

Dear Provider,

The HARRIS CENTER for Mental Health and IDD welcomes your application to be considered as a provider of services for individuals with intellectual and developmental disabilities. Although the Agency may enter a contractual agreement with your organization or entity upon completion of application or contractual requirement, the Agency does not guarantee use of any particular Provider.

For questions on the contract process or required forms, please contact Amanda Willis at (713) 970-7254 or Amanda.Willis@TheHarrisCenter.org or Margo Childs at (713) 970-8237 or Margo.Childs@TheHarrisCenter.org.

Thank you,

Margo Childs, Program Director

IDD Contracts

**THE HARRIS CENTER for Mental Health and IDD**

**INTELLECTUAL & DEVELOPMENTAL DISABILITIES**

**OPEN ENROLLMENT**

**SUBMISSION**

**Principles and Practices of Contracting with the IDD Division**

**Introduction**

The IDD Division of The Harris Center for Mental Health and IDD (“Agency”) receives reimbursement for a variety of services provided to eligible persons residing in Harris County. To be eligible for services, a person must:

1. Have a diagnosis of Intellectual Disability, Autism, or a Pervasive Developmental Disorder that dates before the age of 18.
2. Be a current resident of Harris County.
3. Must complete a Determination of Intellectual Disability (DID) from The HARRIS CENTER to verify eligibility.

Within the limits of funding and other contract requirements, individuals choose which services they receive from the Agency and its Contract Providers. The underlying goal of all programs operated, or funded, by the Agency is to assist persons with intellectual disability or developmental delays to develop the skills and access the community supports and resources necessary to learn, work, and live with dignity as contributing members of the community. The IDD Division will not fund services which segregate individuals from their community, or do not work toward integrating their individuals into the community.

**General Contract Information**

The IDD Division of the Agency is the provider of last resort for individuals of its services. This means that The Harris Center will contract for those services for which there are appropriate private sector program providers. The Harris Center will operate programs in those service areas where there are no providers, or where the number of providers offering a particular service is inadequate to meet the workload measures of its contract with other sources. The Harris Center will also maintain programs in those areas where there is a need for a “safety net.”

The IDD Division maintains an open enrollment process for all contract providers and places no artificial limits on the number of providers within the Provider Network. Because of this, there are several facts that contract providers should be aware of:

1. The contemplated contracts are to provide Behavioral Support Services and must be approved by the Agency’s Board of Directors.
2. Having a valid contract with The Harris Center does not guarantee that any particular provider will receive referrals for services. Referrals are based solely on individual choice of available programs.
3. The Agency utilizes the definition provided by the Health and Human Services Commission (HHSC) Service Definition Manual, IDD Services, the definition utilizing State General Revenue funds. The Agency will only contract for services that explicitly meet these definitions. Any entity wishing to contract with the Agency should become familiar with the definitions for the services they will offer through the Agency.

**Payment\Billing Information**

The procedure for submitting an invoice for payment to the Agency is contained in the language of the contract. There are, however, several basic principles that guide the Agency’s staff when processing Contractor invoices for payment. Additionally, the following guidelines are to be adhered to:

1. The Agency requires the submission of a service log in addition to the invoice. There will be one service log per individual served.
2. The Agency will only pay for services that have been properly authorized. In the IDD Division, written authorizations are issued to document service start and end dates. Written authorization to begin services may only come from IDD Contracts.
3. The Agency will not pay for services provided for an individual **before** the start date of a contract. The Agency is not obligated to pay for any services rendered before a formal, written and signed contract is in place.
4. Payment for authorized services occurs weekly. Each provider, in order to assure that they have the best chance of receiving timely payment for services rendered, must submit their invoices to IDD Contracts according to the timeframes set forth in their contract. Final invoices must be submitted by the 5th of each month for services rendered during the previous month.
5. The Agency will not pay for services billed to the Agency later than 45 days past the end of the month in which services were performed. For example, an invoice for services provided in January 2019 must be submitted no later than March 15, 2019, or payment will not be made for that invoice.

**Individual Choice**

The Agency uses the concept of individual choice to ensure that individuals are afforded the same choices that every member of the community has as their right. There are several areas regarding the choices individuals have been presented with that require further explanation here. Violation of any of these principles will result in the Agency removing a provider from the list of agencies given to individuals when choosing services and service providers.

1. No solicitation of individuals (or their families) currently being served by another provider is permitted. Such behavior is considered inappropriate and unethical.
2. No action will be taken to change the services for which an individual is authorized until that individual (or their guardian) has informed the individual’s Service Coordinator that they wish to make a change in services. Providers may not initiate changes in any individual’s CARE Code or service provider. Changes may only come from the individual and be authorized by the Service Coordinator.

**The IDD Division of The Harris Center contracts with Private Providers for the following services:**

Behavioral Support Services

**Providers must meet the following criteria in order to complete a contract with The Harris Center:**

* Licensed as a Psychologist in accordance with Texas Occupations Code, Chapter 501;
* Licensed as a Psychological Associate in accordance with Texas Occupations Code, Chapter 501;
* Certified as a Behavioral Analyst by the Behavior Analyst Certification Board, Inc.;
* Provisionally licensed to practice psychology in accordance with Texas Occupations Code, Chapter 501
* A TDMHMR/DADS/HHSC-certified authorized provider in accordance with 40 TAC §5.161;
* Licensed as a Licensed Clinical Social Worker in accordance with Texas occupations Code, Chapter 505; or
* Licensed as a Licensed Professional Counselor in accordance with Texas Occupations Code, Chapter 503.

|  |  |  |
| --- | --- | --- |
| **Type of**  **Service** | **Licensure from** | **Insurance** |
| Behavioral Support Services | As specified by the provider criterion and current licensure section. | * **General liability in the amount of $1,000,000 per occurrence with $3,000,000 general aggregate** * Minimum of $500,000 in automobile liability insurance if transporting individuals * Automobile physical damage up to the actual cash value of the vehicle(s) * Building structure insurance if you own the building * Business Personal Property Contents Insurance up to the replacement cost value of the properties * Worker’s Compensation Insurance * Personal Liability Insurance up to $500,000 per claim/ $1 million annual aggregate for your professional staff (nurses, psychologists, LCSW’s, etc.) |
|  |
|  |
| **Preferred:** |

**Other requirements of contracting with The Harris Center include:**

* Compliance with individual choice guidelines
* The Harris Center Compliance and/or IDD Division staff will conduct periodic audits of records and visit sites to determine if safety and health requirements are being met
* On-going site visits by IDD Division staff to monitor quality of services
* Timely and accurate submission of daily service data and monthly claims for payment

**Steps in contracting with The Harris Center**

* Send the attached DEMOGRAPHIC FORM and the SERVICE DESCRIPTION FORM (complete ALL sections) plus any ATTACHMENTS to the following:

**Amanda Willis or Margo Childs**

**9401 Southwest Freeway 8th Floor**

**Houston, Texas 77074**

* This information is reviewed and a list of additional documentation needed for a desk review will be sent. When all documentation of licensure, insurance and other requirements have been received, The Harris Center will assess each of your service sites. The review will address all required policies and procedures, assess all service sites for safety and health guidelines, and report to The Harris Center Contracts if standards have been met.

* The Agency Contracts Department will generate the contract and submit it to the Agency’s Board of Directors at their next monthly meeting for final approval.

**NEW CONTRACT PROVIDER DEMOGRAPHIC FORM**

**IDD Division**

***(Complete ALL sections – incomplete forms will be returned to Provider)***

**Company Name:**

**Mailing Address:**

**City/State/Zip:**

**E-Mail Address:**

**City/State/Zip:**

**Telephone: Fax:**

**24 hour Emergency Number:**

**Contract Person: Title:**

**Telephone:**  **Fax:**

**Cell Phone:**  **Pager:**

**Current Licensure** (check all that apply & attach current copy of all licenses):

* Licensed as a Psychologist in accordance with Texas Occupations Code, Chapter 501;
* Licensed as a Psychological associate in accordance with Texas Occupations Code, Chapter 501;
* Certified as a Behavioral Analyst by the Behavior Analyst Certification Board, Inc.;
* Provisionally licensed to practice psychology in accordance with Texas Occupations Code, Chapter 501
* A TDMHMR/DADS/HHSC-certified authorized provider in accordance with 40 TAC §5.161;
* Licensed as a Licensed Clinical Social Worker in accordance with Texas occupations Code, Chapter 505; or
* Licensed as a Licensed Professional Counselor in accordance with Texas Occupations Code, Chapter 503.

**Services to be provided by Contractor:**

* Accessing and Analyzing Assessment findings so that an appropriate behavior support plan may be disguised;
* Developing an Individual’s Plan of Services and Supports;
* Providing face to face contact with Individual to provide specialized services/ interventions;
* Training of direct staff;
* Consulting with family members or other providers and, as appropriate, the Individual;
* Monitoring and evaluating the success of the Behavioral Support Plan and modifying the plan at a minimum frequency of 90 days; and
* Participating in service planning team meetings.

**Service Site Addresses:**

|  |  |  |
| --- | --- | --- |
| **Address** | **City** | **Zip** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**ATTACHMENTS:**

**Copy of current Department of Labor Certificate to permit payment of employees below minimum wage, if applicable.**

**Other:**

**Other:**

**Other:**

**SERVICE DESCRIPTION FORM**

***(Complete one form for EACH type of service you will be providing)***

**Contract Provider:**

**Service To Be Provided:**

* Behavioral Support Services

**DESCRIPTION OF CURRENT SERVICES:**

1. What is your philosophy of service delivery?
2. How many people are currently receiving this service from your program?
3. How many people can your program accommodate?
4. What, in general, are the ages, intellectual/functional abilities, and diagnoses of your current population?
5. What characteristics would result in a person being deemed inappropriate to be served in your program?
6. Additional information about your program:

**DESCRIPTION OF RESOURCES:**

1. What is your annual budget for this service?
2. What are the sources of these funds?
3. How many FTE staff do you have providing this service?
4. How much space (in square feet) is allocated per individual receiving this service?

**BEHAVIOR MANAGEMENT & PSYCHOPHARMACOLOGY:**

1. What behavior management procedures are used prior to implementing a behavior plan?
2. How are behavior plans developed by? By whom?
3. What process is used to review behavior plans prior to implementation and assure that rights are not restricted, or that the committee approves restrictions? \*\*Committee must be approved by The Harris Center Behavior Therapy Committee Chairman.
4. What are the program’s policies on the use of psychopharmacology?
5. How often are medications reviewed?

**VALUE ADDED SERVICES:** *These services are not required, but will be considered as additional benefits that may enhance services offered by your program. The Harris Center will not pay for these enhanced services.*

1. What transportation services are provided?
2. What specialist, (OT/PT; Speech/Language) are available for consultation/services?
3. What types of community activities occur away from the program site? What is the purpose of these activities?
4. Other Value Added Services:

**Form Completed by:**

**Print Name/Title:**

**Date:**