

Level of Care 1: Medication Management

Purpose for Level of Care

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

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

Special Considerations During Crisis

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

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

Level of Care Assignment Criteria

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

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

Criteria for Level of Care Review

The following indicators require a review of the LOC authorized:

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

Discharge Criteria

The youth may be discharged from this LOC for any of the following reasons:

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

Expected Outcomes

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

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

Level of Care 1 Table Overview

Authorization Period: 90 Days		
Average Monthly Utilization Standard For This Level of Care: 0.5 hours		
Across the population served in this LOC, some individuals may require more/less intense provision of services or utilize services at a higher/lower rate than 0.5 hours/month. Ideally, the average hours will be achieved through delivery of Core Services and supplemented by Adjunct Services when clinically appropriate.		
Core Services: Identified by the uniform assessment and addressed in the recovery plan.	Individual Services in LOC – 1 Estimated Utilization Per Month	
	Standard Therapeutic	High Need Therapeutic
Psychiatric Diagnostic Interview Examination	N/A	1 Event (1 unit)
Pharmacological Management	1 Event (1 unit)	2 Events (2 units)
Adjunct Services: Identified by the uniform assessment and addressed in the recovery plan.	Standard Therapeutic	High Need Therapeutic
Medication Training and Support either/both of the following:		
Medication Training and Support (Individual)	0.5 hours (2 units)	3.75 hours (15 units)
Medication Training and Support (Group)	0.5 hours (2 units)	3.75 hours (15 units)
Routine Case Management	0.5 hours (2 units)	1 hour (4 units)
Parent Support Group	1 hour (1 unit)	4 hours (4 units)
Family Partner Supports	1 hour (4 units)	2 hours (8 units)
Family Case Management	0.5 hours (2 units)	1 hour (4 units)
Crisis Service Array: Authorized as medically necessary and available during psychiatric crisis	<i>Utilization guidelines for the Crisis Service Array are located on page 44.</i>	
Transition Age Youth: Additional adjunct services for transition age youth may be provided in this LOC.	<i>Utilization guidelines for the transition age youth population are located on page 62.</i>	

Level of Care 2: Targeted Services

Purpose for Level of Care

The purpose of this LOC is to improve mood symptoms or address behavioral treatment needs while building strengths in the youth and caregiver.

The services in this LOC are intended to meet the needs of the youth with identified emotional or behavioral treatment needs. The youth must not have identified needs in both areas. In general, the youth will have low life domain functioning needs.

The targeted service in this LOC is either counseling or individual skills training and targets a specific, identified treatment need. The only exception occurs when counseling is the primary intervention for the youth, but individual skills training is also provided as a component of parent skills training. Services should be provided in the most convenient location for the youth and caregiver, including the office setting, school, home, or other community location. Services may also be provided via telehealth/telemedicine, if available.

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

Special Considerations During Crisis

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

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

Level of Care Assignment Criteria

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

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

Note: See Appendix F: Reasons for Deviation for clinical guidance on deviation reasons.

Criteria for Level of Care Review

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

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

Step-Down/Discharge Criteria

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

- The Uniform Assessment indicates an LOC-R of 1 *and* the youth has completed the indicated course of treatment.
- The youth and/or caregiver report improved mood or behavioral symptoms, have no additional identified goals, and clinical judgment supports transition to LOC-1 or transition to the community.
- The youth and/or caregiver have found services in the community to meet their needs.
- The youth and/or caregiver choose not to participate in services at the indicated intensity, all required engagement efforts have been exhausted, and clinical judgment of risk supports the transition to a lower level of care.
- The youth and/or caregiver terminate services or move outside of service area.

Expected Outcomes

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

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

Special Considerations for Certain Adjunct Services

Family Partner Supports:

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

- Engagement of families as equal members of the youth's treatment team and assistance making informed choices regarding the youth's plan for recovery;
- Mentorship in the mental health system by preparing families for what to expect, including the use of the "Family Guide to Children's Mental Health Services" (<http://www.dshs.state.tx.us/mhsa/mh-child-adolescent-services/>);
- Assistance in understanding and advocating for the youth's mental health needs, and provision of expertise in navigating child-serving systems and medication training and support as appropriate;
- Role-modeling options of parenting skills, advocacy skills, and self-care skills, including provision of individual skills training to parents through the use of a DSHS-approved protocol;
- Facilitation of family support groups;
- Connection to community resources and informal supports that support the youth's transition to a less intensive LOC and resilience and recovery;
- Identification of the family's natural supports and strengths and guidance, and practical guidance in nurturing those relationships; and
- Celebrating the youth's resilience and recovery.

For more information about Family Partner Supports, refer to Appendix D: Family Partner Supports.

Level of Care 2 Table Overview

Authorization Period: 90 Days		
Average Monthly Utilization Standard For This Level of Care: 3 hours		
Across the population served in this LOC, some individuals may require more/less intense provision of services or utilize services at a higher/lower rate than 3 hours/month. Ideally, the average hours will be achieved through delivery of Core Services and supplemented by Adjunct Services when clinically appropriate.		
Core Services: Identified by the uniform assessment and addressed in the recovery plan. NOTE: In this LOC, the youth should receive counseling or skills training as a core service.	Individual Services in LOC – 2 Estimated Utilization Per Month	
	Standard Therapeutic	High Need Therapeutic
Psychiatric Diagnostic Interview Examination	N/A	1 Event (1 unit)
Routine Case Management	1 hour (4 units)	2 hours (8 units)
Counseling includes any/all of the following:		
Counseling (Individual)	2 hours	4 hours
Counseling (Group)	2 hours	4 hours
Counseling (Family)	2 hours	4 hours
Skills Training & Development includes any/all of the following:		
Skills Training & Development (Individual)	3 hours (12 units)	6 hours (24 units)
Skills Training & Development (Group)	3 hours (12 units)	6 hours (24 units)
Adjunct Services: Identified by the uniform assessment and addressed in the recovery plan.	Standard Therapeutic	High Need Therapeutic
Engagement Activity	0.5 hours (2 units)	2 hours (8 units)
Pharmacological Management*	1 Event (1 unit)	4 Events (4 units)
Medication Training and Support* either/both of the following:		
Medication Training and Support (Individual)	0.5 hours (2 units)	3.75 hours (15 units)
Medication Training and Support (Group)	0.5 hours (2 units)	3.75 hours (15 units)
Family Partner Supports	1 hour (4 units)	2 hours (8 units)
Skills Training & Development (delivered to the caregiver or LAR)	3 hours (12 units)	6 hours (24 units)
Family Training includes either/both of the following:		
Family Training (Individual)	3 hours (12 units)	6 hours (24 units)
Family Training (Group)	3 hours (12 units)	6 hours (24 units)
Parent Support Group	1 hour (1 unit)	4 hour (4 units)
Family Case Management	0.5 hours (2 units)	1 hour (4 units)
Crisis Service Array: Authorized as medically necessary and available during psychiatric crisis	<i>Utilization guidelines for the Crisis Service Array are located on page 44.</i>	
Transition Age Youth: Additional adjunct services for transition age youth may be provided in this LOC.	<i>Utilization guidelines for the transition age youth population are located on page 62.</i>	

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

Level of Care 3: Complex Services

Purpose for Level of Care

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

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

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

Special Considerations During Crisis

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

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

Level of Care Assignment Criteria

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

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

Note: See Appendix F: Reasons for Deviation for clinical guidance on deviation reasons.

Criteria for Level of Care Review

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

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

Step Down

The TRR model supports moving youth into less intensive levels of care based on improvement in treatment as informed by clinical impressions, family reports, and the reassessment.

Discharge Criteria

The youth may be discharged from services for any of the following reasons:

- The youth and/or caregiver have found services in the community to meet their needs.
- The youth has completed treatment and is no longer in need of services.
- The youth and/or caregiver terminate services or move outside of service area.

Expected Outcomes

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

- The youth and/or caregiver report improved emotional and/or behavioral functioning.
- The youth and/or caregiver report improvement within the domains of risk behavior or life domain functioning.
- The youth is transitioned to a lower level of care.
- The youth and/or caregiver are linked with and utilizing natural and community support systems.
- The youth and/or caregiver report increased individual and caregiver strengths.

Special Considerations for Certain Adjunct Services

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

- Engagement of families as equal members of the youth's treatment team and assistance making informed choices regarding the youth's plan for recovery;
- Mentorship in the mental health system by preparing families for what to expect, including the use of the "Family Guide to Children's Mental Health Services" (<http://www.dshs.state.tx.us/mhsa/mh-child-adolescent-services/>).
- Assistance in understanding and advocating for the youth's mental health needs, and provision of expertise in navigating child-serving systems and medication training and support as appropriate;
- Role-modeling options of parenting skills, advocacy skills, and self-care skills, including provision of individual skills training to parents and/or caregivers through the use of a DSHS approved protocol;
- Facilitation of family support groups;
- Connection to community resources and informal supports that support the youth's transition to a less intensive LOC and resilience and recovery;
- Identification of the family's natural supports and strengths and guidance, and practical guidance in nurturing those relationships; and
- Celebrating the youth's resilience and recovery.

For more information about Family Partner Supports, refer to Appendix D: Family Partner Supports.

Level of Care 3 Table Overview

Authorization Period: 90 Days		
Average Monthly Utilization Standard For This Level of Care: 5 hours		
Across the population served in this LOC, some individuals may require more/less intense provision of services or utilize services at a higher/lower rate than 5 hours/month. Ideally, the average hours will be achieved through delivery of core services and supplemented by adjunct services when clinically appropriate.		
Core Services: Identified by the uniform assessment and addressed in the recovery plan. NOTE: In this LOC youth should receive counseling and skills training as core services.	Individual Services in LOC-3 Estimated Utilization Per Month	
	Standard Therapeutic	High Need Therapeutic
Psychiatric Diagnostic Interview Examination	N/A	1 Event (1 unit)
Routine Case Management	1 hour (4 units)	6 hours (24 units)
Counseling includes any/all of the following:		
Counseling (Individual)	2 hours	4 hours
Counseling (Group)	2 hours	4 hours
Counseling (Family)	2 hours	4 hours
Skills Training & Development includes any/all of the following:		
Skills Training & Development (Individual)	3 hours (12 units)	6 hours (24 units)
Skills Training & Development (Group)	3 hours (12 units)	6 hours (24 units)
Adjunct Services: Identified by the uniform assessment and addressed in the recovery plan.	Standard Therapeutic	High Need Therapeutic
Engagement Activity	0.75 hours (3 units)	2 hours (8 units)
Pharmacological Management*	1 Event (1 unit)	4 Events (4 units)
Medication Training and Support* either/both of the following:		
Medication Training and Support (Individual)	0.5 hours (2 units)	4.5 hours (18 units)
Medication Training and Support (Group)	0.5 hours (2 units)	4.5 hours (18 units)
Family Partner Supports	1 hour (4 units)	2 hours (8 units)
Skills Training & Development (delivered to the caregiver or LAR)	3 hours (12 units)	6 hours (24 units)
Family Training includes either/both of the following:		
Family Training (Individual)	3 hours (12 units)	6 hours (24 units)
Family Training (Group)	3 hours (12 units)	6 hours (24 units)
Flexible Funds	N/A	\$1,500 cap/year (\$1 increments)
Parent Support Group	1 hour (1 unit)	4 hour (4 units)
Family Case Management	0.5 hours (2 units)	1 hour (4 units)
Respite Services: Community Based	N/A	6 hours (24 units)
Respite Services: Program Based	N/A	3 Bed days (3 units)
Crisis Service Array: Authorized as medically necessary and available during psychiatric crisis	<i>Utilization guidelines for the Crisis Service Array are located on page 44.</i>	
Transition Age Youth: Additional adjunct services for transition age youth may be provided in this LOC.	<i>Utilization guidelines for the transition age youth population are located on page 62.</i>	

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