RDM CHILD & ADOLESCENT UNIFORM ASSESSMENT
FORM COMPLETION AND SCHEDULE

General Rules and Requirements: A child/adolescent must be registered in WebCARE/CARE (Form REG1/ Client Registration Screen 325) before the CA RDM assessment process can begin. There must be a current (within 365 days) completed diagnosis (Form DG1/Diagnostics Screen 330). There are two exceptions for having a current diagnosis on file: 1 – CRISIS, 2 – Discharge (other than completed).

Section	RDM FORM Timeframe	Authority	WebCARE System Timeframe	Rules
Header	Completed at each designated consumer assessment.	Designated by LMHA	Completed at each child/adolescent visit, automatically filled after data entering component code and local case number.	Contains: ❖ Child/adolescent information: ▪ Last Name ▪ Suffix ▪ First Name ▪ Middle Name ▪ Client ID ❖ Local Case Number (assigned by local component) ❖ Component Number (community center number)
Assessment Type	Completed at each designated consumer assessment.	Designated by LMHA	Completed at each child/adolescent visit. WebCARE will automatically fill non-admission intake. The system will automatically complete this field when a child/adolescent has been assessed and authorized as ineligible for services, Code=9	❖ Crisis used for: ▪ crisis services are needed, when a consumer is not receiving services in a Service Package (prior to intake or after a discharge situation) ▪ crisis services administered in a non-home community center (at the same time the consumer is receiving services at their home community center). This is a situation where a CRISIS occurs outside the 'home' community center. *Note: If a consumer is already receiving services, CRISIS is included in the Service Package.* ❖ Intake used for: ▪ new admissions, SP 1-3 ▪ crisis follow-up services after hospital discharge ▪ re-admissions (after discharge from a component) ❖ Intake Non-Admission: *Not completed on the CARE form. This is a system update.* ❖ Update used for: ▪ periodic reassessments after intake and admission into a service package e.g., 90 day review

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				❖ Discharge used for:
				  ▪ services ending (provider or child/adolescent)
				  ▪ a planned discharged from the component.
				Discharge Reason:
				  If the child/adolescent is discharged, a reason for discharge must be entered:
				  ▪ A = Age 18 or Older. The child/adolescent has reached their 18th birthday and should be discharged from child/adolescent services.
				  ▪ C = Level of Care Completed. This is a planned discharge when all services have been completed successfully. The date of discharge is planned and determined up to 14 days in advance.
				  ▪ E = Elected a New Provider. Use this reason when a person chooses to leave the current center provider to receive services from a different provider.
				  • J = Texas Youth Commission. The child/adolescent has been incarcerated for a long period of time. This **does not** include overnight jailing or short-term incarceration.
				  ▪ M = Moved out of the local service area. The consumer has moved out of the local service area. *(Note: Consumers returning from short-term hospitalization should not be included in this discharge code).*
				  ▪ N = Never Returned for Services (not to exceed 90 days).
				    • The child/adolescent has failed to contact the provider for authorized services,
				    • The provider has attempted to provide services and has been unable due to non-response from the child/adolescent.
				  • P = Change in NorthSTAR Eligibility. Use this reason when a person's Medicaid eligibility changes the person's NorthSTAR eligibility, and thus, NorthSTAR enrollment. This reason may be used when the person's Medicaid eligibility initiates an enrollment into or out of NorthSTAR.
				  ▪ Z = Other. The person has died, or other reason not included in other codes.

			X =Auto-close. The State will automatically close assessments where the:
			  • Level of CARE Authorized, or
			  • TRAG has expired and it is 30 days past the date of expiration, and there has been no assessment activity noted on the WebCARE system.	

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				❖ Date of Discharge = Numeric date entry. MM/DD/YYYY. *Note: All discharges entered (including auto-close) will also discharge a person out of all assignments (Texas Children [TC] codes).* *Discharge is inappropriate if services are changing. The child/adolescent should be re-evaluated and moved into the appropriate service package.* *A discharge is no longer required after a CRISIS assessment. The CRISIS will expire after 7 days of services, and be auto-closed in 30 days.* ❖ *(Optional)* Location: is an optional free form field that can be used for the unit or location identification number within the components system. If the component chooses to enter a location code in WebCARE the code must be entered and stored in CARE on the **688: LOCATION DATA ENTRY SCREEN**. ❖ Referred To: The purpose of this field is to track where the consumer is referred after treatment is concluded. 1 = Private Practitioner: Consumer will make an appointment with a licensed practitioner of the healing arts who is not providing services through a Community MHMR center, Federally Qualified Health Center, or other public provider such as a community indigent health clinic. This includes practitioners in a consumer's insurance network, family physician, or other appropriate counseling practitioner. 2 = Federally Qualified Health Center (FQHC): Consumer will make an appointment with a facility or program more commonly known as Community Health Center, Migrant Health Center, or Health Care for the Homeless Program. An entity may qualify as an FQHC if it: • is receiving a grant under §330, of the Public Health Service (PHS) Act. The Health Resources and Services Administration (HRSA) within HHS recommends, and the Secretary determines

Section	RDM FORM Timeframe	Authority	WebCARE System Timeframe	Rules
				that, the facility meets the requirements for receiving a grant under §330 of the PHS Act;
				• is receiving funding under a contract with the recipient of such a grant and meets the requirements to receive a grant under §330 of the PHS Act;
				• is determined by the Secretary to meet the requirements for receiving such a grant (look-alike) based on the recommendation of HRSA within PHS;
				• was treated by the Secretary as a federally funded health center (FFHC) for purposes of Part B Medicare as of January 1, 1990; or,
				• is an outpatient health program or facility operated by a tribe or tribal organization under the Indian Self -Determination Act or by an urban Indian organization receiving funds under title V of the Indian Health Care Improvement Act as of October 1, 1991.
				3 = Community Indigent Health Clinic: Section 61, Health and Safety Code: Counties that are not fully served by a hospital district or a public hospital are responsible for administering an indigent health care program. This will include providing services to indigent residents of all or any portion of the county not served by a hospital district or a public hospital. This is one of the county clinics.
				4 = Relinquishment of Custody (DFPS): Child/Adolescents Only - Responsibility for the child or adolescent has transferred to the Texas Department of Family and Protective Services.
				5 = Residential Treatment Placement: Child or Adolescent has been placed in out-of-home care (other than hospitalization) for mental health treatment.

Section	RDM FORM Timeframe	Authority	WebCARE System Timeframe	Rules
				6 = Adult Criminal or Juvenile Justice System: Responsibility for the consumer has transferred to a correctional facility or Texas Youth Commission. 7 = Different Center: Consumer has been referred to another community MHMR center. Some examples are: (1) the individual receiving services resides in the catchment area of another community MHMR center, (2) resources for the level of care needed by the consumer is available at the different center. 8 = Nursing Home: Admitted or referred to a facility that provides 24-hour nursing facility (NF) and continuing care by healthcare professionals. 9 = No Service: Consumer has completed authorized services and no longer requires follow-up or consumer has refused services. 10 = Unknown: Consumer never returned for services. 11 = Other Public or Charity-based Provider: Consumer will apply to a local provider of social or medical services, e.g. Goodwill, Salvation Army, or United Way.

				❖ Referral Source (completed at intake only)
				  ▪ 1 = Family/Self
				  ▪ 2 = School
				  ▪ 3 = Juvenile Probation
				  ▪ 4 = TYC (Texas Youth Commission)
				  ▪ 5 = CPS (Child Protective Services)
				  ▪ 6 = Another division within the center, e.g., MR-Mental Retardation, SA- Substance Abuse, Emergency Services
				  ▪ 7 = MHMR (Texas Mental Health and Mental Retardation) facility
				  ▪ 8 = Other
				  ▪ 9 = Unknown

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				❖ At Risk of Placement This box is checked if the child/adolescent is at risk for placement and meets one of the following criteria: ▪ Has a history of residential/hospital placement for mental health treatment. ▪ The legal authorized representative (LAR)/caregiver considers residential/hospital placement for mental health treatment a solution. ▪ The child/adolescent is returning from residential/hospital placement for mental health treatment. OR if the child/adolescent meets at least **TWO** of the following. A history of: ▪ school truancies ▪ serious alcohol/drug use ▪ serious behavioral problems at school ▪ delinquent behaviors in the community ▪ serious parental/caregiver rejections ▪ serious behavioral problems at home ❖ ED (Special Education) This box is checked if the child/adolescent is designated special education by the school because of emotional disturbances.
Action Type	Completed at each designated consumer assessment.	Designated by LMHA	Records in WebCARE can only be corrected, modified or deleted within 7 days from the date of the uniform assessment being marked complete. Incomplete WebCARE records will remain on the system for 30 days before deletion.	Requires authority completing the form to indicate the type of action to be taken: ❖ Add – adding or creating a new record or child/adolescent to the system. ❖ Correct/Modify – correcting or modifying information on a record for a child/adolescent that is already in the system. ❖ Delete – deleting the record that was entered in error.

Section	RDM FORM Timeframe	Authority	WebCARE System Timeframe	Rules
Section 1: Child/Adolescent TRAG				Diagnostic Qualifier (I, E, or N): I = Internalizing, E = Externalizing, or N = Medication treatment **N**ot yet stabilized. The following DSM-IV Codes will require a diagnostic qualifier: | Schizophreniform Dx	295.4	I, E, or N
Schizoaffective Dx	295.7	I, E, or N
Bipolar I	2960.00-296.06; 296.4-296.46; 296.5-296.56; 296.6-296.66; 296.7	I, E, or N
Bipolar Disorder NOS	296.8	I, E, or N
Bipolar II	296.89	I, E, or N
Mood Dx NOS	296.9	I, E
Delusional Dx	297.1	I, E, or N
Shared Psychotic Dx	297.3	I, E, or N
Brief Psychotic Dx	298.8	I, E, or N
Psychotic Dx NOS	298.9	I, E, or N
Cyclonthymic Dx	301.13	I, E, or N
Adjustment Dx with Mixed Disturbance of Mood & Conduct	309.4	I, E
Psychotic Dx due to Medical Condition	293.81; 293.82	I, E, or N
Schizophrenia	295.1-295.5; 295.6; 295.9	I, E, or N
Major Depression Psychosis	296.24; 296.34	I, E, or N
Delirium Dx	780.09; 293.0	I, E, or N	
	Required: ▪ Intake (non-crisis)	▪ LMHA QMHP (intake)	In the CA-TRAG Dimension Ratings Section the: ▪ Problem Severity – Ohio	Child/Adolescent: CA-TRAG The Ohio Scales are to be completed by a parent or primary caregiver. Only when the primary caregiver refuses to complete the scales should an

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	- Every 90 days - Completed Discharge = Reason Code C Not required at: - CRISIS intake - Discharge (other than completed – Code C)	Provider QMHP (update)	Problem Severity Scale Score, and the Functioning - Ohio Functioning Scale Score will be automatically filled by WebCARE when the data is entered on the Ohio Rating Scales. The Psychoactive Medication Treatment box on WebCARE is a check box. Place a checkmark in the box, 'Y'= Yes.	agency provider complete the Worker Scales. Ohio Youth Scales are optional: - Parent Ohio Problem Severity Scale Score (0-100) - Parent Ohio Functioning Scale Score (0-80) - Youth Ohio Problem Severity Scale Score (0-100) - Youth Ohio Functioning Scale Score (0-80) - Worker Ohio Problem Severity Scale Score (0-100) - Worker Ohio Functioning Scale Score (1-80) ❖ CA-TRAG Dimension Ratings A combination of assessment/evaluation tools are used to formulate the CA-TRAG Dimension Ratings: - Ohio Youth Problem Severity Scale Score (OYPSS), - Ohio Youth Functioning Scale Score (OYFSS), and - Child Assessment (CA) Texas Recommended Authorization Guidelines (TRAG). ❖ The CA-TRAG uses a rating scale from 1-5 (lowest to most severe) for all requests for mental health treatments. Psychoactive Medication Treatment is a check box. If checked, it will indicate that the consumer is receiving medication treatment. - Problem Severity – Ohio Problem Severity Scale Score = 0-100 same as information entered above in severity scale score) - Function – Ohio Functioning Scale Score = 1-80 same as information entered above in functioning scale score) - Risk of Harm - Severe Disruptive or Aggressive Behavior - Family Resources - History of Psychiatric Treatment - Co–Occurring Substance Use - Juvenile Justice Involvement - School Behavior - Psychoactive Medication Treatment

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Section	RDM FORM Timeframe	Authority	WebCARE System Timeframe	Rules
		Note: Name and credentials are required for person assessing the recommended level of care.	'Successfully Completed CA Services Packages 1, 2, or 3?' is used for **_After Care Services_** and is checked if the consumer has successfully completed one of the service packages (1, 2, or 3). If continued medication management treatment service is needed, the box is checked. If you try to enter LVN for credentials for Sections 1 or 3 you will receive an error message that it is not valid for this section. LVN is authorized for Adult – TIMA ratings scales only. Notes entered on the WebCARE system can be: ▪ viewed on line ▪ printed out to be put into the child/adolescent's file. The 'note' information is saved in the CARE system, but will not be returned via the	❖ Successfully Completed CA Service Package 1, 2 or 3? Check this box if Service Package 1, 2 or 3 have been successfully completed. ❖ Level of Care Decisions Calculated Level Of Care Recommended (LOC-R) – The Child/Adolescent TRAG is calculated by using: ▪ WebCARE ▪ TRAG calculator (DSHS internet): http://www.dshs.state.tx.us/mhprograms/ChildrensTRAGVersion3.0.xls ▪ Local system ❖ TCOOMMI - Texas Correctional Office on Offenders with Medical or Mental Impairments. This box should be checked if the person is receiving services through a TCOOMMI contract. ❖ Assessment Date: MM/DD/YYYY ❖ ERP = **Extended Review Period**, can be requested in Section 1 for SP 4 Child and is **allowed only for**: ▪ update assessments, ▪ a consumer with > 90 days of service in SP 4. ▪ sequentially for SP 4 ▪ assessments with an LOCR=LOCA ❖ Assessed By: Name of the person assessing the LOC-R ❖ Credentials: Credentials of the person authorizing the LOC-R ▪ QMPH-CS ▪ RN ▪ LCSW ▪ LMSW-ACP ▪ LMFT ▪ LPC ▪ LPHD-PSY ▪ RN-APN ▪ PA ▪ MD

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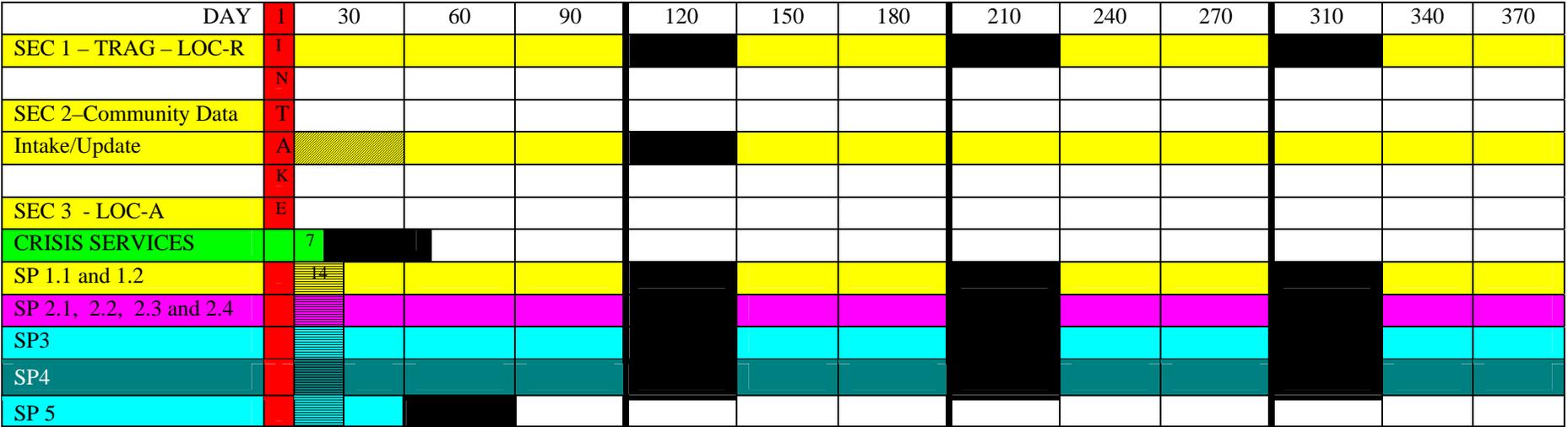| Section	RDM FORM Timeframe	Authority	WebCARE System Timeframe	Rules
			Electronic Data Transfer System (EDTS)	▪ DO ▪ LVN *(not valid for this section)* ❖ Notes: Free form field for component use.

Section 2: Community Data	Required at:
	▪ Intake, and
	▪ Every 90 days
		QMHP (provider)	Must be completed within 30 days of the Section 1 Assessment Date.
			
			Notes entered on the WebCARE system can be:
			▪ viewed on line
			▪ printed out to be put into the child/adolescent's file.
			The 'note' information is saved in the CARE system, but will not be returned via the Electronic Data Transfer System (EDTS)
				❖ Number of Arrests in the Last 90 days (Valid Values = 0-99)
				❖ School Days Missed in the Last 90 Days
				Indicates the number of school days missed within the last 90 days school was in session. Weekends, holidays and school breaks are excluded. (Valid values = 0-90)
				❖ Primary Residence Type during the Last 90 Days
				Indicates the child/adolescent's primary residence (not necessarily current residence) in the last 90 days. *(Circle one of the following)*
				  ▪ 1 = Private Residence (Individual or Family's Own House or Apartment)
				  ▪ 2 = Foster Care (Foster Care/Therapeutic Foster Care)
				  ▪ 3 = Residential Care (Group Home/Assisted Living/Rehab Center)
				  ▪ 4 = Crisis Residential
				  ▪ 5 = Children's Residential Treatment Facility
				  ▪ 6 = Institutional Setting (Nursing Home/Intermediate Care Facility/Hospital)
				  ▪ 7 = Jail or Correctional Facility (Juvenile Justice/Jail/ Correctional Facility)
				  ▪ 8 = Homeless (Homeless/Shelter/Runaway/ "Couch-surfing")
				  ▪ 9 = Other
				❖ Assessment Date = MM/DD/YYYY
				❖ Notes: Free form field for component use

Section 3: Authorized Level of Care (LOC-A)	Required every 90 days (intake and updates).	LMHA Utilization Management LPHA *Note: Name and credentials are required for person authorizing level of care.*		Authorized Level of CARE (LOC-A) ❖ 0 = CRISIS Services, can be authorized at any time if the child/adolescent is NOT currently receiving services in another Service Package. Authorized for seven (7) days. Service Package 1 includes: ❖ 1.1 = Brief Outpatient – Externalizing ❖ 1.2 = Brief Outpatient – Internalizing

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			LOC-A, Level 8 – **Waiting for All Authorized Services** will be monitored by the WebCARE system. If the consumer has waited for services longer than 365 days, the system will automatically close the assessment.	Service Package 2 includes: ❖ 2.1 = Intensive Outpatient – Multi-Systemic Therapy ❖ 2.2 = Intensive Outpatient – Externalizing ❖ 2.3 = Intensive Outpatient – Internalizing ❖ 2.4 = Intensive Outpatient – Bipolar/Schizophrenia/Other Psychotic Disorders ❖ 3 = N/A (no longer a valid code) ❖ 4 = Aftercare ❖ 5 = Crisis Follow-up ❖ 6 = Consumer Refuses Services (valid only at intake). No authorization timeframe. ❖ 7 = N/A (no longer a valid code) ❖ 8 = Waiting for All Authorized Services. No authorization timeframe. Date, consumer name and evaluation are required. Service should be provided as soon as space becomes available. ❖ 9 = Not Eligible for Services. No authorization timeframe. Reasons for Deviation from LOC-R This section is completed if LOC-A is different from LOC-R. Check the box if the Level of Care Authorized is a deviation from the Recommended Level of Care. Check all that apply. ❖ 1 = Resource Limitations. Check this box (mark 'Y') if the component does not have resources to provide service at the level recommended. The Level of Care Authorized would then be = Code 8 (above), Waiting for All Authorized Services. ❖ 2 = Consumer Choice. Check this box (mark 'Y') if the parent/guardian of the child/adolescent decides that he/she wants only certain services and not all services for which they are eligible. ❖ 3 = Consumer Need. Check this box (mark 'Y') if the child/adolescent need is justified and the child/adolescent can be placed in a higher LOC-A than LOC-R. ❖ 4 = Other. For reasons other than stated above. ❖ 5 = Crisis Follow-up (once per occurrence), after hospital discharge (intake only). Authorized for 30 days.

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Section	RDM FORM Timeframe	Authority	WebCARE System Timeframe	Rules

			If you try to enter LVN for credentials for Sections 1 or 3 you will receive an error message that it is not valid for this section. LVN is valid for Adult TIMA rating scales only.
			
			Notes entered on the WebCARE system can be:
			▪ viewed on line
			▪ printed out to be put into the child/adolescent's file.
			The 'note' information is saved in the CARE system, but will not be returned via the Electronic Data Transfer System (EDTS)
				❖ Authorization Date: MM/DD/YYYY
				❖ Authorized By: Name of the person authorizing the LOC-A.
				❖ Credentials: Credentials of the person authorizing the LOC-A
				  ▪ QMPH-CS
				  ▪ RN
				  ▪ LCSW
				  ▪ LMSW-ACP
				  ▪ LMFT
				  ▪ LPC
				  ▪ LPHD-PSY
				  ▪ RN-APN
				  ▪ PA
				  ▪ MD
				  ▪ DO
				  ▪ LVN *(not valid in this section)*
				
				❖ Notes: Free form field for component use.
				
				❖ Subject to Medicaid Fair Hearing (checkbox): Used for update assessments **ONLY**. This box should be checked when the effective date of a level of care has been delayed because the consumer is:
				  ▪ Medicaid Eligible and
				  ▪ The new level of care authorized will result in a reduction in either rehabilitative services or case management services, and
				  ▪ The individual is within the 10 to 14-day notification period specified by the Medicaid Fair Hearing requirements.

Form marked as completed by:	Every time the form is completed	Designated by LMHA	Data is NOT stored on the WebCARE system.	For component use.

CHILD AND ADOLESCENT UNIFORM ASSESSMENT
GRAPHICAL REPRESENTATION – TIMELINE

DAY	1	30	60	90	120	150	180	210	240	270	310	340	370
SEC 1 – TRAG – LOC-R	I												
	N												
SEC 2–Community Data	T												
Intake/Update	A												
	K												
SEC 3 - LOC-A	E												
CRISIS SERVICES		7											
SP 1.1 and 1.2		14											
SP 2.1, 2.2, 2.3 and 2.4													
SP3													
SP4													
SP 5													

Represents: 14-day Intake completion timeframe for Section 3: LOC-A (Level of Care Authorized) must be entered from the Section 1 date.

Represents: EXPIRED ASSESSMENTS. A 30-day window allowed for update of expired assessments (previous authorization timeframe).

Represents: EXPIRED AUTHORIZATION: The Auto-Close program will discharge a consumer, if an assessment has not been entered within the 30 days following the authorization expiration date.

Represents: 30 day Intake completing timeframe for Section 2 Community Data (30 days before or after the section 3 date)

Represents: EXPIRED ASSESSMENT. The Auto-Close program will discharge a consumer effective on the 90st day, if an assessment has not been entered on or before the 120th day. Incomplete assessments will be Auto-Deleted if not completed within 30 days.

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GRAPHICAL REPRESENTATION – TIMELINE

Represents: Update Assessment due every 90 Days. All sections (1, 2, and 3) are required at each 90-day timeframe.