NTBHA

North Texas Behavioral Health Authority

PROVIDER MANUAL

Procedures and Guidelines for NTBHA Services

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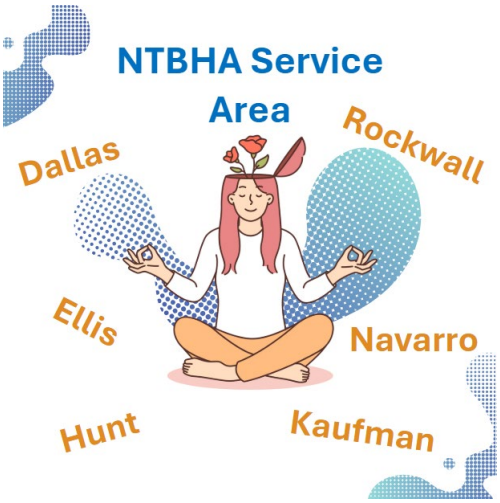
WELCOME TO NTBHA

We at the North Texas Behavioral Health Authority (NTBHA) are grateful for our participating providers' collaboration in enhancing our community's behavioral health system. With your support, we deliver high-quality mental health and substance use services to individuals across six North Texas counties. This manual provides information, guidelines, and procedures as an extension of individual provider agreements. The provider manual is a single-point reference for questions about the delivery and oversight of services funded by NTBHA.



As the Local Behavioral Health Authority (LBHA), designated by the State of Texas Health and Human Services Commission (HHSC) and recognized by an interlocal agreement authorized by commissioners' courts from each participating county, NTBHA is responsible for planning, coordinating, developing policy, allocating resources, supervising, and ensuring the provision of community-based mental health and substance use services for qualifying indigent residents. NTBHA aims to ensure appropriate clinical care is provided to individuals, and that the services offered are medically necessary and within their eligibility scope. Additionally, NTBHA collaborates with providers to ensure they deliver quality care and receive reimbursement for their services to individuals in our community.

Role of NTBHA

In addition to the responsibilities listed above, NTBHA's role as the Local Behavioral Health Authority includes:

- Cooperation with State Offices in Problem Identification and Resolution

  NTBHA works closely and cooperatively with the State to identify problems of local access and service delivery and to ensure continued compliance with all applicable laws, regulations, and contractual requirements. Problems identified, whether local or compliance concerns, will be addressed collaboratively by NTBHA and the State to find a resolution.

- Liaison for Contractors and Local Community

  NTBHA represents the local community concerning publicly funded behavioral healthcare issues. Any problems, complaints, or other concerns raised by an individual in service, a family member, or a service provider are addressed through formal policies and procedures to ensure the satisfaction of all parties involved.

- Coordination with Other Systems and Institutions

  NTBHA is committed to the early identification of needs and the prompt delivery of services by coordinating with various public systems and institutions within the community. NTBHA collaborates with local organizations that serve or frequently interact with adults suffering from Serious Mental Illness (SMI), children experiencing Serious Emotional Disturbance (SED), and individuals impacted by substance use disorders (SUD). This coordination includes:

  - Providing continuity of care activities for all eligible people in need of services
  - Determining the most effective means of outreach and coordination of services
  - Developing methods for the early identification of needs and the timely provision of services to vulnerable populations
  - Addressing concerns expressed by community-based agencies relating to access, efficiency, and effectiveness of NTBHA service delivery.

- Local Community Monitoring and Oversight

  Although HHSC retains the primary responsibility of monitoring the system of care, NTBHA procures and holds contracts with providers and conducts oversight activities to facilitate early identification and correction of any concerns that may arise. NTBHA is committed to providing customized, community-centered solutions and technical assistance to ensure providers have what they need to be successful.

OUR MISSION

The North Texas Behavioral Health Authority seeks to create a well-managed, integrated, high-quality delivery system of behavioral health services available to eligible consumers residing in our catchment area.

NTBHA Collaboration

Planning and Network Advisory Committee (PNAC)

The Planning and Network Advisory Committee (PNAC), a board-appointed committee, is charged with providing feedback for system design enhancement and reviewing the adequacy of the provider network.

This committee is comprised of at least 51% of individuals and/or family members of individuals served by NTBHA. The remaining members are identified as community stakeholders.

Adult Clinical Operations Team (ACOT)

The ACOT committee reviews current services and trends to develop guiding principles for continued community growth. It is comprised of leaders from the local judiciary, governmental, medical, educational, provider, fire, and police agencies.

Public Input

NTBHA provides a variety of opportunities for individuals served by public behavioral health and their families to have meaningful involvement in the design, implementation, operation, and oversight of NTBHA. NTBHA conducts regularly scheduled meetings that provide opportunities for feedback and voicing concerns regarding the system of care.

Services Offered

NTBHA offers a vast array of ongoing behavioral health services to children, adolescents, and adults, in alignment with the Texas Resilience and Recovery (TRR) model and utilization guidelines adopted by the Texas Health and Human Services Commission (HHSC). This approach to services ensures that individuals are connected to the services tailored to meet their unique needs. Mental Health services are determined through a uniform assessment (UA) and a calculated Level of Care (LOC). Substance use disorder (SUD) services are determined by screenings and assessments completed by professional behavioral health staff. As one of NTBHA's core philosophies, person and family-centered recovery is embraced, and individuals in service and their families are encouraged to participate actively in their treatment process. More information about the services offered can be found in the TRR Manuals listed here for Adult Mental Health Services and Child and Adolescent Services.

NTBHA Programs

NTBHA continues to enhance and expand its programming to better serve the community. For the most up-to-date information and specific program details, providers are encouraged to contact programs directly using the contact information listed below.

Care Coordination

Care Coordination assists individuals in connecting to available resources within the community, including mental health and/or substance use services, housing and utility assistance, benefits, support groups, and other community resources. Care Coordinators will follow up with individuals at specified intervals within the first 30 days after initial screening and referral to ensure a warm connection is made and that they have successfully accessed the necessary resources.

Referrals can be sent via secure email to:

Dallas County	**Ellis, Hunt, Kaufman, Navarro, Rockwall Counties**
CCReferrals@ntbha.org	SouthandEastCareCoordinators@ntbha.org
800-241-8716	469-780-9159

Corsicana Crisis Respite House

The Corsicana Crisis Respite House is a 12-bed facility assisting caretakers and families with short-term housing and supervision of those they care for to help avoid a mental health crisis while providing a break from caretaking duties. The Respite House provides voluntary, short-term, community-based crisis treatment for adult men and women. While at the Respite House, individuals will be in a low-stress environment to help increase coping skills while enhancing functional living skills. Individuals receive wellness recovery planning and community resources, which can include long-term housing plans and coordinating aftercare. Individuals participate in daily groups and outings in the community, and receive support with finding housing, employment, and applying for benefits. Individuals who are appropriate for respite:

- Have been stabilized in a medical facility
- Find themselves struggling with activities of daily living and having low levels of hopelessness and despair
- Have chronic mental health disorders that impede their daily lives
- Have co-occurring mental health and substance use

For additional information contact 214-970-3484 or email SouthandEastCareCoordinators@ntbha.org

Mental Health First Aid

NTBHA's Mental Health First Aid Team provides community education to anyone in the counties that we serve through legislative and local grant funding. Mental Health First Aid is an evidence-based, early intervention community education program designed to teach individuals how to recognize the signs and symptoms of mental health or substance use challenges, the appropriate way to respond to someone in need, and who to call for help.

Mental Health FIRST AID

Free classes are offered each month to staff, joint employers, providers, and community members. All classes available are listed on our MHFA Event Page. Upon completion of the course, participants receive a certification valid for 3 years.

Multisystemic Therapy (MST)

Multisystemic Therapy is an intensive, community-based, and family-driven treatment for youth ages 12-17 exhibiting antisocial and/or delinquent behavior. MST aims to promote pro-social behavior and reduce criminal activity, mental health symptomology, out-of-home placements, and illicit substance use. This intensive family therapy is a free service offered in the home and community for 3-5 months. Support is provided by MST, as needed, 24/7 with on-call therapists.

CURRENTLY SERVING YOUTH IN

ELLIS COUNTY

KAUFMAN COUNTY

CITY OF GARLAND

CITY OF MESQUITE

COMING SOON TO

CITY OF IRVING

CITY OF CARROLLTON

CITY OF FARMERS BRANCH

Referrals can come from a variety of sources that interact with the child or youth. Referral forms must be completed and sent via secure email to MST@NTBHA.org.

OSAR

The OSAR team at NTBHA provides substance use disorder screenings and connects individuals to treatment through outreach, screening, assessment, and referral. OSAR is often the starting point for individuals who want help accessing SUD services but are unsure where to begin. OSAR links qualified

indigent individuals to our substance use and recovery support providers through referrals to both in-network and out-of-network providers.

Provider Referral	Phone or In-Person Screening	Walk-In Screening
Complete the OSAR Referral Form and submit via • Email to osar@ntbha.org; or • Fax 469-420-5396 CPS Referrals must include: • Completed Form 2062 • Valid Form 2063	*Available Monday-Friday 8 am–5 pm* OSAR Line: 844-275-0600 Email **OSAR@NTBHA.org** • Subject Heading "OSAR Request" • Include: Name, County of Residence, Contact Information	*Times Vary by Location* • 3116 Martin Luther King Blvd. Dallas, TX 75215 • 512 W. Main St., Waxahachie, TX 75165 • 108 W. Grove St. Kaufman, TX 75142

The NTBHA OSAR team also offers free community presentations on a variety of substance-related topics, including:

- Fentanyl Awareness & Trends
- How to Administer Narcan
- Marijuana and Vaping
- Marijuana Awareness
- Alcohol Awareness & the Body
- OSAR 101
- Co-Occurring Disorders
- Kratom Awareness
- Addiction and the Elderly
- Tobacco Awareness
- Methamphetamine Awareness

Harm Reduction supplies, such as Narcan and Xylazine Test Strips, are available to providers upon request via OSAR@NTBHA.org.

Patient Assistance Program (PAP)

The Patient Assistance Program helps qualified individuals gain access to medications for little or no cost. Funded by pharmaceutical manufacturers, this program is promoted as a "safety net" for Americans who have no health insurance or who are underinsured. Under the program, individuals either receive a pharmacy card or the medication is sent to the prescribing doctor's office. Individuals must be U.S. citizens to be eligible for this service.

Applications for PAP must be completed by the provider, individual, and prescribing doctor through MedData and faxed to the PAP manufacturer offering the program assistance for that medication. MedData can be used to track program enrollment and medication shipment.

Questions related to the PAP can be directed to 469-445-2990 or PAP@NTBHA.org.

SOAR & Consumer Benefits Program

NTBHA-funded individuals receiving services at an outpatient clinic have access to the SSI/SSDI Outreach, Access, and Recovery (SOAR) and Consumer Benefits Program, which assists individuals in applying for the following benefits:

- Social Security Income (SSI)/Social Security Disability Income (SSDI)
- Social Security Administration (SSA) Retirement
- Medicaid/Medicare Savings Program
- Temporary Assistance for Needy Families (TANF)
- Supplemental Nutrition Assistance Program (SNAP)
- Children's Health Insurance Program (CHIP)

Automatic Disqualifications for CBO Assistance:

- Working with an Attorney/Legal Representative
- Non-U.S. Citizen
- Income exceeding $1550/gross monthly
- Relocation to another state
- Less than 6 months of consecutive treatment
- Pending Criminal Charges

Referral forms can be sent via secure email to cbo@ntbha.org. Questions related to referrals or appointments can be directed to 469-290-2905.

SUD Community Health Worker (CHW) Program

The SUD CHW program provides linkage to substance use, mental health, and medical services for Texas residents living with a substance use disorder. Community Health Workers assist individuals to gain access to needed services and build individual, community, and system capacity. They help increase health knowledge and self-sufficiency through a range of activities such as outreach and navigation.

The NTBHA CHW program offers 3 types of referrals:

- Street Outreach: Designed to meet the immediate needs of people experiencing homelessness in unsheltered locations by connecting/linking them to an emergency shelter, housing resources, or critical services, and providing non-facility-based care.
- Education Outreach: Brief presentations on various SUD, Mental Health, and medical topics that are approved by CHW staff. Popular topics include Harm Reduction, Overdose Prevention, Safer Use, and Service Coordination. Additional topics may be available upon request.

- Community Outreach: Scheduled events aimed at informing community members about SUD, Mental Health, or other relevant issues.

A complete referral form can be sent via secure email to chwrightreferral@ntbha.org.

Tenant-Based Rental Assistance (TBRA)

TBRA is provided in partnership with the Texas Department of Housing and Community Affairs (TDHCA) to assist individual households with security and utility deposits and rental subsidies for up to 24 months, pending eligibility and funding availability.

Due to funding limitations, NTBHA corresponds via email and flyer to internal and external service entities to advertise the application process and openings. NTBHA monitors the HOME reservation system daily to track available funding.

Zero Suicide Program

Zero Suicide is a practical framework for system-wide transformation toward safer suicide care. The foundational belief of Zero Suicide is that suicide deaths for individuals under the care of health and behavioral health systems are preventable by incorporating the seven elements that make up the framework:

- **Train** a competent, confident, and caring workforce
- **Identify** individuals with suicide risk via comprehensive screening and assessment
- **Engage** all individuals at risk of suicide using a suicide care management plan
- **Treat** suicidal thoughts and behaviors directly using evidence-based treatments
- **Transition** individuals through care with warm hand-offs and supportive contacts
- **Improve** policies and procedures through continuous quality improvement

NTBHA offers quarterly meetings with Suicide Prevention Coordinators and a Local Outreach to Suicide Survivors (LOSS) Team. To get involved with the Zero Suicide Program and/or LOSS team, contact spac@ntbha.org.

PROVIDER RELATIONS

NTBHA consistently monitors and assesses whether the provider network is adequate for the community's needs. If the decision is made to expand the network of providers, NTBHA solicits applications through an open enrollment or competitive proposal process, published as a Request for Proposal (RFP) or a Request for Applications (RFA). NTBHA uses state-approved selection criteria when reviewing applications. Providers who meet the requirements of the RFP/RFA during each open enrollment period will be eligible to contract with NTBHA to provide services. In some cases, NTBHA may request additional information or schedule an on-site review of the physical site of the facility.

Typical criteria include the provider's ability to:

- Demonstrate experience and ability to provide necessary services to the target populations.
- Coordinate care and maintain accountability for service provision to individuals with severe mental illness and/or substance use disorders. Unless made available system-wide by NTBHA, the contracted provider must secure access to these services by:
    - Having established referral relationships and written coordination agreements with behavioral health providers to ensure that individuals can access medically necessary, covered services promptly.
    - Having referral relationships and written coordination agreements with local human service agencies to ensure necessary support services are available and accessible for eligible individuals.
    - Having the ability to provide or refer to all services outlined in the Texas Resiliency and Recovery (TRR)
    - Having completed and maintained all training and competencies identified in the Texas Administrative Code 306.281.
- Maintain appropriate staffing levels to ensure the acceptance of referrals, access to and provision of services, and clinical assessments within the required time frames for routine, urgent, and emergent care.
- Implement policies and procedures that
    - Ensure coordination between behavioral and physical health providers
    - Provide plan of care oversight, coordination of care, and case management services

    - Assist NTBHA in managing the mental health commitment process
- Establish functional Quality and Utilization Management programs that define their internal processes, including, but not limited to:
    - Collecting data
    - Reviewing trends
    - Ability to maintain and report data, including individuals served and encounter data, within required time frames in a format acceptable to NTBHA
    - Addressing Complaints
    - Death Reviews
    - Provide accurate documentation as required by HHSC and NTBHA quality standards

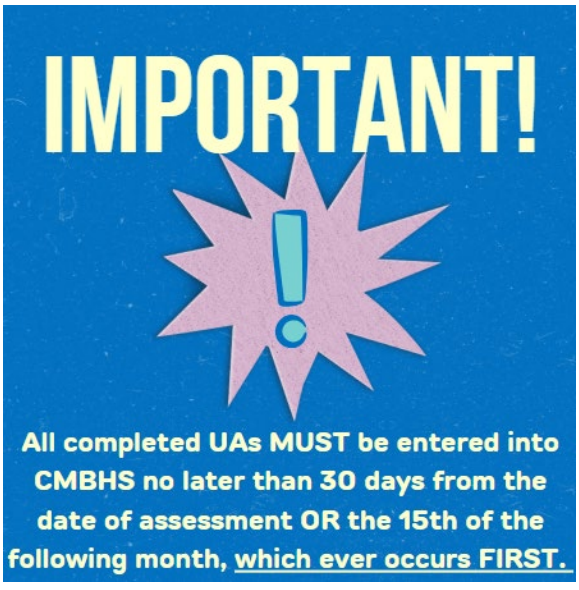
Resources and Training

- NTBHA's Procurement Page

Provider Reviews

Providers are expected to develop internal systems to ensure compliance, monitor, and track the performance measures outlined in their contract and scope of work. The NTBHA Provider Relations Department will offer technical assistance to support the creation of these internal systems upon request. To ensure the reliability of the measures, contractors will submit backup data on their measures as requested.

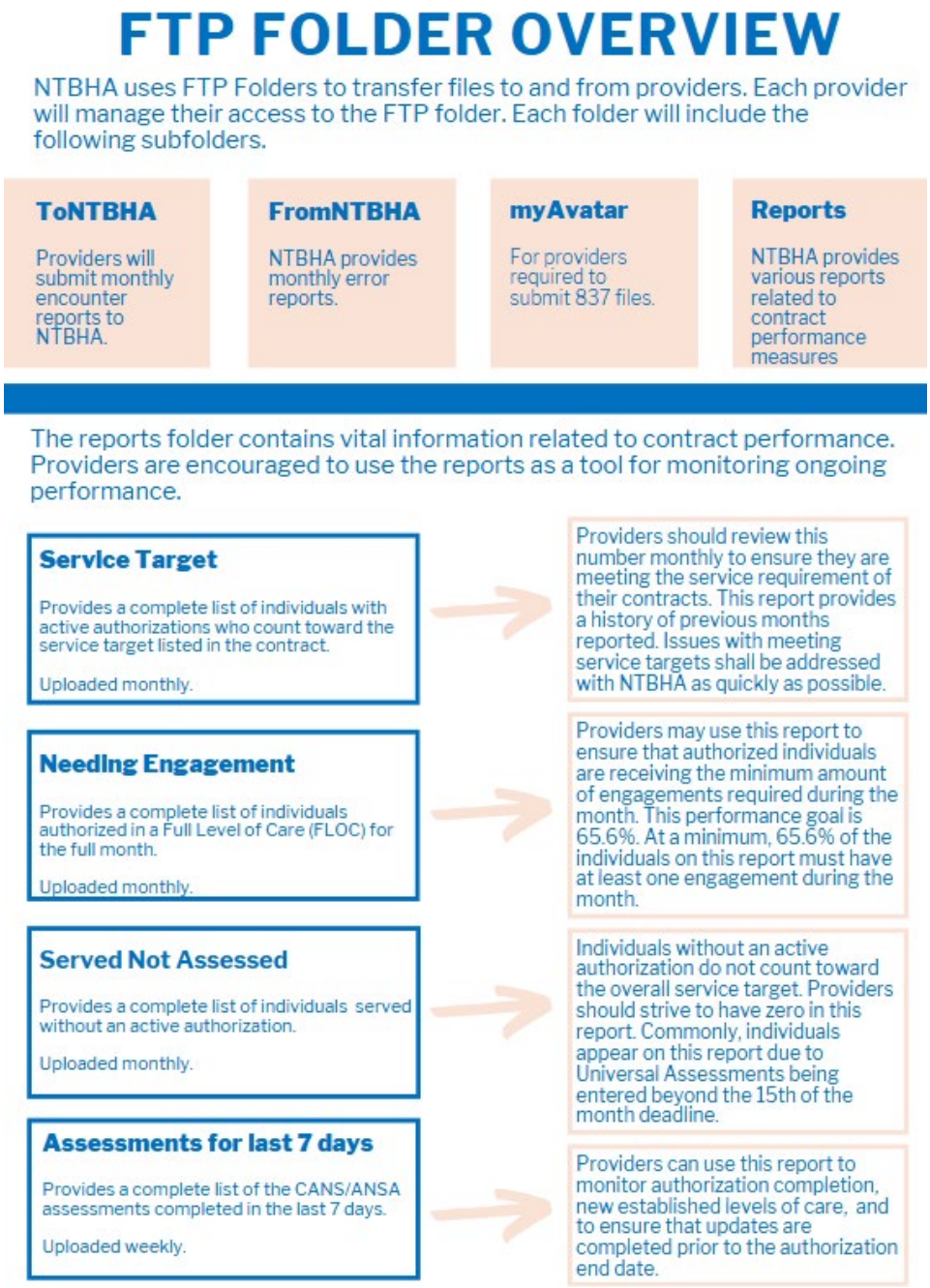
For CMHP providers, the HHSC-produced document "Information Item C – Service Targets, Outcomes, and Performance Measures" details the expectations and calculations required by the State. This document is linked in the contract agreement and available on the HHSC website. Many of these performance measures rely on data gathered in the Uniform Assessment (UA) and reflect assessments entered into CMBHS no later than 30 days from the date of assessment or the 15th of the following month, whichever occurs first. To receive credit for the full scope of work being done, providers must ensure timely data entry.



NTBHA FTP Reports

Interested Parties**:** CMHP Providers

Each CMHP contractor must set up FTP folders to submit and receive reports and files from NTBHA. Each provider will maintain and manage access to the folders. While there are several subfolders within the FTP folder, the subfolder titled “Reports” is a useful tool for internal monitoring and reviewing as it contains vital information related to contract performance. The following image describes how providers may use these reports for internal monitoring.



Audits

The NTBHA Quality Management (QM) department conducts audits on a routine basis, both onsite and in combination with a desk review where the provider is asked to submit documents and records to identify areas needing improvement. NTBHA is committed to a collaborative approach to improving quality of care and compliance by providing technical support and training, and requesting corrective action plans and responses, as needed.

Audits are based on specific review criteria and may be comprehensive or targeted, including but not limited to the items listed below.

- Treatment record reviews
- Utilization and fidelity of evidence-based practices (EBPs)
  - Person-centered recovery planning
  - Trauma Informed Care
  - Culturally sensitive care
- Accuracy of assessments
- Compliance with key indicators of quality and performance
- Access/Availability
- Continuity of Care
- Fidelity in the treatment model
- Compliance with Texas Resilience and Recovery (TRR) program requirements
  - Treatment records
  - Documentation standards
  - Policies and procedures
  - Peer reviews
- Environment and safety checks
- Quality management plan and activities
- Personnel requirements, including training and credentialing
- Quality of authorization requests and clinical justification
- CCBHC requirements, when applicable

NTBHA utilizes the current HHSC audit tools, when available, and may revise, add, or create new tools to meet the specific needs of the NTBHA network.

<u>Resources and Training</u>

- Monthly Provider Network Meeting

Mystery Calls

Mystery calls are conducted quarterly, on a rotating basis, and follow the most current HHSC Mystery Caller and Shopper-related Performance Contract Notebook (PCN) requirements and HHSC Customer Service Protocols. Mystery calls are used to ensure individuals have access to care regardless of their ability to pay, that they are being provided accurate and thorough information, and that voicemail messages are being returned by the end of the next business day. Additionally, the mystery calls ensure

callers are treated with respect and dignity and are provided with crisis screening and community resources, as needed.

NTBHA Quality Management (QM) department conducts mystery calls to locally contracted outpatient mental health providers. HHSC also conducts mystery calls and may contact clinics directly. Corrective actions will be requested when areas of improvement are identified by HHSC or NTBHA QM.

Resources and Training

- HHSC Customer Service Statement

Satisfaction Surveys

NTBHA Compliance and Quality Management (QM) will collect survey information, as necessary. The satisfaction survey serves as a tool for collecting information from individuals served and their representatives to evaluate satisfaction with the services they are receiving, measure and improve quality of care, improve access, and improve overall outcomes in mental health and substance use disorder recovery. Information obtained is compiled and analyzed, and the outcomes are presented to the NTBHA Board of Directors, contracted providers, and other relevant NTBHA committees. Corrective actions, training, and quality improvement projects might be identified as necessary to improve systemic concerns, community needs, and overall quality of care.

Required Reporting

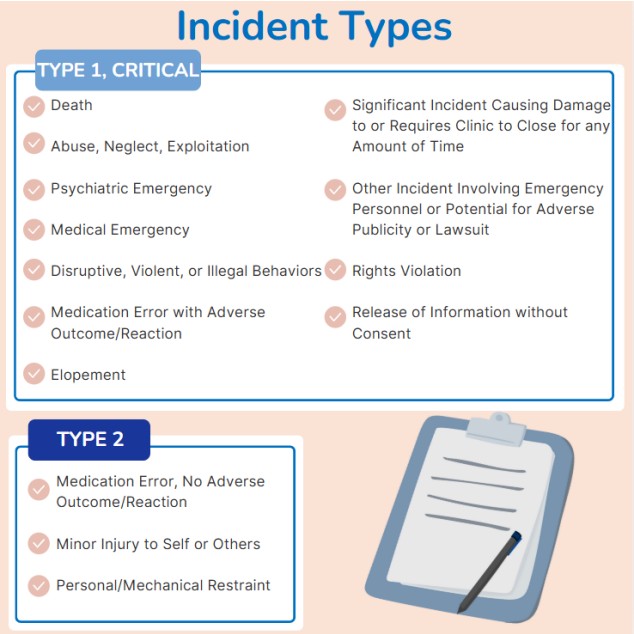
Incident Reports

Interested Parties**:** CMHP and SUD Providers

The Incident Monthly Report is due by the 5th business day of the month. This report documents the total number of incidents involving NTBHA individuals during the reporting month. Each provider is responsible for ensuring that the number of incident reports submitted matches the number on the monthly report, using the reporting form provided by the NTBHA QM department.

Incidents represent actual or potential risk of harm to individuals during treatment. Incidents involving NTBHA-funded individuals should be submitted throughout the month, as they occur, using the Incident Report Form provided by NTBHA via secure email to QM@ntbha.org. The incident report form provides detailed instructions and definitions necessary for submission.

Type 1 Incidents must be reported to NTBHA within one (1) business day of the organization being informed of the incident. Type 2 Incidents must be reported to NTBHA within two (2) business days of being notified of the incident occurring.



All incident reports are reviewed by the Quality Management (QM) department. Additional information or follow-up on the incident may be requested, and corrective action or quality improvement plans may be necessary to improve the quality of care, quality of service, and safety for individuals being served.

Resources and Training

- Additional questions may be directed to Provider.Relations@NTBHA.org.

Death Reporting and Reviews

Interested Parties**:** CMHP and SUD Providers

Providers are required to have detailed Death Review policies and procedures that follow the TAC Title 26 Part 1 Chapter 301 Subchapter H requirements. Deaths of NTBHA-funded individuals should be reported, regardless of the last date of service or cause of death (known or unknown). Death Reviews are required if individuals are currently in service or have recently been in service. Providers must make a reasonable effort to provide complete information regarding the death of individuals in service by contacting the individual's emergency contact or next of kin to establish the date of death, manner or cause of death, requesting an autopsy from the Medical Examiner's Office, and/or death certificates.

1. Contracted providers should submit the following information via email at QM@ntbha.org.
    - Within 1 business day of the notification of death
        i. Death Report Form
        ii. Death Incident Report
    - Within 3 business days of the notification of death
        i. Preliminary Death Review, with required signatures
    - Upon request

i. Complete treatment records for the dates of service requested

- When Completed: Administrative and/or Clinical Reviews are required for all suicides and drug-related deaths. These reviews should be provided for any other deaths the organization determines that the requirement for this type of death review is necessary.

2. A Preliminary Review of deaths should be conducted following TAC Code §301.411. Within one working day of the knowledge of the death of a person receiving services with a NTBHA contracted provider, the contracted provider's CEO/or their designee is responsible for conducting a preliminary review to determine whether:
    - The death occurred on the premises of a provider.
    - the death occurred while the person was participating in provider program activities (e.g., the individual served drowns while on a psychosocial program outing)
    - other conditions indicate that the death may reasonably have been related to the individuals served care or activities as part of the provider program (e.g., the individuals served overdosed on a psychoactive drug; the individuals served committed suicide) or
    - Other conditions indicate that although the death is not reasonably related to the individual's care or activities as part of the provider program, an evaluation of policy is warranted (e.g., the individual dies of a chronic illness in a community hospital).

    If none of the above conditions are met, then the contracted provider may elect not to conduct an administrative death review. Documentation that the preliminary review was conducted must be included in the individual's treatment record and submitted to NTBHA.

    If any of the conditions described in the Preliminary Review are met, an administrative death review must be conducted as described in §301.411 and will be used to determine whether a clinical review is necessary. If necessary, the information should be used to determine which review should occur first.
3. The Administrative Death Review Committee shall consist of at least three medical/nursing professionals, a representative of the public (external to HHSC and not related to or associated with the deceased person), and other individuals appropriate to the death being reviewed (e.g., investigating officer) following §301.417.
    - The purpose of the administrative death review committee is to:

i. Review the information and recommendations provided by the clinical death review committee (if applicable) and/or from the preliminary investigation
ii. Review operational policies and procedures and continuity of care issues that may have affected the care of the individual and formulate written recommendations for changes in policies and procedures, when appropriate.

4. Clinical Death Reviews should occur when there is:
    - Potential need for a review of clinical policies and procedures (e.g., the individual served overdosed, the individual committed suicide)
    - An opportunity to provide professional education
    - The opportunity to improve patient care.

    The Clinical Death Review Committee shall be comprised of the investigating officer and at least two other medical/nursing professionals. Based on the review, the committee shall evaluate the quality of all care, including medical and nursing care given before death, and shall formulate written recommendations, when appropriate, for changes in policy and procedures, professional education, operations, or patient care.
5. Preliminary, clinical, and administrative outcomes and recommendations submitted by providers may be reviewed by NTBHA's Death Review Committee. NTBHA may request complete treatment records, additional information, clarifying questions, or responses to concerns identified during the review or committee process. Death Reviews may result in NTBHA providing or recommending education or technical assistance. If quality of care improvement is identified, corrective action plans may be required.
6. NTBHA QM reports deaths into the CARE system per HHSC requirements.

Resources and Training

- TAC §301.401 - §301.419: Deaths of Individuals Served by CMHP Centers

Daily Capacity Management Report

Interested Parties: SUD Providers

As required by HHSC, SUD providers must report daily available capacity in CMBHS, Monday through Friday, by the close of business each day. Saturday and Sunday capacity management reports must be submitted on Monday by 11:00 a.m. CST for the following services:

A. Residential Detoxification
B. Intensive Residential
C. Supportive Residential Treatment Services

Providers must report the previous day's attendance on the following day, Monday through Friday (Friday's attendance will be reported on the following Monday) for the following services:

A. Ambulatory Detoxification; and
B. Outpatient Treatment.

Resources and Training

- HHSC Substance Use Disorder Program Guide

Daily Census Report

Private Psychiatric Beds (PPB)

Daily Census Reports are due daily by 10:00 AM. A NTBHA census template will be provided to contracted hospitals upon request. Updates should include, at a minimum:

- Demographic/Patient Identifying Information
- Legal Status and OPC County, if applicable
- Diagnosis, including F Code
- Admission Date, Expected Discharge Date, and Actual Discharge Date, when applicable.

Inpatient Competency Restoration (ICR)

Daily Census Reports are due daily, by 7:00 AM via email to ICR_Bedaccess@ntbha.org. Updates should include, at a minimum:

- Demographic/Patient Identifying Information
- Forensic Commitment County
- Diagnosis, including F Code
- Projected Reevaluation Date
- Admission Date, Expected Discharge Date, and Actual Discharge Date, when applicable.

Crisis Respite and Residential

Daily Census Reports are due daily, at 10:00 AM in Netsmart. Updates should include, at a minimum:

- Demographic/Patient Identifying Information

- Admission Date, Expected Discharge Date, and Actual Discharge Date, when applicable.

Complaint Data Report

Interested Parties**:** CMHP Outpatient Providers

Complaint Data Reports are due monthly, by the 7th business day of the month, using the reporting form provided by the NTBHA QM department.

As required by HHSC, contracted providers must report the number of complaints received from individuals in service in the previous month, including the complaint categories, the length of time it takes to resolve, and the number of complaints substantiated. The QM department will review data submitted and may request details related to substantiated complaints, including how they have been resolved and addressed with staff.

Inquiry Data Report

Interested Parties**:** CMHP

Inquiry Data Reports are due monthly, by the 7th business day of the month, using the reporting form provided by the NTBHA QM department.

As required by HHSC, contracted providers must report all requests and inquiries received via phone contact during normal business hours for information regarding outpatient mental health programs and services, excluding crisis services, crisis hotlines, inquiries about hours of operation, appointment times, and medication/pharmacy.

SUD Required Call Attendance Report

Interested Parties**:** SUD Providers

Call Attendance Reports are due monthly, by the 5th business day of the month, using the reporting form provided by the NTBHA QM department. Submit via email to QM@ntbha.org. This report documents the required HHSC and NTBHA monthly calls the provider attends for the reporting month, including the reason for no attendance, as applicable. Additional questions may be directed to Provider.Relations@NTBHA.org.

Claims and Billing

Providers are responsible for submitting claims and supporting documentation in the required time frames to be reimbursed for services. Substance use disorder and inpatient providers submit claims for payment, while Comprehensive Mental Health Providers and other contractors submit bills for payment. Individualized instructions regarding billing and payments can be found in each service provider agreement. Generally, claims and billing are submitted as follows:

- SUD Providers utilize CMBHS to submit claims
- Inpatient Providers submit 837i files to NTBHA's FTP site using the "MyAvatar837i" Folder
- Other Providers must submit invoices to AP@NTBHA.org for consideration

Resources and Training

- Detailed instructions for submitting 837i files can be found in the Companion Guide. Contact Provider.Relations@NTBHA.org for a copy.
- Individual Provider Contracts

Private Psychiatric Bed (PPB) Hospital Billing

PPB hospitals may bill NTBHA by submitting 837i Claim Files to a designated FTP Folder. Instructions for the 837i forms are listed in NTBHA's Companion Guide, available upon request.

Covered Services: Mental Health

Comprehensive Mental Health Providers must submit encounter data as a condition for payment. All encounter data must be submitted by the 10th calendar day of the following month, electronically via the NTBHA FTP folder. The FTP file information is uploaded to the Texas DSHS-HHSC MBOW system by NTBHA. The EDI Documentation FTP submission file format and supplemental information are located at www.ntbha.org.

Texas DSHS-HHSC will not allow corrections to the MBOW system after the 15th day of the following month. For more details on MH FTP encounter submissions, providers are encouraged to contact NTBHA's IT Department at help@ntbha.org.

Covered Services: Substance Use Disorder

Electronic claims must be submitted via the Texas DSHS-HHSC CMBHS website by the 15th of each month to report all claims for the preceding month. Providers are encouraged to contact provider.relations@ntbha.org with questions related to covered services and billing.

Texas DSHS-HHSC will not allow corrections to the MBOW system after the 15th day of the following month. For more details on MH FTP encounter submissions, providers are encouraged to contact NTBHA's IT Department at help@ntbha.org.

Claims Appeal

Providers have the right to request a reconsideration or appeal of denied claim payment(s). A claim appeal is managed through the administrative appeal process. Claims requiring reconsideration of payment amounts for any reason must be resubmitted to NTBHA via an electronic spreadsheet submitted to Provider.Relations@ntbha.org. The request for reconsideration of a claim must be submitted within thirty (30) days from the date the claim appears on the NTBHA payment remittance advice (or Explanation of Benefits) and should include a cover letter detailing the reasons that you are requesting an appeal (i.e. medical necessity, level of care, policy cancellation, documentation & coding errors, late or missed deadlines, etc.), a copy of the original claim, and a copy of the corresponding remittance advice or EOB. NTBHA has thirty (30) days to respond to the request once received.

Services

Access

Per NTBHA policy, eligible individuals seeking services in NTBHA's service area will not be denied behavioral health services, regardless of their ability to pay or their experience of homelessness. Individuals can access services by calling the NTBHA Care Coordination Line at 800-241-8716, a provider directly, or the Crisis Hotline at 1-866-260-8000. While limited, NTBHA provides referrals to providers for individuals who contact NTBHA directly. NTBHA is responsible for managing funds for indigent behavioral health services and shall be the payor of last resort. The following procedures describe the process providers will follow to ensure individuals have access to services, meet eligibility requirements, and receive the proper assessment and diagnosis, authorization, and referral into services.

Non-NTBHA Referrals

Referrals to external agencies are made respective to individual needs or requests for health services and specialty services unavailable through NTBHA. Individuals have a choice of providers within our network of providers based on their needs regarding treatment, geographic location, language preferences, or any other preferences identified by the individual. Referrals to NTBHA's Care Coordination team may also be made in the event a person is found ineligible for services after they have been informed of the reasons and are given recommendations for alternative community services or disposition. When available, informational material about community resources that is culturally and age-appropriate will be provided to the individual.

MENTAL HEALTH SERVICES

Eligibility

When individuals present for services, providers conduct a brief screening to determine the clinical needs and demographic information of the individual seeking services, followed by a clinical and financial assessment. For mental health services, eligibility is assessed through the Provider Integration Gathering Eligibility Online (PIGEON) database.

Financial Eligibility

A. Individuals with available funding sources

It is the responsibility of the provider to determine the availability of funding sources to pay for services. Available funding sources may include third-party coverage, state and/or local governmental agency funds, Qualified Medicare Beneficiary (QMB) Program, indigent pharmaceutical programs, or a trust that provides for the person's healthcare and rehabilitative needs.

1. Individuals who qualify for benefits through other funding sources will be referred to a NTBHA client benefits officer (CBO) for assistance in enrolling in appropriate benefits, including Medicaid, the Children's Health Insurance Program (CHIP), Social Security Income (SSI) benefits, and Medicaid and Medicare Part D prescription drug plan.

NTBHA is not an insurance agency and is always considered the payor of last resort, however, there are circumstances when individuals have benefits that do not cover all services rendered. Below is a list of example potential circumstances for additional eligibility scenarios:

a. Medicare Coverage – Medicare does not cover rehabilitation services
b. Medicaid – NTBHA services not covered by Medicaid with a thorough explanation
c. Private Insurance – Individual unable to meet deductible due to financial hardship

B. Determining eligibility for NTBHA-funded services

NTBHA offers a sliding scale based on the equitable use of the sliding fee discount schedule, Mental Health Monthly Ability-to-Pay Fee Schedule, as provided by the Texas Health and Human Commission on an annual basis.

1. Individuals who do not qualify for benefits through other funding sources must provide the following financial documentation to be considered for NTBHA eligibility:
    a. Proof of Income (annual or monthly gross income/earnings), if any, to determine Minimum Monthly Ability to Pay (for non-psychiatric emergencies)
    b. Ability to verify personal or household income
    c. Extraordinary expenses (as defined) paid during the past 12 months or projected for the next 12 months
    d. Completed Head of Household form if the individual receiving services is dependent on another person
    e. Number of family members (as defined)
    f. Third-Party Coverage Documentation
        i. Lack of behavioral health coverage
        ii. Exhausted benefits through another plan (with a copy of the denial notification letter of attestation indicating)
2. Providers must obtain financial eligibility verification as described below.

Frequency	Annually or when significant changes occur or following significant life events
Screening Location	Provider Integration Gathering Eligibility Online (PIGEON)
Documentation Location	Individual Record

Resources and Training:

- Monthly Ability to Pay Fee Schedule

Adult Mental Health Eligibility

Adults, ages 18 and up, are eligible for mental health services if they have one of the following:

Qualifying Diagnosis Severe and persistent mental illness	**Priority Population Diagnosis** Severely disabling mental disorders requiring crisis resolution or long-term support/treatment	
• Schizophrenia • Major Depression • Bipolar Disorder	• Post Traumatic Stress Disorder • Obsessive Compulsive Disorder • Anxiety Disorder, Attention Deficit/Hyperactivity Disorder	• Delusional Disorder • Bulimia Nervosa • Anorexia Nervosa • Other Severely Disabling Disorder

Exclusions include a single diagnosis of:

1. Substance-Related Disorders defined in DSM-5 diagnostic codes: F10.10 – F19.99, Z72.0
2. Mental Disorders due to known physiological conditions defined in DSM-5 diagnostic codes: F01-F09
3. Intellectual and Developmental (IDD) defined in DSM-5 diagnostic codes: F70-F73, F79
4. Autism Spectrum Disorder as defined in DSM-5 diagnostic code: F84.0

Child and Adolescent Mental Health Eligibility

Children and youth ages 3-17 who meet the following criteria are eligible for mental health services.

- Have a diagnosis of mental illness, and
- Exhibit serious emotional, behavioral, or mental disorders, and
  - Have serious functional impairment; or
  - At risk of disruption of a preferred living or childcare environment due to psychiatric symptoms; or
  - Enrolled in a school system's special education program because of serious emotional disturbance.

Exclusions include a single diagnosis of substance abuse, intellectual or developmental disability, or autism spectrum disorder.

Intake and Assessment

Unless it is an emergency, Adult Mental Health and Child/Adolescent Mental Health intakes will be scheduled with appropriately credentialed staff no more than 14 calendar days from the request.

Individuals who have been discharged from services may be readmitted based on clinical need and following the TRR guidelines. All readmissions require a full review and update of existing documentation.

1. A diagnostic interview will be conducted to identify mental health disorders. An LPHA will handle mental health interviews. Information will be obtained from the individual in service, family members/legal guardian, when applicable or permitted, and other appropriate and permitted collateral and external sources. The assessment process gathers and records sufficient information to develop a comprehensive recovery plan and includes provisions for communicating the results of the assessment to applicable personnel and legally required notifications, as necessary. Motivational Interviewing may be provided throughout the screening and assessment process to gather the following information.

- Presenting issues from the perspective of the individual
- Urgent needs including suicide risk, personal safety, and risk to others
- Personal strengths
- Individual needs
- Abilities and/or interests
- Preferences
- Previous behavioral health or substance use services including diagnostic and treatment history
- Current mental status
- Info about medication: history, allergies, current use profile, efficacy of and adverse reactions to medications
- Physical health information including health history, current health needs, and primary care provider(s)
- Co-occurring disabilities, disorders, and medical conditions
- Current level of functioning
- Pertinent current and historical life situations: age, gender, sexual orientation, gender expression, culture, spiritual beliefs, education and employment history, legal involvement, family history, history of trauma, relationships, military service
- Current or past use of alcohol, tobacco, and other substances including type, dosage, frequency, family history, and involvement in recovery
- Treatment options and referrals for tobacco use and substance use resources
- Risk-taking behaviors (i.e. suicidal/homicidal risks)
- *Literacy Level
- Need for assistive technology in the provision of services
- Need for, and availability of, social supports
- Advanced Directives for mental health treatment and crisis management, per individual preferences
- Psychological and social adjustment to disabilities and/or disorders
- **Resultant diagnosis, if identified

* If an individual presents with a disability or needs assistance with reading any part of the screening and assessment process, respective staff members will assist the individual in identifying accommodations

to meet the individual's needs or read to the individual as needed throughout the screening and assessment process.

a. For adult mental health intakes, staff will use PHQ-9 and CSSR Suicide Risk Assessment, as appropriate, and the Adult Needs and Strengths Assessment (ANSA). Depending on symptom presentation, staff may also collect assessment information using:
    ii. Quick Inventory of Depressive Symptomology (QIDS)
    iii. Brief Bipolar Disorder Symptom Scale (BDSS)
    iv. Texas Implementation of Medication Algorithms (TIMA)
b. For child and adolescent mental health intakes, staff will use PHQ9-Adolescence and Adolescent Needs and Strengths (CANS), Ohio Youth Problem, Functioning, and Satisfaction Scales, and Beck's Depression Inventory. Depending on symptom presentation, staff may also collect assessment information using the ADHD Diagnostic Rating Scale (VADRS).

For individuals receiving mental health services funded by the state, the MH Uniform Assessment (UA) Level of Care (LOC) is used to determine the array of services to be provided to the individual. Services for individuals not funded by the state will be determined based on clinical need, in conjunction with individual and family goals and preferences.

2. At the time of intake, individuals are provided with a Client's Rights Handbook and an orientation to services that is understandable to the individual regarding the services to be delivered and any diagnosed conditions with educational material. The Intake and Assessment Process includes the completion of the following documents:

• Demographic • Client Orientation Sheet • Risk Assessment • Fee Assessment • Nursing Assessment • Crisis Plan or Safety Plan • PHQ-9/PHQ-9 Adolescents (& follow up plan)	• Columbia-Suicide Severity Rating Scale (C-SSRS) • CPL Order for Lab Work, if applicable • Medication Profile • Mental Health Intake Diagnostic • ANSA/CANS • Person-Centered Recovery Plan • Informed Consent	• Notification of Right to Appeal • Decision to Deny or Involuntarily Terminate Services • Declaration for Mental Health Treatment (Psychiatric Advance Directive) • Authorization for Release of Information, telemedicine consent • Acknowledgement of Privacy Notice

Additionally, copies of the following information are requested:

- Medicaid/Medicare/Private Insurance Card
- Social Security Award Letter, if applicable
- Social Security Card
- Birth Certificate/Marriage License/Divorce Decree, when necessary
- Driver's License/Identification Card
- Guardianship/Power of Attorney Documents
- Documentation or evidence of prior diagnosis, such as,
    - Evidence concerning the cause and onset before the age of 18 of suspected intellectual disability
    - Relevant records from another entity, including a school district, public or private agency, or another psychologist
    - Reports by other people, including family members and friends, with the proper release.

3. Reassessment

   Update assessments should be conducted for individuals in care according to the following.

   - Adult Mental Health – Every 180 days, or when significant changes in need occur, or following significant life events
   - Child Mental Health – Every 90 days, or when significant changes in need occur, or following significant life events

Mental Health Services Authorization

Services are authorized by NTBHA, following the HHSC Texas Resilience and Recovery (TRR) UM guidelines. The NTBHA Utilization Management (UM) program encompasses the management of care from the point of entry through discharge using objective, standardized, and widely distributed clinical protocols, and advanced outpatient care management interventions to ensure individuals access the services they need at the most appropriate level and intensity of care, for the right amount of time. Designated staff ensure that providers conduct comprehensive assessments, develop specific and individualized recovery plans, coordinate care delivery, and offer or refer individuals to additional services, as needed. UM Authorization reviews are conducted according to the following and are

available to providers as soon as the UA is authorized in CMBHS. All authorized UAs will be in Closed Complete Status. Corresponding encounters are required for each UA to capture the event.

Psychiatric Inpatient Crisis

NTBHA requires pre-authorizations for all inpatient funding requests for crisis levels of care. Determinations are made within two business days.

1. Complete the Eligibility and Attestation Form alongside stabilization responsibilities and request preauthorization of services for all eligible individuals consistent with the continuity of care or coordination assistance for seeking a higher level of care.
    a. If a contracted hospital is requesting an originating bed request, they will submit the Eligibility and Attestation Form with clinical documentation via email to um@ntbha.org or by fax 469-420-5496 within 24 hours of admission. Requests must meet established clinical care criteria for admission into a psychiatric emergency level of care.
    b. The initial assessment should identify issues needing treatment at the specified level of care. It should also outline the treatment approach to address the current problems and establish measurable objectives to track progress, including the proposed length of stay.
2. Further reviews should focus on a solution-oriented response to treatment, any revisions in the treatment plan, and the discharge or follow-up plan. The provider should document clinical records and be prepared to discuss the detailed information with the NTBHA Utilization Manager to facilitate the process.
3. Submit discharge documentation for individuals admitted to any crisis level of care to UM@ntbha.org. Discharge documentation should include:
    a. Outpatient appointment date (within 7 days of discharge)
    b. Case management services, if indicated
    c. Discharge Diagnosis
    d. Outpatient medications
    e. Housing Plan
    f. Method of Transportation

Memorandum of Transfer (MOT)

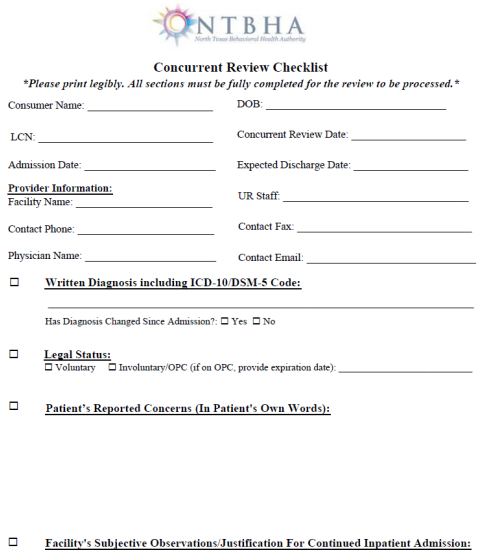
Facility transfers require prior authorization for all levels of psychiatric emergency care. Bed Access will facilitate NTBHA-authorized transfers.

Contracted hospitals will make a good-faith effort to accept transfer requests in collaboration with NTBHA and the originating facility into the dedicated capacity. If a contracted hospital is unwilling to accept a transfer, the denial reason must be conveyed and clearly within the hospital's written exclusionary criteria.

Concurrent Review

Concurrent reviews support care by monitoring areas such as the need for ongoing inpatient stay, aggressiveness of psychiatric treatment, pursuant of medication commitments (when appropriate), submission of prior authorization forms when needed, continuity of care with prior treatment and/or outpatient provider, involvement of collateral supports, discharge planning, and individual rights. It is up to providers to contact the Utilization Management Department to request additional authorization. Providers should contact NTBHA with the instructions provided by the Utilization Manager during the initial authorization. NTBHA does not initiate calls to providers for continued stays and concurrent reviews. Failure to follow the guidelines below may result in administrative denials. Adjustments to the guidelines below may be granted when appropriate but must be documented by NTBHA staff in writing. Please follow these steps related to concurrent reviews or continued stay requests:

1. Request concurrent review
    a. Submit the Concurrent Review Checklist and/or other information requested by NTBHA staff. Documentation must be submitted by 1:00 pm on the first uncovered day or at any time on the last covered day. Late submission of documentation and/or incomplete documentation may result in administrative denial. Supporting documentation that may assist in the determination process should accompany the Concurrent Review Form. Information can be submitted through email to UM_CCR@ntbha.org.



NTBHA
North Texas Behavioral Health Authority

Concurrent Review Checklist

Please print legibly. All sections must be fully completed for the review to be processed.

Consumer Name: _____ DOB: _____

LCN: _____ Concurrent Review Date: _____

Admission Date: _____ Expected Discharge Date: _____

Provider Information:
Facility Name: _____ UR Staff: _____

Contact Phone: _____ Contact Fax: _____

Physician Name: _____ Contact Email: _____

☐ **Written Diagnosis including ICD-10/DSM-5 Code:**

_____

Has Diagnosis Changed Since Admission?: ☐ Yes ☐ No

☐ **Legal Status:**
☐ Voluntary ☐ Involuntary/OPC (if on OPC, provide expiration date): _____

☐ **Patient's Reported Concerns (In Patient's Own Words):**

☐ **Facility's Subjective Observations/Justification For Continued Inpatient Admission:**

    b. Facilities requesting continued stays must provide a contact to telephonically review continued stay requests at a scheduled time each weekday.
2. Review Determination

a. NTBHA recognizes inpatient psychiatric admission as a high level of care. If an individual is stabilized and no longer in need of such a restrictive level of care, a step down to another level of care will be arranged. While a step down to a lower level of care may be an element related to discharge planning, planning should extend beyond the transitional level of care and include an appointment with an outpatient provider within 6 days of discharge from the psychiatric admission, not including the day of discharge.

Resources and Training

- Guide to Concurrent Reviews
- Texas Resilience and Recovery

Outpatient Services

Outpatient Service determinations are reviewed within two business days.

Clinical Override, Deviation, and Exceptions

If a provider believes that the current Level of Care calculated by the Uniform Assessment calculator does not meet the clinical needs of the individual, they may request a deviation to another level of care. NTBHA may authorize an exception to the amount of service within a level of care based on an extraordinary, unforeseen circumstance. Exceptions and clinical deviations are not intended as mechanisms for appeal, but rather to ensure that individuals can access clinically appropriate services based on clinical information and individual choice.

Reasons for Clinical Override or Deviation include:

- Individual Refusal

  A person chooses not to receive services at the TRR-recommended level of care and wants to move to a lower level of care.
- Clinical Need

  An individual has a medical need for services, evidenced by psychiatric inpatient admissions, which are included in a level of care other than the one recommended by the TRR.
- Continuity of Care

The TRR recommends a lower level of care, but the person is maintained in the current level of care for clinical reasons, such as ensuring that improvements are maintained.

- Other

  A person in services and the NTBHA authorizing staff determine an extenuating clinical circumstance that requires the person to be served with an increased frequency or duration of services than is routinely authorized by NTBHA.

1. Providers must document extensively in the Progress Note:
   a. From which level of care the individual has deviated from
   b. All services that the individual is being deviated to
   c. That it has been reviewed with the individual and that they are agreeable

   A brief overview of that discussion is to be documented on the Uniform Assessment and should include, at minimum, current symptoms, severity of those symptoms, and any manifested behaviors.
   - Example Verbiage for Deviations to a higher LOC: “This individual exhibits significant clinical need, as evidenced within this recovery plan/progress note, to warrant a higher level of care than calculated in CMBHS. By signing this recovery plan/progress note, the individual understands and agrees to the higher level of care.”
   - Example Verbiage for Deviations to a lower LOC: “The individual was explained and understood all services that they qualify for and has chosen a lower level of care, and the services provided within that level. This person understands that they can request a change to their level of care at any time.”
2. The provider should document that individuals were made aware of the change in services that will result from LOC deviations.

Adverse Determination

If a service is denied based on administrative or clinical determination, a Denial of Authorization Letter is mailed to the individual requesting or receiving services and the provider. Notification of denials, regardless of the level of care, will include:

a. Reason for the adverse determination

b. Clinical or Administrative basis for the adverse determination
c. Medical necessity criteria that were utilized to make the determination
d. Instructions for filing an appeal

Appeals

A request for services does not guarantee approval. Medical necessity criteria and available funding for services must be met and available at the time of request. NTBHA has an expedited appeal process when services are not authorized due to medical necessity criteria, based on the immediacy of the condition. The individual requesting or receiving services, their LAR, provider, or someone else acting on the individual's behalf, further acknowledged as the appealing party, has 30 calendar days after receipt of written notification of an adverse determination to initiate a request for appeal verbally or in writing. Appeal requests must include the individual in services' name and NTBHA Local Case Number (LCN) and the dates of service for the denied services or claims payment. Appealing parties may challenge the unsatisfactory disposition of a complaint or administrative decision.

As part of the appeals process, the appealing party may submit written comments, documents, records, and other information relating to the appeal. NTBHA takes all submitted information into account when considering the appeal, regardless of whether such information was submitted or considered in the initial decision. All resolution letters include information regarding obtaining additional review.

Administrative and Clinical

All appeals are acknowledged within five business days of receipt and are resolved within 30 calendar days, and a letter of resolution is mailed to the appealing party. Appeal resolution letters include an appeal determination (to uphold or overturn the initial decision), a brief description of the decision rationale, and the procedure for requesting the next level of review.

1. Once the appealing party has submitted an appeal request, designated staff will inform the appealing party of what additional information, if any, is required to conduct the appeal. The appealing party should be allowed to provide, in writing, a good cause for having a particular type of specialty provider review the case.

   a. If the requested information is not provided within the required timeframe, an appeal decision can be made on whatever information is available to provide a decision within appropriate time frames.
2. Appeals are reviewed by a person who was not previously involved in the decision-making process related to the initial denial. After examining all available information, the reviewer assesses whether the original issues that led to the administrative or clinical denial have been resolved.
   a. If they have not been resolved, the original decision is upheld, and appropriate notice is issued.
   b. If they have been resolved in favor of the appealing party and no further clinical review is required, the provider is notified that the initial denial was overturned. Claims are reprocessed to complete the appeal process. The provider may be requested to submit corrected claims within a specific timeframe to reprocess the claim.
   c. If they have been resolved in favor of the appealing party, but further clinical review is required, the appeal is forwarded to the appropriate clinical staff member, and the provider is notified that the initial denial was overturned and forwarded to clinical for a review of medical necessity to act on the original request for services.

Inpatient Services

Denial of admission or continued stay for inpatient services requires an expedited appeal process. An appeal decision will be completed no later than one calendar day from the date that NTBHA receives all necessary information for review.

1. Within one hour of making the adverse decision, NTBHA notifies the individual requesting or receiving services, the individual's LAR, anyone the individual designates to advocate for them, or the individual's provider.
2. The appealing party has one business day to request an appeal through NTBHA's UM Department. If the denial is notified at 5:00 pm or later, the appeal can be submitted until 8:30 am the following day.
3. A NTBHA physician not involved in the original authorization decision reviews the appeal.

4. UM staff assigned to the case will notify the appealing parties of the final decision verbally, in person, by telephone, or by mail (Appeal Resolution Letter).

At any time, the appealing party may contact the DSHS Office of Individuals Services and Rights Protection (1-800-252-8154) for further review of their concern about the appeal decision and any proposed action.

Prescription Medication

Individuals receiving indigent mental health services may also receive medications funded by NTBHA as the payor of last resort. For NTBHA to pay for medication, the individual must have an LCN, a profile in CMBHS linked to that LCN, and updated Financial Eligibility information in PIGEON. The individual's attestation must be saved, and the financial eligibility status must be "close complete."

All prescribers must maintain active credentials with NTBHA's Pharmacy Benefit Manager. Each provider is responsible for providing NTBHA with a list of prescribers for their organization, including the prescriber's name, NPI number, start date, and all locations from which they will be prescribing. Providers should allow up to two weeks from submission for the prescriber to be listed as an in-network prescriber.

Approved medications are listed on the NTBHA Formulary. Medication not listed on the NTBHA Formulary requires Prior Authorization, which prescribers can request by sending the Prior Authorization Form to RX@NTBHA.org. Prescriptions must be filled at a pharmacy that is in-network with NTBHA.

At each visit, providers should ensure that individuals have updated eligibility (as appropriate) in PIGEON. It is important to note that the NTBHA Eligibility File updates with IPM at 12:00 PM and 4:00 PM daily. This schedule should be considered when setting expectations for when an individual can pick up medication. If a medication request is more urgent, the prescriber may contact RX@NTBHA.org. Additionally, providers should provide the "IPM Form," also known as the "Temporary ID," to individuals at each visit, or at a minimum, when medication changes are made. This form provides instructions to the pharmacy on how to bill NTBHA and includes contact information to resolve issues with payment. These forms are unique to each organization and can be requested through NTBHA Provider Relations.

Resources and Training

NTBHA Formulary and In-Network Pharmacies can be found on the NTBHA website's Manuals and Forms page.

Transfer of Service

Individuals in service can, at any point, choose to discontinue services with one provider and request services with another provider within the NTBHA service area. To the extent possible, the two service providers should communicate directly to ensure a smooth referral and/or transition to the new service provider. Although the original service provider will no longer serve the individual, a formal discharge is not required. Instead, the receiving provider will update the information in PIGEON and CMBHS to reflect the provider change.

Discharge Planning

Outpatient Level of Care

Individuals should be offered all services they are eligible for based on the current Level of Care (LOC) assigned to them for as long as they need. Following the Texas Resilience and Recovery manuals' guidelines, providers may discharge individuals who have declined all services available to them. The refusal or non-compliance of one type of service does not affect the individual's eligibility to receive other services (TAC 301). Additionally, providers may discharge individuals who have moved outside of the geographic service location. This scenario is often referred to as County of Residence (COR). To the extent possible, providers must facilitate a referral to a provider in the new service area who can satisfactorily address the individual's needs.

Hospital and Inpatient

1. Discharge planning begins at the time of admission as a collaborative effort between NTBHA and the treating provider. The intensity of the NTBHA's involvement in discharge planning will vary, depending upon the individual's needs and the level of care from which the individual is being discharged.
2. Discharge plans should be updated throughout an individual's stay and should be updated and revised, as necessary, according to the decisions reached in the concurrent review authorization process. Authorization for other levels of care will be based on clinical necessity, current

treatment plan, continuity of care issues, acuity, and capacity. Hospital-based care coordinators should be included as collaborators in discharge planning. At a minimum, the discharge plan should address the drivers related to the current crisis and include:

A. An outpatient appointment
    i. The state requirement for 7-day follow-up states that outpatient services must be scheduled before a discharge from an inpatient setting. Individuals being served must be scheduled within 6 days of discharge from psychiatric admission, not including the day of discharge
B. Case Management Services, if indicated
C. Outpatient Medications
D. A Housing Plan

SUBSTANCE USE DISORDER SERVICES

Eligibility

When individuals present for services, providers conduct a brief screening to determine the clinical needs and demographic information of the individual seeking services, followed by a clinical and financial assessment. For SUD services, eligibility is assessed in the Clinical Management for Behavioral Health Services (CMBHS).

Financial Eligibility

A. Individuals with available funding sources

It is the responsibility of the provider to determine the availability of funding sources to pay for services. Available funding sources may include third-party coverage, state and/or local governmental agency funds, Qualified Medicare Beneficiary (QMB) Program, indigent pharmaceutical programs, or a trust that provides for the person's healthcare and rehabilitative needs.

1. Individuals with third-party coverage must execute an assignment of benefits authorizing third-party coverage payment to the LMHA.
2. Individuals who qualify for benefits through other funding sources will be referred to a NTBHA client benefits officer (CBO) for assistance in enrolling in appropriate benefits, including Medicaid, the Children's Health Insurance Program (CHIP), Social Security Income (SSI) benefits, and Medicaid and Medicare Part D prescription drug plan.

NTBHA is not an insurance agency and is always considered the payor of last resort, however, there are circumstances when individuals have benefits that do not cover all services rendered. Below is a list of example potential circumstances for additional eligibility scenarios:

a. Medicare Coverage – Medicare does not cover rehabilitation services
b. Medicaid – NTBHA services not covered by Medicaid with a thorough explanation
c. Private Insurance – Individual unable to meet deductible due to financial hardship

SUD providers may be reimbursed if a third party declines to cover treatment services, so long as the individual meets the diagnostic criteria and financial eligibility. The refusal must be

documented in the individual's file. If the third party approves partial or full payment for treatment services, the provider may be reimbursed for the non-reimbursed costs, including the deductible, provided:

a. The individual's parent/guardian refuses to file a claim with the third party payor, or refuses to pay either the deductible or the non-reimbursed portion of the cost of treatment; Provider has obtained a signed statement from the parent/guardian of refusal to pay; and Provider has received written approval from HHSC SUD program services subject matter expert to bill for the deductible or non-reimbursed portion of the cost.
b. The individual or parent/guardian cannot afford to pay the deductible or the non-reimbursed portion of the cost of treatment; or
c. The individual or individual's parent/guardian has an adjusted income at or below 200% of the federal poverty level.
d. If an individual has exhausted all insurance coverage and requires continued treatment, the Provider may provide the continued treatment services and be reimbursed if the individual meets one of the above criteria.

B. Determining eligibility for NTBHA-funded services

NTBHA offers a sliding scale based on the equitable use of the sliding fee discount schedule, Mental Health Monthly Ability-to-Pay Fee Schedule, and SUD Ability-to-Pay Fee Schedule as provided by the Texas Health and Human Services Commission on an annual basis.

1. Individuals who do not qualify for benefits through other funding sources must provide the following financial documentation to be considered for NTBHA eligibility:
    a. Proof of Income (annual or monthly gross income/earnings), if any, to determine Minimum Monthly Ability to Pay (for non-psychiatric emergencies)
    b. Ability to verify personal or household income
    c. Extraordinary expenses (as defined) paid during the past 12 months or projected for the next 12 months
    d. Completed Head of Household form if the individual receiving services is dependent on another person
    e. Number of family members (as defined)
    f. Third-Party Coverage Documentation
        i. Lack of behavioral health coverage

ii. Exhausted benefits through another plan (with a copy of the denial notification letter of attestation indicating)

2. Providers must obtain the documentation and financial eligibility verification as described below.

Frequency	Every 180 days, or when significant changes occur, or following significant life events
Screening Location	Clinical Management for Behavioral Health Services (CMBHS)
Documentation Location	CMBHS Individual Record

Substance Use Disorder Eligibility

Individuals with Texas residency who meet the financial eligibility and who meet the clinical criteria in the most current DSM-5 are eligible for substance use disorder (SUD) services. The DSM-5 is used to determine the level of involvement with substances that range from

- Mild: two or three symptoms
- Moderate: Four or five symptoms
- Severe: Six or more symptoms

SUDs span a wide variety of problems arising from substance use and cover 11 different criteria. These criteria include the individual:

a. Taking the substance in larger amounts or for longer than directed.
b. Wanting to cut down or stop using the substance but not managing to do so.
c. Spending a lot of time getting, using, or recovering from the use of the substance.
d. Cravings and urges to use the substance.
e. Not managing to do what should be done at work, home, or school because of substance use.
f. Continuing to use, even when it causes problems in relationships.
g. Giving up important social, occupational, or recreational activities because of substance use.
h. Using substances repeatedly, even when it puts you in danger.
i. Continuing to use, even when you know you have a physical or psychological problem that could be caused or made worse by the substance.
j. Needing more of the substance to get the effect you want (tolerance).
k. Development of withdrawal symptoms, which can be relieved by taking more of the substance.

SUD Priority Populations

To ensure priority populations, as identified below, are served following federal and state guidelines, providers will:

1. Identify individuals in the priority population during initial screening.
2. Ensure successful referral and admittance within the time frame to another HHSC-funded provider, or HHSC Wait List and Capacity Coordinator, and begin interim services.
3. Notify HHSC program staff if placement cannot be made to a priority population; and
4. Accept individuals from every region in the state and OSAR, when capacity is available, to accommodate federal and state priority populations.
5. If two individuals are of equal priority status, preference may be given to the individual residing in the Provider's service region.
6. Include the federal and state priorities in all brochures and post a notice in all applicable lobbies.

Federal Priority

Based on the federal priority populations established by the SAMHSA Block Grant regulations (eCFR, Title 45: Public Welfare, Part 96, 96.131), Texas is required to ensure the following three populations are given priority preference:

- Pregnant individuals who inject drugs will be admitted within 48 hours.
- Pregnant individuals will be admitted within 48 hours; and
- Individuals who inject drugs will be admitted within 14 days.

Providers are expected to publicize the availability and priority of services for pregnant women through street outreach programs, ongoing public service announcements, regular advertisements, regional print media, posters placed in targeted areas, and frequent notification distribution to the network of community-based organizations, health care providers, and social service organizations.

Providers will establish a wait list that includes a unique client identifier for everyone in the priority population seeking treatment, including those individuals receiving interim services while awaiting admission to treatment.

State Priority

Secondary to the SAMHSA priority populations, Texas has established priority populations for entering state-funded SUD services. State priority populations include:

- Individuals identified as being at high risk for overdose will be admitted to the requested services within 72 hours.
- Individuals referred by DFPS will be admitted to the services requested within 72 hours.
- Individuals experiencing housing instability or homelessness will be admitted to the services requested within 72 hours.
- All other populations.

Intake and Assessment

1. An LCDC will follow the documentation processes in CMBHS to identify substance use disorders. Information will be obtained from the individual in service, family members/legal guardian, when applicable or permitted, and other appropriate and permitted collateral and external sources. The assessment process gathers and records sufficient information to develop a comprehensive recovery plan and includes provisions for communicating the results of the assessment to applicable personnel and legally required notifications, as necessary. Motivational Interviewing may be provided throughout the screening and assessment process to gather the following information for substance use only intakes.
    a. Mental Health Diagnostic Profile
    b. TDI Criteria
    c. Brief Addiction Monitor (BAM).

    In the event an individual presents with a disability or needs assistance with reading any part of the screening and assessment process, respective staff members will assist the individual in identifying accommodations to meet the individual's needs or read to the individual as needed throughout the screening and assessment process.

    Individuals who have previously been discharged from services and are returning may be readmitted based on reassessment of needs and eligibility.
2. At the time of intake, individuals are provided with the Client Bill of Rights and an orientation to services that is understandable to the individual regarding the services to be delivered and any diagnosed conditions with educational material.

Service Authorization Request (SAR)

Providers will use the CMBHS Initial SUD assessment as a guide for directing individuals to the appropriate level of care/service type. The table below identifies available service packages. For more information related to these service packages, visit the Texas HHS Substance Use Disorder Services Program Guide. Individuals will be authorized up to the allowable Service Package Amounts, however, providers may deviate from the listed package by providing a documented justification using the information gathered through screening and assessment showing the individual's need for services.

Service Packages	Typical Amount Requested	MAX Amount in CMBHS
Residential Detoxification	5 units	NA
Ambulatory Detox	5 units	NA
Adult Intensive Residential	28 units	180 units
Adult Outpatient	100 units	180 units
OST/OTS	365 units	NA
OBOT	365 units	NA
Youth Intensive Residential	60 units	180 units
Youth Outpatient	100 units	180 units
Adult W&C, Intensive Residential	45 units	180 units
Adult SF Intensive Residential	45 units	180 units
Adult SF Outpatient	100 units	NA
COPSD	90 units	NA

Units = Days

At a minimum, the SAR narrative should include:

- Basis for the DSM SUD Diagnosis: Description of how the client meets diagnosis criteria.
- Impairments related to the SUD: Description of life areas most severely affected by the substance use.
- Corresponding Level of Care: What is indicated based on diagnosis and severity of impairments that will meet the individual's needs.

Recommended Format for SAR Submission

"**(Name)** meets criteria for **(DSM-5 SUD diagnosis)** as evidenced by **(_____)**. Severity is **(mild, moderate, severe)** and meets **(number of DSM-5 criteria for SUD diagnosis)** of the criteria. Currently, **(Name)**, endorses the following symptoms **(criteria)**. **(Name)** has had a pattern of problematic use over/within the last **(duration of use)** as evidenced by **(_____)**.

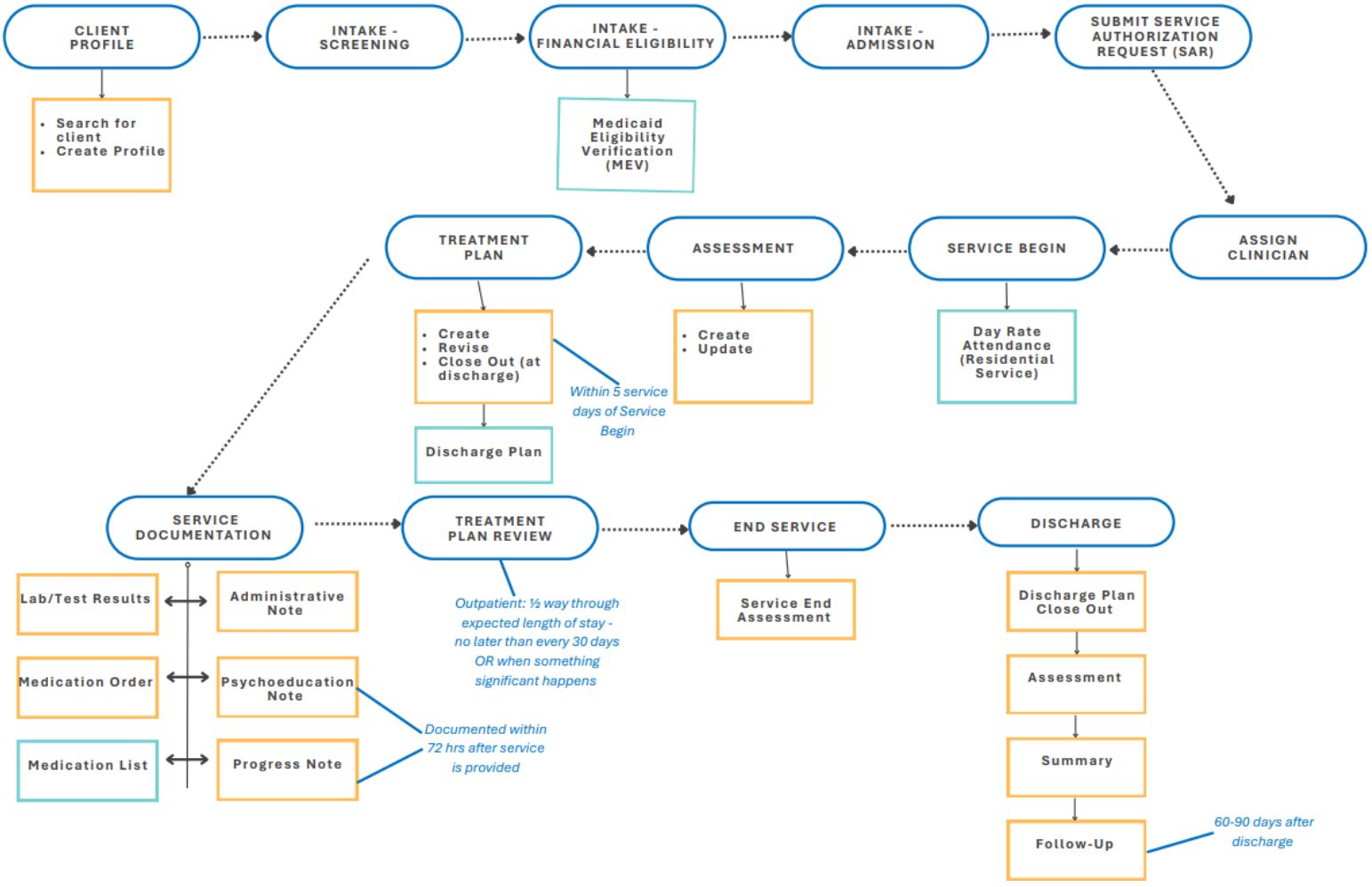
(Name) meets medical necessity based on the above diagnosis and significant impairment in dimensions **(numbers with the most severe risk ratings)** of the ASAM Criteria as evidenced by **(_____)**. Due to **(Name)**'s **(symptoms of SUD)**, **(behaviors)** resulting in **(impairment)**. **(Name)** is most appropriate for **(level of care)** and will need **(services that will address (Name)'s problems)**."

Service Delivery

Providers are responsible for delivering services following their contracted statement of work and the Texas HHS Substance Use Disorder Services Program Guide, which provides detailed information regarding each treatment service array, its purpose, discharge criteria, and requirements for post-discharge follow-up.

CMBHS Documentation Process for SUD

Note: This represents the typical workflow. Documents may not be prepared in this specific order. Documentation is dependent on type of service



NTBHA STANDARDS

Interested Parties: All Providers

Person- and Family-Centered Recovery Planning

A. Provider completes eligibility for the Individual seeking services, completes intake, and schedules for routine care.
B. Individuals in service will collaborate with the provider face-to-face or through telemedicine to complete the Recovery Plan within 10 business days of intake for routine care services.
C. The individual is provided with a copy of the recovery plan and each subsequent treatment plan after review.
D. Recovery plans should be reviewed at least every 180 days for adults and every 90 days for children, or as clinically indicated. If appropriate, the plan will be updated to reflect changes in status, response to treatment, or changes in goals that have occurred.

Requirements of the Recovery Plan

1. Reflect input from each of the disciplines of treatment to be provided to the individual based on the initial assessment.
2. At a minimum, a staff member credentialed as a QMHP-CS is responsible for completing and signing the recovery plan.
3. Written in first-person singular language and be understandable by the person with whom the plan is created and others supporting the individual, including those with Limited English Proficiency (LEP), utilizing a minimal amount of clinical language.
4. Endorsed and agreed to the recovery plan by the individual via a written signature and date.
5. Each Recovery Plan must include:
    a. Description of the presenting problem
    b. Description of the individual's strengths
    c. Description of the individual's needs arising from the mental illness or serious emotional disturbance
    d. Description of the individual's co-occurring substance use or physical health disorder, if any

e. Description of the recovery goals and objectives based on the assessment, and expected outcomes of the treatment
    i. Specifically addressing the individual's unique needs, preferences, experiences, and cultural background
    ii. Specifically address the individual's co-occurring substance use or physical health disorder, if any
    iii. Be expressed in terms of overt, observable actions of the individual
    iv. Be objective and measurable using quantifiable criteria; and
    v. Reflect the individual's self-direction, autonomy, and desired outcomes
f. The expected date by which the recovery goals will be achieved
g. A list of resources for recovery supports (e.g. community volunteer opportunities, family or peer organizations, 12-step programs, churches, colleges, or community education)
h. A list of the type(s) of services within each discipline of treatment that will be provided to the individual (e.g., psychosocial rehabilitation, medication services, substance abuse treatment, supported employment), and for each type of service listed provide:
    i. A description of the strategies to be implemented by staff members in providing the service and achieving goals
    ii. The frequency (e.g., weekly, twice a month, monthly), number of units (e.g., 10 counseling sessions, two skills training sessions), and duration of each service to be provided (e.g., .5 hours, 1.5 hours)
    iii. The credentials of the staff member responsible for providing the service

6. Additional Components of the Person-Centered Recovery Plan include:
    a. The development of the plan shall be viewed as an equal responsibility of the provider and the individual. Ongoing opportunities should be offered for the individual to express their needs, desires, and choices.
    b. Potential support and/or treatment options to meet the expressed needs or goals of the individual shall be identified and discussed with the individual.
    c. Needs and goals should be addressed by an interdisciplinary care team who, together, deliver seamless, comprehensive care to the individual. Coordination with outside entities should be documented regularly (i.e. coordination with a primary health care provider).
7. Special Considerations

a. Individuals who have a court-appointed legal guardian should participate in the Person-Centered Recovery Planning process, making decisions that are not delegated to the guardian in the Guardianship Letter of Authority.
b. Service delivery should concentrate on the child as a member of a family, with the wants and needs of the child and family integral to the plan that is developed. Parents/Legal Authorized Representatives (LAR) of minors should participate in the person-centered recovery planning process.

Resources and Training:

- Texas Resilience and Recovery

Responding to Crisis

NTBHA maintains a crisis hotline and a Mobile Crisis Outreach Team (MCOT); these resources are intended for public use. Providers should inform individuals about these resources, which are available to those in crisis 24 hours a day, 7 days a week, and 365 days a year by contacting 1-866-260-8000.

NTBHA providers are expected to have an internal crisis plan for each location in which they operate. The plan should outline specific details for resolving crises with adequately credentialed staff at the location, rather than relying on the NTBHA hotline or MCOT services. Individuals should never be advised to present at Terrell State Hospital as a walk-in.

Reporting Abuse, Neglect, and Exploitation

NTBHA complies with state laws relating to reporting abuse, neglect, and exploitation. By law, everyone in Texas is a mandated reporter. Professionals may not delegate the duty to report to anyone else.
If you suspect:

- A child is being abused or neglected.
- An adult with a disability or an adult over the age of 65 is being abused, neglected, financially exploited, or is in a state of self-neglect

1. Report the suspected abuse, neglect, or exploitation immediately. To ensure a thorough investigation, provide comprehensive incident-related information, as available. The report shall

be made regardless of whether a report has been previously made by yourself or another colleague. If the person is in immediate danger, call 911 for local police, first.

a. Abuse Hotline 1-800-252-5400, operated 24 hours a day, 7 days a week
b. Online Reporting https://www.txabusehotline.org/Login/Default.aspx
c. If the report is related to abuse, neglect, or exploitation of individuals in Intermediate Care Facility for Individuals with an Intellectual Disability or Related Condition the report will be made to HHS Complaint and Incident Intake online at https://txhhs.my.site.com/complaint/s/ or by phone at 1-800-458-9858.

2. All reports will be submitted alongside an incident report that includes the DFPS report number within 48 hours of learning of the alleged abuse, neglect, or exploitation.

Resources and Training:

- Texas Family Code 261.101-261.110
- Texas Penal Code 21-22, 43

Complaints and Grievances

Individuals in service and their representatives have the right to file a complaint related to the services they are receiving and to receive a timely resolution.

All contracted providers should have a policy and procedure for their internal complaint process and this procedure should be communicated to individuals served at intake, posted in visible locations, and provided any time requested during their time in treatment. NTBHA recommends that all grievances and complaints follow the organization's internal policies and procedures while respecting the individual's right to submit a complaint to NTBHA or HHSC for a resolution when their concern cannot be resolved through the agency's process or if they opt to start their complaint process with us. NTBHA provides complaint posters to each provider to be posted in a prominent place in each clinic location's waiting area, so individuals can freely access the contact information. We recommend that the information be provided to individuals in writing with their intake documents.

1. Complaints can be submitted to NTBHA by calling the NTBHA Quality Management line at 833-392-4800, the main NTBHA phone number, 214-366-9407 or Toll-Free 877-653-6363. Individuals can also submit complaints in writing by mail to the main office or by email at QM@ntbha.org.
2. The NTBHA Quality Management (QM) team works to resolve complaints directed to NTBHA within ten business days of receipt. Depending on the urgency of the complaint, the team will call or email the organization to discuss the individual's concerns and will continue communication until the complaint is resolved to the best of all parties' ability and satisfaction. The QM team may involve other NTBHA departments to assist in coming to a resolution. When the HHSC Ombudsman's office reaches out to NTBHA regarding a complaint they have received, QM will work closely with providers to get responses and resolve concerns and provide information back to the Ombudsman's office until they feel the concerns have been fully addressed.

Complaints or concerns expressed by an individual in service related to physical or sexual abuse should be immediately reported to leadership and to the appropriate authorities.

Trauma-Informed Care Approach

NTBHA acknowledges the significant role trauma plays in an individual's life cycle and expects all service providers to adopt a Trauma-Informed Care approach in their treatment and other services. Trauma-Informed Care is a highly researched best practice, and providers are encouraged to seek additional training to ensure high-fidelity implementation. Trauma-informed care encourages individuals to engage fully in their health care, develop trusting relationships with their providers, and improve their long-term health outcomes.

Trauma-Informed Care recognizes six core principles that are necessary to transform a healthcare setting:

1. Safety

   Individuals in service and staff should feel physically and psychologically safe throughout the organization.

2. Trustworthiness and Transparency

   All decisions are made with transparency aiming to build and maintain trusting relationships.

3. Peer Support

   Individuals with shared experiences are integrated into the organization in a meaningful and integral way.

4. Collaboration

   Staff and individuals in service have shared decision-making power and work together in creating an appropriate recovery plan.

5. Empowerment

   Strengths are recognized, built on, and validated with the belief in resilience and the ability to heal from trauma.

6. Humility and Responsiveness

   Biases, stereotypes, and historical trauma are recognized and addressed.

Resources and Training:

Trauma-Informed Care Implementation Resource Center

HHS Trauma-Informed Care Presentations and Trainings

APPENDICES

NTBHA CMHP Providers

Dallas County		
Adelson Behavioral & Mental Health Services, LLC 407 N. Cedar Ridge Ste. 210 Duncanville, TX 75116 214-281-1739 Adult/Youth/Child	**APAA Recovery** 3116 Martin Luther King Blvd. Dallas, TX 75215 214-634-2722 Adult	**Bienstar Bilingual Counseling Services** 8111 LBJ Freeway Ste. 100 Dallas, TX 75251 214-682-7842 Adult/Youth/Child Bilingual Services
Centro de Mi Salud 2701 S. Hampton Road Ste. 201 Dallas, TX 75224 214-941-0798 Adult/Youth/Child Bilingual Services	**Centro de Mi Salud** 2144 N. Belt Line Rd. Ste. B&C Dallas, TX 75150 214-941-0798 Adult/Youth/Child Bilingual Services	**Centro de Mi Salud** 101 N. MacArthur Blvd. Irving, TX 75061 214-941-0798 Adult/Youth/Child Bilingual Services
Child and Family Guidance Center 8915 Harry Hines Blvd. Dallas, TX 75235 214-351-3490 Adult/Youth/Child	**Child and Family Guidance Center** 210 West 10th Street Dallas, TX 75208 214-351-3490 Adult/Youth/Child	**Child and Family Guidance Center** 120 W. Main Street Ste. 220 Mesquite, TX 75149 214-351-3490 Adult/Youth/Child
Metrocare Services 1020 S. Carrier Pkwy Grand Prairie, TX 75051 214-330-2488 Adult/Youth/Child	**Metrocare Services** 1881 Sylvan Ave. Ste. 200 Dallas, TX 75208 214-331-0107 Adult/Youth/Child	**Metrocare Services** 3330 S. Lancaster Road Dallas, TX 75216 214-371-6639 Special Needs Offender Program 214-371-0474 Adult

Dallas County		
Metrocare Services 1350/1353 N. Westmoreland Dallas, TX 75211 Adult: 214-330-0036 Youth/Child: 214-331-0107 ECI/Preschool: 214-333-7015 Adult/Youth/Child	**Metrocare Services** 9708 Skillman Street Dallas, TX 75243 214-221-5433 Adult/Youth/Child	**Metrocare Services** 4701 Samuell Blvd. Dallas, TX 75228 972-861-5611 Youth/Child
Metrocare Services 4645 Samuell Blvd. Dallas, TX 75228 Adult: 214-275-7393 Youth/Child: 972-861-5611 Adult/Youth/Child	**Homeward Bound** 2535 Lone Star Dr. Dallas, TX 75212 214-941-3500 Adult	**Innovations Community Mental Health Center, LLC** 8625 King George Dr. Ste. 400 Dallas, TX 75235 469-466-3154 Adult/Youth/Child
Integrated Psychotherapeutic Services (IPS) 2121 Main Street Ste. 100 Dallas, TX 75201 214-331-1200 Adult	**Southern Area Behavioral Healthcare** 4215 Gannon Lane Ste. 100 Dallas, TX 75237 972-283-9090 Adult/Youth/Child	**Southern Area Behavioral Healthcare** 3001 Al Lipscomb Way Dallas, TX 75215 972-283-9090 Adult
Unity Behavioral Health 600 W. Campbell Rd. Ste. 100 Richardson, TX 75080 469-940-6900 Adult		

Ellis County	Hunt County	Rockwall County
Child and Family Guidance Center 1505 W. Jefferson St. Ste. 120 Waxahachie, TX 75165 214-351-3490 Adult/Youth/Child	**Lakes Regional Community Center** 4200 Stuart Street Greenville, TX 75401 903-455-3987 Adult/Youth/Child	**Lakes Regional Community Center** 2435 Ridge Road Ste. 107 Rockwall, TX 75087 972-722-2685 Adult/Youth/Child

Kaufman County		Navarro County
Child and Family Guidance Center 108 N. Washington Kaufman, TX 75142 214-351-3490 Adult/Youth/Child	**Lakes Regional Community Center** 400 Airport Road Terrell, TX 75160 972-388-2000 Adult/Youth/Child	**Child and Family Guidance Center** 319 N. 12th Street Corsicana, TX 75110 214-351-3490 Adult/Youth/Child

Collin County **** These clinics serve NTBHA-eligible residents ****	
Child and Family Guidance Center 4031 W. Plano Pkwy Ste. 211 Plano, TX 75093 214-351-3490 Adult/Youth/Child	**Psychiatric Medical Associates, PA** 6404 International Pkwy Ste. 1010 Plano, TX 75093 972-267-1988 Adult/Youth/Child

To learn more about NTBHA's Comprehensive Mental Health Providers and the services they offer, providers are encouraged to contact the listed provider directly or Provider Relations.

NTBHA SUD Providers

Dallas County		
ARM Ministry 1128 Reverend CBT Smith St. Dallas, TX 75203 214-943-5010 Adult **Peer Recovery Support Services**	**APAA Recovery** 3116 Martin Luther King Blvd. Dallas, TX 75215 214-634-2722 Adult **Peer Recovery Support Services**	**APAA Recovery** 2800 Martin Luther King Blvd. Dallas, TX 75215 214-634-2722 Adult **Peer Recovery Support Services**
CENIKOR 2425 Texas Drive Irving, TX 75062 1-888-236-4567 Adult **Detoxification/ Inpatient Residential/Outpatient**	**Guiding Minds Ministries** 1910 Pacific Ave. Ste. 5000 Dallas, TX, 75201 214-613-6999 Adult **Office-Based Opioid Treatment**	**Homeward Bound** 2535 Lone Star Dr. Dallas, TX 75212 214-941-3500 ext. 246 Adult **Outpatient/ Recovery Support Services/ Medication Assisted Treatment**
Homeward Bound 5300 University Hills Blvd. Dallas, TX 75241 214-941-3500 ext. 246 Adult **Detoxification/ Inpatient Residential/ Recovery Support Services/ Medication Assisted Treatment**	**Inspired Hope Group** 1228 W. Scyene Rd. Ste. 230 Mesquite, TX 75149 972-288-1800 Adult **Medication Assisted Treatment**	**Integrated Psychotherapeutic Services (IPS)** 2121 Main Street Ste. 100 Dallas, TX 75201 214-331-1200 Adult **Ambulatory Detoxification/ Outpatient/ Office Based Opioid Treatment/ Medication Assisted Treatment**
Metrocare Services 4645 Samuell Blvd Dallas, TX 75228 214-275-7393 Adolescent/Youth **Outpatient**	**Metrocare Services** 3330 S. Lancaster Road Dallas, TX 75216 214-371-6639 Adult **Ambulatory Detoxification/ Outpatient**	**Metrocare Services** 1818 Corsicana Road Dallas, TX 75201 214-670-1143 Adult **Outpatient**

Dallas County		
Metrocare Services 9708 Skillman Street Dallas, TX 75243 214-221-5433 Adult **Outpatient**	**Nexus Recovery Center** 8733 La Prada Dr. Dallas, TX 75228 214-321-0156 Adult Women **Detoxification/ Intensive Residential/ Outpatient/ Recovery Support Services/ Medication Assisted Treatment**	**S.T.E.P. Med** 2929 Martin Luther King Jr. Blvd. Ste. 4 Dallas, TX 75215 214-421-9100 Adult **Medication Assisted Treatment**
West Texas Counseling & Rehabilitation 2848 West Kingsley Ste. B Garland, TX 75041 972-840-1431 Adult **Medication Assisted Treatment**	**West Texas Counseling & Rehabilitation** 1116 W. Pioneer Dr. Irving, TX 75061 972-253-9370 Adult **Medication Assisted Treatment**	**West Texas Counseling & Rehabilitation** 1808 Market Center Blvd. Dallas, TX 75207 214-630-7146 Adult **Medication Assisted Treatment**
Your Discovery Place 1910 Pacific Ave. Ste. 5070 Dallas, TX 75201 1-855-207-0596 Adult/Adolescent **Outpatient**	**Youth 180** 201 S. Tyler Street Dallas, TX 75208 214-942-5166 Youth/Young Adult **Outpatient**	

Hunt County		Navarro County
Finch Clinic, PLLC 4527 Stonewall Dr. Greenville, TX 75401 903-494-3400 Adult **Medication Assisted Treatment**	**Lakes Regional Community Center** 4200 Stuart Street Greenville, TX 75401 903-455-3987 Adult/Youth/Child **Outpatient**	**Homeward Bound** 319 N. 12th St. Corsicana, TX 75110 214-941-3500 ext. 502 Adult **Outpatient**

Kaufman County		Rockwall County
APAA Recovery 501 West High Street Terrell, TX 75160 214-634-2722 Adult **Peer Recovery Support Services**	**Lakes Regional Community Center** 400 Airport Road Terrell, TX 75160 972-388-2000 Adult **Outpatient**	**Lakes Regional Community Center** 2435 Ridge Road Ste. 107 Rockwall, TX 75087 972-722-2685 Adult **Outpatient**

Collin County **** These clinics serve NTBHA-eligible residents ****	
MedPro Treatment Centers (CMS) 405 N. McDonald St. Ste. B McKinney, TX 75069 972-542-4144 Adult **Medication Assisted Treatment**	**West Texas Counseling & Rehabilitation** 1108 Dobie Drive Plano, TX 75074 972-516-2922 Adult **Medication Assisted Treatment**

To learn more about NTBHA's SUD Providers and the services they offer, providers are encouraged to contact the listed provider directly or Provider Relations.

Manual Revision Log

Provider Procedure Manual Publish Date: TBD

Revision ID	Date of Revision	Details of Revision
2025 Publish	04/25/2025	Initial publication of Provider Manual 2025 post-provider feedback.