

**THE HARRIS CENTER FOR MENTAL HEALTH AND IDD
YOUTH EMPOWERMENT SERVICES WAIVER PROGRAM
(YES WAIVER) COMMUNITY LIVING SUPPORT (CLS) AND
PARAPROFESSIONAL SERVICES**

- ☐ Complete, date and sign the enclosed YES Waiver Open Enrollment Application
- ☐ Attach a copy of proof of Professional Liability Insurance
- ☐ Attach a list of all of your facility sites with addresses
- ☐ Completed Service Description Questionnaire

Send all requested materials to:

The HARRIS CENTER for Mental Health and IDD

YES Waiver Program

Stella Olise, Practice Manager

6032 Airline Drive

Houston, Texas 77076

Office: (713) 970 – 4385

Fax: (713) 970 – 4995

Email: Stella.Olise@theharriscenter.org and/or

Dulce.Hernandez@theharriscenter.org

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD YES WAIVER PROGRAM COMMUNITY LIVING SUPPORT AND PARAPROFESSIONAL SERVICES

APPLICATION

A. GENERAL INFORMATION:

Facility Legal Name			Does the facility have another Name? If yes, please list name:	
Preferred Mailing Address Line 1			Preferred Mailing Address Line 2	
City	State	Zip	County	Contact Person
Physical Address			Physical City, State & Zip	
Telephone		Email Address		Fax
<input type="checkbox"/> Apartment Complex <input type="checkbox"/> Residential Facility Please check which is the most appropriate description:		<input type="checkbox"/> SRO <input type="checkbox"/> Other		Indicate who is your corporate owner (if applicable):
Is this facility handicapped accessible? Yes <input type="checkbox"/> No <input type="checkbox"/>			Is this facility accessible to public transportation? Yes <input type="checkbox"/> No <input type="checkbox"/>	

B. DEMOGRAPHIC DATA: The following information is requested for demographic purposes only. This data will not be part of the credentialing process, but may be used to supply aggregate data to the state government as part of a state funded contract process.

1. Could your business be classified as a business owned by women, as defined by the Department of Minority Enterprises?
☐ Yes ☐ No

Women Owned Business is defined as a business enterprise of which women own at least 50% or, in the case of a publicly owned business, where women own at least 51% of stock.

2. Could your business be classified as a minority owned business, as defined by the Department of Minority Enterprises?
☐ Yes ☐ No

Minority Owned Business is defined as a business enterprise that is owned and controlled by one or more socially and/or economically disadvantaged persons. Such disadvantages may arise from cultural, racial, chronic economic circumstances or background, or other similar cause.

3. Could your business be classified as a minority owned business, as defined by the Department of Minority Enterprises?
☐ Yes ☐ No

Veteran Owned Business is defined as a business enterprise that is at least 51% owned and controlled by one or more service-disabled veterans. Have one or more service-disabled veterans manage day-to-day operations and also make long-term decisions.

4. If you answered yes to questions 1, 2 and 3 about minority owned businesses, which of the following categories would it fall under:

<input type="checkbox"/> Caucasian	<input type="checkbox"/> Native American or Alaskan Native	<input type="checkbox"/> Asian or Pacific Islander
<input type="checkbox"/> Black (African, Jamaican, West Indian descent)	<input type="checkbox"/> Hispanic (Mexican, Puerto Rican, South American)	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Veteran		

C. PAYEE INFORMATION:

Make checks payable to (must match tax ID owner name on file with IRS for the TIN listed below)		Type of Corporation	
Billing Address Line 1		Billing Address Line 2	
City	State	Zip	
Your Medicare/UPIN Number	Your Medicaid Number	Tax Identification Number (TIN)	

ATTESTATION

- 1. Insurance Coverage:** Have you or any of your staff had their Professional Liability insurance coverage denied, canceled, or non-renewed or initially refused upon application?

Yes ☐ N/A ☐ No ☐
- 2. License:** Have you or any of your employees had their professional licenses in any state revoked, suspended, placed on probation, given conditional status or otherwise limited?

Yes ☐ N/A ☐ No ☐

 - a. Have you or anyone on your staff ever voluntarily surrendered their professional license in any state? Yes ☐ N/A ☐ No ☐
 - b. Do you or any members of your staff have formal charges pending against them at this time? Yes ☐ N/A ☐ No ☐
- 3. Criminal Offenses:** Have you or anyone on your staff ever been convicted of a felony involving moral or ethical turpitude or substance use or sale?

Yes ☐ N/A ☐ No ☐
- 4. Board Discipline:** Have you or anyone on your staff ever been the subject of disciplinary proceedings by any professional association or organization (i.e., state licensing board; county; state or national professional society, etc.?).

Yes ☐ N/A ☐ No ☐
- 5. Malpractice Action:** Has any malpractice action been brought or settled against you or anyone on your staff within the last 5 years, or have there been any unfavorable judgement(s) against you or any members of your staff in any malpractice actions?

Yes ☐ N/A ☐ No ☐

 - a. To your knowledge, are any malpractice actions currently pending against you or any members of your staff? Yes ☐ N/A ☐ No ☐
- 6. Neglect and Abuse:** Have you or anyone on your staff ever been sued for abuse or neglect?

Yes ☐ N/A ☐ No ☐

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

Open Enrollment Application Process

To Provide Community Living Support and Paraprofessional Services

The HARRIS CENTER for Mental Health and IDD (“The HARRIS CENTER”), through its YES Waiver Program, is offering to contract with Providers that will provide Community Living Support and Paraprofessional Services for individuals identified by the YES Waiver Program.

OVERVIEW OF PROGRAM:

The YES (Youth Empowerment Services) Waiver program is a Medicaid Home and Community-Based Services Waiver that allows for more flexibility in the funding of intensive community-based services to assist children and adolescents with severe emotional disturbances to live in the community with their families.

Waiver services are provided in combination with services available through the Medicaid State Plan, other federal, state and local programs the individual may qualify for, and the natural supports that families and communities provide.

Services Include:

Community Living Support
Paraprofessional Services

Goals

1. Reducing out of home placement and inpatient psychiatric treatment
2. Providing a more complete continuum of community-based services and supports
3. Ensuring families have access to parent partners and other flexible non-traditional support services as identified in a family-centered planning process
4. Preventing entry into the foster care system and relinquishment of parental custody: and
5. Improving the clinical and functional outcomes of children and adolescents

PROVIDER’S ROLE:

Community Living Supports provide assistance to the family caregiver in the disability-related care of the Waiver participant, while facilitating the Waiver participant’s independence and integration into the community. The Paraprofessional is a behavioral aide supporting the Waiver participant to meet the behavioral goals outlined in their plan.

PROVIDER CRITERIA: Each Applicant must provide the following:

- Complete, date and sign the Application.
- Attach Texas Standard Application for Licensed individuals -LCSW, LPCs, LMFTs, LVN and Psychologists etc. (if applicable)
- Accurately complete, date and sign the W-9 Form for each Tax Identification Number (TIN)
- Attach a copy of your Licensure (if applicable)
 - Licensed Clinical Social Worker
 - Licensed Professional Counselor
 - Registered Nurse
 - Marriage and Family Therapist
 - Licensed Vocational Nurse
 - Physical Therapist
 - Occupational Therapist
 - Licensed Dietitian

- Certified by the Art Therapy Credentials Board (AT-BC)
- Equine Assisted Growth and Learning Association
- Certified by the National Counsel for Therapy and Recreation Certification (CTRS)
- Certified as a Texas Certified Therapeutic (TRS/TXC)
- Professional Association of Therapeutic Horsemanship (PATH) International
- Certified by the Certification Board for Music Therapists (MT-BC)
- Attach a copy of your Certification (if applicable)
- Attach a copy of DFPS Respite Certification
- Please include any Medicaid/Medicare Licenses and all other applicable licenses held by the facility that relate to the contracted services
- Attach a copy of your Program Description
- Attach a copy of your Malpractice Insurance Face Sheet with the limits of liability
- Attach a list of all your facility site(s) with addresses.
- Attach a list of other employees with Professional Credentials
- Attach a copy of Clinical Descriptions of all programs
- Attach Program brochures (if available)

The HARRIS CENTER's Role:

The HARRIS CENTER will assign staff to secure services. The Agency, through its designated staff, is responsible to receive, review and approve all applications.

All applications will be reviewed upon receipt. Open Enrollment Applications will remain open for two years pursuant to the Open Enrollment statutory requirements set forth at 25 Tex. Admin. Code §412.60.

SERVICE DESCRIPTION FORM

Contract Provider Name:

Service To Be Provided:

- **Community Living Support (CLS)**
- **Paraprofessional**

Description of Current Services:

- a. What is your philosophy of service delivery?
- b. How many people are currently receiving this service through your program?
- c. How many people can your program accommodate?
- d. What in general, are the ages, intellectual/functional abilities, and diagnoses of your current population?
- e. What are the characteristics that would result in a person being deemed inappropriate to be served in your program?
- f. What information is required for a patient being referred to your program?
- g. Additional information about your program:

Form Completed by (Signature):

Print Name/ Title:

Date:

PARTICIPATION STATEMENT

Provider warrants and assures The HARRIS CENTER for Mental Health and IDD that:

1. Provider is financially solvent, able to pay all debts as they mature and possess sufficient working capital to complete the work and perform the obligations herein;
2. Provider is not currently held in abeyance or barred from the award of a federal or state contract;
3. Provider is currently in good standing for state tax, pursuant to Texas Business Corporation Act, Texas Civil Statutes, Article 2.45; and
4. Provider agrees to provide the specified services at the rate of payment specified herein.

I FULLY UNDERSTAND THAT IF ANY MATTER STATED IN THIS APPLICATION IS OR BECOMES FALSE, THE HARRIS CENTER WILL BE ENTITLED TO TERMINATE MY PROVIDER AGREEMENT FOR BREACH. FURTHER THAT ALL INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS WARRANTED TO BE TRUE, CORRECT AND COMPLETE.

Name (Please Print)

Date

**RETURN COMPLETED APPLICATION TO:
(MUST BE ORIGINAL)**

The HARRIS CENTER for Mental Health and IDD
YES Waiver Program
Stella Olise, Practice Manager
6032 Airline Drive
Houston, Texas 77076
Office: (713) 970 – 4385
Fax: (713) 970 – 4995
Email: Stella.Olise@TheHarrisCenter.org and/or
Dulce.Hernandez@theharriscenter.org

PUBLIC NOTICE

The HARRIS CENTER for Mental Health and IDD (“The HARRIS CENTER”) (formerly known as **MHMRA of Harris County**) is the Texas Department of State Health Services ("DSHS") designated Local Mental Health Authority (LMHA) established to plan, coordinate, develop policy, develop and allocate resources, supervise, and ensure the provision of community based mental health services for the residents of Harris County, Texas. The HARRIS CENTER is requesting providers to apply to our Open Enrollment process to expand our network of service providers for Children Mental Health Clients who are assessed into the Level of Service YES Waiver program. **These services include Community Living Support (CLS) and Paraprofessional services.** The provider enrollment period will be continuous or until the Local MHA has received enough applications to meet the percentage of service, capacity stated in the Request for Application (RFA).

YES Waiver services for the geographic area of Harris County include:

CLS and Paraprofessional services are focused on the reduction or elimination of a client's symptoms of mental illness and increasing the individual's ability to perform activities of daily living. Counseling shall be provided by a Licensed Practitioner of the Healing Arts (LPHA), practicing within the scope of their own license and certification. This service includes treatment planning to enhance recovery and resiliency. *This service satisfies the requirements of Title 7 of the Texas Health and Safety Code §534.053(a)(3)*

You may send your responses to The HARRIS CENTER in writing by the following:

Via e-mail to Stella.Olise@TheHarrisCenter.org

The HARRIS CENTER for Mental Health and IDD
YES Waiver Program
Attn: Stella Olise
6032 Airline Drive
Houston, Texas 77076
Drop off at the above location
Fax to (713) 970-4995

Questions regarding this process should be directed to the above address or:

Email: Dulce.Hernandez@theharriscenter.org or Stella.Olise@TheHarrisCenter.org
Phone: (713) 970-4385

Services: Community Living Supports

SERVICE DESCRIPTION	Community living supports (CLS) facilitate a YES Waiver (Waiver) participant's independence and integration into the community, while providing assistance to the family caregiver in the disability-related care of the participant.
LIMITATION	<p>CLS cannot be provided at the same time as:</p> <ol style="list-style-type: none">1. Employment assistance;2. Non-medical transportation;3. Respite services4. Supported employment; or5. Supportive family-based alternatives.
SKILLS TRAINING FOR PARTICIPANT	<p>CLS provide a curriculum based skills training to a participant for skills that are affected by the participant's serious emotional disturbance (SED), as identified in the Wraparound Plan.</p> <p>Training can be related to activities of daily living, such as personal hygiene, household chores, and socialization. CLS may also promote communication, relationship-building skills, and integration into community activities. These supports must be targeted at enabling the participant to attain or maintain his or her maximum potential. These supports may serve to reinforce skills or lessons taught in school, therapy, or other settings.</p>
FOR FAMILY CAREGIVER(S)	<p>In addition to training skills for the participant, CLS may also provide skills training to the family caregiver, depending upon the participant's age, the nature of the SED, the role of medications, and the self-administration of medications, if applicable.</p> <p>Instructions on basic parenting skills and other forms of guidance can be provided to the participant's primary caregivers to assist in coping with and managing the participant's SED.</p>
PROVIDER QUALIFICATIONS	<p>CLS services must be provided by a credentialed Qualified Mental Health Professional–Community Services (QMHP–CS) or QMHP–CS equivalent, defined as an individual who:</p> <ol style="list-style-type: none">1. Has a bachelor's degree from an accredited college or university with a minimum number of hours that is equivalent to a major, as determined by the local mental health authority (LMHA), in accordance with 25 TAC §412.316(d), in psychology, social work, medicine, nursing, rehabilitation, counseling, sociology, human growth and development,

Services: Community Living Supports

physician assistant, gerontology, special education, educational psychology, early childhood education, or early childhood intervention;

2. Is a registered nurse (RN);
3. Has completed an alternative credentialing process identified by the Department of State Health Services; or
4. Has a master's degree from an accredited college or university with a minimum number of hours that is equivalent to a major in psychology, social work, medicine, nursing, rehabilitation, counseling, sociology, human growth and development, physician assistant, gerontology, special education, educational psychology, early childhood education, or early childhood intervention; and
5. Has had a criminal history and background check. [See CRIMINAL HISTORY AND BACKGROUND CHECK, policy of this manual.]

Information regarding competency and credentialing in 25 TAC §412.316(d) is available at:

[http://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=412&rl=316](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=412&rl=316)

WRAPAROUND PLAN

The Wraparound Plan must describe:

1. The skills training that will be provided to participant, as they relate to achieving the participant's identified goal(s);
2. The strategies and/or action steps that will be used to assist the participant in achieving the identified goal(s); and
3. The type, scope, and duration of the service.

PROGRESS NOTES

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

1. Participant name;
2. Date of contact with the participant;
3. Start and stop time of contact with the participant;
4. Service name and description;
5. Service location;
6. Training methods used, if applicable (e.g. instructions, modeling, role play, feedback, repetition)

Services: Community Living Supports

7. Title of curriculum being used, if applicable
8. Wraparound plan objective(s) that was the focus of the service;
9. Use of adaptive aids and supports, if applicable;
10. Transportation services, if applicable;
11. Participant response to CLS service being provided;
12. Progress or lack of progress in achieving Wraparound Plan goals;
13. Summary of activities, meals, and behaviors during the service; and
14. Direct service provider's signature and credentials.

NON FACE-TO-FACE
CONTACT WITH
PARTICIPANT

When CLS services provided to a participant are not face-to-face, the provider must document in the progress notes:

1. Date of the contact;
2. Description of the contact; and
3. Direct service provider's signature and credentials.

CONTACT WITH
OTHER PARTIES

When CLS services are provided face-to-face, or provided over the phone with someone other than the participant, such as, but not limited to, the legally authorized representative (LAR), the provider must document in the progress notes:

1. Date of the contact;
2. Person with whom the contact was made;
3. Description of the contact;
4. Outcome(s) of the contact; and
5. Direct service provider's signature and credentials.

PROVISION OF
SERVICE
DOCUMENTATION

The provider must document the provision of service by maintaining up-to-date progress notes, which are reviewed by the Department of State Health Services.

PROGRAM TRAINING

Prior to providing Waiver services and/or participating on a Child and Family Team, a CLS must receive program training in accordance with PROGRAM TRAINING REQUIREMENTS, policy 2200.2 or of this manual, as applicable.

BILLING

Information regarding unit designation, payment rate, and required documentation for submitting a claim for CLS is detailed in BILLING, COMMUNITY LIVING SUPPORTS, policy 2600.4 of this manual.

Billing: Community Living Supports

UNIT DESIGNATION AND PAYMENT RATE	<p>The unit designation for community living supports (CLS) 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.</p> <p>Bachelor's degree and Master's degree level CLS clinicians are paid at the rate of \$25.02 per unit.</p>
AVAILABILITY OF ANNUAL UNITS	<p>The availability of annual units varies, depending upon the recommendations of the Child and Family Team and the Wraparound Plan.</p>
GROUP SETTING SERVICE(S)	<p>Waiver services that are permitted to be provided in a group setting are billed using the following formula:</p> $\text{Number of providers} \times \text{Time spent delivering service(s)} \div \text{Number of participants served} = \text{Billable Time.}$
REQUIRED DOCUMENTATION	<p>In order to properly bill for the provision of CLS service(s), a provider must document:</p> <ol style="list-style-type: none">1. Date of Contact;2. Start and Stop Time;3. Progress towards goals set forth in the service authorization; and4. Information about the service provider, including:<ol style="list-style-type: none">a. Printed name;b. Signature (electronic signature is acceptable); andc. Credentials.
REIMBURSEMENT AND NEGOTIATION OF SERVICE RATE	<p>The Department of State Health Services directly reimburses the comprehensive Waiver provider (CWP) for the entire, per unit, rate.</p> <p>The CWP is permitted to negotiate payment to its employees or subcontractors.</p>

Services: Paraprofessional Services

SERVICE DESCRIPTION	<p>There are three types of paraprofessional services:</p> <ol style="list-style-type: none">1. Skilled mentoring and coaching;2. Paraprofessional aide; and3. Job placement.
SKILLED MENTORING AND COACHING	<p>Skilled mentoring and coaching:</p> <ol style="list-style-type: none">1. Addresses participant's symptom-related problems that may interfere with the individual's functioning and living, working, and learning environment;2. Provides opportunities for the participant to acquire and improve skills needed to function as appropriately and independently as possible;3. Facilitates the participant's community integration; and4. Increases the participant's community tenure. <p>Examples of skilled mentoring and coaching include training in symptom management, personal hygiene, nutrition, food preparation, exercise, money management, and community.</p>
PARAPROFESSIONAL AIDE	<p>Paraprofessional aide services consist of training the participant in:</p> <ol style="list-style-type: none">1. The importance of taking medications as prescribed;2. Self-administration of medication;3. Determining the effectiveness of the medication(s);4. Identifying side-effects of medication(s); and5. Contraindications for medications that are prescribed.
JOB PLACEMENT	<p>Employment related services provide support and skills training that are not job-specific and focus on developing skills to reduce or manage the symptoms of the participant's serious emotional disturbance (SED) that interfere with his or her ability to make vocational choices or obtain or retain employment.</p> <p>Examples of job placement services include instruction in dress, grooming, socially and culturally appropriate behaviors, and etiquette necessary to obtain and retain employment; and training in task focus, maintaining concentration, task completion, and planning and managing activities to achieve participant's goals.</p>
PROVIDER QUALIFICATIONS	<p>A provider of paraprofessional services must:</p> <ol style="list-style-type: none">1. Be at least 18 years of age;2. Have received:

Services: Paraprofessional Services

- a. A high school diploma; or
 - b. A high school equivalency certificate issued in accordance with the law of the issuing state;
3. Have a minimum of one year of documented full-time experience working with the SED population. Experience may be considered if the documented experience includes activities that are comparable to services specified under the service description;
 4. Have a criminal history and background check. [See CRIMINAL HISTORY AND BACKGROUND CHECK, policy 2300.1 of this manual];
 5. Demonstrate competency in the provision and documentation of the specified or comparable service; and
 6. Be under the direct clinical supervision of a master's level therapist.

SETTINGS

Paraprofessional services may be provided in the participant's residence or in community settings, including, but not limited to:

1. Libraries;
2. Parks; and
3. Museums.

WRAPAROUND PLAN

The Wraparound Plan must describe:

1. Which paraprofessional service that will be provided to participant, as they relate to achieving the participant's identified goal(s);
2. The strategies and/or action steps that will be used to assist the participant in achieving the identified goal(s); and
3. The type, scope, and duration of the service.

PROGRESS NOTES

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

1. Participant name;
2. Date of contact with the participant;
3. Start and stop time of contact with the participant;
4. Service name and description;
5. Service location;

Services: Paraprofessional Services

	<ol style="list-style-type: none">6. Specific skills received and method used to assist in skill acquisition;7. Use of adaptive aids and supports, if applicable;8. Transportation services, if applicable;9. Participant response to service being provided;10. Participant progress or lack of progress; and11. Direct service provider's signature and credentials.
NON FACE-TO-FACE CONTACT WITH PARTICIPANT	<p>When paraprofessional services provided to a participant are not face-to-face, the provider must document in the progress notes:</p> <ol style="list-style-type: none">1. Date of the contact;2. Description of the contact; and3. Direct service provider's signature and credentials.
CONTACT WITH OTHER PARTIES	<p>When paraprofessional services are provided face-to-face, or provided over the phone with someone other than the participant, such as, but not limited to, the legally authorized representative (LAR), the provider must document in the progress notes:</p> <ol style="list-style-type: none">1. Date of the contact;2. Person with whom the contact was made;3. Description of the contact;4. Outcome(s) of the contact; and5. Direct service provider's signature and credentials.
PROVISION OF SERVICE DOCUMENTATION	<p>The provider must document the provision of paraprofessional services by maintaining up-to-date progress notes, which are reviewed by the Department of State Health Services.</p>
PROGRAM TRAINING	<p>Prior to providing Waiver services and/or participating on a Child and Family Team, a provider of paraprofessional services must receive program training in accordance with PROGRAM TRAINING REQUIREMENTS, policy 2200.2 or 2300.2 of this manual, as applicable.</p>
BILLING	<p>Information regarding unit designation, payment rate, and required documentation for submitting a claim for paraprofessional services is detailed in BILLING, PARAPROFESSIONAL SERVICES, policy of this manual.</p>

Billing: Paraprofessional Services

UNIT DESIGNATION AND PAYMENT RATE	<p>The unit designation for paraprofessional services 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.</p> <p>Paraprofessional services are paid at the rate of \$6.15 per unit.</p>
AVAILABILITY OF ANNUAL UNITS	<p>The availability of annual units varies, depending upon the recommendations of the Child and Family Team and the Wraparound Plan.</p>
GROUP SETTING SERVICE(S)	<p>Waiver services that are permitted to be provided in a group setting are billed using the following formula:</p> $\text{Number of providers} \times \text{Time spent delivering service(s)} \div \text{Number of participants served} = \text{Billable Time.}$
REQUIRED DOCUMENTATION	<p>In order to properly bill for the provision of paraprofessional services, a provider must document:</p> <ol style="list-style-type: none">1. Date of Contact;2. Start and Stop Time;3. Progress towards goals set forth in the service authorization; and4. Information about the service provider, including:<ol style="list-style-type: none">a. Printed name;b. Signature (electronic signature is acceptable); andc. Credentials.
REIMBURSEMENT AND NEGOTIATION OF SERVICE RATE	<p>The Department of State Health Services directly reimburses the comprehensive Waiver provider (CWP) for the entire, per unit rate.</p> <p>The CWP is permitted to negotiate payment to its employees or subcontractors.</p>