

TEXAS

This summary of state regulations and policy represents only a snapshot at a point in time, is not comprehensive, and should not be taken to constitute legal advice or guidance. State Medicaid requirements are included at the end of this summary.

Types of Facilities

Mental Health (MH) and Substance Use Disorder (SUD): The following facility types fall under the purview of this summary:

- Additional regulations apply to each of the following in which *mental health services* are provided: (1) facilities of HHSC and their respective community-based programs; (2) local mental health authorities and local behavioral health authorities; (3) psychiatric hospitals; and (4) any program contracting with these entities. *Mental health services* are defined to include “all services concerned with research, prevention, and detection of mental disorders and disabilities and all services necessary to treat, care for, supervise, and rehabilitate mentally disordered and disabled persons, **including persons mentally disordered and disabled from alcoholism and drug addiction.**” [State staff indicate that this definition of mental health services is under revision but that a new definition is not final.] *Residential services* are defined as twenty-four hour services provided and/or contracted by the department or a local authority (e.g., structured group residential programs, halfway houses, hospital units providing MH services, licensed crisis stabilization units, etc.) or a psychiatric hospital.

Mental Health (MH): Texas regulates the following residential mental health treatment facility types:

- *Crisis stabilization unit (CSU):* short-term residential treatment designed to reduce acute symptoms of mental illness of a patient and prevent admission of the patient to a psychiatric hospital. Such treatment includes but is not limited to medical services and nursing services.
 - There are separate regulations for crisis intervention services in non-CSU settings and, as with day programs for acute needs, described below, they apply only to services funded through Medicaid or on a general revenue contract with the Health and Human Services Commission (HHSC). They do not apply to CSUs.
 - According to state staff, a few crisis residential programs are licensed as assisted living facilities by HHSC Long Term Care Regulatory Services.

- *Day program for acute needs:* short term, intensive treatment to an individual who requires multidisciplinary treatment in order to stabilize acute psychiatric symptoms or prevent admission to a more restrictive setting.
 - Day programs for acute needs: (1) are provided in a highly structured and safe environment with constant supervision. (2) Ensure an opportunity for frequent interaction between an individual and staff members. (3) Are services that are goal oriented and focus on: (A) reality orientation; (B) symptom reduction and management; (C) appropriate social behavior; (D) improving peer interactions; (E) improving stress tolerance; (F) the development of coping skills. (4) Consist of the following component services: (A) psychiatric nursing services; (B) pharmacological instruction; (C) symptom management training; and (D) functional skills training.
 - Day programs for acute needs may be provided in a short-term, crisis-resolution oriented residential treatment setting that is not a general medical hospital, a psychiatric hospital; or an IMD.

Substance Use Disorder (SUD): Texas regulates the following residential substance use treatment facility:

- *Residential site:* a physical location owned, leased, or operated by a provider where clients reside in a supervised treatment environment. Chemical dependency treatment, prevention, and intervention activities, including detoxification, may be provided in residential sites. Among the types of facilities mentioned but not defined in the regulations are *detoxification*, *adult intensive residential*, and *adult supportive residential* programs. Each are addressed below to the extent that regulations impose specific requirements (e.g., staffing). According to state staff, additional standards not included in this summary apply via contract to facilities that contract with the state.

Unregulated Facilities: For mental health treatment, three categories of residential treatment facilities are operated and regulated as local mental health authorities with crisis service standards governed by contractual provisions rather than being licensed. According to state staff, these categories are as follows:

- An extended observation unit (EOU) provides up to 48-hours of emergency services to individuals in a mental health crisis who may pose a high to moderate risk of harm to self or others. EOUs may accept individuals on emergency detention.
- A crisis residential unit provides community-based residential, crisis treatment to individuals with a moderate to mild risk of harm to self or others, who may have fairly severe functional impairment, and whose symptoms cannot be stabilized in a less restrictive setting. Crisis residential facilities are not authorized to accept individuals on involuntary status.
- A crisis respite unit provides community based residential crisis treatment to individuals who have low risk of harm to self or others and may have some functional impairment.

Services may occur over a brief period of time, such as two hours, and generally serve individuals with housing challenges or assist caretakers who need short-term housing or supervision for the persons they care for to avoid a mental health crisis. Crisis respite facilities are not authorized to accept individuals on involuntary status.

For SUD, no unregulated facility types under the purview of this summary were found. According to state staff, additional standards not included in this summary apply via contract to facilities that contract with the state.

Approach

Mental Health (MH): The regulation of day programs for acute needs applies to services funded through Medicaid or on a general revenue contract with HHSC.

Substance Use Disorder (SUD): The Department of State Health Services regulates and licenses chemical dependency treatment programs.

Processes of Licensure or Certification and Accreditation

Mental Health (MH):

- CSUs are subject to the licensure requirements delineated in the HHSC Regulatory Services Division legislation that regulates mental health facilities.
- CSUs that provide court-ordered mental health services, specifically an order for protective custody, are subject to licensure.
 - Exemptions from licensure include mental health facilities operated by local mental health authorities, HHSC, or a federal agency.
- Day programs for acute needs do not have specifically applicable licensing requirements but may be interpreted as included in the facilities requiring licensure as mental health facilities, to the extent they are offered within CSUs.
- To the extent that CSUs or day programs for acute needs offered in a residential setting require licensure, licensure is for a two-year period, by which time a renewal application must be submitted. The department may conduct an investigation as considered necessary after receiving the proper license application and the required fees.
- No requirements for accreditation were located.
- The state does not require a certificate of need.

- Other than licensure requirements for assisted living facilities, which occasionally include crisis services, no other requirements for licensure, certification, or accreditation were found for MH residential treatment facilities.

Substance Use Disorder (SUD):

- Licensure by the Texas Department of State Health Services is required for operation of any chemical dependency treatment program that is not exempt. A program is exempt if it: (1) is conducted by a religious organization; (2) is exclusively religious, spiritual, or ecclesiastical in nature; (3) does not treat minors; and (4) is registered.
 - An exempt program registered under this section may not provide medical care, medical detoxification, or medical withdrawal services.
- Licensure duration is two years, by which time a renewal application is required. An on-site inspection may be necessary.
- Accreditation is not required.
- The state does not require a certificate of need.

Cause-Based Monitoring

Mental Health (MH): To the extent licensure is required, the department may make investigations as needed to obtain compliance with the statute or departmental regulations. This may include facility and document inspection at any reasonable time. Licenses may be denied, suspended, revoked, or placed on probationary status.

Substance Use Disorder (SUD): Facilities shall submit program information and statistics to the Texas Commission on Drug and Alcohol Abuse annually. Additionally, the Commission may conduct a scheduled or unannounced inspection or request materials for review at reasonable times, including any time treatment services are provided. Licenses may be suspended, revoked, not renewed, or placed on probationary status. Penalties may be imposed.

Access Requirements

Mental Health (MH): Requirements regarding residential services were not explicitly described in the state regulations

Substance Use Disorder (SUD): For chemical dependency treatment sites, the provider shall provide access to services, including providing information about other services and alternative

providers, taking into account an individual's financial constraints and special needs. Entities may not exclude an individual based on the individual's past or present mental illness; medications prescribed to the individual in the past or present; the presumption of the individual's inability to benefit from treatment; or the individual's level of success in prior treatment episodes. No specific requirements for wait times were located.

According to state staff, facilities that receive funding from block grants, also must satisfy contractual access requirements related to priority populations.

Staffing

Mental Health (MH) and Substance Use Disorder (SUD): For all MH/SUD treatment services identified in 1a as MH/SUD, all employees are required to undergo a thorough period of training in the rights of persons receiving mental health services (defined as including drug and alcohol treatment).

Mental Health (MH): For CSUs, at least one physician shall, at all times, be physically present to respond to an emergency medical condition and be available to staff members to provide medical consultation. CSUs shall have an adequate number of qualified staff members. A CSU shall have a director of psychiatric services who directs, monitors, and evaluates the psychiatric services provided, and who shall be certified in psychiatry by the American Board of Psychiatry and Neurology or by the American Osteopathic Board of Psychiatry and Neurology; or have three years of experience as a physician in psychiatry in a "mental hospital." Physical and psychiatric examinations shall be conducted by physicians only.

All staff members shall receive orientation and annual training. RNs, licensed vocational nurses (LVN), and UAP shall receive additional training, including for monitoring patient safety and infection control.

For day programs for acute needs, services must be provided by a QMHP-CS, a CSSP, or a peer provider. Facilities must, at all times, have a sufficient number of staff members to ensure safety and program adequacy; and at a minimum include: (i) one RN for every 16 individuals at the day program's location; (ii) one physician to be available by phone, with a response time not to exceed 15 minutes; (iii) two staff members who are QMHP-CSs, CSSPs, or peer providers at the day program's location; (iv) one additional QMHP-CS who is not assigned full-time to another day program to be physically available, with a response time not to exceed 30 minutes; and (v) additional QMHP-CSs, CSSPs, or peer providers at the day program's location sufficient to maintain a ratio of one staff member to every four individuals. Psychiatric nursing services must be provided by RNs. Pharmacological instruction must be provided by a licensed medical professional.

Substance Use Disorder (SUD): General personnel requirements for chemical dependency treatment programs include but are not limited to ones related to interns, credential

verification, reporting sexual abuse, criminal background checks, drug testing, and personnel records. Additional requirements related to training include documentation of external training, orientation training, training within 90 days of employment, and annual training.

For all chemical dependency treatment services, the facility shall maintain an adequate number of qualified staff to comply with licensure rules, provide appropriate and individualized treatment, and protect the health, safety, and welfare of clients. All personnel shall receive the training and supervision necessary to ensure compliance with Commission rules, provision of appropriate and individualized treatment, and protection of client health, safety and welfare. Direct care staff shall be awake and on site during all hours of program operation. Residential direct care staff included in staff-to-client ratios shall not have job duties that prevent ongoing and consistent client supervision. Residential programs shall have at least one counselor on duty at least eight hours a day, six days a week. Individuals responsible for planning, directing, or supervising treatment programs shall be QCCs. The clinical program director must have at least two years of post-licensure experience providing chemical dependency treatment. Chemical dependency counseling must be provided by a qualified credentialed counselor (QCC), graduate, or counselor intern. Chemical dependency education and life skills training shall be provided by counselors or individuals who have the specialized education and expertise. All counselor interns shall work under the direct supervision of a QCC.

For detoxification programs, there shall be a medical director who is a licensed physician. The medical director shall be responsible for admission, diagnosis, medication management, and client care. Detoxification programs shall have a licensed vocational nurse or registered nurse on duty for at least eight hours every day and a physician or designee on call 24 hours a day. Detoxification programs shall ensure that detoxification services are accessible at least 16 hours per day, seven days per week. Providers shall develop and implement a mechanism to ensure that all direct care staff in detoxification programs have the knowledge, skills, abilities to provide detoxification services, as they relate to the individual's job duties.

In adult intensive residential programs, the direct care staff-to-client ratio shall be at least 1:16 when clients are awake and 1:32 during sleeping hours. In intensive residential programs counselor caseloads shall not exceed ten clients for each counselor.

In adult supportive residential programs, the direct care staff-to-client ratio shall be at least 1:20 when clients are awake and 1:50 during sleeping hours. Each supportive residential program shall set limits on caseload size that ensure effective, individualized treatment.

Placement

Mental Health (MH): For crisis stabilization units, pre-admission screening should be conducted that includes a medical history, any history of substance use, and the problem for which the prospective patient is seeking treatment, to determine if a physician should conduct an admission examination. If appropriate, the physician can then conduct the admission

examination, which consists of a physical and psychiatric examination. The physical examination may consist of an assessment for medical stability.

For day programs for acute needs, prior to providing services, an LPHA must determine if the prospective services are medically necessary by conducting a uniform assessment.

Substance Use Disorder (SUD): For all residential chemical dependency treatment sites, facilities shall use a screening process appropriate for the target population to determine eligibility for admission by whether an individual meets the DSM criteria for substance abuse or dependence. The screening process shall collect other information as necessary to determine the type of services that are required to meet the individual's needs. This may necessitate the administration of all or part of validated assessment instruments.

For admission to a detoxification program, the screening should be conducted by a physician, physician assistant, nurse practitioner, registered nurse, or LVN. Clients who are not in withdrawal but meet the DSM criteria for substance dependence may be admitted to detoxification services for 72 hours for crisis stabilization. Crisis stabilization is appropriate for clients who have diagnosed conditions that result in current emotional or cognitive impairment in clients such that they would not be able to participate in a structured and rigorous schedule of formal chemical dependency treatment.

For admission to all other treatment programs, the screening will be conducted by a counselor or counselor intern.

Treatment and Discharge Planning and Aftercare Services

Mental Health (MH): Treatment planning requirements are indicated for crisis stabilization units, with updates required at least every 72 hours after being implemented or any time there is a change in patient condition, upon request by the patient, or based on findings from a re-evaluation. Discharge planning beginning at admission is required. When conducting discharge planning activities, a CSU shall consult with personnel at the local mental health authority to ensure continuity of care for individuals being discharged.

For day programs for acute needs, treatment planning is required, with updates indicated: (A) at intervals set forth in the utilization management guidelines; (B) as clinically indicated; and (C) at the request of the individual, LAR, or primary caregiver. Discharge planning requirements were not identified.

Substance Use Disorder (SUD): For residential chemical dependency treatment sites, individualized treatment planning with regular updates and discharge planning beginning at admission are required. The initial treatment plan must be filed in the record within 5 service days of admission. Updates must occur at least monthly. The discharge plan shall address continuity of services to the client. Coordination activities shall be documented in the client

record, and the program should involve the client's family or an alternate support system in the discharge planning process when appropriate.

Treatment Services

Mental Health (MH): For crisis stabilization units, facilities should stabilize each identified common emergency medical condition, including the administration of first aid and basic life support when clinically indicated; the use of the supplies and equipment; and when the action to be taken is facilitating transfer of the patient or prospective patient, a description of the method of transportation and the name and location of the hospital to which a patient or prospective patient will be transferred.

For day programs for acute needs, there shall be psychiatric nursing services, pharmacological instruction, symptom management training, and functional skills training. Pharmacological instruction includes: the role of the individual's medications in stabilizing acute psychiatric symptoms or preventing admission to a more restrictive setting; the identification of substances that reduce the effectiveness of the individual's medications; appropriate interventions to reduce side effects of the medications; and the self-administration of the individual's medication. Symptom management training includes: the identification of thoughts, feelings, or behaviors that indicate the onset of acute psychiatric symptoms; developing coping strategies to address the symptoms; ways to avoid symptomatic episodes; identification of external circumstances that trigger the onset of the acute psychiatric symptoms; and relapse prevention strategies. Functional skills training includes: personal hygiene; nutrition; food preparation; money management; socially and culturally appropriate behavior; and accessing and participating in community activities.

Substance Use Disorder (SUD): For all chemical dependency treatment sites, standards are in place related to size of group counseling sessions; requirements for chemical dependency education, life skills training, and communicable disease education, and tobacco use risks. There are other requirements specific to HIV screening and access to physical and mental health services.

For detoxification services, all programs shall ensure continuous access to emergency medical care. Residential and ambulatory detoxification programs shall provide monitoring to manage the client's physical withdrawal symptoms. Monitoring shall be conducted at a frequency consistent with the degree of severity of the client's withdrawal symptoms, the drug(s) from which the client is withdrawing, and/or the level of intoxication of the client. Medication should be available to manage withdrawal/intoxication from all classes of abusable drugs. In addition to the management of withdrawal and intoxicated states, detoxification programs shall provide services, including counseling, which are designed to: assess the client's readiness for change; offer general and individualized information on substance abuse and dependency; enhance client motivation; engage the client in treatment; and include a detoxification plan that contains the goals of successful and safe detoxification as well as transfer to another intensity

of treatment. At least one daily individual session by a registered nurse, QCC or counselor intern with the client will be conducted.

All residential treatment services shall offer a structured therapeutic environment. The facility shall ensure access to the full continuum of treatment services and will ensure sufficient treatment intensity to achieve treatment plan goals. Intensity and content of treatment shall be appropriate to the client's needs and consistent with generally accepted placement guidelines and standards of care.

Intensive residential shall provide an average of at least 30 hours of services per week for each client, comprised of at least ten hours of chemical dependency counseling; ten hours of additional counseling, chemical dependency education, life skills training, relapse prevention education; and ten hours of planned, structured activities monitored by staff. Five hours of these services shall occur on weekends and evenings.

Supportive residential shall provide at least six hours of treatment services per week for each client, comprised of at least three hours of chemical dependency counseling and three hours of additional counseling, chemical dependency education, life skills training, and relapse prevention education.

Patient Rights and Safety Standards

Mental Health (MH) and Substance Use Disorder (SUD): For all MH/SUD treatment services identified in 1a as MH/SUD, the regulations specify a number of rights including, but not limited to, humane and appropriate treatment in the least restrictive setting, and to not be secluded or physically restrained unless certain requirements are met.

Substance Use Disorder (SUD): Chemical dependency treatment programs must have a Client Bill of Rights. Among the rights included are treatment with dignity and in the least restrictive setting, and the right to make a complaint. All facilities must have a written grievance procedure that includes the right to complain directly to the Department.

For residential chemical dependency treatment sites, clients also have the right not to be restrained or secluded unless certain conditions are met and rights of communication.

Quality Assurance or Improvement

Mental Health (MH): Requirements regarding residential services were not explicitly described in the state regulations.

Substance Use Disorder (SUD): For residential chemical dependency treatment sites, facilities shall develop procedures and implement a quality management process.

Governance

Mental Health (MH): For crisis stabilization units, there shall be a governing authority that is responsible for the CSU's organization, management, control, and operation. The duties of the governing authority include the appointment of the administrator.

No information related to requirements for governance were identified for day programs for acute needs.

Substance Use Disorder (SUD): No requirements related to requirements for governance were identified, but policies and procedures are required.

Special Populations

Mental Health (MH) and Substance Use Disorder (SUD): For certain entities (local mental health authorities, managed care organizations, state mental health facilities), and certain Medicaid providers, specific accommodations should be made for individuals who require specialized support due to co-occurring psychiatric and substance use disorders, to include ensuring both the psychiatric and substance use disorders are addressed in the course of treatment and that treatment is effective and coordinated.

Mental Health (MH): Requirements regarding residential services were not explicitly described in the state regulations.

Substance Use Disorder (SUD): The services provided to a client with co-occurring psychiatric and substance use disorders (COPSD) must address both psychiatric and substance use disorders; be provided within established practice guidelines for this population; and facilitate individuals in accessing available services they need and choose, including self-help groups.

The services provided to a client with COPSD must be provided by staff who are competent. Providers must ensure that services to clients are age-appropriate and are provided by staff within their scope of practice who have specified minimum knowledge, technical, and interpersonal competencies. Treatment planning must identify services to be provided and must include measurable outcomes that address COPSD.

Clients shall receive gender-specific services in female-only specialized programs. When appropriate, pre-admission service coordination shall be provided to reduce barriers to treatment, enhance motivation, stabilize life situations, and facilitate engagement in treatment.

Services shall address relationship issues, including past or current experience with sexual, physical, and emotional abuse. Providers shall develop and implement a mechanism to ensure that all direct care staff in programs that treat women and children have the knowledge, skills, and abilities to provide services to women and children, as they relate to the individual's job duties. Individuals responsible for the planning and supervision of the program shall participate in at least 15 clock hours of training annually in understanding children, child development, and/or early childhood education. Clients shall receive access to appropriate primary medical care, including prenatal care and reproductive health education and services. Pregnant clients, women with children in custody, and women with dependent children shall receive parenting education and support services. Women and their dependent children shall be treated as a unit, and both the woman and her children will be admitted into treatment when appropriate. Children shall receive services to address their needs and support healthy development, including primary pediatric care, early childhood intervention services, substance abuse prevention services, and/or other therapeutic interventions. Facilities housing children shall comply with the standards applicable to child-care centers.

According to state staff, facilities that receive funding from block grants, also must satisfy contractual access requirements related to other priority populations.

Location of Regulatory and Licensing Requirements

Regulation of CSUs¹; Regulation of Day Programs for Acute Needs²; Regulation of Rights of Persons Receiving Mental Health Services³; Subtitle C statute regarding licensure⁴. SU regulations Chapters 441, 447, 448⁵. Regulations Chapters 404, 411 and HHS Chapter 510⁶. Regulatory data collected August 9, 2019.

Other Information Sources

B. Rohsner, L. Pierre-Carr (HHSC), T. Hosaka (THSC); National Conference of State Legislatures CON Program Overview, <http://www.ncsl.org/research/health/con-certificate-of-need-state-laws.aspx>

¹ See [https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=411&sch=M&div=1&rl=Y](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=411&sch=M&div=1&rl=Y).

² See [https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=416&sch=A&rl=Y](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=416&sch=A&rl=Y).

³ See [https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=404&sch=E&rl=Y](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=404&sch=E&rl=Y).

⁴ See <https://statutes.capitol.texas.gov/?link=HS>.

⁵ See [https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=3&ti=25&pt=1](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=3&ti=25&pt=1).

⁶ See [https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=4&ti=26&pt=1&ch=510](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=26&pt=1&ch=510).

TEXAS MEDICAID

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Approach

Mental Health (MH) and Substance Use Disorder (SUD): Texas Health and Human Services (THHS) oversees the state Medicaid program. Texas does rely on the in lieu of provision and on Disproportionate Share Hospital (DSH) to reimburse some services in institutions for mental diseases (IMDs). Its Section 1115 waiver does not provide for coverage of behavioral health services in an IMD, although it does address coverage of certain non-IMD residential services.

Mental Health (MH): Mental health rehabilitative services, including crisis intervention services, may not be offered in an IMD but may be offered in a non-IMD residential setting.

Substance Use Disorder (SUD): Texas covers some residential non-IMD SUD treatment.

Types of Facilities

Mental Health (MH): Texas covers the following facility types in their Medical Assistance program:

- *Crisis intervention services:* intensive community-based one-to-one services. This service includes assessment, behavioral skills training, problem-solving, and reality orientation to help clients identify and manage their symptoms of mental illness, and cope with stressors.
 - Crisis intervention services may be provided in extended observation or crisis residential units.
 - Crisis intervention services may not be provided to anyone admitted to a Crisis Stabilization Unit (CSU) which is a licensed under Chapter 577 of the Texas Health and Safety Code and 25 TAC Chapter 134 (relating to Private Psychiatric Hospitals and Crisis Stabilization Units).
- *Day programs for acute needs:* may be provided in a residential facility with fewer than 17 beds. They provide short-term, intensive treatment that are site-based and provided in a group modality. They are provided in a highly-structured and safe environment with constant supervision and ensure an opportunity for frequent interaction between client and staff.

Substance Use Disorder (SUD): Texas covers the following facility types in their Medical Assistance program:

- *Residential detoxification/withdrawal management:* Residential detoxification shall be limited to a medically appropriate duration of service based on medical need and level of intoxication for a maximum of 21 days per episode of care. Withdrawal management, formerly known as detoxification, is the medical and behavioral treatment of individuals experiencing or potentially experiencing withdrawal symptoms as a result of ceasing or reducing substance use. Withdrawal management involving opioids, alcohol, sedatives, hypnotics, or anxiolytics will vary depending on the severity of the withdrawal symptoms experienced but will typically involve medications to treat symptoms in addition to supportive care, observation, and monitoring. Withdrawal management involving stimulants, inhalants, and cannabis typically involves supportive care, observation and monitoring, and medications to treat withdrawal symptoms as required.
- *Residential treatment:* Residential treatment shall be limited to a medically appropriate duration of service based on medical need and severity of addiction for a maximum of 35 days per episode of care and no more than 2 episodes of care per a 6-month period. Residential treatment programs provide a structured therapeutic environment where individuals reside with staff support and deliver comprehensive substance use disorder treatment with attention to cooccurring conditions as appropriate. The frequency and duration of services should be based on meeting the individual's needs and achieving the individual's treatment goals.

Medication-assisted treatment may be included.

Processes of Medicaid Enrollment

Mental Health (MH) and Substance Use Disorder (SUD):

- An applicant or re-enrolling provider must be licensed, certified, or accredited to the extent required by federal and state laws, regulations, statutes, rules, and policy. The applicant or re-enrolling provider must be in good standing related to licensure, certification, and accreditation to be considered for enrollment.
- An applicant or re-enrolling provider must consent to unscheduled and unannounced pre- and post-enrollment site visits conducted by HHSC or its designee.
- A provider must submit a new enrollment application at least every five years. The time frame for re-enrollment is based on the provider's screening level unless HHSC determines a shorter enrollment period.

Substance Use Disorder (SUD):

- Reimbursement can only be received after a facility is licensed as a Chemical Dependency Treatment Facility (CDTF) by the Department of State Health Services to provide substance abuse and dependency treatment services, be enrolled and approved for participation in the Texas Medical Assistance Program; and sign a written provider agreement with HHSC or its designee.

Staffing

Mental Health (MH): Day programs for acute needs must have, at all times, a sufficient number of staff member to ensure safety and program adequacy and, at a minimum, include: one RN for every 16 clients; one physician available by phone with a response time of not more than 15 minutes; two staff members who are QMHP-CSs, CSSPs, or peer providers at the program location; one additional QMHP who has a response time of not greater than 30 minutes; and additional QMHP-CSs, CSSPs, or peer providers sufficient to maintain a ratio of one staff member per every four clients.

Substance Use Disorder (SUD): Residential SUD treatment services may only be provided by a licensed CDTF and additional limitations apply if MAT is provided.

Placement

Mental Health (MH): Prior authorization is required for all mental health rehabilitative services, except crisis intervention. A QMHP-CS must conduct a uniform assessment at least every 180 days for adults to determine the type, amount, and duration of mental health rehabilitative services.

Within two days of initiation of crisis intervention services, an LPHA must determine if the services meet the definition of medical necessity. Providers will not be reimbursed if the person does not have a serious mental illness.

Day programs for acute needs are provided to clients who are 18 years of age and older and who requires multidisciplinary treatment to stabilize acute psychiatric symptoms or prevent admission to a more restrictive setting.

Substance Use Disorder (SUD): Treatment for SUD is only reimbursed for those who meet criteria for a SUD disorder. Level of care and specific services must adhere to current evidence-based industry standards and guidelines such as those in the ASAM Treatment Criteria for Addictive Substance-Related and Co-Occurring Conditions as well as licensure requirements for

standards of care. Upon admission, a face-to-face multidimensional assessment must be conducted by a qualified credentialed counselor or intern to determine a course of treatment that is medically necessary and clinically appropriate.

Residential detoxification may be prior authorized for up to 21 days. The level of service and authorization period varies based on substances used, level of intoxication and withdrawal potential, and medical needs. Clients are eligible for admission if they failed two previous episodes of outpatient withdrawal management or they have specified diagnoses and meet certain criteria. Continued stay requires meeting at least one of the criteria for withdrawal, major medical complications, or major psychiatric complications.

Residential services may be prior authorized for up to 35 days per care episode, with a maximum of two episodes of care per rolling six-month period, and four episodes of care per rolling year. The level of service and authorization period varies based on substances used, level of intoxication and withdrawal potential, and medical needs. Clients are eligible for admission if they failed two previous episodes of outpatient withdrawal management or they have specified diagnoses and meet certain criteria. Continued stay requires meeting at least one of the criteria for withdrawal, major medical complications, or major psychiatric complications.

Treatment and Discharge Planning and Aftercare Services

Mental Health (MH): The treatment planning process for mental health rehabilitative services, including crisis intervention, requires the active participation of the Medicaid eligible client. Treatment plans are based on a comprehensive assessment and must address the client's strengths, areas of need, the client's preferences, and descriptions of the client's treatment goals. A comprehensive provider agency must develop a written recovery/treatment plan before the provision of mental health targeted case management or mental health rehabilitative services; and within 10 business days after the date the individual is eligible and has been authorized for routine care services.

Substance Use Disorder (SUD): Requirements regarding residential services were not explicitly described in the state Medicaid regulations; see above for detailed licensure-related standards.

Treatment Services

Mental Health (MH): Crisis intervention services consist of the following interventions: an assessment of dangerousness of the client to self or others; the provision of emergency care services that include crisis screening and response, telephone access, emergency case services, urgent care services, routine care services, and access to emergency medical/crisis services; behavior skills training to assist the client in reducing distress and managing symptoms; problem-solving; reality orientation to help the client identify and manage his or her symptoms

of serious mental illness or SED; and providing instruction, structure, and emotional support to the client in adapting to and coping with immediate stressors.

Day programs for acute needs focus on intensive, medically-oriented, multidisciplinary interventions such as behavior skills training, crisis management, and nursing services to stabilize acute psychiatric symptoms. Services include psychiatric nursing services; pharmacological instruction; symptom management training; and functional skills training.

Other mental health rehabilitation services include medication training and support services; psychosocial rehabilitative services; and skills training and development services. Each of these have specific requirements under the Medicaid rehabilitation service descriptions.

Substance Use Disorder (SUD): General applicable categories of reimbursable CDTF services include withdrawal management; medication assisted treatment; and evaluation and treatment or referral for co-occurring physical and behavioral health conditions.

Withdrawal management in a residential setting may be required for individuals whose multidimensional assessment indicates one or more of the following circumstances that would make outpatient withdrawal management unsafe or unsuccessful, such as those with a level of severity of withdrawal, medical, or mental health complication or with sufficient challenges with readiness to change, ability to stop using, or social support.

Medication-assisted treatment may be included in CDTF residential facilities.

Care Coordination

Mental Health (MH) and Substance Use Disorder (SUD): Requirements regarding residential services were not explicitly described in the state Medicaid regulations; see above for detailed licensure-related standards.

Quality Assurance or Improvement

Mental Health (MH) and Substance Use Disorder (SUD): Each Medicaid MCO must develop and implement an ongoing quality assessment and performance improvement (QAPI) program for services it furnishes to its enrollees. The MCO must maintain and provide documentation of its compliance for HHSC's or its contracted External Quality Review Organization's (EQRO's) review, including performance measurement data. HHSC periodically evaluates each MCO's quality of services in each Medicaid managed care service area and the cost-effectiveness, member access, and quality of care under each federal waiver.

Special Populations

Mental Health (MH) and Substance Use Disorder (SUD): Requirements regarding residential services were not explicitly described in the state Medicaid regulations; see above for detailed licensure-related standards.

Substance Use Disorder (SUD): Special provisions pertain to individuals with co-occurring disorder and pregnant women.

Location of Medicaid Requirements

Texas Administrative Code, Title 1: Administration; Part 15: Texas Health and Human Services Commission⁷; Texas Medicaid Provider Procedures Manual⁸; Texas Healthcare Transformation and Quality Improvement Program⁹. Regulatory data collected January 10, 2020.

Other Information Sources

Kaiser Family Foundation. State Options for Medicaid Coverage of Inpatient Behavioral Health Services. KFF: San Francisco. November 2019 <http://files.kff.org/attachment/Report-Brief-State-Options-for-Medicaid-Coverage-of-Inpatient-Behavioral-Health-Services>

This state summary is part of the report “**State Residential Treatment for Behavioral Health Conditions: Regulation and Policy**”. The full report and other state summaries are available at <https://aspe.hhs.gov/state-bh-residential-treatment>.

⁷ See [https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=3&ti=1&pt=15](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=3&ti=1&pt=15).

⁸ See http://www.tmhp.com/Pages/Medicaid/Medicaid_Publications_ProviderManual_Current.aspx.

⁹ See <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8393>.