per crisis episode.
- **Psychiatric Diagnostic Interview Examination:** An assessment that includes relevant past and current medical and psychiatric information and a documented diagnosis by a licensed professional practicing within the scope of his/her license. Must be provided in accordance with 25 TAC, Chapter 412, Subchapter G, *MH Community Services Standards*.
- **Pharmacological Management:** A service provided to a client by a physician or other prescribing professional, in accordance with TIMA when applicable to the client to determine symptom remission and the medication regimen needed.

- **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.
- **Safety Monitoring:** Ongoing observation of an individual to ensure the individual's safety. An appropriate staff person must 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.
- **Day Programs for Acute Needs:** Programs that provide short-term, intensive treatment to an individual who requires multidisciplinary treatment in order to stabilize acute psychiatric symptoms or prevent admission to a more restrictive setting. Must be provided in accordance with 25 TAC, Chapter 419, Subchapter L, *MH Rehabilitative Services*.
- **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 LOC when needed.
- **Crisis Residential Treatment:** Short-term, community-based residential treatment to persons with some risk of harm who may have fairly severe functional impairment and who require direct supervision and care but do not require hospitalization.
- **Crisis Stabilization Unit:** Short-term residential treatment designed to reduce acute symptoms of mental illness provided in a secure and protected clinically staffed, psychiatrically supervised, treatment environment that is licensed under and complies with a crisis stabilization unit licensed under Chapter 577 of the Texas Health and Safety Code and 25 TAC, Chapter 411, Subchapter M, *Standards of Care and Treatment in Crisis Stabilization Units*. The maximum length of stay is 14 days.
- **Crisis Flexible Benefits:** Non-clinical supports that reduce the crisis situation, symptomatology, and enhance an individual's ability to remain in the home or community. Benefits in adult mental health services include spot rental, partial rental subsidies, utilities, emergency food, house wares, clothing, transportation assistance, and residential services.
- **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.
- **Inpatient Hospitalization 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 provide intensive interventions designed to relieve acute psychiatric symptomatology and restore patient's ability to function in a less restrictive setting. The hospital must be contracting with or operated by Contractor.
- **Inpatient Services (Psychiatric):** Inpatient psychiatric hospital beddays - Room and Board.
- **Crisis Follow-up and Relapse Prevention:** Supported services provided to individuals who are not in imminent danger of harm to self or others but require additional assistance to avoid reoccurrence 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. This service includes ongoing assessment to determine crisis status and needs, provides time-limited (up to 30 days) brief, solution- focused interventions to individuals and families and focuses on providing guidance and developing problem-solving techniques to enable the individual to adapt and cope with the situation and stressors that prompted the crisis event.

Provider Qualifications

In accordance with 25 TAC, Chapter 412, Subchapter G, *MH Community Services Standards*:
"All staff must demonstrate required competencies before contact with consumers and periodically throughout the staff's tenure of employment or association with the LMHA, MMCO, or provider."

Pharmacological Management: MD, RN, PA, Pharmacy D, APN, LVN
Psychiatric Diagnostic Interview Examination: LPHA
Counseling: LPHA or LPHA Intern
Routine Case Management: QMHP-CS, or CSSP
Rehabilitative Services: QMHP-CS, Licensed medical personnel, CSSP, or Peer Provider (consult 25 TAC, Chapter 419, Subchapter L, *MH Rehabilitative Services* for specific credential requirements for sub-component services)
Supported Employment: QMHP-CS or CSSP or Peer Provider
Supported Housing: QMHP-CS or CSSP or Peer Provider
Crisis Intervention Services: QMHP-CS