



Resiliency and Disease Management (RDM) Utilization Management Guidelines: Child and Adolescent Services

**Resiliency and Disease Management
Utilization Management Guidelines
Child & Adolescent Services**

I. SERVICE PACKAGE 0: Crisis Services	4
Purpose for Level of Care.....	4
Special Considerations During and Following Crisis.....	4
Crisis Service Definitions.....	4
Admission Criteria.....	5
Special Considerations.....	5
Criteria for Level of Care Review.....	6
Discharge Criteria.....	6
Expected Outcomes.....	6
SP0 Table Overview.....	7
II. SERVICE PACKAGE 1.1: Externalizing Disorders	8
Purpose for Level of Care.....	8
Special Considerations During Crisis.....	8
Core Services Definitions.....	8
Specialty Service (Add On Service) Definitions.....	9
Admission Criteria.....	9
Special Considerations.....	9
Criteria for Level of Care Review.....	9
Discharge Criteria.....	10
Expected Outcomes.....	10
SP1.1 Table Overview.....	11
III. SERVICE PACKAGE 1.2: Internalizing Disorders	13
Purpose for Level of Care.....	13
Special Considerations During Crisis.....	13
Core Service Definitions.....	13
Add On Service Definitions.....	14
Admission Criteria.....	14
Special Considerations.....	14
Criteria for Level of Care Review.....	15
Discharge Criteria.....	15
Expected Outcomes.....	15
SP1.2 Table Overview.....	16
IV. SERVICE PACKAGE 2.1: Multi-systemic Therapy	18
Purpose for Level of Care.....	18
Special Considerations During Crisis.....	18
Core Service Definitions.....	18
Add On Service Definitions.....	19
Admission Criteria.....	20
Special Considerations.....	20
Criteria for Level of Care Review.....	20
Discharge Criteria.....	20
Expected Outcomes.....	21
SP2.1 Table Overview.....	22
V. SERVICE PACKAGE 2.2: Externalizing Disorders	24
Purpose for Level of Care.....	24
Special Considerations During Crisis.....	24
Core Service Definitions.....	24
Add On Service Definitions.....	25
Admission Criteria.....	26

Special Considerations	26
Criteria for Level of Care Review	26
Discharge Criteria	26
Expected Outcomes.....	26
SP2.2 Table Overview	27
VI. SERVICE PACKAGE 2.3: Internalizing Disorders.....	29
Purpose for Level of Care	29
Special Considerations During Crisis	29
Core Service Definitions	29
Add On Service Definitions.....	30
Admission Criteria.....	31
Criteria for Level of Care Review.....	31
Discharge Criteria	31
Expected Outcomes.....	31
SP2.3 Table Overview	32
VII. SERVICE PACKAGE 2.4: Major Disorders	344
Purpose for Level of Care.....	344
Special Considerations During Crisis	344
Core Service Definitions	344
Add On Service Definitions.....	355
Admission Criteria.....	366
Criteria for Level of Care Review.....	366
Discharge Criteria	366
Expected Outcomes.....	366
SP2.4 Table Overview	377
VIII. SERVICE PACKAGE 4: Aftercare Services	399
Purpose for Level of Care.....	399
Special Considerations During and Following Crisis	399
Core Service Definitions	399
Add On Service Definitions.....	399
Admission Criteria.....	40
Special Considerations	40
Criteria for Level of Care Review.....	40
Discharge Criteria	40
Expected Outcomes.....	40
SP4 Table Overview	41
IX. SERVICE PACKAGE 5: Crisis Follow-Up Services	42
Purpose for Level of Care.....	42
Special Considerations During Crisis	42
Core Service Definitions	42
Admission Criteria.....	43
Additional Admission Criteria	44
Discharge Criteria	45
Expected Outcomes.....	46
SP5 Table Overview	46
X. Standard Requirements for All Service Packages	48
Crisis Service Definitions	48
Provider Qualifications	49

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 or a residential setting that will ameliorate the crisis situation and prevent utilization of more intensive services. The desired outcome is resolution of the crisis, avoidance of more intensive and restrictive intervention, and prevention of additional crisis events.

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 child/adolescent may be authorized for Service Package (SP) 5.

Any service offered must meet medical necessity criteria.

Special Considerations During and Following Crisis

SP0 is only available at intake, with new children/adolescents. Any child/adolescent already in a SP receives crisis services within the current SP. Following a crisis, providers should reassess the child/adolescent to determine if a more appropriate service package (SP) is indicated.

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 a child/adolescent to a more restrictive environment. Shall be provided in accordance with 25 Texas Administrative Code (TAC), Chapter 419, Subchapter L, *MH Rehabilitative Services*.
- **Psychiatric Diagnostic Interview Examination:** A face-to-face interview with the child/adolescent and family to evaluate the child/adolescent's psychiatric diagnosis and treatment needs provided by a licensed professional practicing within the scope of their license. This service must be provided and documented as described in the most current version of 25 TAC, Chapter 412, Subchapter G, *MH Community Services Standards*.
- **Pharmacological Management:** A service provided to a child/adolescent by a physician or other prescribing professional, in accordance with Texas Implementation of Medication Algorithms (TIMA) when applicable, to the consumer to determine symptom remission and the medication regimen needed.
- **Safety Monitoring:** Ongoing observation of a child/adolescent to ensure the child/adolescent's safety. An appropriate person must be continuously present in the child/adolescent's immediate vicinity. Provide ongoing monitoring of the child/adolescent'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.
- **Crisis Transportation:** Transporting child/adolescents 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.
- **Crisis Flexible Benefits:** Non-clinical supports that reduce the crisis situation, reduce symptomatology, and enhance the ability of the child/adolescent to remain in the home. Examples in children's/adolescent's mental health services include home safety modifications, child care to allow the family to participate in treatment activities, and transportation assistance.
- **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 child/adolescent's usual living situation. Community-based respite services are provided by respite staff at the child/adolescent's usual living situation. Respite includes both planned respite and crisis respite to assist in resolving a crisis situation.
- **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

Resiliency and Disease Management Utilization Management Guidelines Child & Adolescent Services

professionals), psychiatrically supervised treatment environment with immediate access to urgent or emergent medical evaluation and treatment. Child/adolescents are provided appropriate and coordinated transfer to a higher LOC when needed.

- **Children's Crisis Residential Services:** Twenty-four hour, usually short-term residential services provided to a child/adolescent demonstrating a psychiatric crisis that cannot be stabilized in a less restrictive setting. This service may use crisis beds in a residential treatment center or crisis respite beds.
- **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 Title 25, TAC, Part 1, Chapter 411, Subchapter M, *Standards of Care and Treatment in Crisis Stabilization Units*.
- **Family Partner:** Experienced parents or primary caregivers of a child/adolescent with a serious emotional disturbance. Family partners are active members of the intensive case management/wraparound team process providing peer mentoring and support to the primary caregivers; introducing the family to the treatment process; modeling self-advocacy skills; providing information, referral and non-clinical skills training; assisting in the identification of natural/non-traditional and community support systems; and documenting the provision of all family partner services, including both face-to-face and non face-to-face activities.
- **Engagement Activity:** Face-to-face activities with the child/adolescent or collaterals (in accordance with confidentiality requirements) in order to develop treatment alliance and rapport with the child/adolescent or collaterals 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.
- **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 child/adolescent'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 children/adolescents 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 children/adolescents and families and focuses on providing guidance and developing problem-solving techniques to enable the child/adolescent to adapt and cope with the situation and stressors that prompted the crisis event.

Admission Criteria

All criteria must be met:

- A mental health diagnosis is not required; and
- Meets criteria on Child & Adolescent – Texas Recommended Assessment Guidelines (CA-TRAG) for SP0.

Special Considerations

The child/adolescent meets the definition of a crisis cited in the Community Standards Rule:

Crisis--A situation in which:

- Because of a mental health condition:
 - The child/adolescent presents an immediate danger to self or others; or
 - The child/adolescent's mental or physical health is at risk of serious deterioration; or

Resiliency and Disease Management Utilization Management Guidelines Child & Adolescent Services

- A child/adolescent believes that he or she presents an immediate danger to self or others or that his or her mental or physical health is at risk of serious deterioration.

Criteria for Level of Care Review

- **Continued Stay:** Up to 7 additional days may be authorized, as medically necessary.
- **Indication for potential increase in LOC:** If a child/adolescent cannot be treated safely or effectively within this SP, evaluation for potential hospitalization is indicated.
- **Following a crisis:** Providers should reassess the child/adolescent to determine which, if any, SP is clinically indicated.

Discharge Criteria

ANY of these indicators would support discharge from this SP:

- Identified crisis is resolved and the child/adolescent has been transitioned to SP1.1, SP1.2, SP2.1, SP2.2, SP2.3, SP2.4, SP4, or SP5.
- Identified crisis is resolved and the child/adolescent is placed on a waiting list for an appropriate SP.
- The child/adolescent and their family are referred and linked to community resources outside the DSHS system.
- The child/adolescent or family terminates services.

Expected Outcomes

- The child/adolescent decreases their risk of placement in a more restrictive environment, such as a psychiatric hospital, residential treatment center, or juvenile detention center.
- The child/adolescent or family reports a reduction or stabilization in presenting problem severity or functional impairment.
- The child/adolescent or family is engaged in appropriate follow-up treatment and linked with natural and community support systems.

**Resiliency and Disease Management
Utilization Management Guidelines
Child & Adolescent Services**

SP0 Table Overview

UM Guidelines	Program: CHILD MH	
Service Package 0: Crisis Services	Authorized Period 7 days	
Crisis Services	Available to All Children/Adolescents Authorized for This Service Package As Needed	
	Unit	Expected Average Utilization
Crisis Intervention Services	15 minutes	15 units
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	15 minutes	10 units
Safety Monitoring	15 minutes	8 units
Crisis Transportation (Event)	Event	1 unit
Crisis Transportation (Dollar)	\$1	As necessary
Crisis Flexible Benefits (Event)	Event	As necessary
Crisis Flexible Benefits (Dollar)	\$1	As necessary
Respite Services: Community-Based	15 minutes	24 units
Respite Services: Program-Based (not in home)	1 bedday	3 units
Extended Observation	1 bedday	1 unit
Children's Crisis Residential	1 bedday	4 units
Crisis Stabilization Unit	1 bedday	4 units
Family Partner	15 minutes	24 units
Engagement Activity	15 minutes	24 units
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

Resiliency and Disease Management Utilization Management Guidelines Child & Adolescent Services

II. SERVICE PACKAGE 1.1: Externalizing Disorders

Purpose for Level of Care

This SP is targeted to children/adolescents with externalizing disorders (e.g., ADD/ADHD, Conduct or Oppositional Defiant Disorder) and a moderate level of functional impairment. The focus of intervention is on psychosocial skills development in the child/adolescent and the enhancement of parenting skills, especially in child behavior management. Access to parent support groups is available. Information regarding the diagnosis, medication, monitoring of symptoms and side effects is provided through medication training and support. This SP is generally considered short-term and time-limited.

The general goal of services at this LOC is to reduce or stabilize symptoms, decrease functional impairment and build resiliency in the child/adolescent and family. Family support is facilitated through linkage to natural and community resources. Services are provided in the office, school, home or other community setting.

Special Considerations During Crisis

If the child/adolescent experiences a psychiatric emergency while receiving services in SP1.1, the child/adolescent has access to all medically necessary crisis services without prior authorization. Medical necessity of crisis services must be documented. These services are intended to stabilize the crisis situation and prevent utilization of more intensive or restrictive interventions. Following a crisis, providers should reassess the child/adolescent to determine if a more appropriate SP is indicated.

Core Services Definitions

- **Psychiatric Diagnostic Interview Examination:** A face-to-face interview with the child/adolescent and family to evaluate the child/adolescent's psychiatric diagnosis and treatment needs provided by a licensed professional practicing within the scope of their license. This service must be provided and documented as described in the most current version of Title 25 TAC, Chapter 412, Subchapter G, *MH Community Services Standards*.
- **Pharmacological Management:** A service provided to a child/adolescent by a physician or other prescribing professional, in accordance with TIMA when applicable, to the consumer to determine symptom remission and the medication regimen needed.
- **Skills Training and Development Services:** Training provided to a child/adolescent and the primary caregiver or Legally Authorized Representative (LAR) that addresses the serious emotional disturbance and symptom-related problems that interfere with the child/adolescent's functioning, provides opportunities for the child/adolescent to acquire and improve skills needed to function as appropriately and independently as possible in the community, and facilitates the child/adolescent's community integration and increases his or her community tenure. This service includes treatment planning to facilitate resiliency. Must be provided in accordance with 25 TAC, Chapter 419, Subchapter L, *MH Rehabilitative Services*.
- **Medication Training and Support:** Instruction and guidance based on curricula promulgated by DSHS. The curricula include the Patient/Family Education Program Guidelines as referenced in TAC and other materials that have been formally reviewed and approved by DSHS. Must be provided in accordance with 25 TAC, Chapter 419, Subchapter L, *MH Rehabilitative Services*.
- **Routine Case Management:** Primarily site-based services that assist a child/adolescent, or caregiver in gaining and coordinating access to necessary care and services appropriate to the child/adolescent's needs. Routine case management activities must be provided in accordance with 25 TAC, Part 1, Chapter 412, Subchapter I, *MH Case Management Services*. Contractor shall not subcontract for the delivery of these services.
- **Parent Support Group:** Routinely scheduled support and informational meetings for the child/adolescent's primary caregiver(s).
- **Engagement Activity:** Face-to-face activities with the child/adolescent or collaterals (in accordance with confidentiality requirements) in order to develop treatment alliance and rapport with the child/adolescent or collaterals and includes activities such as motivational interviewing, providing an explanation of services recommended, education on service value, education on adherence to the

Resiliency and Disease Management Utilization Management Guidelines Child & Adolescent Services

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

- **Medication Training and Support:** Instruction and guidance based on curricula promulgated by DSHS. The curricula include the Patient/Family Education Program Guidelines as referenced in TAC and other materials that have been formally reviewed and approved by DSHS. Must be provided in accordance with 25 TAC, Chapter 419, Subchapter L, *MH Rehabilitative Services*.
- **Skills Training and Development:** Training provided in a group format to a child/adolescent and/or the primary caregiver or LAR that addresses the serious emotional disturbance and symptom-related problems that interfere with the child/adolescent's functioning, provides opportunities for the child/adolescent to acquire and improve skills needed to function as appropriately and independently as possible in the community, and facilitates the child/adolescent's community integration and increases his or her community tenure. This service includes treatment planning to facilitate resiliency. Must be provided in accordance with 25 TAC, Chapter 419, Subchapter L, *MH Rehabilitative Services*.
- **Family Training:** Training provided to the child/adolescent's primary caregivers to assist the caregivers in coping and managing with the child/adolescent's emotional disturbance. This includes instruction on basic parenting skills and other forms of guidance that cannot be considered rehabilitative skills training. Concurrent rehabilitative training should be identified as a separate encounter with the appropriate rehabilitative service code.
- **Family Partner:** Experienced parents or primary caregivers of a child/adolescent with a serious emotional disturbance. Family partners are active members of the intensive case management/wraparound team process providing peer mentoring and support to the primary caregivers; introducing the family to the treatment process; modeling self-advocacy skills; providing information, referral and non-clinical skills training; assisting in the identification of natural/non-traditional and community support systems; and documenting the provision of all family partner services, including both face-to-face and non face-to-face activities.

Admission Criteria

All criteria must be met:

- An Axis I diagnosis of ADHD, Conduct Disorder, Oppositional Defiant Disorder or other disruptive behavioral Axis I diagnosis, with the exception of a single diagnosis of mental retardation, developmental delay or substance abuse.
- Meets criteria on CA-TRAG for SP1.1.
- The child/adolescent and family are willing to participate in treatment.

Special Considerations

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

- The child/adolescent is eligible for a higher LOC but the child/adolescent or parent refuses more intensive services.
- The child/adolescent is eligible for a higher LOC but due to lack of service capacity is served in this LOC. Medicaid eligible child/adolescents must be authorized into a SP based on medical necessity.

Criteria for Level of Care Review

- **Continued Stay:** This LOC will terminate in 90 days unless additional skill deficits are identified that require the provision of different skills training interventions for the child/adolescent and/or parent, warranting a re-authorization of the LOC.
- **Indication for potential increase in LOC:** CA-TRAG scores indicate a higher LOC. If at any point in time, the child/adolescent meets the admission criteria for a higher LOC, the higher LOC may be authorized.
- **Following a crisis:** Providers should reassess the child/adolescent to determine if a more appropriate SP is indicated.

Resiliency and Disease Management Utilization Management Guidelines Child & Adolescent Services

Discharge Criteria

ANY of these indicators would support discharge from this SP:

- Authorized treatment has been completed and the child/adolescent can continue with progress without additional treatment at this LOC. Parents may continue to participate in support groups without assignment to a LOC.
- Authorized treatment has been completed and the child/adolescent is authorized for SP4 Aftercare Services.
- The child/adolescent's condition has worsened and requires a higher LOC.
- The child/adolescent or family terminates services.

Expected Outcomes

- Parent and/or child/adolescent self-report reduction or stabilization in presenting problem severity or functional impairment on the CA-TRAG.
- Family is better able to use natural and community support systems as resources.

**Resiliency and Disease Management
Utilization Management Guidelines
Child & Adolescent Services**

SP1.1 Table Overview

UM Guidelines	Program: CHILD MH	
Service Package 1.1: Externalizing Disorders	Authorized Period 90 days	
Core Services:	Unit	Expected Average Utilization
Psychiatric Diagnostic Interview Evaluation	Event	1 unit
Pharmacological Management	15 minutes	12 units
Skills Training and Development (Individual)	15 minutes	75 units (any externalizing disorder other than ADHD)
Skills Training and Development (Individual)	15 minutes	48 units (ADHD without a co-morbid externalizing disorder)
Medication Training and Support (Individual)	15 minutes	24 units
Routine Case Management	15 minutes	24 units
Parent Support Group	60 minutes	12 units
Engagement Activity	15 minutes	24 units
Crisis Services: Available to All Children/Adolescents During Psychiatric Crisis	Unit	Expected Average Utilization
Crisis Intervention Services	15 minutes	15 units
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	15 minutes	10 units
Safety Monitoring	15 minutes	8 units
Crisis Transportation (Event)	Event	1 unit
Crisis Transportation (Dollar)	\$1	As necessary
Crisis Flexible Benefits (Event)	Event	As necessary
Crisis Flexible Benefits (Dollar)	\$1	As necessary
Respite Services: Community-Based	15 minutes	24 units
Respite Services: Program-Based (not in home)	1 bedday	3 units
Extended Observation	1 bedday	1 unit
Children's Crisis Residential	1 bedday	4 units
Crisis Stabilization Unit	1 bedday	4 units
Family Partner	15 minutes	24 units
Engagement Activity	15 minutes	24 units
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 Child/Adolescent Need	Unit	Expected Average Utilization
Medication Training and Support (Group)	15 minutes	24 units
Skills Training and Development (Group)	15 minutes	30 units
Family Training (Individual)	15 minutes	30 units combined Individual and Group
Family Training (Group)		

**Resiliency and Disease Management
Utilization Management Guidelines
Child & Adolescent Services**

Family Partner	15 minutes	24 units
----------------	------------	----------

Resiliency and Disease Management Utilization Management Guidelines Child & Adolescent Services

III. SERVICE PACKAGE 1.2: Internalizing Disorders

Purpose for Level of Care

This SP is targeted to children/adolescents with internalizing disorders (depressive or anxiety disorders) and a moderate level of functional impairment. The focus of intervention is on child/adolescent and family counseling using Cognitive Behavioral Therapy (CBT) for ages 9 & above and CBT or other therapy approaches for children ages 3 through 8. Access to parent support groups is available. Information regarding the diagnosis, medication, monitoring of symptoms and side effects is provided through medication training and support. This SP is generally considered short-term and time-limited.

The general goal of services at this LOC is to reduce or stabilize symptoms, decrease functional impairment and build resiliency in the child/adolescent and family. Family support is facilitated through linkage to natural and community resources and parent support groups. Services are provided in the office, school, home or other community setting.

Special Considerations During Crisis

If the child/adolescent experiences a psychiatric emergency while receiving services in SP1.2, the child/adolescent has access to all medically necessary crisis services without prior authorization. Medical necessity of crisis services must be documented. These services are intended to stabilize the crisis situation and prevent utilization of more intensive or restrictive interventions. Following a crisis, providers should reassess the child/adolescent to determine if a more appropriate SP is indicated.

Core Service Definitions

- **Psychiatric Diagnostic Interview Examination:** A face-to-face interview with the child/adolescent and family to evaluate the child/adolescent's psychiatric diagnosis and treatment needs provided by a licensed professional practicing within the scope of their license. This service must be provided and documented as described in the most current version of 25 TAC, Chapter 412, Subchapter G, *MH Community Services Standards*.
- **Pharmacological Management:** A service provided to a child/adolescent by a physician or other prescribing professional, in accordance with TIMA when applicable, to the consumer to determine symptom remission and the medication regimen needed.
- **Skills Training and Development:** Training provided to a child/adolescent and/or the primary caregiver or LAR that addresses the serious emotional disturbance and symptom-related problems that interfere with the child/adolescent's functioning, provides opportunities for the child/adolescent to acquire and improve skills needed to function as appropriately and independently as possible in the community, and facilitates the child/adolescent's community integration and increases his or her community tenure. This service includes treatment planning to facilitate resiliency. Must be provided in accordance with 25 TAC, Chapter 419, Subchapter L, *MH Rehabilitative Services*.
- **Counseling:** Child/adolescent, family, and group therapy focused on the reduction or elimination of a child/adolescent's symptoms of emotional disturbance and increasing the child/adolescent's ability to perform activities of daily living. Counseling shall be provided by a Licensed Practitioner of the Healing Arts (LPHA), practicing within the scope of their license or by a child/adolescent with a master's degree in a human services field pursuing licensure under the direct supervision of a LPHA. This service includes treatment planning to enhance recovery and resiliency.
- **Medication Training and Support:** Instruction and guidance based on curricula promulgated by DSHS. The curricula include the Patient/Family Education Program Guidelines as referenced in TAC and other materials that have been formally reviewed and approved by DSHS. Must be provided in accordance with 25 TAC, Chapter 419, Subchapter L, *MH Rehabilitative Services*.
- **Routine Case Management:** Primarily site-based services that assist an adult, child/adolescent, or caregiver in gaining and coordinating access to necessary care and services appropriate to the child/adolescent's needs. Routine case management activities must be provided in accordance with

Resiliency and Disease Management Utilization Management Guidelines Child & Adolescent Services

25 TAC, Part 1, Chapter 412, Subchapter I, *MH Case Management Services*. Contractor shall not subcontract for the delivery of these services.

- **Parent Support Group:** Routinely scheduled support and informational meetings for the child/adolescent's primary caregiver(s).
- **Engagement Activity:** Face-to-face activities with the child/adolescent or collaterals (in accordance with confidentiality requirements) in order to develop treatment alliance and rapport with the child/adolescent or collaterals 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

- **Medication Training and Support:** Instruction and guidance based on curricula promulgated by DSHS. The curricula include the Patient/Family Education Program Guidelines as referenced in TAC and other materials that have been formally reviewed and approved by DSHS. Must be provided in accordance with 25 TAC, Chapter 419, Subchapter L, *MH Rehabilitative Services*.
- **Skills Training and Development:** Training provided in a group format to a child/adolescent and/or the primary caregiver or LAR that addresses the serious emotional disturbance and symptom-related problems that interfere with the child/adolescent's functioning, provides opportunities for the child/adolescent to acquire and improve skills needed to function as appropriately and independently as possible in the community, and facilitates the child/adolescent's community integration and increases his or her community tenure. This service includes treatment planning to facilitate resiliency. Must be provided in accordance with 25 TAC, Chapter 419, Subchapter L, *MH Rehabilitative Services*.
- **Counseling:** Child/adolescent, family, and group therapy focused on the reduction or elimination of a child/adolescent's symptoms of emotional disturbance and increasing the child/adolescent's ability to perform activities of daily living. Counseling must be provided by an LPHA, practicing within the scope of their license or by a child/adolescent with a master's degree in a human services field pursuing licensure under the direct supervision of a LPHA. This service includes treatment planning to enhance recovery and resiliency.
- **Family Partner:** Experienced parents or primary caregivers of a child/adolescent with a serious emotional disturbance. Family partners are active members of the intensive case management/wraparound team process providing peer mentoring and support to the primary caregivers; introducing the family to the treatment process; modeling self-advocacy skills; providing information, referral and non-clinical skills training; assisting in the identification of natural/non-traditional and community support systems; and documenting the provision of all family partner services, including both face-to-face and non face-to-face activities.

Admission Criteria

All criteria must be met:

- An Axis I diagnosis of depressive or anxiety disorders, with the exception of a single diagnosis of mental retardation, developmental delay or substance abuse.
- CA-TRAG scores indicate a SP1.2.
- The child/adolescent and family are willing to participate in treatment.

Special Considerations

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

- The child/adolescent is eligible for a higher LOC but the child/adolescent or parent refuses more intensive services.
- The child/adolescent is eligible for a higher LOC but due to lack of service capacity is served in this LOC. Medicaid eligible child/adolescents must be authorized into a SP based on medical necessity.

Resiliency and Disease Management Utilization Management Guidelines Child & Adolescent Services

Criteria for Level of Care Review

- **Continued Stay:** Up to 8 additional units of counseling sessions may be re-authorized if indicated to achieve identified treatment goals. Other services offered in this package may be reauthorized at the same level as the initial authorization.
- **Indication for potential increase in LOC:** CA-TRAG scores indicate a higher LOC. If at any point in time, the child/adolescent meets the admission criteria for a higher LOC, the higher LOC may be authorized.
- **Following a crisis:** Providers should reassess the child/adolescent to determine if a more appropriate SP is indicated.

Discharge Criteria

ANY of these indicators would support discharge from this SP:

- Authorized treatment has been completed and the child/adolescent can continue with progress without additional treatment at this LOC. Parents may continue to participate in support groups without assignment to a LOC.
- Authorized treatment has been completed and the child/adolescent is authorized for SP4 Aftercare Services.
- The child/adolescent's condition has worsened and requires a higher LOC.
- The child/adolescent or family terminates services.

Expected Outcomes

- Parent and/or child/adolescent self-report reduction or stabilization in presenting problem severity or functional impairment on the CA-TRAG.
- Family is better able to use natural and community support systems as resources.

**Resiliency and Disease Management
Utilization Management Guidelines
Child & Adolescent Services**

SP1.2 Table Overview

UM Guidelines	Program: CHILD MH	
Service Package 1.2: Internalizing Disorders	Authorized Period 90 days	
Core Services: Available to All Children/Adolescents Authorized for This Service Package	Unit	Expected Average Utilization
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	15 minutes	10 units
Skills Training and Development (Individual)	15 minutes	32 units
Counseling (Individual)	60 minutes	16 unit
Medication Training and Support (Individual)	15 minutes	24 units
Routine Case Management	15 minutes	24 units
Parent Support Group	60 minutes	12 units
Engagement Activity	15 minutes	24 units
Crisis Services: Available to All Children/Adolescents During Psychiatric Crisis	Unit	Expected Average Utilization
Crisis Intervention Services	15 minutes	15 units
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	15 minutes	10 units
Safety Monitoring	15 minutes	8 units
Crisis Transportation (Event)	Event	1 unit
Crisis Transportation (Dollar)	\$1	As necessary
Crisis Flexible Benefits (Event)	Event	As necessary
Crisis Flexible Benefits (Dollar)	\$1	As necessary
Respite Services: Community-Based	15 minutes	24 units
Respite Services: Program-Based (not in home)	1 bedday	3 units
Extended Observation	1 bedday	1 unit
Children's Crisis Residential	1 bedday	4 units
Crisis Stabilization Unit	1 bedday	4 units
Family Partner	15 minutes	24 units
Engagement Activity	15 minutes	24 units
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 Child/Adolescent Need	Unit	Expected Average Utilization
Medication Training and Support (Group)	15 minutes	24 units
Skills Training and Development (Group)	15 minutes	30 units
Counseling (Group)	60 minutes	12 units

**Resiliency and Disease Management
Utilization Management Guidelines
Child & Adolescent Services**

Counseling (Family)	60 minutes	12 units
Family Partner	15 minutes	24 units

Resiliency and Disease Management Utilization Management Guidelines Child & Adolescent Services

IV. SERVICE PACKAGE 2.1: Multi-systemic Therapy

Purpose for Level of Care

Multi-systemic Therapy (MST) is a comprehensive in-home and community-based treatment model. Services are provided on an average of 8 hours per week. Extensive collaboration with juvenile justice professionals is required. This SP is targeted to children/adolescents with externalizing disorders and high levels of severe disruptive or aggressive behaviors, in the juvenile justice system and at high risk of out-of-home placement or further penetration in the juvenile justice system due to presenting behaviors. Intensive parent-to-parent peer support is available to the family. The family service plan is developed using a wraparound planning approach.

The general goal of services at this LOC is to reduce or stabilize symptoms, decrease functional impairment and build resiliency in the child/adolescent and family. Family support is facilitated through linkage to natural and community resources. Services are provided in the office, school, home or other community setting.

Special Considerations During Crisis

If the child/adolescent experiences a psychiatric emergency while receiving services in SP2.1, the child/adolescent has access to all medically necessary crisis services without prior authorization. Medical necessity of crisis services must be documented. These services are intended to stabilize the crisis situation and prevent utilization of more intensive or restrictive interventions. Following a crisis, providers should reassess the child/adolescent to determine if a more intensive SP is indicated.

Core Service Definitions

- **Psychiatric Diagnostic Interview Examination:** A face-to-face interview with the child/adolescent and family to evaluate the child/adolescent's psychiatric diagnosis and treatment needs provided by a licensed professional practicing within the scope of their license. This service must be provided and documented as described in the most current version of Title 25 TAC, Part 1, Chapter 412, Subchapter G, *MH Community Services Standards*.
- **Pharmacological Management:** A service provided to a child/adolescent by a physician or other prescribing professional, in accordance with TIMA when applicable, to the consumer to determine symptom remission and the medication regimen needed.
- **Medication Training and Support:** Instruction and guidance based on curricula promulgated by DSHS. The curricula include the Patient/Family Education Program Guidelines as referenced in TAC and other materials that have been formally reviewed and approved by DSHS. Must be provided in accordance with 25 TAC, Chapter 419, Subchapter L, *MH Rehabilitative Services*.
- **Intensive Case Management:** Activities to assist a child/adolescent and their caregiver gain and coordinate access to necessary care and services appropriate to the child/adolescent's needs. Wraparound planning is used to develop the case management plan. Intensive case management activities shall be provided in accordance with 25 TAC, Part 1, Chapter 412, Subchapter I, *MH Case Management Services*. Contractor shall not subcontract for the delivery of these services.
- **Family Case Management:** Activities to assist the child/adolescent's family members in accessing and coordinating necessary care and services appropriate to the family members' needs. The need for family case management must be documented in the child/adolescent's case management plan.
- **Counseling:** Child/adolescent, family, and group therapy focused on the reduction or elimination of a child/adolescent's symptoms of emotional disturbance and increasing the child/adolescent's ability to perform activities of daily living. Counseling shall be provided by an LPHA, practicing within the scope of their own license or by a child/adolescent with a master's degree in a human services field pursuing licensure under the direct supervision of a LPHA. This service includes treatment planning to enhance recovery and resiliency.

Resiliency and Disease Management Utilization Management Guidelines Child & Adolescent Services

- **Engagement Activity:** Face-to-face activities with the child/adolescent or collaterals (in accordance with confidentiality requirements) in order to develop treatment alliance and rapport with the child/adolescent or collaterals 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.
- **Skills Training and Development:** Training provided to a child/adolescent and the primary caregiver or LAR that addresses the serious emotional disturbance and symptom-related problems that interfere with the child/adolescent's functioning, provides opportunities for the child/adolescent to acquire and improve skills needed to function as appropriately and independently as possible in the community, and facilitates the child/adolescent's community integration and increases his or her community tenure. This service includes treatment planning to facilitate resiliency. Must be provided in accordance with 25 TAC, Part 1, Chapter 419, Subchapter L, *MH Rehabilitative Services*.
- **Family Training:** Training provided to the child/adolescent's primary caregivers to assist the caregivers in coping and managing with the child/adolescent's emotional disturbance. This includes instruction on basic parenting skills and other forms of guidance that cannot be considered rehabilitative skills training. Concurrent rehabilitative training should be identified as a separate encounter with the appropriate rehabilitative service code.
- **Family Partner:** Experienced parents or primary caregivers of a child/adolescent with a serious emotional disturbance. Family partners are active members of the intensive case management/wraparound team process providing peer mentoring and support to the primary caregivers; introducing the family to the treatment process; modeling self-advocacy skills; providing information, referral and non-clinical skills training; assisting in the identification of natural/non-traditional and community support systems; and documenting the provision of all family partner services, including both face-to-face and non face-to-face activities.
- **Parent Support Group:** Routinely scheduled support and informational meetings for the child/adolescent's primary caregiver(s).

Add On Service Definitions

- **Flexible Funds:** Funds utilized for non-clinical supports that augment the service plan to reduce symptomatology and maintain quality of life and family integration. Non-clinical supports shall be:
 - Included as strategies in the child/adolescent's Case Management Plan;
 - Based on the preference of the child/adolescent and family and focus on the outcomes they choose;
 - 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).Community supports that may be purchased through flexible funds (FF) include but are not limited to: tutors, family aides, specialized camps, therapeutic child-oriented activities, temporary child care, temporary kinship care, initial job development and placement activities, initial independent living support, transportation services, short-term counseling for family members who do not meet the child or adult priority population definitions. Authorization of FF should be provided in a timely manner. In cases of emergencies, FF should be available within 24 hours of a request by the family. If respite services are provided with FF, they should be identified with procedure codes H0045ETHA, H0045HA, T1005ETHA or T1005HA.
- **Flexible Community Supports:** Non-clinical supports that assist child/adolescent with community integration, reducing symptomatology, and maintaining quality of life. Non-clinical supports must be:
 - Included as strategies in the child/adolescent's Case Management Plan;
 - Based on the preference of the child/adolescent or collaterals and focus on the outcomes that the child/adolescent or collaterals 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).

Resiliency and Disease Management Utilization Management Guidelines Child & Adolescent Services

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.

- **Family Training:** Training provided to the child/adolescent's primary caregivers to assist the caregivers in coping and managing with the child/adolescent's emotional disturbance. This includes instruction on basic parenting skills and other forms of guidance that cannot be considered rehabilitative skills training. Concurrent rehabilitative training should be identified as a separate encounter with the appropriate rehabilitative service code.
- **Counseling:** Child/adolescent, family, and group therapy focused on the reduction or elimination of a child/adolescent's symptoms of emotional disturbance and increasing the child/adolescent's ability to perform activities of daily living. Counseling shall be provided by a LPHA, practicing within the scope of their own license or by a child/adolescent with a masters degree in a human services field pursuing licensure under the direct supervision of a LPHA. This service includes treatment planning to enhance recovery and resiliency.
- **Skills Training and Development:** Training provided in a group format to a child/adolescent and/or the primary caregiver or LAR that addresses the serious emotional disturbance and symptom-related problems that interfere with the child/adolescent's functioning, provides opportunities for the child/adolescent to acquire and improve skills needed to function as appropriately and independently as possible in the community, and facilitates the child/adolescent's community integration and increases his or her community tenure. This service includes treatment planning to facilitate resiliency. Must be provided in accordance with 25 TAC, Part 1, Chapter 419, Subchapter L, *MH Rehabilitative Services*.

Admission Criteria

- An Axis I primary diagnosis of ADHD, Conduct Disorder or Oppositional Defiant Disorder. A co-occurring diagnosis of Depression or Bipolar Disorder may also be present. A single diagnosis of mental retardation, developmental delay or substance abuse is not eligible.
- CA-TRAG scores indicate a SP2.1.
- Because of the nature of this intervention, the child/adolescent and family must commit to the family service plan and to participation in treatment.

Special Considerations

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

A certified MST team is available in the provider network and accessible, juvenile justice involvement is verified, and local UM staff have prior authorized SP2.1.

Criteria for Level of Care Review

- **Continued Stay:** Up to 90 additional days of MST may be authorized if indicated to achieve identified treatment goals.
- **Indication for potential increase in LOC:** CA-TRAG scores indicate a higher LOC. If at any point in time, the child/adolescent meets the admission criteria for a higher LOC, the higher LOC may be authorized.
- **Following a crisis:** Providers should reassess the child/adolescent to determine if a more appropriate SP is indicated.

Discharge Criteria

ANY of these indicators would support discharge from this SP:

- Authorized treatment has been completed and the child/adolescent can continue with progress without additional treatment at this LOC.
- Authorized treatment has been completed and the child/adolescent is authorized for SP4.
- The child/adolescent has stabilized but requires services at a lower LOC to maintain stability.
- The child/adolescent or family terminates services.

**Resiliency and Disease Management
Utilization Management Guidelines
Child & Adolescent Services**

Expected Outcomes

- Reduction or stabilization in presenting problem severity or functional impairment as determined by CA-TRAG.
- Risk of out of home placement or juvenile involvement is decreased.
- Family is better able to use natural and community support systems as resources.

**Resiliency and Disease Management
Utilization Management Guidelines
Child & Adolescent Services**

SP2.1 Table Overview

UM Guidelines	Program: CHILD MH	
Service Package 2.1: Multi-systemic Therapy	Authorized Period 90 days	
Core Services	Unit	Expected Average Utilization: combined Core Services average about 8 hours per week
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	15 minutes	12 units
Medication Training and Support	15 minutes	24 units
Intensive Case Management	15 minutes	75 units
Family Case Management	15 minutes	12 units
Counseling (Individual)	60 minutes	12 units
Counseling (Family)	60 minutes	12 units
Parent Support Group	60 minutes	12 units
Skills Training and Development (Individual)	15 minutes	75 units (any externalizing disorder other than ADHD)
Skills Training and Development (Individual)	15 minutes	48 units (ADHD without a co-morbid externalizing disorder)
Family Training (Individual)	15 minutes	30 units
Family Partner	15 minutes	24 units
Engagement Activity	15 minutes	24 units
Crisis Services: Available to All Children/Adolescents During Psychiatric Crisis	Unit	Expected Average Utilization
Crisis Intervention Services	15 minutes	15 units
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	15 minutes	10 units
Safety Monitoring	15 minutes	8 units
Crisis Transportation (Event)	Event	1 unit
Crisis Transportation (Dollar)	\$1	As necessary
Crisis Flexible Benefits (Event)	Event	As necessary
Crisis Flexible Benefits (Dollar)	\$1	As necessary
Respite Services: Community-Based	15 minutes	24 units
Respite Services: Program-Based (not in home)	1 bedday	3 units
Extended Observation	1 bedday	1 unit
Children's Crisis Residential	1 bedday	4 units
Crisis Stabilization Unit	1 bedday	4 units
Family Partner	15 minutes	24 units
Engagement Activity	15 minutes	24 units
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 Child/Adolescent Need	Unit	Expected Average Utilization
Flexible Funds	\$1	1500 units (cap)
Flexible Community Supports	15 minutes	1-14 units
Family Training (Group)	15 minutes	30 units

**Resiliency and Disease Management
Utilization Management Guidelines
Child & Adolescent Services**

Counseling (Group)	15 minutes	24 units
Skills Training and Development (Group)	15 minutes	30 units

Resiliency and Disease Management Utilization Management Guidelines Child & Adolescent Services

V. SERVICE PACKAGE 2.2: Externalizing Disorders

Purpose for Level of Care

This SP is targeted to children/adolescents with externalizing disorders and moderate to high functional impairment at home, school or in the community. The need for intensive case management and significant parent support is indicated. The family service plan is developed using a wraparound planning approach. MST is either not appropriate due to lack of juvenile justice involvement or unavailable.

The general goal of services at this LOC is to reduce or stabilize symptoms, decrease functional impairment and build resiliency in the child/adolescent and family. Family support is facilitated through linkage to natural and community resources. Services are provided in the office, school, home or other community setting.

Special Considerations During Crisis

If the child/adolescent experiences a psychiatric emergency while receiving services in SP2.2, the child/adolescent has access to all medically necessary crisis services without prior authorization. Medical necessity of crisis services must be documented. These services are intended to stabilize the crisis situation and prevent utilization of more intensive or restrictive interventions. Following a crisis, providers should reassess the child/adolescent to determine if a more appropriate SP is indicated.

Core Service Definitions

- **Psychiatric Diagnostic Interview Examination:** A face-to-face interview with the child/adolescent and family to evaluate the child/adolescent's psychiatric diagnosis and treatment needs provided by a licensed professional practicing within the scope of their license. This service must be provided and documented as described in the most current version of Title 25 TAC, Part 1, Chapter 412, Subchapter G, *MH Community Services Standards*.
- **Pharmacological Management:** A service provided to a child/adolescent by a physician or other prescribing professional, in accordance with TIMA when applicable, to the consumer to determine symptom remission and the medication regimen needed.
- **Intensive Case Management:** Activities to assist a child/adolescent and their caregiver gain and coordinate access to necessary care and services appropriate to the child/adolescent's needs. Wraparound planning is used to develop the case management plan. Intensive case management activities shall be provided in accordance with 25 TAC, Part 1, Chapter 412, Subchapter I, *MH Case Management Services*. Contractor shall not subcontract for the delivery of these services.
- **Skills Training and Development:** Training provided to a child/adolescent and the primary caregiver or LAR that addresses the serious emotional disturbance and symptom-related problems that interfere with the child/adolescent's functioning, provides opportunities for the child/adolescent to acquire and improve skills needed to function as appropriately and independently as possible in the community, and facilitates the child/adolescent's community integration and increases his or her community tenure. This service includes treatment planning to facilitate resiliency. Must be provided in accordance with 25 TAC, Part 1, Chapter 419, Subchapter L, *MH Rehabilitative Services*.
- **Medication Training and Support:** Instruction and guidance based on curricula promulgated by DSHS. The curricula include the Patient/Family Education Program Guidelines as referenced in TAC and other materials that have been formally reviewed and approved by DSHS. Must be provided in accordance with 25 TAC, Chapter 419, Subchapter L, *MH Rehabilitative Services*.
- **Family Partner:** Experienced parents or primary caregivers of a child/adolescent with a serious emotional disturbance. Family partners are active members of the intensive case management/wraparound team process providing peer mentoring and support to the primary caregivers; introducing the family to the treatment process; modeling self-advocacy skills; providing information, referral and non-clinical skills training; assisting in the identification of natural/non-traditional and community support systems; and documenting the provision of all family partner services, including both face-to-face and non face-to-face activities.

Resiliency and Disease Management Utilization Management Guidelines Child & Adolescent Services

- **Parent Support Group:** Routinely scheduled support and informational meetings for the child/adolescent's primary caregiver(s).
- **Engagement Activity:** Face-to-face activities with the child/adolescent or collaterals (in accordance with confidentiality requirements) in order to develop treatment alliance and rapport with the child/adolescent or collaterals 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

- **Medication Training and Support:** Instruction and guidance based on curricula promulgated by DSHS. The curricula include the Patient/Family Education Program Guidelines as referenced in TAC and other materials that have been formally reviewed and approved by DSHS. Must be provided in accordance with 25 TAC, Chapter 419, Subchapter L, *MH Rehabilitative Services*.
- **Skills Training and Development:** Training provided in a group format to a child/adolescent and/or the primary caregiver or LAR that addresses the serious emotional disturbance and symptom-related problems that interfere with the child/adolescent's functioning, provides opportunities for the child/adolescent to acquire and improve skills needed to function as appropriately and independently as possible in the community, and facilitates the child/adolescent's community integration and increases his or her community tenure. This service includes treatment planning to facilitate resiliency. Must be provided in accordance with 25 TAC, Part 1, Chapter 419, Subchapter L, *MH Rehabilitative Services*.
- **Flexible Funds:** Funds utilized for non-clinical supports that augment the service plan to reduce symptomatology and maintain quality of life and family integration. Non-clinical supports must be:
 - Included as strategies in the child/adolescent's Case Management Plan;
 - Based on the preference of the child/adolescent and family and focus on the outcomes they choose;
 - 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).Community supports that may be purchased through FF include but are not limited to: tutors, family aides, specialized camps, therapeutic child-oriented activities, temporary child care, temporary kinship care, initial job development and placement activities, initial independent living support, transportation services, short-term counseling for family members who do not meet the child or adult priority population definitions. Authorization of FF should be provided in a timely manner. In cases of emergencies, FF should be available within 24 hours of a request by the family. If respite services are provided with FF, they should be identified with procedure codes H0045ETHA, H0045HA, T1005ETHA or T1005HA.
- **Family Training:** Training provided to the child/adolescent's primary caregivers to assist the caregivers in coping and managing with the child/adolescent's emotional disturbance. This includes instruction on basic parenting skills and other forms of guidance that cannot be considered rehabilitative skills training. Concurrent rehabilitative training should be identified as a separate encounter with the appropriate rehabilitative service code.
- **Family Case Management:** Activities to assist the child/adolescent's family members in accessing and coordinating necessary care and services appropriate to the family members' needs. The need for Family Case Management must be documented in the child/adolescent's Case Management Plan.
- **Flexible Community Supports:** Non-clinical supports that assist child/adolescent with community integration, reducing symptomatology, and maintaining quality of life. Non-clinical supports must be:
 - Included as strategies in child/adolescent's Case Management Plan;
 - Based on the preference of the child/adolescent or collaterals and focus on the outcomes that the child/adolescent or collaterals 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).

Resiliency and Disease Management Utilization Management Guidelines Child & Adolescent Services

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

- An Axis I primary diagnosis of ADHD, Conduct Disorder or Oppositional Defiant Disorder. A co-occurring diagnosis of Depression or Bipolar Disorder may also be present. A single diagnosis of mental retardation, developmental delay or substance abuse is not eligible.
- CA-TRAG scores indicate a SP2.2.
- Because of the nature of this intervention, the child/adolescent and family must commit to the family service plan and to participation in treatment.

Special Considerations

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

- The child/adolescent is eligible for a higher LOC but the child or parent refuses more intensive services.
- The child/adolescent is eligible for a higher LOC but due to lack of service capacity is served in this LOC. Medicaid eligible child/adolescents must be authorized into a SP based on medical necessity.

Criteria for Level of Care Review

- **Continued Stay:** Up to 180 additional days may be re-authorized if indicated to achieve identified treatment goals.
- **Indication for potential increase in LOC:** CA-TRAG scores indicate a higher LOC. If at any point in time, the child/adolescent meets the admission criteria for a higher LOC, the higher LOC may be authorized.
- **Following a crisis:** Providers should reassess the child/adolescent to determine if a more appropriate SP is indicated.

Discharge Criteria

ANY of these indicators would support discharge from this SP:

- Authorized treatment has been completed and the child/adolescent can continue with progress without additional treatment at this LOC.
- Authorized treatment has been completed and the child/adolescent is authorized for SP4 Aftercare Services.
- The child/adolescent has stabilized but requires treatment at a lower LOC to maintain stability.
- The child/adolescent or family terminates services.

Expected Outcomes

- Parent and child/adolescent report reduction or stabilization in presenting problem severity or functional impairment through the CA-TRAG.
- Risk of out of home placement or juvenile involvement is diminished.
- Family is able to use natural and community support systems as resources.

**Resiliency and Disease Management
Utilization Management Guidelines
Child & Adolescent Services**

SP2.2 Table Overview

UM Guidelines	Program: CHILD MH	
Service Package 2.2: More Severe Externalizing Disorders	Authorized Period 90 days	
Core Services:	Unit	Expected Average Utilization
Psychiatric Diagnostic Interview Evaluation	Event	1 unit
Pharmacological Management	15 minutes	12 units
Intensive Case Management	15 minutes	75 units
Skills Training and Development (Individual)	15 minutes	75 units (any externalizing disorder other than ADHD)
Skills Training and Development (Individual)	15 minutes	48 units (ADHD without a co-morbid externalizing disorder)
Medication Training and Support (Individual)	15 minutes	24 units
Family Partner	15 minutes	24 units
Parent Support Group	60 minutes	12 units
Engagement Activity	15 minutes	24 units
Crisis Services: Available to All Children/Adolescents During Psychiatric Crisis	Unit	Expected Average Utilization
Crisis Intervention Services	15 minutes	15 units
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	15 minutes	10 units
Safety Monitoring	15 minutes	8 units
Crisis Transportation (Event)	Event	1 unit
Crisis Transportation (Dollar)	\$1	As necessary
Crisis Flexible Benefits (Event)	Event	As necessary
Crisis Flexible Benefits (Dollar)	\$1	As necessary
Respite Services: Community-Based	15 minutes	24 units
Respite Services: Program-Based (not in home)	1 bedday	3 units
Extended Observation	1 bedday	1 unit
Children's Crisis Residential	1 bedday	4 units
Crisis Stabilization Unit	1 bedday	4 units
Family Partner	15 minutes	24 units
Engagement Activity	15 minutes	24 units
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 Child/Adolescent Need	Unit	Expected Average Utilization
Medication Training and Support (Group)	15 minutes	24 units
Skills Training and Development (Group)	15 minutes	30 units
Flexible Funds	\$1	1500 units (cap)
Family Training (Individual)	15 minutes	30 units
Family Training (Group)		

**Resiliency and Disease Management
Utilization Management Guidelines
Child & Adolescent Services**

Family Case Management	15 minutes	12 units
Flexible Community Supports	15 minutes	1-14 units

Resiliency and Disease Management Utilization Management Guidelines Child & Adolescent Services

VI. SERVICE PACKAGE 2.3: Internalizing Disorders

Purpose for Level of Care

This SP is targeted to children/adolescents with depressive or anxiety disorders and a moderate to high level of problem severity or functional impairment. The focus of intervention is on child/adolescent and family counseling using Cognitive Behavioral Therapy (CBT) for ages 9 & above and CBT or other therapy approaches for children ages 3 through 8. Multiple family concerns and significant parental stress indicate the need for intensive case management and the availability of parent-to-parent peer support. The family service plan is developed using a wraparound planning approach.

The general goal of services at this LOC is to reduce or stabilize symptoms, decrease functional impairment and build resiliency in the child/adolescent and family. Family support is facilitated through linkage to natural and community resources. Services are provided in the office, school, home or other community setting.

Special Considerations During Crisis

If the child/adolescent experiences a psychiatric emergency while receiving services in SP2.3, the child/adolescent has access to all medically necessary crisis services without prior authorization. Medical necessity of crisis services must be documented. These services are intended to stabilize the crisis situation and prevent utilization of more intensive or restrictive interventions.

Following a crisis, providers should reassess the child/adolescent to determine if a more intensive SP is indicated.

Core Service Definitions

- **Psychiatric Diagnostic Interview Examination:** A face-to-face interview with the child/adolescent and family to evaluate the child/adolescent's psychiatric diagnosis and treatment needs provided by a licensed professional practicing within the scope of their license. This service must be provided and documented as described in the most current version of Title 25 TAC, Part 1, Chapter 412, Subchapter G, *MH Community Services Standards*.
- **Pharmacological Management:** A service provided to a child/adolescent by a physician or other prescribing professional, in accordance with TIMA when applicable, to the consumer to determine symptom remission and the medication regimen needed.
- **Intensive Case Management:** Activities to assist a child/adolescent and their caregiver gain and coordinate access to necessary care and services appropriate to the child/adolescent's needs. Wraparound planning is used to develop the case management plan. Intensive case management activities must be provided in accordance with 25 TAC, Part 1, Chapter 412, Subchapter I, *MH Case Management Services*. Contractor shall not subcontract for the delivery of these services.
- **Counseling:** Child/adolescent, family, and group therapy focused on the reduction or elimination of a child/adolescent's symptoms of emotional disturbance and increasing the child/adolescent's ability to perform activities of daily living. Counseling must be provided by a LPHA, practicing within the scope of their license or by a child/adolescent with a Masters degree in a human services field pursuing licensure under the direct supervision of a LPHA. This service includes treatment planning to enhance recovery and resiliency.
- **Medication Training and Support:** Instruction and guidance based on curricula promulgated by DSHS. The curricula include the Patient/Family Education Program Guidelines as referenced in TAC and other materials that have been formally reviewed and approved by DSHS. Must be provided in accordance with 25 TAC, Chapter 419, Subchapter L, *MH Rehabilitative Services*.
- **Skills Training and Development:** Training provided to a child/adolescent and the primary caregiver or LAR that addresses the serious emotional disturbance and symptom-related problems that interfere with the child/adolescent's functioning, provides opportunities for the child/adolescent to acquire and improve skills needed to function as appropriately and independently as possible in the community, and facilitates the child/adolescent's community integration and increases his or her

Resiliency and Disease Management Utilization Management Guidelines Child & Adolescent Services

community tenure. This service includes treatment planning to facilitate resiliency. Must be provided in accordance with 25 TAC, Part 1, Chapter 419, Subchapter L, *MH Rehabilitative Services*.

- **Family Partner:** Experienced parents or primary caregivers of a child/adolescent with a serious emotional disturbance. Family partners are active members of the intensive case management/wraparound team process providing peer mentoring and support to the primary caregivers; introducing the family to the treatment process; modeling self-advocacy skills; providing information, referral and non-clinical skills training; assisting in the identification of natural/non-traditional and community support systems; and documenting the provision of all family partner services, including both face-to-face and non face-to-face activities.
- **Parent Support Group:** Routinely scheduled support and informational meetings for the child/adolescent's primary caregiver(s).
- **Engagement Activity:** Face-to-face activities with the child/adolescent or collaterals (in accordance with confidentiality requirements) in order to develop treatment alliance and rapport with the child/adolescent or collaterals 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

- **Medication Training and Support:** Instruction and guidance based on curricula promulgated by DSHS. The curricula include the Patient/Family Education Program Guidelines as referenced in TAC and other materials that have been formally reviewed and approved by DSHS. Must be provided in accordance with 25 TAC, Chapter 419, Subchapter L, *MH Rehabilitative Services*.
- **Skills Training and Development:** Training provided in a group format to a child/adolescent and/or the primary caregiver or LAR that addresses the serious emotional disturbance and symptom-related problems that interfere with the child/adolescent's functioning, provides opportunities for the child/adolescent to acquire and improve skills needed to function as appropriately and independently as possible in the community, and facilitates the child/adolescent's community integration and increases his or her community tenure. This service includes treatment planning to facilitate resiliency. Must be provided in accordance with 25 TAC, Part 1, Chapter 419, Subchapter L, *MH Rehabilitative Services*.
- **Counseling:** Child/adolescent, family, and group therapy focused on the reduction or elimination of a child/adolescent's symptoms of emotional disturbance and increasing the child/adolescent's ability to perform activities of daily living. Counseling shall be provided by a LPHA, practicing within the scope of their own license or by a child/adolescent with a masters degree in a human services field pursuing licensure under the direct supervision of a LPHA. This service includes treatment planning to enhance recovery and resiliency.
- **Flexible Funds:** Funds utilized for non-clinical supports that augment the service plan to reduce symptomatology and maintain quality of life and family integration. Non-clinical supports shall be:
 - Included as strategies in the child/adolescent's Case Management Plan;
 - Based on the preference of the child/adolescent and family and focus on the outcomes they choose;
 - 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).

Community supports that may be purchased through FF include but are not limited to: tutors, family aides, specialized camps, therapeutic child-oriented activities, temporary child care, temporary kinship care, initial job development and placement activities, initial independent living support, transportation services, short-term counseling for family members who do not meet the child or adult priority population definitions. Authorization of FF should be provided in a timely manner. In cases of emergencies, FF should be available within 24 hours of a request by the family. If respite services are provided with FF, they should be identified with procedure codes H0045ETHA, H0045HA, T1005ETHA or T1005HA.

Resiliency and Disease Management Utilization Management Guidelines Child & Adolescent Services

- **Family Case Management:** Activities to assist the child/adolescent's family members in accessing and coordinating necessary care and services appropriate to the family members' needs. The need for Family Case Management must be documented in the child/adolescent's Case Management Plan.
- **Flexible Community Supports:** Non-clinical supports that assist child/adolescent with community integration, reducing symptomatology, and maintaining quality of life. Non-clinical supports must be:
 - Included as strategies in the child/adolescent's Case Management Plan;
 - Based on the preference of the child/adolescent or collaterals and focus on the outcomes that the child/adolescent or collaterals 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

- An Axis I primary diagnosis of depressive or anxiety disorders. A child with a single diagnosis of mental retardation, developmental delay, autism or substance abuse is not eligible.
- Meets criteria on CA-TRAG for SP 2.3.
- The child/adolescent and family are willing to participate in treatment.

Criteria for Level of Care Review

- Up to 8 additional units of child/adolescent or family counseling may be re-authorized if indicated to achieve identified treatment goals. Other services offered in this package may be reauthorized at the same level as the initial authorization.
- If the child/adolescent's condition worsens, as indicated by CA-TRAG, placement into a higher LOC may be appropriate.
- Following a crisis, providers should reassess the child/adolescent to determine if a more intensive SP is indicated.

Discharge Criteria

ANY of these indicators would support discharge from this SP:

- Authorized treatment has been completed and the child/adolescent can continue with progress without additional treatment at this LOC.
- Authorized treatment has been completed and the child/adolescent is authorized for SP4, Aftercare Services.
- The child/adolescent has stabilized but requires treatment at a lower LOC to maintain stability.
- The child/adolescent or family terminates services.

Expected Outcomes:

- Parent and child/adolescent self-report reduction or stabilization in presenting problem severity or functional impairment through the CA-TRAG.
- Family is able to use natural and community support systems as resources.

**Resiliency and Disease Management
Utilization Management Guidelines
Child & Adolescent Services**

SP2.3 Table Overview

UM Guidelines	Program: CHILD MH	
Service Package 2.3: More Severe Internalizing Disorders	Authorized Period 90 days	
Core Services:	Unit	Expected Average Utilization
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	15 minutes	12 units
Intensive Case Management	15 minutes	75 units
Counseling (Individual)	60 minutes	12 units
Medication Training and Support (Individual)	15 minutes	24 units
Skills Training and Development (Individual)	15 minutes	75 units
Family Partner	15 minutes	24 units
Parent Support Group	60 minutes	12 units
Engagement Activity	15 minutes	24 units
Crisis Services: Available to All Children/Adolescents During Psychiatric Crisis	Unit	Expected Average Utilization
Crisis Intervention Services	15 minutes	15 units
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	15 minutes	10 units
Safety Monitoring	15 minutes	8 units
Crisis Transportation (Event)	Event	1 unit
Crisis Transportation (Dollar)	\$1	As necessary
Crisis Flexible Benefits (Event)	Event	As necessary
Crisis Flexible Benefits (Dollar)	\$1	As necessary
Respite Services: Community-Based	15 minutes	24 units
Respite Services: Program-Based (not in home)	1 bedday	3 units
Extended Observation	1 bedday	1 unit
Children's Crisis Residential	1 bedday	4 units
Crisis Stabilization Unit	1 bedday	4 units
Family Partner	15 minutes	24 units
Engagement Activity	15 minutes	24 units
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 Child/Adolescent Need	Unit	Expected Average Utilization
Medication Training and Support (Group)	15 minutes	24 units
Skills Training and Development (Group)	15 minutes	30 units
Counseling (Group)	15 minutes	24 units
Counseling (Family)	60 minutes	12 units
Flexible Funds	\$1	1500 units (cap)

**Resiliency and Disease Management
Utilization Management Guidelines
Child & Adolescent Services**

Family Case Management	15 minutes	12 units
Flexible Community Supports	15 minutes	1-14 units

Resiliency and Disease Management Utilization Management Guidelines Child & Adolescent Services

VII. SERVICE PACKAGE 2.4: Major Disorders

Purpose for Level of Care

This LOC is targeted to children/adolescents who are diagnosed with Bipolar Disorder, Schizophrenia, Major Depression with Psychosis, or other psychotic disorders and are not yet stable on medication. The general goal of services at this LOC is stabilizing the child/adolescent and providing information and support to the family. Services are provided in the office, school, home or other community setting.

Special Considerations During Crisis

If the child/adolescent experiences a psychiatric emergency while receiving services in SP2.4, the child/adolescent has access to all medically necessary crisis services without prior authorization. Medical necessity of crisis services must be documented. These services are intended to stabilize the crisis situation and prevent utilization of more intensive or restrictive interventions.

Following a crisis, providers reassess the child/adolescent to determine if a more intensive SP is indicated.

Core Service Definitions

- **Intensive Case Management:** Activities to assist a child/adolescent and their caregiver gain and coordinate access to necessary care and services appropriate to the child/adolescent's needs. Wraparound planning is used to develop the case management plan. Intensive case management activities shall be provided in accordance with 25 TAC, Part 1, Chapter 412, Subchapter I, *MH Case Management Services*. Contractor shall not subcontract for the delivery of these services.
- **Psychiatric Diagnostic Interview Examination:** A face-to-face interview with the child/adolescent and family to evaluate the child/adolescent's psychiatric diagnosis and treatment needs provided by a licensed professional practicing within the scope of their license. This service must be provided and documented as described in the most current version of Title 25 TAC, Part 1, Chapter 412, Subchapter G, *MH Community Services Standards*.
- **Pharmacological Management:** A service provided to a child/adolescent by a physician or other prescribing professional, in accordance with TIMA when applicable, to the consumer to determine symptom remission and the medication regimen needed.
- **Medication Training and Support:** Instruction and guidance based on curricula promulgated by DSHS. The curricula include the Patient/Family Education Program Guidelines as referenced in TAC and other materials that have been formally reviewed and approved by DSHS. Must be provided in accordance with 25 TAC, Chapter 419, Subchapter L, *MH Rehabilitative Services*.
- **Skills Training and Development:** Training provided to a child/adolescent and the primary caregiver or LAR that addresses the serious emotional disturbance and symptom-related problems that interfere with the child/adolescent's functioning, provides opportunities for the child/adolescent to acquire and improve skills needed to function as appropriately and independently as possible in the community, and facilitates the child/adolescent's community integration and increases his or her community tenure. This service includes treatment planning to facilitate resiliency. Must be provided in accordance with 25 TAC, Part 1, Chapter 419, Subchapter L, *MH Rehabilitative Services*.
- **Family Training:** Training provided to the child/adolescent's primary caregivers to assist the caregivers in coping and managing with the child/adolescent's emotional disturbance. This includes instruction on basic parenting skills and other forms of guidance that cannot be considered rehabilitative skills training. Concurrent rehabilitative training should be identified as a separate encounter with the appropriate rehabilitative service code.
- **Family Partner:** Experienced parents or primary caregivers of a child/adolescent with a serious emotional disturbance. Family partners are active members of the intensive case management/wraparound team process providing peer mentoring and support to the primary caregivers; introducing the family to the treatment process; modeling self-advocacy skills; providing information, referral and non-clinical skills training; assisting in the identification of natural/non-traditional and community support systems; and documenting the provision of all family partner services, including both face-to-face and non face-to-face activities.

Resiliency and Disease Management Utilization Management Guidelines Child & Adolescent Services

- **Parent Support Group:** Routinely scheduled support and informational meetings for the child/adolescent's primary caregiver(s).
- **Engagement Activity:** Face-to-face activities with the child/adolescent or collaterals (in accordance with confidentiality requirements) in order to develop treatment alliance and rapport with the child/adolescent or collaterals 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

- **Medication Training and Support:** Instruction and guidance based on curricula promulgated by DSHS. The curricula include the Patient/Family Education Program Guidelines as referenced in TAC and other materials that have been formally reviewed and approved by DSHS. Must be provided in accordance with 25 TAC, Chapter 419, Subchapter L, *MH Rehabilitative Services*.
- **Skills Training and Development:** Training provided to a child/adolescent and the primary caregiver or LAR that addresses the serious emotional disturbance and symptom-related problems that interfere with the child/adolescent's functioning, provides opportunities for the child/adolescent to acquire and improve skills needed to function as appropriately and independently as possible in the community, and facilitates the child/adolescent's community integration and increases his or her community tenure. This service includes treatment planning to facilitate resiliency. Must be provided in accordance with 25 TAC, Part 1, Chapter 419, Subchapter L, *MH Rehabilitative Services*.
- **Family Training:** Training provided to the child/adolescent's primary caregivers to assist the caregivers in coping and managing with the child/adolescent's emotional disturbance. This includes instruction on basic parenting skills and other forms of guidance that cannot be
- considered rehabilitative skills training. Concurrent rehabilitative training should be identified as a separate encounter with the appropriate rehabilitative service code.
- **Flexible Funds:** Funds utilized for non-clinical supports that augment the service plan to reduce symptomatology and maintain quality of life and family integration. Non-clinical supports shall be:
 - Included as strategies in the child/adolescent's Case Management Plan;
 - Based on the preference of the child/adolescent and family and focus on the outcomes they choose;
 - 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).Community supports that may be purchased through FF include but are not limited to: tutors, family aides, specialized camps, therapeutic child-oriented activities, temporary child care, temporary kinship care, initial job development and placement activities, initial independent living support, transportation services, short-term counseling for family members who do not meet the child or adult priority population definitions. Authorization of FF should be provided in a timely manner. In cases of emergencies, FF should be available within 24 hours of a request by the family. If respite services are provided with FF, they should be identified with procedure codes H0045ETHA, H0045HA, T1005ETHA or T1005HA.
- **Family Case Management:** Activities to assist the child/adolescent's family members in accessing and coordinating necessary care and services appropriate to the family members' needs. The need for Family Case Management must be documented in the child/adolescent's Case Management Plan.
- **Flexible Community Supports:** Non-clinical supports that assist child/adolescent with community integration, reducing symptomatology, and maintaining quality of life. Non-clinical supports must be:
 - Included as strategies in the child/adolescent's Case Management Plan;
 - Based on the preference of the child/adolescent or collaterals and focus on the outcomes that the child/adolescent or collaterals 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).

Resiliency and Disease Management Utilization Management Guidelines Child & Adolescent Services

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

- An Axis I diagnosis of Bipolar Disorder, Schizophrenia, Major Depression with Psychosis or other psychotic disorder.
- A child/adolescent with a single diagnosis of mental retardation, developmental delay, or substance abuse is not eligible.
- Meets criteria on CA-TRAG for SP2.4.
- The child and family are willing to participate in treatment.

Criteria for Level of Care Review

- Up to 90 additional days may be authorized if indicated to achieve identified treatment goals.
- If the child/adolescent's condition worsens, as indicated by CA-TRAG, placement into a higher LOC may be appropriate.
- Following a crisis, providers should reassess the child/adolescent to determine if a more intensive SP is indicated.

Discharge Criteria

ANY of these indicators would support discharge from this SP:

- Authorized treatment has been completed and the child/adolescent can continue with progress without additional treatment at this LOC.
- Authorized treatment has been completed and the child/adolescent is authorized for SP4 Aftercare Services.
- The child/adolescent has stabilized but requires treatment at a lower LOC to maintain stability.
- The child/adolescent or family terminates services.

Expected Outcomes

- Parent and child/adolescent report reduction or stabilization in presenting problem severity or functional impairment through the CA-TRAG.
- Family is better able to use natural and community support systems as resources.
- Achievement of medical stability allowing the child/adolescent to transition to less intensive services.

**Resiliency and Disease Management
Utilization Management Guidelines
Child & Adolescent Services**

SP2.4 Table Overview

UM Guidelines	Program: CHILD MH	
Service Package 2.4: Major Disorders	Authorized Period 90 days	
Core Services:	Unit	Expected Average Utilization
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	15 minutes	12 units
Intensive Case Management	15 minutes	75 units
Medication Training and Support (Individual)	15 minutes	24 units
Skills Training and Development (Individual)	15 minutes	24 units
Family Training (Individual)	15 minutes	30 units
Family Partner	15 minutes	24 units
Parent Support Group	60 minutes	12 units
Engagement Activity	15 minutes	24 units
Crisis Services: Available to All Children/Adolescents During Psychiatric Crisis	Unit	Expected Average Utilization
Crisis Intervention Services	15 minutes	15 units
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	15 minutes	10 units
Safety Monitoring	15 minutes	8 units
Crisis Transportation (Event)	Event	1 unit
Crisis Transportation (Dollar)	\$1	As necessary
Crisis Flexible Benefits (Event)	Event	As necessary
Crisis Flexible Benefits (Dollar)	\$1	As necessary
Respite Services: Community-Based	15 minutes	24 units
Respite Services: Program-Based (not in home)	1 bedday	3 units
Extended Observation	1 bedday	1 unit
Children's Crisis Residential	1 bedday	4 units
Crisis Stabilization Unit	1 bedday	4 units
Family Partner	15 minutes	24 units
Engagement Activity	15 minutes	24 units
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 Child/Adolescent Need	Unit	Expected Average Utilization
Medication Training and Support (Group)	15 minutes	24 units
Skills Training and Development (Group)	15 minutes	30 units
Family Training (Group)	15 minutes	30 units
Flexible Funds	\$1	1500 units (cap)
Family Case Management	15 minutes	12 units

**Resiliency and Disease Management
Utilization Management Guidelines
Child & Adolescent Services**

Flexible Community Supports	15 minutes	1-14 units
-----------------------------	------------	------------

Resiliency and Disease Management Utilization Management Guidelines Child & Adolescent Services

VIII. SERVICE PACKAGE 4: Aftercare Services

Purpose for Level of Care

This SP is targeted to children/adolescents who have stabilized in terms of problem severity and functioning and require only medication and medication management to maintain their stability. If CA-TRAG scores indicate the need for a more intensive LOC, SP4 can only be authorized if: 1) the parent refuses the recommended LOC, wants medication-only services and medication is clinically indicated; or 2) if the child/adolescent is NOT Medicaid eligible and the recommended SP is not available due to limited resources but severe presenting problems that are responsive to medication suggest an authorization for SP4 during the waiting period.

The general goal of this level of service is maintain treatment gains made by the child/adolescent and family and to provide them with medication monitoring services until the family can be adequately linked to natural and community resources. The majority of services available in this package can be provided in the office, school, home or other community setting, but medication check-up appointments with a psychiatrist are performed in the office or from a satellite office via telemedicine.

Special Considerations During and Following Crisis

If the child/adolescent experiences a psychiatric emergency while receiving services in SP4, the child/adolescent has access to all medically necessary crisis services without prior authorization. Medical necessity of crisis services must be documented. These services are intended to stabilize the crisis situation and prevent utilization of more intensive or restrictive interventions.

Following a crisis, providers should reassess the child/adolescent to determine if a more intensive SP is indicated.

Core Service Definitions

- **Pharmacological Management:** A service provided to a child/adolescent by a physician or other prescribing professional, in accordance with TIMA when applicable, to the consumer to determine symptom remission and the medication regimen needed.
- **Routine Case Management:** Primarily site-based services that assist an adult, child/adolescent, or caregiver in gaining and coordinating access to necessary care and services appropriate to the child/adolescent's needs. Routine case management activities must be provided in accordance with 25 TAC, Part 1, Chapter 412, Subchapter I, *MH Case Management Services*. Contractor shall not subcontract for the delivery of these services.
- **Medication Training and Support:** Information provided to the child/adolescent and family on the mental health disorder, medications, monitoring of symptoms and side effects. The instruction and guidance must be based on curricula promulgated by DSHS. The curricula include the Patient/Family Education Program Guidelines referenced in TAC §419.468(3) (relating to Guidelines), and other materials which have been formally reviewed and approved by DSHS. Must be provided in accordance with 25 TAC, Part 1, Chapter 419, Subchapter L, *MH Rehabilitative Services*.
- **Parent Support Group:** Routinely scheduled support and informational meetings for the child/adolescent's primary caregiver(s).

Add On Service Definitions

- **Family Partner:** Experienced parents or primary caregivers of a child/adolescent with a serious emotional disturbance. Family partners are active members of the intensive case management/wraparound team process providing peer mentoring and support to the primary caregivers; introducing the family to the treatment process; modeling self-advocacy skills; providing information, referral and non-clinical skills training; assisting in the identification of natural/non-traditional and community support systems; and documenting the provision of all family partner services, including both face-to-face and non face-to-face activities.
- **Engagement Activity:** Face-to-face activities with the child/adolescent or collaterals (in accordance with confidentiality requirements) in order to develop treatment alliance and rapport

Resiliency and Disease Management Utilization Management Guidelines Child & Adolescent Services

- with the child/adolescent or collaterals 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

- Any Axis I diagnosis except a single diagnosis of mental retardation, developmental delay or substance abuse.
- CA-TRAG meet criteria for SP4.
- Child/adolescent and family agree to treatment.

Special Considerations

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

- The child/adolescent is stable on psychotropic medication, does not currently require psychosocial treatment but lacks access to medication from other resources (e.g., has lost insurance coverage).
- The child/adolescent is on the waiting list for another LOC but the severity of presenting problems indicates the appropriate utilization of SP 4 while waiting for other treatment.
- The eligibility assessment indicates eligibility for another LOC but the parent refuses the LOC, requests medication-only services, and medication-only service is an appropriate intervention. **Note: A psychiatric evaluation must provide evidence that a medication-only service is clinically appropriate if the parent refuses the initial LOC indicated.**

Criteria for Level of Care Review

- The authorization period is automatically set to 90 days based on the clinical guidelines. An extended review period may be requested when the recommended LOC (i.e., LOC-R) = SP4 and the authorized LOC (i.e., LOC-A) = SP4 for two consecutive authorization periods. (LOC-R = SP4 when Section 1: CA-TRAG Dimension 10 and "Successfully Completed Service Package 1 or 2?" have both been selected).
- If the child/adolescent's condition worsens, as indicated by CA-TRAG, placement into a higher LOC may be appropriate.
- Following a crisis, providers should reassess the child/adolescent to determine if a more intensive SP is indicated.

Discharge Criteria

ANY of these indicators would support discharge from this SP:

- The child/adolescent is able to access medication services through another resource (e.g., insurance coverage). Referral to a community provider should be facilitated whenever possible.
- The child/adolescent's condition has worsened and CA-TRAG indicates a more intensive LOC is needed.
- The child/adolescent or family terminates services.
- The child/adolescent is on the waiting list for another LOC and the LOC becomes available.

Expected Outcomes

- Maintenance of stable functioning and/or problem severity as self-reported on the Ohio Scales scores.
- Family is able to use natural and community support systems as resources.
- Engagement in services is reflective of child/adolescent and family needs if underserved.

**Resiliency and Disease Management
Utilization Management Guidelines
Child & Adolescent Services**

SP4 Table Overview

UM Guidelines	Program: CHILD MH	
Service Package 4: Aftercare Services	Authorized Period 90 days	
Core Services:	Unit	Expected Average Utilization
Pharmacological Management (Individual)	15 minutes	6 units
Routine Case Management	15 minutes	6 units
Medication Training and Support (Individual)	15 minutes	12 units
Parent Support Group	60 minutes	12 units
Crisis Services: Available to All Children/Adolescents During Psychiatric Crisis	Unit	Expected Average Utilization
Crisis Intervention Services	15 minutes	15 units
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	15 minutes	10 units
Safety Monitoring	15 minutes	8 units
Crisis Transportation (Event)	Event	1 unit
Crisis Transportation (Dollar)	\$1	As necessary
Crisis Flexible Benefits (Event)	Event	As necessary
Crisis Flexible Benefits (Dollar)	\$1	As necessary
Respite Services: Community-Based	15 minutes	24 units
Respite Services: Program-Based (not in home)	1 bedday	3 units
Extended Observation	1 bedday	1 unit
Children's Crisis Residential	1 bedday	4 units
Crisis Stabilization Unit	1 bedday	4 units
Family Partner	15 minutes	24 units
Engagement Activity	15 minutes	24 units
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 Child/Adolescent Need	Unit	Expected Average Utilization
Family Partner	15 minutes	24 units
Engagement Activity	15 minutes	24 units

Resiliency and Disease Management Utilization Management Guidelines Child & Adolescent Services

IX. 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 a child/adolescent is in SP5, crisis services are considered a part of the authorization for SP5 and crisis services should be delivered without a change in LOC. SP0 may only be used for a child/adolescent who is newly admitted to services or is being 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 children/adolescents 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 children/adolescents and families and focuses on providing guidance and developing problem-solving techniques to enable the child/adolescent to adapt and cope with the situation and stressors that prompted the crisis event.
- **Counseling:** Child/adolescent, family, and group therapy focused on the reduction or elimination of a child/adolescent's symptoms of emotional disturbance and increasing the child/adolescent's ability to perform activities of daily living. 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. This service includes treatment planning to enhance recovery and resiliency.
- **Medication Training and Support:** Instruction and guidance based on curricula promulgated by DSHS. The curricula include the Patient/Family Education Program Guidelines as referenced in TAC and other materials formally reviewed and approved by DSHS. Must be provided in accordance with 25 TAC, Chapter 419, Subchapter L, *MH Rehabilitative Services*.
- **Routine Case Management:** Primarily site-based services that assist an adult, child/adolescent, or caregiver in gaining and coordinating access to necessary care and services appropriate to the child/adolescent'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.
- **Family Partner:** An experienced and trained parent or primary caregiver of a child/adolescent with a serious emotional disturbance. Family partners are active members of the intensive case management/wraparound team process providing peer mentoring and support to the primary caregivers; introducing the family to the treatment process; modeling self-advocacy skills; providing information, referral and non-clinical skills training; assisting in the identification of natural/non-traditional and community support systems; and documenting the provision of all family partner services, including both face-to-face and non face-to-face activities.
- **Engagement Activity:** Face-to-face activities with the child/adolescent or collaterals (in accordance with confidentiality requirements) in order to develop treatment alliance and rapport with the child/adolescent or collaterals and includes activities such as motivational interviewing, providing an

Resiliency and Disease Management Utilization Management Guidelines Child & Adolescent Services

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.

- **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 child/adolescent by a physician or other prescribing professional, in accordance with TIMA when applicable, to the consumer to determine symptom remission and the medication regimen needed.
- **Skills Training and Development Services:** Training provided to a child/adolescent and the primary caregiver or Legally Authorized Representative (LAR) that addresses the serious emotional disturbance and symptom-related problems that interfere with the child/adolescent's functioning, provides opportunities for the child/adolescent to acquire and improve skills needed to function as appropriately and independently as possible in the community, and facilitates the child/adolescent's community integration and increases his or her community tenure. This service includes treatment planning to facilitate resiliency. Must be provided in accordance with 25 TAC, Chapter 419, Subchapter L, *MH Rehabilitative Services*.
- **Flexible Funds:** Funds utilized for non-clinical supports that augment the service plan to reduce symptomatology and maintain quality of life and family integration. Non-clinical supports shall be:
 - Included as strategies in the child/adolescent's Case Management Plan;
 - Based on the preference of the child/adolescent and family and focused on the outcomes they choose;
 - Monitored for effectiveness by the Case Manager and adjusted based on effectiveness; and
 - Not readily available through other sources (e.g., other agencies, volunteers).Community supports that may be purchased through flexible funds (FF) include but are not limited to: tutors, family aides, specialized camps, therapeutic child-oriented activities, temporary child care, temporary kinship care, initial job development and placement activities, initial independent living support, transportation services, and short term counseling for family members who do not meet the child/adolescent or adult priority population definitions
- **Flexible Community Supports:** Non-clinical supports that assist child/adolescent with community integration, reducing symptomatology, and maintaining quality of life. Non-clinical supports must be:
 - Included as strategies in the child/adolescent's Case Management Plan;
 - Based on the preference of the child/adolescent or collaterals and focused on the outcomes that the child/adolescent or collaterals 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.

Admission Criteria

- The child/adolescent 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 child/adolescent has been discharged from SPO services or released from the hospital and is eligible for ongoing services, but ongoing services are not available. or the individual is difficult to engage and is in need of transitional services; or
- The child/adolescent 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 child/adolescent 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 individual is difficult to engage and is in need of transitional services; or

**Resiliency and Disease Management
Utilization Management Guidelines
Child & Adolescent Services**

- The child/adolescent 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 child/adolescent'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

Explanation of Deviation

Resource Limitations

Not applicable for persons with Medicaid entitlement services.

LOCR=9

- N/A

LOCR=levels 1-4 with no ongoing services

- Client is in need of services and capacity does not currently exist in SP levels 1-4.

LOCR=levels 1-4 LOCA=levels 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=levels 1-4 with no ongoing services

- Although capacity exists for entrance into SP levels 1-4, client chooses to begin services with the flexible array available in SP5.

**Resiliency and Disease Management
Utilization Management Guidelines
Child & Adolescent Services**

LOCR=levels 1-4 LOCA=levels 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=levels 1-4 with no ongoing services

- Although capacity exists for entrance into SP levels 1-4, client chooses to begin services with the flexible array available in SP5.

LOCR=levels 1-4 LOCA=levels 1 and 4

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

LOCR=levels 1-4 LOCA=levels 2-3

- 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.

Discharge Criteria

ANY of these indicators would support discharge from this SP:

- Client is stabilized and no further service in the DSHS system is needed; or
- Client is stabilized and the child/adolescent has been transitioned to ongoing services; or
- Client has been in SP5 for 90 days and is then placed on a waiting list for ongoing services; or
- Client is not fully stabilized, but has been in SP5 for 90 days and an ongoing SP is not available and the individual is placed on the waiting list; or
- Referred and linked as needed to community resources outside of the DSHS system.

Resiliency and Disease Management Utilization Management Guidelines Child & Adolescent Services

Expected Outcomes

- The parent and/or the child/adolescent self-reports reduction or stabilization in presenting problem severity or functional impairment on CA-TRAG.
- The child/adolescent is better able to use natural and community support systems as resources.
- There is a smooth transition from crisis to ongoing services.

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
Core Services, cont'd.:	Unit
Crisis Follow-up and Relapse Prevention	15 minutes
Counseling (Ind.)	15 minutes
Counseling (Group)	15 minutes
Counseling (Family)	15 minutes
Medication Training and Support (Individual)	15 minutes
Medication Training and Support (Group)	15 minutes
Routine Case Management	15 minutes
Family Partner	15 minutes
Engagement Activity	15 minutes
Psychiatric Diagnostic Interview Examination	Event
Pharmacological Management	15 minutes
Skills Training & Development (Individual)	15 min
Skills Training & Development (Group)	15 min
Flexible Funds (dollars)	\$1
Flexible Community Supports (time)	15 min
Crisis Services: Available to All Children/Adolescents During Psychiatric Crisis	Unit
Crisis Intervention Services	15 minutes
Psychiatric Diagnostic Interview Examination	Event
Pharmacological Management	15 minutes
Crisis Transportation (Event)	Event
Crisis Transportation (Dollar)	\$1
Safety Monitoring	15 minutes
Crisis Flexible Benefits (Event)	Event
Crisis Flexible Benefits (Dollar)	\$1
Respite Services: Community-Based	15 minutes
Respite Services: Program-Based (not in home)	1 bedday
Extended Observation	1 bedday

**Resiliency and Disease Management
Utilization Management Guidelines
Child & Adolescent Services**

Children's Crisis Residential	1 bedday
Crisis Stabilization Unit	1 bedday
Family Partner	15 minutes
Engagement Activity	15 minutes
Inpatient Hospital Services	Event
Inpatient Services (Psychiatric)	1 bedday
Emergency Room Services (Psychiatric)	Event
Crisis Follow-up & Relapse Prevention	15 min

**Resiliency and Disease Management
Utilization Management Guidelines
Child & Adolescent Services**

X. 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 a child/adolescent to a more restrictive environment. Shall be provided in accordance with 25 TAC, Part 1, Chapter 419, Subchapter L, *MH Rehabilitative Services*.
- **Psychiatric Diagnostic Interview Examination:** A face-to-face interview with the child/adolescent and family to evaluate the child/adolescent's psychiatric diagnosis and treatment needs provided by a licensed professional practicing within the scope of their license. This service must be provided and documented as described in the most current version of Title 25 TAC, Part 1, Chapter 412, Subchapter G, *MH Community Services Standards*.
- **Pharmacological Management:** A service provided to a child/adolescent by a physician or other prescribing professional, in accordance with TIMA when applicable, to the consumer to determine symptom remission and the medication regimen needed.
- **Safety Monitoring:** Ongoing observation of a child/adolescent to ensure the child/adolescent's safety. An appropriate staff person must be continuously present in the child/adolescent's immediate vicinity. Provide ongoing monitoring of the child/adolescent'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.
- **Crisis Transportation:** Transporting child/adolescents 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.
- **Crisis Flexible Benefits:** Non-clinical supports that reduce the crisis situation, reduce symptomatology, and enhance the ability of the child/adolescent to remain in the home. Examples in children's/adolescent's mental health services include home safety modifications, child care to allow the family to participate in treatment activities, and transportation assistance.
- **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 child/adolescent's usual living situation. Community-based respite services are provided by respite staff at the child/adolescent's usual living situation. Respite includes both planned respite and crisis respite to assist in resolving a crisis situation.
- **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. Child/adolescents are provided appropriate and coordinated transfer to a higher LOC when needed.
- **Children's Crisis Residential Services:** Twenty-four hour, usually short-term residential services provided to a child/adolescent demonstrating a psychiatric crisis that cannot be stabilized in a less restrictive setting. This service may use crisis beds in a residential treatment center or crisis respite beds.
- **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 Title 25, TAC, Part 1, Chapter 411, Subchapter M, *Standards of Care and Treatment in Crisis Stabilization Units*.
- **Family Partner:** Experienced parents or primary caregivers of a child/adolescent with a serious emotional disturbance. Family partners are active members of the intensive case management/wraparound team process providing peer mentoring and support to the primary caregivers; introducing the family to the treatment process; modeling self-advocacy skills; providing information, referral and non-clinical skills training; assisting in the identification of natural/non-

Resiliency and Disease Management Utilization Management Guidelines Child & Adolescent Services

traditional and community support systems; and documenting the provision of all family partner services, including both face-to-face and non face-to-face activities.

- **Engagement Activity:** Face-to-face activities with the child/adolescent or collaterals (in accordance with confidentiality requirements) in order to develop treatment alliance and rapport with the child/adolescent or collaterals 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.
- **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 child/adolescent'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 children/adolescents 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 children/adolescents and families and focuses on providing guidance and developing problem-solving techniques to enable the child/adolescent 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."

Crisis Intervention Services: QMHP-CS

Psychiatric Diagnostic Interview Examination: LPHA

Pharmacological Management: MD, RN, PA, Pharmacy D, APN, LVN

Safety Monitoring: QMHP-CS, trained and competent paraprofessional

Family Partners: Experienced parents/primary caregivers of a child/adolescent with a serious emotional disturbance.

Skills Training and Development: QMHP-CS, CSSP

Medication Training and Support: QMHP-CS, CSSP

Parent Support Group: Trained and competent paraprofessional, QMHP-CS

Family Training: QMHP-CS, CSSP

Family Case Management: QMHP-CS, CSSP

Intensive Case Management: QMHP-CS, CSSP

Counseling: LPHA or LPHA Intern

Routine Case Management: QMHP-CS, CSSP

Crisis Follow-up and Relapse Prevention: QMHP-CS