Family Support providers are individuals who are skilled and experienced in providing primary care to a youth with emotional and behavioral health challenges.

Family Supports provide peer mentoring and encouragement to the primary caregiver(s); engage the family in the treatment process; model self-advocacy skills; provide information, referral and non-clinical skills training; maintain engagement; and assist in the identification of natural/non-traditional and community support systems.

A family support provider must:

1. Have a high school diploma, or a high school equivalency certificate issued in accordance with the law of the issuing state;

2. Have a criminal history and background check. [See CRIMINAL HISTORY AND BACKGROUND CHECK, policy 2300.1 of this manual];

3. Have at least:
   a. One cumulative year of receiving mental health community services for a mental health disorder; or
   b. One cumulative year of experience navigating the mental health system as the parent or primary caregiver of a youth receiving mental health community services; and

4. Be under the direct clinical supervision of a master's level therapist.

The Wraparound Plan must:

1. Describe the strategies and/or action steps that will be used to encourage and assist in family and caregiver engagement; and

2. Identify natural and/or non-traditional and community support systems.

Progress notes are required for the provision of family support services and must include:

1. Participant name;

2. Date of contact with the participant;

3. Start and stop time of contact with the participant;
Texas Department of State Health Services
YES Waiver

BILLING
FAMILY SUPPORTS

UNIT DESIGNATION
AND PAYMENT RATE
The unit designation for family supports is 15-minutes. One 15-minute increment is billed as one unit. In order to bill for a unit, the entire unit must be provided to the participant, face-to-face.

Family support services are paid at the rate of $6.25 per unit.

AVAILABILITY OF
ANNUAL UNITS
The availability of annual units varies, depending upon the recommendations of the Child and Family Team and the Wraparound Plan.

GROUP SETTING
SERVICE(S)
Waiver services that are permitted to be provided in a group setting are billed using the following formula:

Number of providers $\times$ Time spent delivering service(s) + Number of participants served = Billable Time.

REQUIRED
DOCUMENTATION
In order to properly bill for the provision of family support services, a provider must document:

1. Date of Contact;
2. Start and Stop Time;
3. Progress towards goals set forth in the service authorization; and
4. Information about the service provider, including:
   a. Printed name;
   b. Signature (electronic signature is acceptable); and
   c. Credentials.

REIMBURSEMENT AND
NEGOTIATION OF
SERVICE RATE
The Department of State Health Services directly reimburses the comprehensive Waiver provider (CWP) for the entire, per unit, rate.

The CWP is permitted to negotiate payment to its employees or subcontractors.