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| [TITLE 25](http://texreg.sos.state.tx.us/public/readtac%24ext.ViewTAC?tac_view=2&ti=25) | HEALTH SERVICES |
| [PART 1](http://texreg.sos.state.tx.us/public/readtac%24ext.ViewTAC?tac_view=3&ti=25&pt=1) | DEPARTMENT OF STATE HEALTH SERVICES |
| [CHAPTER 416](http://texreg.sos.state.tx.us/public/readtac%24ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=416) | MENTAL HEALTH COMMUNITY-BASED SERVICES |
| [SUBCHAPTER A](http://texreg.sos.state.tx.us/public/readtac%24ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=416&sch=A&rl=Y) | MENTAL HEALTH REHABILITATIVE SERVICES |
| RULE §416.10 | Skills Training and Development Services |

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| (a) Description.  (1) Skills training and development services is training provided to an eligible individual or the LAR or primary caregiver of an eligible adult, child, or adolescent. Such training:    (A) addresses serious mental illness or SED and symptom-related problems that interfere with the individual's functioning and living, working, and learning environment;    (B) provides opportunities for the individual to acquire and improve skills needed to function as appropriately and independently as possible in the community; and    (C) facilitates the individual's community integration and increases his or her community tenure.  (2) Skills training and development services consist of teaching an individual the following skills:    (A) skills for managing daily responsibilities (e.g., paying bills, attending school, and performing chores);    (B) communication skills (e.g., effective communication and recognizing or change problematic communication styles);    (C) pro-social skills (e.g., replacing problematic behaviors with behaviors that are socially and culturally appropriate or developing interpersonal relationship skills necessary to function effectively with family, peer, teachers, or other people in the community);    (D) problem-solving skills;    (E) assertiveness skills (e.g., resisting peer pressure, replacing aggressive behaviors with assertive behaviors, and expressing one's own opinion in a manner that is socially appropriate);    (F) social skills and expanding the individual social support network, (e.g., selection of appropriate friends and healthy activities);    (G) stress reduction techniques (e.g., progressive muscle relaxation, deep breathing exercises, guided imagery, and selected visualization);    (H) anger management skills (e.g., identification of antecedents to anger, calming down, stopping and thinking before acting, handling criticism, avoiding and disengaging from explosive situations);    (I) skills to manage the symptoms of serious mental illness or SED and to recognize and modify unreasonable beliefs, thoughts and expectations;    (J) skills to identify and utilize community resources and informal supports;    (K) skills to identify and utilize acceptable leisure time activities (e.g., identifying pleasurable leisure time activities that will foster acceptable behavior); and    (L) independent living skills (e.g., money management, accessing and using transportation, grocery shopping, maintaining housing, maintaining a job, and decision making).  (3) Skills training and development services consist of:    (A) assisting the child or adolescent in learning the skills described in paragraph (2) of this subsection; and    (B) increasing the LAR's or primary caregiver's understanding of and ability to respond to the individual's needs identified in the uniform assessment or documented in the recovery plan.(b) Conditions.  (1) Skills training and development services may be provided to:    (A) an eligible adult;    (B) an eligible child or adolescent; or    (C) the LAR or primary caregiver of an individual.  (2) Skills training and development services provided to an individual, LAR, or primary caregiver of a child or adolescent may be provided:    (A) individually; or    (B) in a group.  (3) Skills training and development services may be provided:    (A) on site; or    (B) in vivo.  (4) Skills training and development services provided to an individual must be provided according to curricula approved by the department.  (5) Skills training and development services provided to an adult or LAR must be provided by:    (A) a QMHP-CS;    (B) a CSSP; or    (C) a peer provider.  (6) Skills training and development services provided to a child or adolescent, LAR, or primary caregiver must be provided by:    (A) a QMHP-CS;    (B) a CSSP; or    (C) a CFP.  (7) Skills training and development services may not be provided to an individual who is currently admitted to a CSU.(c) Frequency and Duration. The provision of skills training and development services must be in accordance with the amount and duration for which the provider has obtained authorization in accordance with §416.6 of this title (relating to Service Authorization and Recovery Plan). |

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| RULE §416.12 | Documentation Requirements |

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| (a) MH rehabilitative services documentation. A rehabilitative services provider must document the following for all MH rehabilitative services:  (1) the name of the individual to whom the service was provided;  (2) the type of service provided;  (3) the specific goal or objective addressed, modality, and method used to provide the service;  (4) the date the service was provided;  (5) the begin and end time of the service;  (6) the location where the service was provided;  (7) the signature of the staff member providing the service and a notation of their credential (e.g., a QMHP-CS, a pharmacist, a CSSP, a CFP, or a peer provider);  (8) any pertinent event or behavior relating to the individual's treatment which occurs during the provision of the service;  (9) any pertinent information required to be documented by the curricula, protocol, or practice approved by the department; and  (10) the outcome or response, as applicable:    (A) for crisis intervention service, the outcome of the crisis;    (B) for psychosocial coordination services, the outcome of the services;    (C) for day programs for acute needs, the progress or lack of progress in stabilizing the individual's acute psychiatric symptoms; or    (D) for all other services, the individual's response, including the progress or lack of progress in achieving recovery plan goals and objectives.(b) Crisis services documentation. In addition to the requirements described in subsection (a) of this section, when providing crisis services, a provider must document the information required by §412.321(e) of this title (relating to Crisis Services).(c) Medical necessity documentation. An LPHA must document that MH rehabilitative services are medically necessary when the services are authorized and reauthorized.(d) Frequency of documentation.  (1) Day programs for acute needs. For day programs for acute needs, the documentation required by subsection (a)(1) - (9) and (10)(C) of this section must be made daily.  (2) Programs other than day programs for acute needs. For MH rehabilitative services other than day programs for acute needs, the documentation required by subsection (a)(1) - (9) and (10)(A), (B), and (D) of this section must be made after each face-to-face contact that occurs to provide the MH rehabilitative service.  (3) Medical necessity. An LPHA must document medical necessity in accordance with §416.6 of this title (relating to Service Authorization and Recovery Plan).  (4) Retention. A provider must retain documentation in compliance with applicable federal and state laws, rules, and regulations.

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| RULE §416.8 | Medication Training and Support Services |

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| (a) Description. Medication training and support services consist of education and guidance about medications and their possible side effects. The department has reviewed and approved the use of the materials that are available on the department's internet site at: http://www.dshs.state.tx.us/mhsa/patient-family-ed/ and other materials which have been formally reviewed and approved by the department, to assist an individual in:  (1) understanding the nature of an adult's serious mental illness or a child's or adolescent's SED;  (2) understanding the concepts of recovery and resilience within the context of the serious mental illness;  (3) understanding the role of the individual's prescribed medications in reducing symptoms and increasing or maintaining the individual's functioning;  (4) identifying and managing the individual's symptoms and potential side effects of the individual's medication;  (5) learning the contraindications of the individual's medication;  (6) understanding the overdose precautions of the individual's medication; and  (7) learning self-administration of the individual's medication.(b) Conditions.  (1) Medication training and support services may be provided to:    (A) an eligible adult;    (B) an eligible child or adolescent; or    (C) the LAR or primary caregiver of an eligible adult, child, or adolescent.  (2) Medication training and support services provided to an adult may be provided:    (A) individually; or    (B) in a group.  (3) Medication training and support services provided to a child or adolescent may be provided:    (A) individually; or    (B) in a group.  (4) Medication training and support services provided to an LAR or primary caregiver may be provided:    (A) individually; or    (B) in a group, except that the adult, child or adolescent may also be present.  (5) Medication training and support services may be provided:    (A) on site; or    (B) in vivo.  (6) Medication training and support services provided to an adult or LAR must be provided by:    (A) a QMHP-CS;    (B) a CSSP;    (C) a peer provider; or    (D) a licensed medical staff member.  (7) Medication training and support services provided to a child, adolescent, LAR, or primary caregiver must be provided by:    (A) a QMHP-CS;    (B) a CSSP;    (C) a CFP; or    (D) a licensed medical staff member.  (8) Medication training and support services may not be provided to an individual who is currently admitted to a CSU.(c) Frequency and duration. The provision of medication training and support services must be in accordance with the amount and duration for which the provider has obtained authorization in accordance with §416.6 of this title (relating to Service Authorization and Recovery Plan). |

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| RULE §416.3 | Definitions |

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| The following words and terms, when used in this subchapter, have the following meanings, unless the context clearly indicates otherwise.   (1) Adolescent--An individual who is at least 13 years of age, but younger than 18 years of age.   (2) Adult--An individual who is 18 years of age or older.   (3) APRN or Advanced practice registered nurse--A staff member who is a registered nurse approved by the Texas Board of Nursing as a clinical nurse specialist in psychiatric/mental health or nurse practitioner in psychiatric/mental health, in accordance with Texas Occupations Code, Chapter 301. The term is synonymous with "advanced nurse practitioner."   (4) Authorization period--The duration for which the provider has obtained authorization in accordance with §416.6(a) of this title (relating to Service Authorization and Recovery Plan).   (5) Business day--Any day except a Saturday, Sunday, or legal holiday listed in Texas Government Code, §662.021.   (6) CFP or Certified family partner--A person who:     (A) is 18 years of age or older;     (B) has received:       (i) a high school diploma; or       (ii) a high school equivalency certificate issued in accordance with the laws applicable to the issuing agency;     (C) has at least one year of lived experience raising a child or adolescent with an emotional or mental health issues as a parent or LAR;     (D) has at least one year of experience navigating a child-service system (e.g., mental health, juvenile justice, social security, or special education) as a parent or LAR; and     (E) has successfully completed the certified family partner (CFP) training and passed the certification examination recognized by the department.   (7) CFR--The Code of Federal Regulations.   (8) Child--An individual who is at least three years of age, but younger than 13 years of age.   (9) Crisis--A situation in which:     (A) an individual presents an immediate danger to self or others;     (B) an individual's mental or physical health is at risk of serious deterioration; or     (C) an individual 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.   (10) CSSP or community services specialist--A staff member who, as of August 30, 2004:     (A) received:       (i) a high school diploma; or       (ii) a high school equivalency certificate issued in accordance with the law of the issuing state;     (B) has had three continuous years of documented full-time experience in the provision of MH rehabilitative services; and     (C) has demonstrated competency in the provision and documentation of MH rehabilitative services in accordance with this subchapter and the MH Rehabilitative Services Billing Guidelines.   (11) CSU or crisis stabilization unit--A crisis stabilization unit licensed under the Texas Health and Safety Code, Chapter 577; and Chapter 134 of this title (relating to Private Psychiatric Hospitals and Crisis Stabilization Units).   (12) Day--Calendar day, unless otherwise specified.   (13) Department--The Department of State Health Services.   (14) Direct clinical supervision--An LPHA's or QMHP's interaction with a staff member who delivers MH rehabilitative services to ensure that MH rehabilitative services are clinically appropriate and in compliance with this subchapter by:     (A) conducting a documented meeting with the staff member at regularly scheduled intervals; and     (B) conducting documented observations of the staff member providing MH rehabilitative services at a frequency determined by the supervisor based on the staff member's skill level.   (15) Face-to-face--A contact with an individual that occurs when the individual is in the physical presence of the staff member who is delivering the service. Face-to-face does not include contacts made through the use of electronic media.   (16) Group--A face-to-face service delivery modality involving at least one staff member and:     (A) two to eight adults; or     (B) two to six children or adolescents and may include their LARs or primary caregivers, which do not count toward the group size limit.   (17) Health risk factors--Circumstances that contribute to the premature death and disabling chronic diseases such as heart disease, diabetes and cancers. They include, but are not limited to, substance abuse or addiction, high blood pressure, tobacco use, high blood glucose, use of and side effects of some neuroleptic medications, physical inactivity, overweight and obesity, and unsafe sex.   (18) IMD or institution for mental diseases--Based on 42 CFR §435.1009, a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of individuals with serious mental illness, including medical attention, nursing care, and related services.   (19) Individual--A person seeking or receiving MH rehabilitative services.   (20) In vivo--The individual's natural environment (e.g., the individual's residence, work place, or school).   (21) LAR or legally authorized representative--A person authorized by law to act on behalf of an adult, child, or adolescent with regard to a matter described in this subchapter, including, but not limited to, a parent, guardian, or managing conservator.   (22) LMFT or Licensed marriage and family therapist--An individual who is licensed as a licensed marriage and family therapist by the Texas State Board of Examiners of Marriage and Family Therapists in accordance with Texas Occupations Code, Chapter 502.   (23) Licensed medical staff member--A staff member who is:     (A) a physician (MD) or (DO);     (B) a physician assistant (PA);     (C) an APRN;     (D) a registered nurse (RN);     (E) an LVN; or     (F) a pharmacist.   (24) LPC or Licensed professional counselor--A person who is licensed as a licensed professional counselor by the Texas State Board of Examiners of Professional Counselors in accordance with Texas Occupations Code, Chapter 503.   (25) LOC or level of care--A designation given to the department's standard sets of mental health services, based on the uniform assessment and utilization management guidelines referenced in §416.17 of this title (relating to Guidelines), which specify the type, amount, and duration of MH rehabilitative services to be provided to an individual.   (26) LPHA or licensed practitioner of the healing arts--This term shall have the meaning set forth in the §412.303 of this title (relating to Definitions).   (27) LVN or licensed vocational nurse--A staff member who is licensed as a vocational nurse by the Texas Board of Nursing in accordance with Texas Occupations Code, Chapter 301.   (28) Mental health (MH) rehabilitative services--Services that:     (A) are individualized, age-appropriate training and instructional guidance that restore an individual's functional deficits due to serious mental illness or SED;     (B) are designed to improve or maintain the individual's ability to remain in the community as a fully integrated and functioning member of that community; and     (C) consist of the following services:       (i) crisis intervention services;       (ii) medication training and support services;       (iii) psychosocial rehabilitative services;       (iv) skills training and development services; and       (v) day programs for acute needs.   (29) Medicaid provider--A Medicaid-enrolled provider with which the department has a Medicaid provider agreement to provide MH rehabilitative services under the State's Medicaid Program.   (30) Medical necessity or medically necessary--A clinical determination made by an LPHA that services:     (A) are reasonable and necessary for the treatment of a serious mental illness; or to improve, maintain, or prevent deterioration of functioning resulting from such a disorder;     (B) are provided in accordance with accepted standards of practice in behavioral health care;     (C) are furnished in the most appropriate and least restrictive setting in which services can be safely provided;     (D) are at the most appropriate level or amount of service that can be safely provided; and     (E) could not have been omitted without adversely affecting the individual's mental and/or physical health or the quality of care rendered.   (31) Mental health disorder--Health conditions involving changes in thinking, mood, and/or behaviors that are associated with distress or impaired functioning. When mental health disorders are more severe, they are called serious mental illnesses, which includes anxiety disorder, attention-deficit/hyperactivity disorder, depressive and other mood disorders, eating disorders, schizophrenia, and others.   (32) Nursing services--Services provided or delegated by an RN acting within the scope of his or her practice, as described in Texas Occupations Code, Chapter 301.   (33) On site--At a location operated by a provider or a person or entity under arrangement with the provider.   (34) PA or Physician assistant--A staff member who is licensed as a physician assistant by the Texas State Board of Physician Assistant Examiners in accordance with Texas Occupations Code, Chapter 204.   (35) Peer provider--A staff member who:     (A) has received:       (i) a high school diploma; or       (ii) a high school equivalency certificate issued in accordance with the law of the issuing state; and     (B) has at least one cumulative year of receiving mental health services for a disorder that is treated in the target population for Texas.   (36) Pharmacist--A staff member who is licensed as a pharmacist by the Texas State Board of Pharmacy in accordance with Texas Occupations Code, Chapter 558.   (37) Physician--A staff member who is:     (A) licensed as a physician by the Texas Medical Boards in accordance with Texas Occupations Code, Chapter 155 (Medical Doctor or Doctor of Osteopathy); or     (B) authorized to perform medical acts under an institutional permit at a Texas postgraduate training program approved by the Accreditation Council on Graduate Medical Education, the American Osteopathic Association, or the Texas Medical Board.   (38) Primary caregiver--A person 18 years of age or older who has actual care, control, and possession of a child or adolescent.   (39) Problem-solving--The use of specific steps and strategies to analyze and evaluate a problematic situation in order to determine a course of action to resolve the problematic situation.   (40) Provider--An entity with which the department has a contractual agreement to provide MH Rehabilitative Services, including a Medicaid provider.   (41) Psychologist--A staff member who is licensed as a psychologist by the Texas State Board of Examiners of Psychologists in accordance with Texas Occupations Code, Chapter 501.   (42) QMHP-CS or qualified mental health professional-community services--A staff member who meets the definition of a QMHP-CS set forth in §412.303 of this title (relating to Definitions).   (43) Recovery--A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.   (44) Recovery plan or treatment plan--A written plan developed with the individual and, as required, the LAR and a QMHP-CS that specifies the individual's recovery goals, objectives, and strategies/interventions in conjunction with the uniform assessment that guides the recovery process and fosters resiliency as further described in §412.322(e) of this title (relating to Provider Responsibilities for Treatment Planning and Service Authorization).   (45) Resilience--The ability to cope with and recover from adversity and stress.   (46) RN or registered nurse--A staff member who is licensed as a registered nurse by the Texas Board of Nursing in accordance with Texas Occupations Code, Chapter 301.   (47) SED or Serious emotional disturbance--A diagnosed mental health disorder that substantially disrupts a child's or adolescent's ability to function socially, academically, and emotionally.   (48) Serious mental illness--An illness, disease, disorder, or condition (other than a sole diagnosis of epilepsy, dementia, substance use disorder, or intellectual or developmental disability) that:     (A) substantially impairs an individual's thought, perception of reality, emotional process, development, or judgment; or     (B) grossly impairs an individual's behavior as demonstrated by recent disturbed behavior.   (49) Staff member--Personnel of a provider including a full-time or part-time employee, contractor, intern, or volunteer.   (50) Therapeutic team--A group of staff members who work together in a coordinated manner for the purpose of providing comprehensive mental health services to an individual.   (51) Uniform assessment--An assessment adopted by the department that is used for recommending an approved level of care (LOC).   (52) Utilization management guidelines--Guidelines developed by the department that suggest the type, amount, and duration of mental health services for each LOC.  |