Appendix 1: Business Rules by Section

Section Name   Child/Adolescent Uniform Assessment Header: Last Name, etc.

Business Rule ID	Business Rule Description
1	Access to WebCARE screens is restricted to authorized users only.
2	Component Code entered must be valid, non-blank, and listed on the mainframe CARE Component Code Table.
3	Local Case Number must be valid, is required, and cannot be blank.
142	Use component and local case to provide an intermediate page that will list historic and incomplete records.
307	Discharge Date may be dated up to 30 days in the past.
315	Location - New Location codes must be valid for the Component and have valid Open and Close Dates.

Section Name   Child/Adolescent Uniform Assessment Referral Source, Risk of Placement, ED

Business Rule ID	Business Rule Description
32	Child - Assessment record requires a Referral Source (the source that first prompted or suggested the referral) for Intake Assessments only. The Referral Source for a child/adolescent is the source that first prompted or suggested the referral: (1) Family/Self (2) School (3) Juvenile Probation (4) Texas Youth Commission (5) Child Protective Services, (6) Another division within the center-MR/SA/Emergency Services (7) MH facility (8) Other or (9) Unknown.
33	Child - For Discharge Assessment records, At Risk of Placement may be selected EXCEPT when Discharge Reason is C=Level of Care Services Complete.
34	Child - At Risk of Placement should be checked if the child/adolescent meets ONE of the following: (1) History of residential/hospital placement for mental health treatment (2) The LAR/Caregiver considers residential/hospital placement for mental health treatment a solution (3) The child/adolescent is returning from residential/hospital placement for mental health treatment. At Risk of Placement should be checked if the child/adolescent meets at least TWO of the following: History of (1) School truancies (2) Serious alcohol/drug use (3) Serious behavioral problems at school 4) Delinquent behaviors in the community (5) Serious parental/caregiver rejections (6) Serious behavioral problems at home.
37	Child - ED (Special Education) is selected if the child/adolescent is designated special education by the school because of emotional disturbance. For Discharge Assessment records, ED (Special Education) may be selected.

Section Name   Child/Adolescent Uniform Assessment Section 1: Child/Adolescent TRAG

Business Rule ID	Business Rule Description
4	Dates must be in MMDDYYYY format.
5	Assessment date must be the actual date of the physical assessment and cannot be a future date.
6	Consumer must be registered in WebCARE before diagnostics or assessment records may be entered.

Business Rule ID	Business Rule Description
7	Intake and Discharge Assessment Date can be on the same day but MUST be in the correct sequence.
8	Update Assessment Date must be after Intake Assessment Date and before Discharge Assessment Date.
9	Discharge Assessment Date must be on or after Intake and after Update Assessment Dates.
39	Child Section 1: TRAG - For the Ohio Scales, the Problem Severity Scale Score must be a number between 0 and 100 or blank.
40	Child Section 1: TRAG - For the Ohio Scales, at least one set of scores must be entered. For a set entered, both the Problem Severity Scale Score and the Functioning Scale Score must be entered for each set of scales (Parent, Youth, Worker). The Parent set of scores is preferred.
41	Child Section 1: TRAG - For the Ohio Scales, the Functioning Scale Score must be blank or a number between 0 and 80.
42	Child Section 1: TRAG - For the Dimension Ratings, each dimension 3-9 must be entered with a number between 1 and 5, with 1=No Notable Limitations and 5=Extreme Limitations.
43	If one field is entered, then all fields for the section must be entered for the Assessment. Crisis Assessments require the Assessment Type=Crisis, partial Section 1: TRAG, complete LOC-A section with 0=Crisis Services, and Form Status = Complete. Discharge Assessments require Assessment Type=Discharge, Reason for Discharge, Discharge Date, Referred To, and Form Status = Complete.
47	All required fields in Section 1: TRAG on an assessment must be entered (valid entries and non-blank for required fields) before the Level of Care-Recommended is calculated and displayed, except for Crisis assessments and Discharges with Discharge Reason NOT C=Level of Care Services Complete.
69	Child Section 1: TRAG - Must have a valid Diagnosis completed with a decision date within 366 days of the current date. Diagnosis must be entered by current component.
75	Section 1: TRAG Assessment Date must be within 30 days of today's date.
89	Child - Intake and Update assessment records are complete if sections 1 through 3 are complete and the Form Status is set to 'Complete'.
111	Section 1: TRAG, LOC-R will be automatically calculated. This LOC-R is calculated based on the latest diagnosis entered by the component entering the assessment and dimension ratings entered in the Section 1: TRAG.
127	For all Assessment records (EXCEPT Crisis assessments and unplanned Discharges [where Discharge Reason is NOT C=Level of Care Services Complete]), consumer must have a completed Diagnostics record with a Decision Date within 365 days of the Effective Date (Discharge Date [if available] or Section 1: TRAG Date). The last complete Diagnosis Date, the Principal Diagnosis, and the major category will be displayed on the intermediate screen.
149	Discharges require the entry of Discharge Date, Discharge Reason, Referred To, and Form Status = Complete. Where the Discharge Reason is other than "C=Level of Care Services Complete", Adult Assessment Sections 1, 3, and 4 OR Child/Adolescent Assessment Sections 1 and 2 must be entered. Adult Section 2 OR Child/Adolescent Section 3 MUST NOT be entered.
193	SYSTEM PROCESS: A Notes field is provided for local center use in every section of the assessment.

Section Name	Child/Adolescent Uniform Assessment Section 1: Child/Adolescent TRAG

Business Rule ID	Business Rule Description
235	Child - For a Child/Adolescent Intake or Update Assessment to be eligible for services, at least one of the following must be true: (1) Ohio Problem Severity Score > or = 18, (2) Ohio Functioning Score < or = 55, (3) At Risk of Placement = Y, or (4) ED (Special Education) = Y. If more than one Ohio Scale is entered, the set of scales used to calculate the LOC-R is used for evaluation. There are 5 exceptions: (1) assessment is Crisis [LOC-A=0], (2) assessment is Aftercare [LOC-R=4], (3) consumer is ineligible [LOC-R=9 and LOC-A=9], (4) if the assessment is an Update and the "Completed Pkg. 1 or 2?" is NOT checked, and the LOC-A is NOT 9=Ineligible for Services, or (5) assessment is Transitional Services [LOC-R=5]. EXCEPTION: To be eligible for Yes Waiver services the Child/Adolescent must meet item 1 AND item 2 or 3. Once authorized for the YES Waiver the child/adolescent is eligible for 365 days and therefore criteria do not need to be met on Update Assessments until a new authorization is required. (1) A score of 30 or greater on the Ohio Youth Problem Severity Scale AND (2) one or more of the following: a) Score of 4 or 5 on the Risk of Self-Harm dimension; b) Score of 4 or 5 on the Severe Disruptive or Aggression Behavior dimension; c) Score of 4 or 5 on the Family Resources dimension; d) Score of 4 or 5 on the School Behavior dimension, OR (3) Current diagnosis of Schizophrenia, Major Depressive Disorder with psychosis, Bipolar I with the most recent episode Manic or Mixed.
244	When a Diagnostics record is added or updated, the LOC-R is calculated based on the latest Diagnostics Decision Date completed by the center entering the LOC-R. This calculation occurs ONLY when the center updates the assessment.
299	Only staff with the following designations may administer/complete TRAG or LOC-A Assessment sections: QMHP-CS, RN, LCSW, LMSW-ACP, LMFT, LPC, LPHD-Psy, RN-APN, PA, MD, or DO. For Adult Section 3: TIMA Scales, LVN's may administer or assess the consumer. For Community Data, any QMHP can complete the section.
310	Child - If Section 1: CA-TRAG Dimension 3 or 7 is set to level 5, then LOC-R calculates to 0=Crisis Services. Only one dimension with a high score is needed to produce 0=Crisis for LOC-R. Section 3: LOC-A must be set to 0=Crisis Services and Assessment Type must be E=Crisis.
314	Child Section 1: CA-TRAG - 'Extended Review Period Requested' can ONLY be selected on Update Assessments and for LOC-R=4 and LOC-A=4 Aftercare. If the 'Extended Review Period Requested' box is marked, then all sections of the new assessment may be completed every 180 days instead of every 90 days.
319	Child Section 1: CA-TRAG - The Child/Adolescent TRAG calculator will use Diagnostics Axis I, Level 1 for all calculations.
327	If Level of Care Deviation (LOC-D) entered, then LOC-D must = 0, 1.1, 1.2, 2.1, 2.2, 2.3, 2.4, 4, 5 or Y.
328	Child/Adolescent Section 1: CA TRAG - If LOC-D of 0=Crisis then either the Risk of Harm (3), or the Co-Occurring Substance Use (7) Dimension Rating must be completed.
329	Child/Adolescent Section 1: CA TRAG - If LOC-D of 0=Crisis then TRAG calculator will be bypassed and LOC-R will be 0=Crisis.
330	Child/Adolescent Section 1: CA TRAG - LOC-D shall only be completed if different from LOC-R.
331	If LOC-D = 1.1- 5 or Y, then LOC-R will be based upon the Dimension Ratings entered. The TRAG calculator will not be bypassed.
341	Only the Center for Health Care Services (CARE Comp 050) and Austin Travis County MHMR Center (CARE Comp 030) will be allowed to submit LOC-D = Y and assign a LOC-A = Y.
342	If the Foster Care box is checked, indicating the child is in foster care, the child is not eligible for a LOC-A=Y.

Section Name	Child/Adolescent Uniform Assessment Section 2: Community Data

Business Rule ID	Business Rule Description
4	Dates must be in MMDDYYYY format.

Section Name	Child/Adolescent Uniform Assessment Section 2: Community Data

Business Rule ID	Business Rule Description
5	Assessment date must be the actual date of the physical assessment and cannot be a future date.
43	If one field is entered, then all fields for the section must be entered for the Assessment. Crisis Assessments require the Assessment Type=Crisis, partial Section 1: TRAG, complete LOC-A section with 0=Crisis Services, and Form Status = Complete. Discharge Assessments require Assessment Type=Discharge, Reason for Discharge, Discharge Date, Referred To, and Form Status = Complete.
48	Child Section 2: Community Data - For the Section 2: Community Data, 'Number of Arrests' must be a number between 0 and 90 and 'Number of School Days Missed' must be a number between 0 and 90.
49	All fields in the Community Data section on an Assessment must be entered (valid entries and non-blank) before the Assessment can be completed, except for Crisis assessments and Discharges with Discharge Reason NOT C=Level of Care Services Complete.
50	Child Section 2: Community Data - The Assessment Date entered must be within 30 days before or after the Section 1: TRAG Assessment Date entered.
193	SYSTEM PROCESS: A Notes field is provided for local center use in every section of the assessment.

Section Name	Child/Adolescent Uniform Assessment Section 3: Level of Care Authorized

Business Rule ID	Business Rule Description
4	Dates must be in MMDDYYYY format.
5	Assessment date must be the actual date of the physical assessment and cannot be a future date.
9	Discharge Assessment Date must be on or after Intake and after Update Assessment Dates.
12	Only the latest completed record (within 7 days of the last update date) and any incomplete records may be modified or deleted. Only the component that entered the record may make changes to the record. For Child/Adolescent assessments, if more than one complete record has been entered within 7 days, the prior record may be modified but the modifications will be limited. Several Incomplete Assessment Types may be entered but must be Completed in the correct order: Intake first, then Update (if appropriate), and last Discharge.
28	If the most recent assessment record is complete, no previous Assessment records may be updated or deleted.
43	If one field is entered, then all fields for the section must be entered for the Assessment. Crisis Assessments require the Assessment Type=Crisis, partial Section 1: TRAG, complete LOC-A section with 0=Crisis Services, and Form Status = Complete. Discharge Assessments require Assessment Type=Discharge, Reason for Discharge, Discharge Date, Referred To, and Form Status = Complete.
51	All fields in the Authorized Level of Care (LOC-A) section on an Intake or Update Assessment must be completed (valid entries and non-blanks for required fields) before the Assessment record can be complete. EXCEPTION: Discharges -- all fields MUST be blank.
52	LOC-A Levels 6=Consumer Refuses Services and 9=Not Eligible for Services are reserved for Intake Assessments only (Authorized Level of Care [LOC-A]).
55	If LOC-A is different from LOC-R, select the box next to EVERY applicable reason for the deviation.

Business Rule ID	Business Rule Description
56	If LOC-A and LOC-R are the same, NO Reasons for Deviation are applicable since there is no deviation between the two levels. EXCEPTION: Service Packages 1.1 and 1.2 do not require a deviation reason for child/adolescent assessments.
57	If the Actual Level of Care Authorized (LOC-A) is 8=Waiting for All Authorized Services, then Resource Limitations must be the only Reason for Deviation.
58	Child Section 3: LOC-A - If LOC-A is a higher level than LOC-R (consumer is over-served), then Consumer Need must be selected as one of the Reasons for Deviation.
59	If LOC-A is a higher level than LOC-R (consumer is over-served), then Resource Limitations or Consumer Choice MUST NOT be selected as a Reason for Deviation.
60	If LOC-A is a lower level than LOC-R (consumer is under-served), then Consumer Need MUST NOT be selected as one of the Reasons for Deviation.
61	Child Section 3: LOC-A - For a child/adolescent with prior LOC-A's, the new LOC-A Authorization Date entered must be less than 30 days after the prior LOC-A's End Date.
62	For a consumer with prior LOC-A's, the new LOC-A Authorization Date entered MUST NOT be before the prior LOC-A's Begin Date.
63	LOC-A Authorization Date entered must be on or within 14 days after the Section 1: TRAG Assessment Date entered. EXCEPTION: For LOC-A Y = YES Waiver, the Authorization Date must be entered within 30 days after the Section 1: TRAG Assessment Date entered.
65	Child Section 3: LOC-A - The LOC-A Authorization Date entered must be within 30 days before or after the Section 2: Community Data Assessment Date entered.
70	Must have a valid Diagnosis at Discharge when Discharge Reason is C=Level of Care Services Complete.
78	There are 2 classes of users with different capabilities, authorities and providers. Providers may enter any section EXCEPT for the Authorized Level of Care section. Authorities (usually Utilization Management staff), may enter any assessment section. All fields in the LOC-A section and the Form Status of C=Complete may only be entered by authorities who have a security level of "CARE UA AUTH". It is recommended that the Utilization Management staff NOT deliver services other than the initial Intake Assessment.
84	Child Section 3: LOC-A - The most recent LOC-A Authorization Date will be the date used for all other date related edits.
89	Child - Intake and Update assessment records are complete if sections 1 through 3 are complete and the Form Status is set to 'Complete'.
114	LOC-A is required for complete Intakes and Updates.
115	LOC-A must be completed by the authority (usually Utilization Management staff) only.
123	SYSTEM PROCESS: Child Section 3: LOC-A - The LOC-A Authorization period is automatically set to 90 days based on clinical guidelines. For Update Assessments with "Extended Review Period" (when LOC-R=4 and LOC-A=4 Aftercare), Assessment and Authorization are extended to 180 days. LOC-R is calculated to 4=Aftercare when Section 1: CA-TRAG Dimension 10 and "Successfully Completed Service Package 1or 2?" have both been selected. EXCEPTION: For LOC-A of Y = YES Waiver the Authorization period is automatically set to 365 days.
193	SYSTEM PROCESS: A Notes field is provided for local center use in every section of the assessment.

Business Rule ID	Business Rule Description
228	SYSTEM PROCESS: Auto-close creates discharge records for assessments that expire and at least 30 days has passed since that expiration date. The Discharge record stores the Discharge Date as 1 day after the expired LOC-A Authorization End Date OR Assessment Expiration Date. Community Assignments are closed for H0xx (adult) or TCxx (child/adolescent) assignments. For assignments auto-closed, the End Date (assessment Discharge Date) is added to the assignment, unless the assignment End Date was already entered AND the End Date is after the assessment Discharge Date.
235	Child - For a Child/Adolescent Intake or Update Assessment to be eligible for services, at least one of the following must be true: (1) Ohio Problem Severity Score > or = 18, (2) Ohio Functioning Score < or = 55, (3) At Risk of Placement = Y, or (4) ED (Special Education) = Y. If more than one Ohio Scale is entered, the set of scales used to calculate the LOC-R is used for evaluation. There are 5 exceptions: (1) assessment is Crisis [LOC-A=0], (2) assessment is Aftercare [LOC-R=4], (3) consumer is ineligible [LOC-R=9 and LOC-A=9], (4) if the assessment is an Update and the "Completed Pkg. 1 or 2?" is NOT checked, and the LOC-A is NOT 9=Ineligible for Services, or (5) assessment is Transitional Services [LOC-R=5]. EXCEPTION: To be eligible for Yes Waiver services the Child/Adolescent must meet item 1 AND item 2 or 3. Once authorized for the YES Waiver the child/adolescent is eligible for 365 days and therefore criteria do not need to be met on Update Assessments until a new authorization is required. (1) A score of 30 or greater on the Ohio Youth Problem Severity Scale AND (2) one or more of the following: a) Score of 4 or 5 on the Risk of Self-Harm dimension; b) Score of 4 or 5 on the Severe Disruptive or Aggression Behavior dimension; c) Score of 4 or 5 on the Family Resources dimension; d) Score of 4 or 5 on the School Behavior dimension, OR (3) Current diagnosis of Schizophrenia, Major Depressive Disorder with psychosis, Bipolar I with the most recent episode Manic or Mixed.
259	Child Section 3: LOC-A - A Child/Adolescent Assessment is NOT required to open a TC07 mainframe CARE Assignment. For TC05 and TC50 CARE Assignment codes, the date of the Assignment must be on or after the latest Intake Assessment LOC-A Authorization Date.
272	When LOC-A is 6=Consumer Refuses Services, the Reason for Deviation must be 'Consumer Choice'.
276	Child Section 3: LOC-A - The Level of Care Service Packages in ascending order of intensity is (lowest) 4, 1.1 or 1.2 (same level--no deviation reason required), 2.4, 2.3, 2.2, 2.1, 3, 0 (highest). Levels 6, 8, and 9 do not provide services. LOC-A of Y = YES Waiver is not included in the order of intensity.
283	SYSTEM PROCESS: Child Section 3: LOC-A - For a LOC-A of 0=Crisis Services, the authorization period is 7 days. For a LOC-A Service Package 4=Aftercare (unless Extended Review Period has been selected, then 180 days), the authorization period is 90 days. For a LOC-A of 5= Transitional Services, the authorization period is 30 days. For LOC-A of 8 = Waiting for All Authorized Services and LOC-A of Y = YES Waiver the authorization period is 365 days. There is NO authorization period for LOC-A's of 6=Consumer Refuses Services or 9=Not Eligible for Services.
295	If LOC-R calculates to 0=Crisis Services, then the LOC-A must be set to 0 and the Assessment Type must be (E)Crisis.
299	Only staff with the following designations may administer/complete TRAG or LOC-A Assessment sections: QMHP-CS, RN, LCSW, LMSW-ACP, LMFT, LPC, LPHD-Psy, RN-APN, PA, MD, or DO. For Adult Section 3: TIMA Scales, LVN's may administer or assess the consumer. For Community Data, any QMHP can complete the section.
300	INACTIVE - Child Section 3: LOC-A - If the LOC-R is NOT calculated to 0=Crisis, the LOC-A CAN be overridden to 0=Crisis and Assessment Type changed to (E)Crisis services.
303	SYSTEM PROCESS: For LOC-A Begin Dates, no LOC-A Begin Date may begin before the prior LOC-A End Date. Temporary authorization overlaps will be corrected through the Auto-Close System Process.
306	The LOC-A Authorization Begin Date may be future-dated up to 14 days. If more than 7 days in the future, the future-dated LOC-A Authorization Date is the date when the completed assessment will no longer be modifiable.
310	Child - If Section 1: CA-TRAG Dimension 3 or 7 is set to level 5, then LOC-R calculates to 0=Crisis Services. Only one dimension with a high score is needed to produce 0=Crisis for LOC-R. Section 3: LOC-A must be set to 0=Crisis Services and Assessment Type must be E=Crisis.

Section Name	Child/Adolescent Uniform Assessment Section 3: Level of Care Authorized

Business Rule ID	Business Rule Description
316	Child Section 1: CA-TRAG - Children identified with an internalizing or externalizing diagnosis do not require a diagnostic qualifier. A Diagnostic Qualifier is required for diagnoses that are not listed in the internalizing/externalizing categories. The Diagnostic Qualifier must be I=Internalizing, E=Externalizing, or N=Not Yet Stabilized.
321	Child Section 3: LOC-A - If an individual is Medicaid eligible and there is a decrease in service intensity or discharge, then the authority or UM staff MUST send a Fair Hearing notification letter. Once the Fair Hearing letter is sent to the individual, current services continue at the same level for 30 days to accommodate the individual's right to appeal. If the individual responds within 10 days of receipt of the letter, no change in service can occur until the hearing has been completed. WebCARE Update Assessments will allow 30 days between the LOC-A Authorization Date and the Section 1: TRAG Assessment Date. For Discharges, all Reasons for Discharge can be future-dated 30 days except for J=Texas Youth Commission, 2=Residential Treatment, or 4=Court Ordered Juvenile Justice. WebCARE does not validate whether the individual is Medicaid eligible. WebCARE does not validate that there is a decrease in service intensity.
323	Child Section 3 LOC-A - Future dates are not allowed for a Child/Adolescent if a discharge is due to court-ordered Texas Youth Commission placement.
332	Child/Adolescent Section 3: CA LOCA - If LOC-R = 1-4, and overridden into Transitional Services (i.e., Service Package 5), then the Deviation Reason must be Resource Limitations, Consumer Choice, or Other. Use of the Deviation Reason 'Other' requires a Note (i.e., text note).
333	Child/Adolescent Section 3: CA LOCA - If LOC-R of 9=Not Eligible for Services, and overridden into Transitional Services (i.e., Service Package 5), then the Deviation Reason Must be Consumer Need, Continuity of Care, or Other. Use of the Deviation Reason 'Other' requires a Note (i.e., text note).
334	Child/Adolescent Section 3:CA LOCA - If LOC-R = 1-4, or if LOC-R of 9=Not Eligible for Services, and overridden into Transitional Services (i.e., Service Package 5) then individual must have prior LOC-A of 0=Crisis, prior State Mental Health Hospital admission, or prior release from incarceration.
341	Only the Center for Health Care Services (CARE Comp 050) and Austin Travis County MHMR Center (CARE Comp 030) will be allowed to submit LOC-D = Y and assign a LOC-A = Y.
342	If the Foster Care box is checked, indicating the child is in foster care, the child is not eligible for a LOC-A=Y.
343	If the actual Level of Care Authorized (LOC-A) is Y = YES Waiver, and the Level of Care Recommended (LOC-R) is 9 = not eligible, then Consumer Need must be the only Reason for Deviation. If LOC-A is Y for any LOC-R (other than 9), then Consumer Choice must be the only Reason for Deviation.

Section Name	Child/Adolescent Uniform Assessment Type: Intake, Update, Discharge

Business Rule ID	Business Rule Description
4	Dates must be in MMDDYYYY format.
5	Assessment date must be the actual date of the physical assessment and cannot be a future date.
6	Consumer must be registered in WebCARE before diagnostics or assessment records may be entered.
7	Intake and Discharge Assessment Date can be on the same day but MUST be in the correct sequence.
8	Update Assessment Date must be after Intake Assessment Date and before Discharge Assessment Date.
9	Discharge Assessment Date must be on or after Intake and after Update Assessment Dates.

Business Rule ID	Business Rule Description
12	Only the latest completed record (within 7 days of the last update date) and any incomplete records may be modified or deleted. Only the component that entered the record may make changes to the record. For Child/Adolescent assessments, if more than one complete record has been entered within 7 days, the prior record may be modified but the modifications will be limited. Several Incomplete Assessment Types may be entered but must be Completed in the correct order: Intake first, then Update (if appropriate), and last Discharge.
13	An Intake Assessment must be entered before a subsequent Update or Discharge Assessment record may be entered.
14	Before a new Intake Assessment may be entered, a Discharge Assessment record for the previous complete Intake Assessment must be entered.
17	If a consumer's latest assessment is a Discharge Assessment, a new Intake Assessment must be entered.
19	For Intakes, Updates, and Discharges where Discharge Reason is C=Level of Care Services Complete, all appropriate fields in at least one Section on a Child/Adolescent Assessment record must be entered before the record can be saved as Incomplete, Provider Complete, or Complete.
24	When a consumer is Discharged, a Discharge Date is required.
25	The Discharge Date must be on or before the mainframe CARE Client Separation Date. In mainframe CARE, the Client Separation Date is the date that a individual is no longer expected to receive services, usually due to (1) death (2) individual establishes a residence out of state, or (3) the individual has an inactive system status--no open CARE assignments for 3 years.
26	The Discharge Date, Section 1: TRAG Assessment Date and the LOC-A Assessment Date must be on or after the first day of the most recent Level of Care Authorization period.
27	The Discharge Date can be future-dated up to 14 days after today's date for Discharge Reason C=Level of Care Services Complete ONLY. When the "Subject to Fair Hearing" box is checked, all Discharge Reasons can be future-dated up to 30 days except for adult: J=Jail or for child/adolescent: J=TX Youth Commission, 2=Residential Treatment, or 4=Court Ordered Juvenile Justice.
28	If the most recent assessment record is complete, no previous Assessment records may be updated or deleted.
87	A discharge date will close any open mainframe CARE Assignment (CAS) records on the date of discharge via batch process, if the assignment starts on or before the assessment Discharge Date.
149	Discharges require the entry of Discharge Date, Discharge Reason, Referred To, and Form Status = Complete. Where the Discharge Reason is other than "C=Level of Care Services Complete", Adult Assessment Sections 1, 3, and 4 OR Child/Adolescent Assessment Sections 1 and 2 must be entered. Adult Section 2 OR Child/Adolescent Section 3 MUST NOT be entered.
226	Child - Discharge Reason must be selected when a Discharge Assessment is entered. Select from A=No Longer Meets Child Criteria for Services, C=-Level of Care Services Complete, E=Elected a new provider, J=Texas Youth Commission (TYC), Moved out of local service area, N=Never returned for services within authorized service period, not to exceed 90 days, P=Change in NorthSTAR eligibility, or Z=Other.
228	SYSTEM PROCESS: Auto-close creates discharge records for assessments that expire and at least 30 days has passed since that expiration date. The Discharge record stores the Discharge Date as 1 day after the expired LOC-A Authorization End Date OR Assessment Expiration Date. Community Assignments are closed for H0xx (adult) or TCxx (child/adolescent) assignments. For assignments auto-closed, the End Date (assessment Discharge Date) is added to the assignment, unless the assignment End Date was already entered AND the End Date is after the assessment Discharge Date.

Section Name	Child/Adolescent Uniform Assessment Type: Intake, Update, Discharge

Business Rule ID	**Business Rule Description**
235	Child - For a Child/Adolescent Intake or Update Assessment to be eligible for services, at least one of the following must be true: (1) Ohio Problem Severity Score > or = 18, (2) Ohio Functioning Score < or = 55, (3) At Risk of Placement = Y, or (4) ED (Special Education) = Y. If more than one Ohio Scale is entered, the set of scales used to calculate the LOC-R is used for evaluation. There are 5 exceptions: (1) assessment is Crisis [LOC-A=0], (2) assessment is Aftercare [LOC-R=4], (3) consumer is ineligible [LOC-R=9 and LOC-A=9], (4) if the assessment is an Update and the "Completed Pkg. 1 or 2?" is NOT checked, and the LOC-A is NOT 9=Ineligible for Services, or (5) assessment is Transitional Services [LOC-R=5]. EXCEPTION: To be eligible for Yes Waiver services the Child/Adolescent must meet item 1 AND item 2 or 3. Once authorized for the YES Waiver the child/adolescent is eligible for 365 days and therefore criteria do not need to be met on Update Assessments until a new authorization is required. (1) A score of 30 or greater on the Ohio Youth Problem Severity Scale AND (2) one or more of the following: a) Score of 4 or 5 on the Risk of Self-Harm dimension; b) Score of 4 or 5 on the Severe Disruptive or Aggression Behavior dimension; c) Score of 4 or 5 on the Family Resources dimension; d) Score of 4 or 5 on the School Behavior dimension, OR (3) Current diagnosis of Schizophrenia, Major Depressive Disorder with psychosis, Bipolar I with the most recent episode Manic or Mixed.
236	Child - A Child/Adolescent Discharge Assessment is NOT required if the latest assessment record is dated prior to Jan. 1, 2001.
292	There are four Assessment Types that can be entered: (E)Crisis, (I)ntake, (U)pdate, and (D)ischarge. For Intake Assessments where LOC-A is 6=Consumer Refuses Services or 9=Not Eligible for Services, the assessment type is automatically set to (N)on-Admittance Intake.
293	If a consumer requires Crisis Services and is already in a service package, treat the crisis. There is no need to enter a Crisis Assessment since Crisis services are included in all service packages. If a consumer requires Crisis services and is not currently in a service package, a (E)Crisis Assessment must be entered.
302	For an (E) Crisis or Intake Non-Admission, a Discharge Assessment is not allowed.
304	(E) Crisis Assessment Type is separate from the normal sequence of Intake, Update, and Discharge.
313	If data has been entered on screen 688: RDM Location Data Entry, the assessment Location field can either be left blank, or if something is entered in the Location field, the data is REQUIRED to match a record that was entered on screen 688. If data has not been entered on screen 688, the assessment Location field is REQUIRED to be left blank.

Section Name	Client Diagnostics

Business Rule ID	**Business Rule Description**
6	Consumer must be registered in WebCARE before diagnostics or assessment records may be entered.
69	Child Section 1: TRAG - Must have a valid Diagnosis completed with a decision date within 366 days of the current date. Diagnosis must be entered by current component.
70	Must have a valid Diagnosis at Discharge when Discharge Reason is C=Level of Care Services Complete.
111	Section 1: TRAG, LOC-R will be automatically calculated. This LOC-R is calculated based on the latest diagnosis entered by the component entering the assessment and dimension ratings entered in the Section 1: TRAG.
127	For all Assessment records (EXCEPT Crisis assessments and unplanned Discharges [where Discharge Reason is NOT C=Level of Care Services Complete]), consumer must have a completed Diagnostics record with a Decision Date within 365 days of the Effective Date (Discharge Date [if available] or Section 1: TRAG Date). The last complete Diagnosis Date, the Principal Diagnosis, and the major category will be displayed on the intermediate screen.
159	Adult - Consumers who do not have one of the three target diagnoses (Schizophrenia and related psychotic disorders, Bipolar or Major Depression), then Section 3: [TIMA] Diagnosis-Specific Clinical Symptom Rating Scales cannot be entered. Section 2: LOC-A must indicate an over-ride into services.

Section Name	Client Diagnostics

Business Rule ID	**Business Rule Description**
244	When a Diagnostics record is added or updated, the LOC-R is calculated based on the latest Diagnostics Decision Date completed by the center entering the LOC-R. This calculation occurs ONLY when the center updates the assessment.
245	Adult Section 1: TRAG - Consumers with a principle diagnosis of Major Depressive Disorder must also have an Intake GAF less than or equal to 50 to qualify for a Service Package (adult target population).
249	Adult Section 1: TRAG - For adult consumers being served who are initially diagnosed with another diagnosis and their diagnosis is changed to Major Depression, a GAF score of 50 or less will not be required.
286	WARNINGS ONLY - Verify data accuracy when data is outside expected results or has possibly changed a level of care.
291	For Adult or Child/Adolescent Assessment Types of Update or Discharge is C=Completed Services, the Diagnostics Axis III, Level 1 must be entered with a valid ICD-9-CM code. Enter 'None' if no physical impairments.

Section Name	Client Registration

Business Rule ID	**Business Rule Description**
166	If the component and local case number provides a different name than expected, verify that the consumer is the same person originally registered with the component code and local case number. If the consumer is the same, update the name in the consumer's Registration record.

Section Name	General Adult Uniform Assessment

Business Rule ID	**Business Rule Description**
1	Access to WebCARE screens is restricted to authorized users only.
4	Dates must be in MMDDYYYY format.
5	Assessment date must be the actual date of the physical assessment and cannot be a future date.
7	Intake and Discharge Assessment Date can be on the same day but MUST be in the correct sequence.
8	Update Assessment Date must be after Intake Assessment Date and before Discharge Assessment Date.
9	Discharge Assessment Date must be on or after Intake and after Update Assessment Dates.
12	Only the latest completed record (within 7 days of the last update date) and any incomplete records may be modified or deleted. Only the component that entered the record may make changes to the record. For Child/Adolescent assessments, if more than one complete record has been entered within 7 days, the prior record may be modified but the modifications will be limited. Several Incomplete Assessment Types may be entered but must be Completed in the correct order: Intake first, then Update (if appropriate), and last Discharge.
28	If the most recent assessment record is complete, no previous Assessment records may be updated or deleted.

Business Rule ID	Business Rule Description
43	If one field is entered, then all fields for the section must be entered for the Assessment. Crisis Assessments require the Assessment Type=Crisis, partial Section 1: TRAG, complete LOC-A section with 0=Crisis Services, and Form Status = Complete. Discharge Assessments require Assessment Type=Discharge, Reason for Discharge, Discharge Date, Referred To, and Form Status = Complete.
67	Duplicate Assessment records cannot be entered.
78	There are 2 classes of users with different capabilities, authorities and providers. Providers may enter any section EXCEPT for the Authorized Level of Care section. Authorities (usually Utilization Management staff), may enter any assessment section. All fields in the LOC-A section and the Form Status of C=Complete may only be entered by authorities who have a security level of "CARE UA AUTH". It is recommended that the Utilization Management staff NOT deliver services other than the initial Intake Assessment.
82	SYSTEM PROCESS: The last User ID will be stored each time the form is updated.
87	A discharge date will close any open mainframe CARE Assignment (CAS) records on the date of discharge via batch process, if the assignment starts on or before the assessment Discharge Date.
100	Adult - An Intake assessment will check for prior Child/Adolescent Intake or Update assessment records and will automatically create a Child/Adolescent Discharge assessment if no Discharge assessment exists. When a consumer with Child/Adolescent assessments becomes an adult, the first Adult assessment is an Intake Assessment.
142	Use component and local case to provide an intermediate page that will list historic and incomplete records.
156	Adult - The youngest age that an adolescent can enter adult services is on their 17th birthday, if clinically indicated.
166	If the component and local case number provides a different name than expected, verify that the consumer is the same person originally registered with the component code and local case number. If the consumer is the same, update the name in the consumer's Registration record.
211	The Form Status at the bottom of the Assessment screen must be selected before entering "Submit_Update". Choose one of the three options I=Incomplete, R=Provider Complete, C=Complete (by authority only). Select "Incomplete" when only a portion of the data required for the screen has been entered. Select "Provider Complete" when the provider has finished entering all required data for the assessment and is ready for the assessment to be authorized. Authority or Utilization Management staff select 'Complete' when all appropriate fields in all sections of the form have been entered.
228	SYSTEM PROCESS: Auto-close creates discharge records for assessments that expire and at least 30 days has passed since that expiration date. The Discharge record stores the Discharge Date as 1 day after the expired LOC-A Authorization End Date OR Assessment Expiration Date. Community Assignments are closed for H0xx (adult) or TCxx (child/adolescent) assignments. For assignments auto-closed, the End Date (assessment Discharge Date) is added to the assignment, unless the assignment End Date was already entered AND the End Date is after the assessment Discharge Date.
233	BATCH SUBMISSION: The data entered is not valid for this field. This is a generic error message.
251	SYSTEM PROCESS: For Medicaid consumers only, a Medical Necessity certification signature block is provided on the screen after an assessment has been completed. This screen may be printed and the signature block manually completed and signed. Medical Necessity verification data will NOT be maintained in WebCARE.
271	If a record is being reviewed by two or more users at one time, the first user to submit the changes takes precedence. The subsequent users will receive a message to re-review the record with the updated information.

Section Name	General Adult Uniform Assessment

Business Rule ID	Business Rule Description
281	NORTHSTAR ONLY - See Value Options for Associated Business Rules.
287	Each section requires Assessment or Authorization Date and Assessed or Authorized By. All sections except Community Data require Credentials.
288	A consumer who is 17 or 18 years old may be served as either a Child/Adolescent or as an Adult.
292	There are four Assessment Types that can be entered: (E)Crisis, (I)ntake, (U)pdate, and (D)ischarge. For Intake Assessments where LOC-A is 6=Consumer Refuses Services or 9=Not Eligible for Services, the assessment type is automatically set to (N)on-Admittance Intake.
305	Only an Authority or UM staff (users with CARE_UA_AUTH) can delete a completed assessment.
312	SYSTEM PROCESS: NorthSTAR Appeals: Adult and Child Assessments with effective dates within 365 days from the system date will be displayed. Any assessments older than 1 year cannot be appealed and are not displayed. The completed assessment must be completed for at least 10 days.

Section Name	General Child/Adolescent Uniform Assessment

Business Rule ID	Business Rule Description
1	Access to WebCARE screens is restricted to authorized users only.
4	Dates must be in MMDDYYYY format.
5	Assessment date must be the actual date of the physical assessment and cannot be a future date.
6	Consumer must be registered in WebCARE before diagnostics or assessment records may be entered.
7	Intake and Discharge Assessment Date can be on the same day but MUST be in the correct sequence.
8	Update Assessment Date must be after Intake Assessment Date and before Discharge Assessment Date.
9	Discharge Assessment Date must be on or after Intake and after Update Assessment Dates.
12	Only the latest completed record (within 7 days of the last update date) and any incomplete records may be modified or deleted. Only the component that entered the record may make changes to the record. For Child/Adolescent assessments, if more than one complete record has been entered within 7 days, the prior record may be modified but the modifications will be limited. Several Incomplete Assessment Types may be entered but must be Completed in the correct order: Intake first, then Update (if appropriate), and last Discharge.
28	If the most recent assessment record is complete, no previous Assessment records may be updated or deleted.
43	If one field is entered, then all fields for the section must be entered for the Assessment. Crisis Assessments require the Assessment Type=Crisis, partial Section 1: TRAG, complete LOC-A section with 0=Crisis Services, and Form Status = Complete. Discharge Assessments require Assessment Type=Discharge, Reason for Discharge, Discharge Date, Referred To, and Form Status = Complete.

Business Rule ID	Business Rule Description
67	Duplicate Assessment records cannot be entered.
73	The online form is complete when 'Complete' is selected for the FORM STATUS. The record stores the ID of the person who last updated the form but this ID is not displayed on the form. The ID of the person who entered the authorization is also stored but not displayed on the form. The name and credentials of the persons responsible for each section is stored.
76	SYSTEM PROCESS: Records that have been incomplete in the system for over 30 days will be deleted automatically via batch processing and a delete record created.
78	There are 2 classes of users with different capabilities, authorities and providers. Providers may enter any section EXCEPT for the Authorized Level of Care section. Authorities (usually Utilization Management staff), may enter any assessment section. All fields in the LOC-A section and the Form Status of C=Complete may only be entered by authorities who have a security level of "CARE UA AUTH". It is recommended that the Utilization Management staff NOT deliver services other than the initial Intake Assessment.
82	SYSTEM PROCESS: The last User ID will be stored each time the form is updated.
87	A discharge date will close any open mainframe CARE Assignment (CAS) records on the date of discharge via batch process, if the assignment starts on or before the assessment Discharge Date.
89	Child - Intake and Update assessment records are complete if sections 1 through 3 are complete and the Form Status is set to 'Complete'.
96	SYSTEM PROCESS: Child - No sections are auto-filled.
99	Child - If a consumer has received an Adult Intake assessment, that consumer may not return to Child/Adolescent services.
142	Use component and local case to provide an intermediate page that will list historic and incomplete records.
157	Child - The oldest age a consumer can access Child/Adolescent services is up to their 19th birthday, if clinically indicated.
166	If the component and local case number provides a different name than expected, verify that the consumer is the same person originally registered with the component code and local case number. If the consumer is the same, update the name in the consumer's Registration record.
228	SYSTEM PROCESS: Auto-close creates discharge records for assessments that expire and at least 30 days has passed since that expiration date. The Discharge record stores the Discharge Date as 1 day after the expired LOC-A Authorization End Date OR Assessment Expiration Date. Community Assignments are closed for H0xx (adult) or TCxx (child/adolescent) assignments. For assignments auto-closed, the End Date (assessment Discharge Date) is added to the assignment, unless the assignment End Date was already entered AND the End Date is after the assessment Discharge Date.
236	Child - A Child/Adolescent Discharge Assessment is NOT required if the latest assessment record is dated prior to Jan. 1, 2001.
251	SYSTEM PROCESS: For Medicaid consumers only, a Medical Necessity certification signature block is provided on the screen after an assessment has been completed. This screen may be printed and the signature block manually completed and signed. Medical Necessity verification data will NOT be maintained in WebCARE.
271	If a record is being reviewed by two or more users at one time, the first user to submit the changes takes precedence. The subsequent users will receive a message to re-review the record with the updated information.

Section Name	General Child/Adolescent Uniform Assessment

Business Rule ID	**Business Rule Description**
281	NORTHSTAR ONLY - See Value Options for Associated Business Rules.
287	Each section requires Assessment or Authorization Date and Assessed or Authorized By. All sections except Community Data require Credentials.
288	A consumer who is 17 or 18 years old may be served as either a Child/Adolescent or as an Adult.
305	Only an Authority or UM staff (users with CARE_UA_AUTH) can delete a completed assessment.
312	SYSTEM PROCESS: NorthSTAR Appeals: Adult and Child Assessments with effective dates within 365 days from the system date will be displayed. Any assessments older than 1 year cannot be appealed and are not displayed. The completed assessment must be completed for at least 10 days.

Section Name	MH Adult Uniform Assessment Header: Last Name, etc.

Business Rule ID	**Business Rule Description**
1	Access to WebCARE screens is restricted to authorized users only.
2	Component Code entered must be valid, non-blank, and listed on the mainframe CARE Component Code Table.
3	Local Case Number must be valid, is required, and cannot be blank.
142	Use component and local case to provide an intermediate page that will list historic and incomplete records.
307	Discharge Date may be dated up to 30 days in the past.
309	The Local Case Number for one individual at one Component must remain the same for all assessments entered for that individual through a single Intake through Discharge sequence. No duplicate Local Case Numbers for a single individual at one Component are valid.
315	Location - New Location codes must be valid for the Component and have valid Open and Close Dates.

Section Name	MH Adult Uniform Assessment Section 1: Adult TRAG & Recommended Level of Care

Business Rule ID	**Business Rule Description**
43	If one field is entered, then all fields for the section must be entered for the Assessment. Crisis Assessments require the Assessment Type=Crisis, partial Section 1: TRAG, complete LOC-A section with 0=Crisis Services, and Form Status = Complete. Discharge Assessments require Assessment Type=Discharge, Reason for Discharge, Discharge Date, Referred To, and Form Status = Complete.
47	All required fields in Section 1: TRAG on an assessment must be entered (valid entries and non-blank for required fields) before the Level of Care-Recommended is calculated and displayed, except for Crisis assessments and Discharges with Discharge Reason NOT C=Level of Care Services Complete.
63	LOC-A Authorization Date entered must be on or within 14 days after the Section 1: TRAG Assessment Date entered. EXCEPTION: For LOC-A Y = YES Waiver, the Authorization Date must be entered within 30 days after the Section 1: TRAG Assessment Date entered.

Business Rule ID	Business Rule Description
115	LOC-A must be completed by the authority (usually Utilization Management staff) only.
127	For all Assessment records (EXCEPT Crisis assessments and unplanned Discharges [where Discharge Reason is NOT C=Level of Care Services Complete]), consumer must have a completed Diagnostics record with a Decision Date within 365 days of the Effective Date (Discharge Date [if available] or Section 1: TRAG Date). The last complete Diagnosis Date, the Principal Diagnosis, and the major category will be displayed on the intermediate screen.
149	Discharges require the entry of Discharge Date, Discharge Reason, Referred To, and Form Status = Complete. Where the Discharge Reason is other than "C=Level of Care Services Complete", Adult Assessment Sections 1, 3, and 4 OR Child/Adolescent Assessment Sections 1 and 2 must be entered. Adult Section 2 OR Child/Adolescent Section 3 MUST NOT be entered.
162	For Intake Assessments, if the LOC-R is 9=Not Eligible for Services and the clinician agrees, then ONLY Sections 1: TRAG and the LOC-A section (set to 9=Not Eligible for Services) are entered. For Update Assessments with LOC-R is 9=Not Eligible for Services and the clinician agrees OR 6=Consumer Refuses Services, change Assessment Type to 'Discharge'.
163	Adult - For Update Assessments, when LOC-R=1 and LOC-A=1, if the 'Extended Review Period Requested' box is marked, then Sections 1:TRAG and 3:[TIMA] Diagnosis-Specific Clinical Symptom Rating Scales must be completed every 180 days instead of every 90 days. Selecting this box on an Update record will close out the old authorization period and begin a new authorization period. The consumer will need to be authorized every 365 days.
169	Adult Section 1: TRAG - Entered for all assessments (except Discharge where Discharge Reason is NOT C=Level of Care Services Complete).
170	Adult Section 1: TRAG - The TRAG is not required for an Incomplete assessment.
181	SYSTEM PROCESS: Adult Section 2: LOC-A - For an Update with the LOC-A Authorization Date > TRAG Assessment Date + 90 days, the form is completed without the authority reviewing the LOC-A section (Auto-Complete process).
191	Adult Section 4: Community Data - Will be auto-filled if the current Section 1: TRAG Assessment Date plus 90 days is less than the last Section 4: Community Data Assessment Date plus 365 days.
193	SYSTEM PROCESS: A Notes field is provided for local center use in every section of the assessment.
198	Adult Section 1: TRAG - For the Dimension Ratings, each Dimension 1-8 must be entered with a number between 1 and 5, with 1=No Notable Limitations and 5=Extreme Limitations.
199	Adult Section 1: TRAG - For Dimension Rating 9=Depressive Symptomatology (MDD only), this dimension must be entered with a number between 1 and 3 for consumers with Major Depressive Disorder (MDD), with 1=Full Response to Medication Treatment/Response Not Yet Determined to 3=Moderate to Severe Residual Symptoms.
213	Adult Section 4: Community Data - The Assessment Date for an EXISTING Community Data Assessment must be less than 276 days prior to the Section 1: TRAG Assessment Date or less than 31 days after the Section 1: TRAG Assessment Date. The Community Data Assessment Date will be valid for the assessment's 90-day period. New Community Data Assessment Dates, however, must be dated within 30 days of the Section 1: TRAG Assessment Date.
225	Adult Section 1: TRAG - For an adult with prior assessments, the new Section 1: TRAG assessment dates entered MUST NOT be before the Section 1: TRAG Assessment date or Discharge Date of the prior assessments.
244	When a Diagnostics record is added or updated, the LOC-R is calculated based on the latest Diagnostics Decision Date completed by the center entering the LOC-R. This calculation occurs ONLY when the center updates the assessment.

Business Rule ID	Business Rule Description
245	Adult Section 1: TRAG - Consumers with a principle diagnosis of Major Depressive Disorder must also have an Intake GAF less than or equal to 50 to qualify for a Service Package (adult target population).
249	Adult Section 1: TRAG - For adult consumers being served who are initially diagnosed with another diagnosis and their diagnosis is changed to Major Depression, a GAF score of 50 or less will not be required.
289	Adult - For Intake and Update Assessments, the Section 2: LOC-A Authorization Date must be on or after the Section 1: TRAG Date or Discharge Date.
296	Adult - If Section 1: TRAG Dimension 4 or 7 is set to level 5, or Dimension 1 is set to either level 4 or 5, then LOC-R calculates to 0=Crisis Services. Only one dimension with a high score is needed to produce 0=Crisis for LOC-R. Section 2: LOC-A must be set to 0=Crisis Services and Assessment Type must be E=Crisis.
297	Child/Adolescent: CA Assess Type - Revision - When a consumer has been in (E)Crisis Services (or hospital) and the following Intake Assessment calculates an LOC-R of 9=Not Eligible for Services, 90 days of Transitional Services may be authorized by entering an override for LOC-A of 5= Transitional Services.
299	Only staff with the following designations may administer/complete TRAG or LOC-A Assessment sections: QMHP-CS, RN, LCSW, LMSW-ACP, LMFT, LPC, LPHD-Psy, RN-APN, PA, MD, or DO. For Adult Section 3: TIMA Scales, LVN's may administer or assess the consumer. For Community Data, any QMHP can complete the section.
308	SYSTEM PROCESS: Adult - For Update Assessments, the GAF Score will be set to 49 for all LOC-R calculations. If the individual discharges from one Center, he/she has 90 days until Intake in another Center where the same GAF score of 49 will be used. If the individual has a new Intake after 90 days, the current Diagnosis and GAF score will be used. For persons being served who are initially diagnosed with another diagnosis and their diagnosis is changed to Major Depression, a GAF score of 50 or less will not be required.
311	Adult - For MDD diagnosis, Section 1: TRAG Dimension 9 - Depressive Symptomatology (MDD only) is required.
318	Adult Section 1: TRAG - The Adult TRAG calculator will use the first diagnosis that meets the target or priority population (schizophrenia, bipolar, or major depression) found on Diagnostics Axis I, beginning at Level 1. If no target or priority population diagnoses is found on Axis I, the Adult TRAG calculator with recommend LOC-R 9=Not Eligible for All Services.
320	Adult Section 3: TIMA and Section 4: Community Data - For Update assessments, Section 3 and Section 4 Assessment Dates must not expire prior to 90 days after the Section 1: TRAG Assessment Date.
335	Adult Section 1: Adult TRAG - If LOC-D entered, then LOC-D must = 0, 1, 2, 3, 4 or 5.
336	Adult Section 1: Adult TRAG - If LOC-D of 0=Crisis then either the Risk of Harm (1), Functional Impairment (4), or the Co-Occurring Substance Use (7) Dimension Rating must be completed.
337	Adult Section 1: Adult TRAG - If LOC-D of 0=Crisis then TRAG calculator will be bypassed and LOC-R will be 0=Crisis.
338	Adult Section 1: Adult TRAG - LOC-D shall only be completed if different from LOC-R.
339	Adult Section 1: Adult TRAG - If LOC-D = 1 - 5, then LOC-R will be based upon the Dimension Ratings entered. The TRAG calculator will not be bypassed.

Business Rule ID	Business Rule Description
4	Dates must be in MMDDYYYY format.
43	If one field is entered, then all fields for the section must be entered for the Assessment. Crisis Assessments require the Assessment Type=Crisis, partial Section 1: TRAG, complete LOC-A section with 0=Crisis Services, and Form Status = Complete. Discharge Assessments require Assessment Type=Discharge, Reason for Discharge, Discharge Date, Referred To, and Form Status = Complete.
51	All fields in the Authorized Level of Care (LOC-A) section on an Intake or Update Assessment must be completed (valid entries and non-blanks for required fields) before the Assessment record can be complete. EXCEPTION: Discharges -- all fields MUST be blank.
55	If LOC-A is different from LOC-R, select the box next to EVERY applicable reason for the deviation.
56	If LOC-A and LOC-R are the same, NO Reasons for Deviation are applicable since there is no deviation between the two levels. EXCEPTION: Service Packages 1.1 and 1.2 do not require a deviation reason for child/adolescent assessments.
57	If the Actual Level of Care Authorized (LOC-A) is 8=Waiting for All Authorized Services, then Resource Limitations must be the only Reason for Deviation.
59	If LOC-A is a higher level than LOC-R (consumer is over-served), then Resource Limitations or Consumer Choice MUST NOT be selected as a Reason for Deviation.
60	If LOC-A is a lower level than LOC-R (consumer is under-served), then Consumer Need MUST NOT be selected as one of the Reasons for Deviation.
63	LOC-A Authorization Date entered must be on or within 14 days after the Section 1: TRAG Assessment Date entered. EXCEPTION: For LOC-A Y = YES Waiver, the Authorization Date must be entered within 30 days after the Section 1: TRAG Assessment Date entered.
78	There are 2 classes of users with different capabilities, authorities and providers. Providers may enter any section EXCEPT for the Authorized Level of Care section. Authorities (usually Utilization Management staff), may enter any assessment section. All fields in the LOC-A section and the Form Status of C=Complete may only be entered by authorities who have a security level of "CARE UA AUTH". It is recommended that the Utilization Management staff NOT deliver services other than the initial Intake Assessment.
130	SYSTEM PROCESS: When the LOC-A section is updated, the ID of the person who entered the record will be stored. The name entered in LOC-A Authorized By is responsible for authorizing the Level of Care. The authority or Utilization Management must change the Form Status to 'Complete' when all sections are complete.
159	Adult - Consumers who do not have one of the three target diagnoses (Schizophrenia and related psychotic disorders, Bipolar or Major Depression), then Section 3: [TIMA] Diagnosis-Specific Clinical Symptom Rating Scales cannot be entered. Section 2: LOC-A must indicate an over-ride into services.
162	For Intake Assessments, if the LOC-R is 9=Not Eligible for Services and the clinician agrees, then ONLY Sections 1: TRAG and the LOC-A section (set to 9=Not Eligible for Services) are entered. For Update Assessments with LOC-R is 9=Not Eligible for Services and the clinician agrees OR 6=Consumer Refuses Services, change Assessment Type to 'Discharge'.
163	Adult - For Update Assessments, when LOC-R=1 and LOC-A=1, if the 'Extended Review Period Requested' box is marked, then Sections 1:TRAG and 3:[TIMA] Diagnosis-Specific Clinical Symptom Rating Scales must be completed every 180 days instead of every 90 days. Selecting this box on an Update record will close out the old authorization period and begin a new authorization period. The consumer will need to be authorized every 365 days.
180	SYSTEM PROCESS: Adult Section 2: LOC-A - For an Update, this section will be auto-filled if the last LOC-A End Date > system date + 60 days.

Business Rule ID	Business Rule Description
181	SYSTEM PROCESS: Adult Section 2: LOC-A - For an Update with the LOC-A Authorization Date > TRAG Assessment Date + 90 days, the form is completed without the authority reviewing the LOC-A section (Auto-Complete process).
182	LOC-A - Authorization requires Authorized Level of Care, Authorization Date, Authorized By, and Credentials.
183	Adult Section 2: LOC-A - If the consumer is over-served, the Reason for Deviation cannot be Resource Limitations (batch code '1') or Consumer Choice (batch code '2').
184	Adult Section 2: LOC-A - For LOC-A of 0=Crisis, the authorization period is 7 days (with H0-36 Assignment, authorization is for 14 days). For LOC-A of 1=Service Package 1, the authorization period is 365 days. For LOC-A's of 2-4=Services Packages the authorization period is 182 days. For LOC-A of 5= Transitional Services, the authorization period is 90 days. For LOC-A of 8=Waiting for All Authorized Services the authorization period is 365 days. There is no authorization period for LOC-A's of 6=Consumer Refuses Services or 9=Not Eligible for Services.
193	SYSTEM PROCESS: A Notes field is provided for local center use in every section of the assessment.
224	Adult Section 2: LOC-A - Service Package 2 is reserved for consumers with a diagnosis of Major Depression or Bipolar.
228	SYSTEM PROCESS: Auto-close creates discharge records for assessments that expire and at least 30 days has passed since that expiration date. The Discharge record stores the Discharge Date as 1 day after the expired LOC-A Authorization End Date OR Assessment Expiration Date. Community Assignments are closed for H0xx (adult) or TCxx (child/adolescent) assignments. For assignments auto-closed, the End Date (assessment Discharge Date) is added to the assignment, unless the assignment End Date was already entered AND the End Date is after the assessment Discharge Date.
248	Adult - For adult consumers with Major Depression who are being served and then transfer to another LMHA, their eligibility will continue to be valid upon admission to the new LMHA if time between discharge from the first LMHA and admission to the new LMHA is 90 days or less.
272	When LOC-A is 6=Consumer Refuses Services, the Reason for Deviation must be 'Consumer Choice'.
273	SYSTEM PROCESS: Adult Section 2: LOC-A - For Adult Intake or Update assessments meeting AutoComplete requirements, if the 'Authority Review Requested?' box is selected, the record will NOT AutoComplete.
289	Adult - For Intake and Update Assessments, the Section 2: LOC-A Authorization Date must be on or after the Section 1: TRAG Date or Discharge Date.
290	Adult - When the consumer has an open H036 assignment in mainframe CARE, the Crisis Authorization is for 14 days.
293	If a consumer requires Crisis Services and is already in a service package, treat the crisis. There is no need to enter a Crisis Assessment since Crisis services are included in all service packages. If a consumer requires Crisis services and is not currently in a service package, a (E)Crisis Assessment must be entered.
296	Adult - If Section 1: TRAG Dimension 4 or 7 is set to level 5, or Dimension 1 is set to either level 4 or 5, then LOC-R calculates to 0=Crisis Services. Only one dimension with a high score is needed to produce 0=Crisis for LOC-R. Section 2: LOC-A must be set to 0=Crisis Services and Assessment Type must be E=Crisis.
297	Child/Adolescent: CA Assess Type - Revision - When a consumer has been in (E)Crisis Services (or hospital) and the following Intake Assessment calculates an LOC-R of 9=Not Eligible for Services, 90 days of Transitional Services may be authorized by entering an override for LOC-A of 5= Transitional Services.
298	Adult Section 2: Adult LOCA - Revision: If LOC-R = 1-4, and overridden into Transitional Services (i.e., Service Package 5), then the Deviation Reason must be Resource Limitations, Consumer Choice, or Other. Use of the Deviation Reason 'Other' requires a Note (i.e., text note)

Section Name   MH Adult Uniform Assessment Section 2: Authorized Level of Care

Business Rule ID	Business Rule Description
299	Only staff with the following designations may administer/complete TRAG or LOC-A Assessment sections: QMHP-CS, RN, LCSW, LMSW-ACP, LMFT, LPC, LPHD-Psy, RN-APN, PA, MD, or DO. For Adult Section 3: TIMA Scales, LVN's may administer or assess the consumer. For Community Data, any QMHP can complete the section.
301	INACTIVE - Adult Section 2: LOC-A - If the LOC-R is NOT calculated to 0=Crisis, the LOC-A CANNOT be overridden to 0=Crisis.
303	SYSTEM PROCESS: For LOC-A Begin Dates, no LOC-A Begin Date may begin before the prior LOC-A End Date. Temporary authorization overlaps will be corrected through the Auto-Close System Process.
306	The LOC-A Authorization Begin Date may be future-dated up to 14 days. If more than 7 days in the future, the future-dated LOC-A Authorization Date is the date when the completed assessment will no longer be modifiable.
316	Child Section 1: CA-TRAG - Children identified with an internalizing or externalizing diagnosis do not require a diagnostic qualifier. A Diagnostic Qualifier is required for diagnoses that are not listed in the internalizing/externalizing categories. The Diagnostic Qualifier must be I=Internalizing, E=Externalizing, or N=Not Yet Stabilized.
317	Adult Section 2: LOC-A - If an individual is Medicaid eligible and there is a decrease in service intensity or discharge, then current services continue at the same level for 30 days to accommodate the individual's right to appeal. If the individual responds within 10 days of receipt of the letter, no change in service can occur until the hearing has been completed. WebCARE Update Assessments will allow 30 days between the LOC-A Authorization Date and the Section 1: TRAG Assessment Date. For Discharges, all Reasons for Discharge can be future-dated 30 days except for J=Jail. WebCARE does not validate whether the individual is Medicaid eligible. WebCARE does not validate that there is a decrease in service intensity.
324	Adult Section 2: LOC-A - the date of the Assignment must be on or after the latest Intake Assessment LOC-A Authorization Date excluding H035 and H036.
326	Adult Section 2: Adult LOCA - Revision - If LOC-R of 9=Not Eligible for Services, and overridden into Transitional Services (i.e., Service Package 5), then the Deviation Reason Must be Consumer Need, Continuity of Care, or Other. Use of the Deviation Reason 'Other' requires a Note (i.e., text note).
340	Adult Section 1: Adult LOCA - If LOC-R = 1-4, or if LOC-R of 9=Not Eligible for Services, and overridden into Transitional Services (i.e., Service Package 5) then individual must have prior LOC-A of 0=Crisis, prior State Mental Health Hospital admission, or prior release from incarceration.

Section Name   MH Adult Uniform Assessment Section 3: Diagnosis-Specific Clinical Symptom Rating Scales

Business Rule ID	Business Rule Description
4	Dates must be in MMDDYYYY format.
43	If one field is entered, then all fields for the section must be entered for the Assessment. Crisis Assessments require the Assessment Type=Crisis, partial Section 1: TRAG, complete LOC-A section with 0=Crisis Services, and Form Status = Complete. Discharge Assessments require Assessment Type=Discharge, Reason for Discharge, Discharge Date, Referred To, and Form Status = Complete.
132	Adult - For Intake assessments where consumers are authorized for Service Packages 1-4, both Sections 3: [TIMA] Diagnosis-Specific Clinical Symptom Rating Scales and 4: Community Data must be dated within 30 days after the Section 1: TRAG Assessment Date.
159	Adult - Consumers who do not have one of the three target diagnoses (Schizophrenia and related psychotic disorders, Bipolar or Major Depression), then Section 3: [TIMA] Diagnosis-Specific Clinical Symptom Rating Scales cannot be entered. Section 2: LOC-A must indicate an over-ride into services.

Section Name   MH Adult Uniform Assessment Section 3: Diagnosis-Specific Clinical Symptom Rating Scales

Business Rule ID	Business Rule Description
163	Adult - For Update Assessments, when LOC-R=1 and LOC-A=1, if the 'Extended Review Period Requested' box is marked, then Sections 1:TRAG and 3:[TIMA] Diagnosis-Specific Clinical Symptom Rating Scales must be completed every 180 days instead of every 90 days. Selecting this box on an Update record will close out the old authorization period and begin a new authorization period. The consumer will need to be authorized every 365 days.
187	Adult Section 3: TIMA Scales - The [TIMA] Diagnosis-Specific Clinical Symptom Rating Scales are required at Intake, Update, and Discharges with Discharge Reason of C=Completed Services for consumers who have one of the 3 target diagnoses (schizophrenia and related disorders, bipolar, or major depression) EXCEPT when LOC-A is 5=Transitional Services, 6=Consumer Refuses Services, 8=Waiting for All Authorized Services, or 9=Not Eligible for Services. All fields in Section 3: TIMA Scales must be entered (valid entries and non-blanks for required fields) before the assessment can be Complete.
189	Adult Section 3: TIMA Scales - The [TIMA] Diagnosis-Specific Clinical Symptom Rating Scale entered must match the Diagnosis. For schizoaffective or schizophrenia use PSRS and BNSA, for bipolar use BDSS, and for major depression use QIDS.
193	SYSTEM PROCESS: A Notes field is provided for local center use in every section of the assessment.
203	Adult Section 3: TIMA Scales - The Schizophrenia Algorithm is composed of 2 scales (Positive Symptom Rating Scale-PSRS and Brief Negative Symptom Assessment-BNSA). The range of valid values for PSRS is 4-28. The range of valid values for BNSA is 4-24. Both scales must be entered for a Diagnosis related to schizophrenia or related psychotic disorders for an Adult Uniform Assessment in Section 3: Diagnosis-Specific Clinical Symptom Rating Scales, Item A.
205	Adult Section 3: TIMA Scales - The Bipolar Algorithm (Brief Bipolar Disorder Sympton Scale-BDSS) must be entered for a Diagnosis related to Bipolar. The range of valid values for BDSS is 10-70 for an Adult Uniform Assessment in Section 3: Diagnosis-Specific Clinical Symptom Rating Scales, Item B.
206	Adult Section 3: TIMA Scales - The Major Depression Algorithm (Quick Inventory of Depressive Symptomatology-QIDS) must be entered for a Diagnosis related to major depression for an Adult Uniform Assessment in Section 3: Diagnosis-Specific Clinical Symptom Rating Scales, Item C. The range of valid values for QIDS-SR (Self Report) or QIDS-C (Clinician) is 0-27. Identify whether the consumer or the clinician completed the QIDS by entering 1=Self Report or 2=Clinician in the QIDS Version field.
215	Adult Section 3: TIMA Scales - 'Extended Review Period Requested' can ONLY be selected on Update Assessments and for LOC-R=1 and LOC-A=Service Package 1.
239	Adult Section 3: TIMA Scales - A Diagnosis with a DSM-IV code of 29570-Schizoaffective Disorder requires either the Schizophrenia Algorithm or Bipolar Algorithm in Section 3: [TIMA] Diagnosis-Specific Clinical Symptom Rating Scales.
299	Only staff with the following designations may administer/complete TRAG or LOC-A Assessment sections: QMHP-CS, RN, LCSW, LMSW-ACP, LMFT, LPC, LPHD-Psy, RN-APN, PA, MD, or DO. For Adult Section 3: TIMA Scales, LVN's may administer or assess the consumer. For Community Data, any QMHP can complete the section.
320	Adult Section 3: TIMA and Section 4: Community Data - For Update assessments, Section 3 and Section 4 Assessment Dates must not expire prior to 90 days after the Section 1: TRAG Assessment Date.

Section Name   MH Adult Uniform Assessment Section 4: Community Data

Business Rule ID	Business Rule Description
4	Dates must be in MMDDYYYY format.
5	Assessment date must be the actual date of the physical assessment and cannot be a future date.

Section Name   MH Adult Uniform Assessment Section 4: Community Data

Business Rule ID	Business Rule Description
43	If one field is entered, then all fields for the section must be entered for the Assessment. Crisis Assessments require the Assessment Type=Crisis, partial Section 1: TRAG, complete LOC-A section with 0=Crisis Services, and Form Status = Complete. Discharge Assessments require Assessment Type=Discharge, Reason for Discharge, Discharge Date, Referred To, and Form Status = Complete.
132	Adult - For Intake assessments where consumers are authorized for Service Packages 1-4, both Sections 3: [TIMA] Diagnosis-Specific Clinical Symptom Rating Scales and 4: Community Data must be dated within 30 days after the Section 1: TRAG Assessment Date.
190	Adult Section 4: Community Data - Entered at Intake and yearly thereafter. Community Data is not required for an Adult Crisis assessment or when the LOC-A is 5=Transitional Serivces, 6=Consumer Refuses Services, 8=Waiting for All Authorized Services, or 9=Not Eligible for Services. Community Data is only required for Discharges with Discharge Reason is C=Level of Care Services Complete.
191	Adult Section 4: Community Data - Will be auto-filled if the current Section 1: TRAG Assessment Date plus 90 days is less than the last Section 4: Community Data Assessment Date plus 365 days.
193	SYSTEM PROCESS: A Notes field is provided for local center use in every section of the assessment.
208	Adult Section 4: Community Data - For Residence Type (Current), select one of the 5 options 1=Independent/Dependent in Family Home/Supported Housing, 2=Group Home/Assisted Living/Treatment-Training-Rehab Center, 3=Nursing Home/Intermediate Care Facility (ICF)/Hospital, 4=Homeless, 5=Correctional Facility.
209	Adult Section 4: Community Data - For Main Reason for Being Out of the Labor Force, the consumer must NOT be employed and Section 4: B. Paid Employment Type (Current) must be 4=Not in the labor force. Select one of the 7 options 1=Currently receives SSI/SSDI and can't work, 2=Worries that working will affect SSI/SSDI or other benefits, 3=Doesn't want or need to work, 4=Unable to find or keep a job, 5=Stay-at-home parent, homemaker, or full-time student, 6=Over 65 or retired, 7=Other.
210	Adult Section 4: Community Data - For Paid Employment Type (Current), select one of the 4 options: 1=Independent/Competitive/Supported/Self-employment, 2=Transitional/Sheltered Employment, 3=Unemployed but wants or needs to work, 4=Not in the labor force (Enter Section C: Main Reason for Being Out of the Labor Force).
213	Adult Section 4: Community Data - The Assessment Date for an EXISTING Community Data Assessment must be less than 276 days prior to the Section 1: TRAG Assessment Date or less than 31 days after the Section 1: TRAG Assessment Date. The Community Data Assessment Date will be valid for the assessment's 90-day period. New Community Data Assessment Dates, however, must be dated within 30 days of the Section 1: TRAG Assessment Date.
320	Adult Section 3: TIMA and Section 4: Community Data - For Update assessments, Section 3 and Section 4 Assessment Dates must not expire prior to 90 days after the Section 1: TRAG Assessment Date.

Section Name   MH Adult Uniform Assessment Type: Intake, Update, Discharge

Business Rule ID	Business Rule Description
4	Dates must be in MMDDYYYY format.
5	Assessment date must be the actual date of the physical assessment and cannot be a future date.
6	Consumer must be registered in WebCARE before diagnostics or assessment records may be entered.
13	An Intake Assessment must be entered before a subsequent Update or Discharge Assessment record may be entered.

Business Rule ID	Business Rule Description
14	Before a new Intake Assessment may be entered, a Discharge Assessment record for the previous complete Intake Assessment must be entered.
17	If a consumer's latest assessment is a Discharge Assessment, a new Intake Assessment must be entered.
28	If the most recent assessment record is complete, no previous Assessment records may be updated or deleted.
43	If one field is entered, then all fields for the section must be entered for the Assessment. Crisis Assessments require the Assessment Type=Crisis, partial Section 1: TRAG, complete LOC-A section with 0=Crisis Services, and Form Status = Complete. Discharge Assessments require Assessment Type=Discharge, Reason for Discharge, Discharge Date, Referred To, and Form Status = Complete.
70	Must have a valid Diagnosis at Discharge when Discharge Reason is C=Level of Care Services Complete.
87	A discharge date will close any open mainframe CARE Assignment (CAS) records on the date of discharge via batch process, if the assignment starts on or before the assessment Discharge Date.
100	Adult - An Intake assessment will check for prior Child/Adolescent Intake or Update assessment records and will automatically create a Child/Adolescent Discharge assessment if no Discharge assessment exists. When a consumer with Child/Adolescent assessments becomes an adult, the first Adult assessment is an Intake Assessment.
132	Adult - For Intake assessments where consumers are authorized for Service Packages 1-4, both Sections 3: [TIMA] Diagnosis-Specific Clinical Symptom Rating Scales and 4: Community Data must be dated within 30 days after the Section 1: TRAG Assessment Date.
149	Discharges require the entry of Discharge Date, Discharge Reason, Referred To, and Form Status = Complete. Where the Discharge Reason is other than "C=Level of Care Services Complete", Adult Assessment Sections 1, 3, and 4 OR Child/Adolescent Assessment Sections 1 and 2 must be entered. Adult Section 2 OR Child/Adolescent Section 3 MUST NOT be entered.
162	For Intake Assessments, if the LOC-R is 9=Not Eligible for Services and the clinician agrees, then ONLY Sections 1: TRAG and the LOC-A section (set to 9=Not Eligible for Services) are entered. For Update Assessments with LOC-R is 9=Not Eligible for Services and the clinician agrees OR 6=Consumer Refuses Services, change Assessment Type to 'Discharge'.
169	Adult Section 1: TRAG - Entered for all assessments (except Discharge where Discharge Reason is NOT C=Level of Care Services Complete).
181	SYSTEM PROCESS: Adult Section 2: LOC-A - For an Update with the LOC-A Authorization Date > TRAG Assessment Date + 90 days, the form is completed without the authority reviewing the LOC-A section (Auto-Complete process).
223	A complete Discharge Assessment may not be entered if a complete Intake or Update assessment record does not exist or is Incomplete (all data required has not been entered).
228	SYSTEM PROCESS: Auto-close creates discharge records for assessments that expire and at least 30 days has passed since that expiration date. The Discharge record stores the Discharge Date as 1 day after the expired LOC-A Authorization End Date OR Assessment Expiration Date. Community Assignments are closed for H0xx (adult) or TCxx (child/adolescent) assignments. For assignments auto-closed, the End Date (assessment Discharge Date) is added to the assignment, unless the assignment End Date was already entered AND the End Date is after the assessment Discharge Date.
248	Adult - For adult consumers with Major Depression who are being served and then transfer to another LMHA, their eligibility will continue to be valid upon admission to the new LMHA if time between discharge from the first LMHA and admission to the new LMHA is 90 days or less.

Section Name   MH Adult Uniform Assessment Type: Intake, Update, Discharge

Business Rule ID	Business Rule Description
292	There are four Assessment Types that can be entered: (E)Crisis, (I)ntake, (U)pdate, and (D)ischarge. For Intake Assessments where LOC-A is 6=Consumer Refuses Services or 9=Not Eligible for Services, the assessment type is automatically set to (N)on-Admittance Intake.
297	Child/Adolescent: CA Assess Type - Revision - When a consumer has been in (E)Crisis Services (or hospital) and the following Intake Assessment calculates an LOC-R of 9=Not Eligible for Services, 90 days of Transitional Services may be authorized by entering an override for LOC-A of 5= Transitional Services.
302	For an (E) Crisis or Intake Non-Admission, a Discharge Assessment is not allowed.
304	(E) Crisis Assessment Type is separate from the normal sequence of Intake, Update, and Discharge.
313	If data has been entered on screen 688: RDM Location Data Entry, the assessment Location field can either be left blank, or if something is entered in the Location field, the data is REQUIRED to match a record that was entered on screen 688. If data has not been entered on screen 688, the assessment Location field is REQUIRED to be left blank.

Section Name   Workflow/Reports

Business Rule ID	Business Rule Description
277	BATCH SUBMISSION: See CARE (WebCARE) Batch Processing Instructions on http://www2.mhmr.state.tx.us/655/CIS/Training/care.html.
279	WORKFLOW/REPORT ONLY - Report restricts dates to current and prior dates only for this field.
282	INTERNAL ONLY - For internal use only.
284	WORKFLOW/REPORT ONLY - Begin Date entered must be BEFORE End Date entered.
285	WORKFLOW/REPORT ONLY - This report requires that a section be selected.