



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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Broadcast MSG #197

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To: Executive Directors, Behavioral Health Directors, and Utilization Managers
Local Mental Health Authorities (LMHAs)
North Texas Behavioral Health Authority (NTBHA) and Value Options

From: Mary Sowder, Director Program Services Section *ms*
Trina Ita, Director Program Services Section *(Ita)*
Department of State Health Services, Mental Health and Substance Abuse

Re: Changes to CMBHS related to Deviation to LOC-0 for Subjective Crisis for new children and youth, and documentation of discharge and referrals of "Transitioning Youth"

Since the implementation of Texas Resilience and Recovery (TRR) service delivery system, and its new Uniform Assessment and new Business Rules for the Clinical Management for Behavioral Health Services (CMBHS), the Mental Health and Substance Abuse (MHSA) Division has been ensuring that the protocols, procedures and information technology systems are working effectively and capture the data needed for all levels of operation of community mental health services. Two areas of improvement have been identified for child and adolescent services:

- 1) Deviation to Level of Care Crisis (LOC-0) when a new child/youth seeking crisis services experiences as a subjective crisis but does not meet clinical threshold of crisis, and
- 2) Inconsistent documentation of Transitioning Age Youth discharge from Children Mental Health (CMH) services and referrals to Adult Mental Health (AMH) Services

This broadcast message addresses the solution to these two issues, and identifies when changes on CMBHS will become effective.

1) Deviation to Level of Care Crisis (LOC-0) when the child/youth experiences "Subjective Crisis", but child does not meet Crisis Clinical Threshold

Currently, Crisis Services Providers are not required to complete the entire Child and Adolescent Needs and Strengths (CANS) assessment when a new child/youth (i.e., does not have an open case with the LMHA) meets the CANS Crisis Clinical Threshold and needs crisis services. Nevertheless, when a new child/youth is seeking crisis services but the child does not meet the CANS Crisis Clinical Threshold, the CANS has to be completed in its entirety before providers can deviate to Level of Care Crisis (LOC-0). This lengthy process impacts the effective provision of crisis services throughout the state.

Starting on June 29, 2015, when a child experiences a "Subjective Crisis" and does not meet the Crisis Clinical Threshold, providers will only be required to complete the first two domains of the CANS and will be allowed to deviate the child to LOC-0 with a new Reason for Deviation called, "Subjective Crisis". A "Subjective Crisis" is defined as a crisis reported by a child, youth, parent or Legal Authorized Representative (LAR) of the child or youth but after the completion of a crisis risk assessment with the CANS, the client does not meet the Crisis Clinical Threshold.

The following are instructions for providers of how to deviate to LOC-0 for new children or youth seeking crisis services during a Subjective Crisis:

TX CANS 6-17:

- Providers must select Type of Assessment: Crisis
- Providers must complete all the items for the following two domains only: CHILD RISK BEHAVIORS (scores 0,1) and CHILD BEHAVIORAL/EMOTIONAL NEEDS
- The provider calculates a Level of Care Recommendation (LOCR) Ineligible [LOCR = LOC-9] and the provider must deviate to LOC-0 (Crisis). The Level of Care Deviation (LOCD) will default to LOC-0 only, then the Level of Care Authorized (LOC A) = LOC-0, and the **Reason for Deviation defaults to “Subjective Crisis”**

TX CANS 3-5:

- Providers must select Type of Assessment: Crisis
- Providers must complete all the items for the following domains only: CHILD RISK BEHAVIORS (scores 0,1) and CHILD RISK FACTORS
- The provider calculates a Level of Care Recommendation (LOCR) Ineligible [LOCR = LOC-9] and the provider must deviate to LOC-0 (Crisis). The Level of Care Deviation (LOCD) will default to LOC-0 only, then the Level of Care Authorized (LOC A) = LOC-0, and the **Reason for Deviation defaults to “Subjective Crisis”**

Note: If the provider clicks on an item of another domain other than the first two CANS domains, CMBHS will require the completion of the initial CANS assessment in its entirety before the system allows for a deviation to LOC-0 due to Subjective Crisis. The completion of Community Data is optional. There are no diagnosis requirements associated with the provision of crisis services and determination of Level of Care Crisis (LOC-0) due to Subjective Crisis. The Reason for Deviation “Subjective Crisis” is not allowed in any other of level of care deviation or circumstance.

Changes to CMBHS will become effective on Monday, June 29, 2015, to allow for this new deviation. Updates to the TRR Utilization Management (UM) Guidelines for Child and Adolescent Services will be disseminated this summer reflecting the changes to CMBHS and incorporating the language of this broadcast message.

2) Discharge Reasons and Referrals for Transitioning Youth to AMH Services

Since TRR implementation, CANS discharge reasons and referrals for transitioning youth are not being consistently documented across individuals and centers when a transitioning youth is discharged from CMH services and referred to AMH services for continuity of care. The documentation of transitioning youth is represented within CMBHS as the “Discharge Reason” and “Referral To” fields. The Department of State Health Services (DSHS) has updated CMBHS “discharge reason” and “referral to” menu options to incorporate the discharge reason of “Transition to Adult Services.”

“Transition to Adult Services” will be the appropriate option to select when a youth is turning 18 years of age and is being discharged from CMH services and referred to AMH services. This change should streamline data entry, resulting in higher quality data and, therefore, improved program assessment.

The following are instructions for providers of how to document CANS discharge reasons and referrals of transitioning youth to AMH Services:

- 1) Providers must:
 - Choose the discharge reason: “16 – Transition to Adult Services,” then
 - Choose from the “Referred To” menu: “14 - Transition to Adult Services”

This change has been completed in CMBHS.

Note: The policies surrounding transitioning youth to AMH services have not changed. Youth enrolled in CMH services who reach the age of 18 years and who continue to need mental health services may be transitioned to AMH services, even if they do not meet adult priority population criteria. When the initial Adult Needs and Strengths Assessment (ANSA) is completed and the youth is recommended to LOC-9 (ineligible for services), the provider selects the most appropriate LOC within the LOCD deviation menu. The provider will select the “reason for deviation” of “Continuity of Care”. In this scenario, the individual may be served until his/her nineteenth birthday.

Please direct any questions regarding Deviation to LOC-0 (Crisis) due to Subjective Crisis of Children and Adolescents to Marisol Acosta at (512)206-4830 [Marisol.Acosta@dshs.state.tx.us], and questions about Discharge Reasons for Transitioning Age Youth to Brittany Boozer at (512) 206-4563 [Brittany.Boozer@dshs.state.tx.us].