

**THE HARRIS CENTER FOR MENTAL HEALTH AND IDD  
YOUTH EMPOWERMENT SERVICES WAIVER PROGRAM  
(YES WAIVER) SPECIALIZED THERAPIES**

- ☐ 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](mailto:Stella.Olise@theharriscenter.org) and/or

[Dulce.Hernandez@theharriscenter.org](mailto:Dulce.Hernandez@theharriscenter.org)

# THE HARRIS CENTER FOR MENTAL HEALTH AND IDD YES WAIVER PROGRAM – SPECIALIZED THERAPIES SERVICES

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## 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:**

<b>Make checks payable to</b> (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 Specialized Therapies**

The HARRIS CENTER for Mental Health and IDD (“The HARRIS CENTER”), through its YES Waiver Program, is offering to contract with Providers that can provide non-traditional services that will provide alternative and creative forms of therapy to help improve the youth’s health, welfare, and functioning in their community, including: Animal-Assisted Therapy, Art Therapy, Music Therapy, Recreational Therapy and Nutritional Counseling.

#### **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 For Specialized Therapy Services Include:

- Animal-Assisted Therapy
- Art Therapy
- Music Therapy
- Recreational Therapy
- Nutritional Counseling

#### 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

#### **VENDOR’S ROLE:**

To provide specialized therapy services that will assist the participant in exploring feelings, reconciling emotional conflicts, fostering self-awareness, managing behavior, developing social skills, improving reality orientation, reducing anxiety and increasing self-esteem.

**VENDOR 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:**

- ☐ **Animal Assisted Therapy**
- ☐ **Art Therapy**
- ☐ **Music Therapy**
- ☐ **Recreational Therapy**
- ☐ **Nutritional Counseling**

**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**

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

1. Vendor 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. Vendor is not currently held in abeyance or barred from the award of a federal or state contract;
3. Vendor is currently in good standing for state tax, pursuant to Texas Business Corporation Act, Texas Civil Statutes, Article 2.45; and
4. Vendor 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.

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Name (Please Print)

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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](mailto:Stella.Olise@theharriscenter.org) and/or  
[Dulce.Hernandez@theharriscenter.org](mailto: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 Music Therapy, Art Therapy, Animal Assisted Therapy, Recreational Therapy and Nutritional Counseling.** 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:

Specialized Therapies 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](mailto: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](mailto:Dulce.Hernandez@theharriscenter.org) or [Stella.Olise@TheHarrisCenter.org](mailto:Stella.Olise@TheHarrisCenter.org)

Phone: (713) 970-4385



Texas Department of State Health Services  
YES Waiver

SERVICES

SPECIALIZED THERAPIES

ANIMAL-ASSISTED THERAPY

2400.19

SERVICE

DESCRIPTION

Animals are utilized in goal-directed treatment sessions as a modality to facilitate optimal physical, cognitive, social, and emotional outcomes of a participant, such as increasing self-esteem, increasing motivation, and reducing stress.

PROVIDER

QUALIFICATIONS

An animal-assisted therapy provider must utilize animals that meet guidelines established by the American Veterinary Medical Association and either:

1. Be a licensed professional with documented training and experience relative to the specialized therapy being provided. This may include a: clinical social worker; professional counselor; marriage and family therapist; registered nurse; vocational nurse; physical therapist; occupational therapist; or dietitian; or
2. Obtain certification specific to the type of program and animal(s) involved.

ANIMAL

CERTIFICATION  
PROGRAMS

YES Waiver-endorsed certification programs are:

1. Pet Partners;
2. Equine Assisted Growth and Learning Association (EAGALA); and
3. Professional Association of Therapeutic Horsemanship (PATH) International.

Other certification programs are subject to approval by the Department of State Health Services, upon request by the local mental health authority or comprehensive waiver provider.

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 animal-assisted therapy 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

SERVICES  
SPECIALIZED THERAPIES  
ANIMAL-ASSISTED THERAPY

2400.19

4. Service name and description;
5. Service location;
6. Wraparound plan objective(s) that was the focus of the service;
7. Participant response to animal-assisted therapy being provided;
8. Progress or lack of progress in achieving Wraparound Plan goals; and
9. Direct service provider's signature and credentials.

PROVISION OF  
SERVICE  
DOCUMENTATION

The provider must document the provision of animal-assisted therapy services by maintaining up-to-date progress notes, which will be reviewed by the Department of State Health Services.

PROGRAM TRAINING

Prior to providing Waiver services and/or participating on a Child and Family Team, an animal-assisted therapy provider must receive program training in accordance with PROGRAM TRAINING REQUIREMENTS, policy 2200.2 or 2300.2 of this manual, as applicable.

BILLING

Information regarding unit designation, payment rate, and required documentation for submitting a claim for animal-assisted services is detailed in BILLING, SPECIALIZED THERAPIES, policy 2600.20 of this manual.

Texas Department of State Health Services  
YES Waiver

SERVICES  
SPECIALIZED THERAPIES  
ART THERAPY

2400.20

SERVICE  
DESCRIPTION

Through the use of art media, the creative process, and the resulting artwork, art therapy assists the participant in exploring feelings, reconciling emotional conflicts, fostering self-awareness, managing behavior, developing social skills, improving reality orientation, reducing anxiety, and increasing self-esteem.

PROVIDER  
QUALIFICATIONS

An art therapy provider must be:

1. A licensed professional with documented training and experience relative to the specialized therapy being provided. This may include a: clinical social worker; professional counselor; marriage and family therapist; registered nurse; vocational nurse; physical therapist; occupational therapist; or dietitian; or
2. Certified by the Art Therapy Credentials Board (AT-BC).

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 art therapy 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. Wraparound plan objective(s) that was the focus of the service;
7. Participant response to art therapy being provided;
8. Progress or lack of progress in achieving Wraparound Plan goals; and
9. Direct service provider's signature and credentials.

Texas Department of State Health Services  
YES Waiver

SERVICES  
SPECIALIZED THERAPIES  
ART THERAPY

2400.20

PROVISION OF  
SERVICE  
DOCUMENTATION

The provider must document the provision of art therapy services by maintaining up-to-date progress notes, which will be reviewed by the Department of State Health Services.

PROGRAM TRAINING

Prior to providing Waiver services and/or participating on a Child and Family Team, an art therapy provider must receive program training in accordance with PROGRAM TRAINING REQUIREMENTS, policy 2200.2 or 2300.2 of this manual, as applicable.

BILLING

Information regarding unit designation, payment rate, and required documentation for submitting a claim for art therapy is detailed in BILLING, SPECIALIZED THERAPIES, policy 2600.20 of this manual.

Texas Department of State Health Services  
YES Waiver

SERVICES  
SPECIALIZED THERAPIES  
NUTRITIONAL COUNSELING

2400.22

SERVICE DESCRIPTION	Nutritional counseling assists the participant in meeting basic and/or special therapeutic nutritional needs, including, but not limited to, counseling in nutrition principles, dietary plans, and food selection and economics.
PROVIDER QUALIFICATIONS	<p>Nutritional counseling must be provided by a person who is a registered, licensed, or provisionally licensed dietitian by the Texas Board of Examiners.</p> <p>Licensed professionals, with documented training and experience relative to the specific service, may include a: clinical social worker; professional counselor; marriage and family therapist; registered nurse; vocational nurse; physical therapist; occupational therapist; or dietitian.</p>
WRAPAROUND PLAN	<p>The Wraparound Plan must describe:</p> <ol style="list-style-type: none"> <li>1. The skills training that will be provided to participant, as they relate to achieving the participant's identified goal(s);</li> <li>2. The strategies and/or action steps that will be used to assist the participant in achieving the identified goal(s); and</li> <li>3. The type, scope, and duration of the service.</li> </ol>
PROGRESS NOTES	<p>Progress notes are required for the provision of art therapy services and must include:</p> <ol style="list-style-type: none"> <li>1. Participant name;</li> <li>2. Date of contact with the participant;</li> <li>3. Start and stop time of contact with the participant;</li> <li>4. Service name and description;</li> <li>5. Service location;</li> <li>6. Wraparound plan objective(s) that was the focus of the service;</li> <li>7. Participant response to nutritional counseling being provided;</li> <li>8. Progress or lack of progress in achieving Wraparound Plan goals; and</li> <li>9. Direct service provider's signature and credentials.</li> </ol>
PROVISION OF SERVICE DOCUMENTATION	The provider must document the provision of nutritional counseling by maintaining up-to-date progress notes, which will be reviewed by the Department of State Health Services.

Texas Department of State Health Services  
YES Waiver

SERVICES  
SPECIALIZED THERAPIES  
NUTRITIONAL COUNSELING

2400.22

PROGRAM TRAINING	Prior to providing Waiver services and/or participating on a Child and Family Team, a nutritional counselor must receive program training in accordance with PROGRAM TRAINING REQUIREMENTS, policy 2200.2 or 2300.2 of this manual, as applicable.
BILLING	Information regarding unit designation, payment rate, and required documentation for submitting a claim for nutritional counseling is detailed in BILLING, SPECIALIZED THERAPIES, policy 2600.20 of this manual.

Texas Department of State Health Services  
YES Waiver

SERVICES  
SPECIALIZED THERAPIES  
MUSIC THERAPY

2400.21

SERVICE  
DESCRIPTION

Musical or rhythmic interventions are utilized to assist the participant in accomplishing the restoration, maintenance, or improvement of social or emotional functioning, mental processing, or physical health. Music therapy provides a participant the opportunity to move from isolation into active participation through an increase in verbal and nonverbal communication, social expression, behavioral and social functioning, and self-awareness.

PROVIDER  
QUALIFICATIONS

A music therapy provider must be:

1. A licensed professional with documented training and experience relative to the specialized therapy being provided. This may include a: clinical social worker; professional counselor; marriage and family therapist; registered nurse; vocational nurse; physical therapist; occupational therapist; or dietitian; or
2. Certified by the Certification Board for Music Therapists (MT-BC).

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 music therapy 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. Wraparound plan objective(s) that was the focus of the service;
7. Participant response to nutritional counseling being provided;
8. Progress or lack of progress in achieving Wraparound Plan goals; and
9. Direct service provider's signature and credentials.

Texas Department of State Health Services  
YES Waiver

SERVICES  
SPECIALIZED THERAPIES  
MUSIC THERAPY

2400.21

PROVISION OF  
SERVICE  
DOCUMENTATION

The provider must document the provision of music therapy by maintaining up-to-date progress notes, which will be 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 music therapy provider must receive program training in accordance with PROGRAM TRAINING REQUIREMENTS, policy 2200.2 or 2300.2 of this manual, as applicable.

BILLING

Information regarding unit designation, payment rate, and required documentation for submitting a claim for music therapy is detailed in BILLING, SPECIALIZED THERAPIES, policy 2600.20 of this manual.



Texas Department of State Health Services  
YES Waiver

SERVICES  
SPECIALIZED THERAPIES  
RECREATIONAL THERAPY

2400.23

SERVICE  
DESCRIPTION

The prescribed use of recreational and other activities as a treatment intervention is designed to restore, remediate, or habilitate improvement in a participant's functioning and independence, while reducing or eliminating the effects of the participant's serious emotional disturbance.

PROVIDER  
QUALIFICATIONS

A recreational therapy provider must be:

1. A licensed professional with documented training and experience relative to the specialized therapy being provided. This may include a: clinical social worker; professional counselor; marriage and family therapist; registered nurse; vocational nurse; physical therapist; occupational therapist; or dietitian; or
2. Certified by the National Council of Therapeutic Recreation Certification (CTRS); or
3. Certified as a Texas Certified Therapeutic Recreation Specialist (TRS/TXC).

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 recreational therapy 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. Wraparound plan objective(s) that was the focus of the service;
7. Participant response to nutritional counseling being provided;
8. Progress or lack of progress in achieving Wraparound Plan goals; and

Texas Department of State Health Services  
YES Waiver

SERVICES

SPECIALIZED THERAPIES

RECREATIONAL THERAPY

2400.23

9. Direct service provider's signature and credentials.

PROVISION OF  
SERVICE  
DOCUMENTATION

The provider must document the provision of recreational therapy by maintaining up-to-date progress notes, which will be 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 recreational therapy provider must receive program training in accordance with PROGRAM TRAINING REQUIREMENTS, policy 2200.2 or 2300.2 of this manual, as applicable.

BILLING

Information regarding unit designation, payment rate, and required documentation for submitting a claim for recreational therapy is detailed in BILLING, SPECIALIZED THERAPIES, policy 2600.20 of this manual.

Texas Department of State Health Services  
YES Waiver

LOCAL MENTAL HEALTH AUTHORITY RESPONSIBILITIES  
PROGRAM TRAINING REQUIREMENTS

2200.2

YES WAIVER	<p>The local mental health authority (LMHA) must ensure that prior to providing Waiver services and/or participating on Child and Family Team, all LMHA staff members and direct service providers receive program training in accordance with the following:</p> <p>LMHA staff and direct service providers must receive YES Waiver (Waiver) training from the Department of State Health Services (DSHS) that consists of:</p> <ol style="list-style-type: none"> <li>1. Waiver overview and background;</li> <li>2. Waiver service array;</li> <li>3. Provider qualifications;</li> <li>4. Service authorization request development; and</li> <li>5. Use of Clinical Management for Behavioral Health Services (CMBHS).</li> </ol>
SYSTEMS OF CARE AND WRAPAROUND	<p>Within the first three months of hire, each LMHA providing direct service to YES participants must complete the following online trainings on the Introduction to Systems of Care and the Wraparound Initiative service delivery method:</p> <ol style="list-style-type: none"> <li>1. What's This Thing Called Wraparound?;</li> <li>2. Team Roles in Wraparound; and</li> <li>3. Overview of the Youth Empowerment Services (YES) Waiver.</li> </ol> <p>The online trainings and additional information are available at: <a href="http://www.txsystemofcare.org/">http://www.txsystemofcare.org/</a></p>
INVOLUNTARY RESTRAINT  LIMITED USE OF PHYSICAL RESTRAINT	<p>The limited use of physical restraints is permitted in the delivery of YES Waiver (Waiver) services only when:</p> <ol style="list-style-type: none"> <li>1. Necessary to prevent imminent death or substantial physical harm to the Waiver participant; or</li> <li>2. Necessary to prevent imminent death or substantial physical harm to another; and</li> <li>3. Less restrictive methods have been attempted and failed.</li> </ol> <p>Use of restraints must be used in accordance with 25 TAC §415, Subchapter F, available at: <a href="http://texreg.sos.state.tx.us/public/readtac\$ext.ViewTAC?tac_view=5&amp;ti=25&amp;pt=1&amp;ch=415&amp;sch=F&amp;rl=Y">http://texreg.sos.state.tx.us/public/readtac\$ext.ViewTAC?tac_view=5&amp;ti=25&amp;pt=1&amp;ch=415&amp;sch=F&amp;rl=Y</a></p> <p>When used, restraints must be used for the shortest period of time necessary and terminated upon the participant demonstrating release behaviors specified by the ordering physician.</p>

LOCAL MENTAL HEALTH AUTHORITY RESPONSIBILITIES  
PROGRAM TRAINING REQUIREMENTS

2200.2

TRAINING	<p>In accordance with law, the LMHA must ensure staff members and direct service providers receive annual training in the safe use of physical restraints. Training must focus on maintaining the safety, well-being, and dignity of participants who are physically restrained.</p> <p>In addition, the LMHA must take into consideration information that could contraindicate or otherwise affect the use of physical restraint, including, but not limited to:</p> <ol style="list-style-type: none"><li>1. Techniques, methods, or tools that would help the client effectively cope with his or her environment;</li><li>2. Pre-existing medical conditions or any physical disabilities or limitations, including substance abuse disorders, that would place the participant at greater risk during restraint;</li><li>3. Any history of sexual or physical abuse that would place the participant at greater psychological risk during restraint; and</li><li>4. Any history that would contraindicate restraint.</li></ol>
REPORTING	<p>The LMHA must report the use of physical restraints on a participant to DSHS as a critical incident. [See CRITICAL INCIDENT REPORTING, policy 2200.6 of this manual.]</p>
PROHIBITED RESTRAINTS	<p>In accordance with 25 TAC §415.254 and §415.256, the use of chemical and mechanical restraints and seclusion are prohibited.</p>
POLICIES AND PROCEDURES	<p>The LMHA is responsible for training all staff members, volunteers, interns, and direct service providers on the LMHA's policies and procedures, including, but not limited to: reporting of abuse, neglect or exploitation, behavior management, crisis and safety planning, critical incident reporting, restraint, and first aid and CPR, in accordance with 25 TAC §412.304, available at:</p> <p><a href="http://texreg.sos.state.tx.us/public/readtac\$ext.TacPage?sl=R&amp;app=9&amp;p_dir=&amp;p_rloc=&amp;p_tloc=&amp;p_ploc=&amp;pg=1&amp;p_tac=&amp;ti=25&amp;pt=1&amp;ch=412&amp;rl=304">http://texreg.sos.state.tx.us/public/readtac\$ext.TacPage?sl=R&amp;app=9&amp;p_dir=&amp;p_rloc=&amp;p_tloc=&amp;p_ploc=&amp;pg=1&amp;p_tac=&amp;ti=25&amp;pt=1&amp;ch=412&amp;rl=304</a>;</p> <p>and 25 TAC §412.316, available at:</p> <p><a href="http://texreg.sos.state.tx.us/public/readtac\$ext.TacPage?sl=R&amp;app=2&amp;p_dir=&amp;p_rloc=140409&amp;p_tloc=&amp;p_ploc=&amp;pg=1&amp;p_tac=140409&amp;ti=25&amp;pt=1&amp;ch=412&amp;rl=316&amp;dt=&amp;z_chk=1222500&amp;z_contains=first%20aid%20and%20CPR">http://texreg.sos.state.tx.us/public/readtac\$ext.TacPage?sl=R&amp;app=2&amp;p_dir=&amp;p_rloc=140409&amp;p_tloc=&amp;p_ploc=&amp;pg=1&amp;p_tac=140409&amp;ti=25&amp;pt=1&amp;ch=412&amp;rl=316&amp;dt=&amp;z_chk=1222500&amp;z_contains=first%20aid%20and%20CPR</a></p>

Texas Department of State Health Services  
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BILLING  
SPECIALIZED THERAPIES

2600.20

TYPES OF  
SPECIALIZED  
THERAPIES

There are five types of specialized therapies:

1. Animal-Assisted Therapy;
2. Art Therapy;
3. Licensed Nutritional Counseling;
4. Music Therapy; and
5. Recreational Therapy.

UNIT DESIGNATION

The unit designation for each specialized therapy 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.

PAYMENT RATE

The payment rate for each specialized therapy is in accordance with the following:

Service	Payment Rate
Animal-Assisted Therapy	\$19.36
Art Therapy	\$19.36
Music Therapy	\$19.36
Nutritional Counseling	\$13.82
Recreational Therapy	\$19.36

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 × Time spent delivering service(s) ÷ Number of participants served = Billable Time.

REQUIRED  
DOCUMENTATION

In order to properly bill for the provision of specialized therapy, 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;

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- b. Signature (electronic signature is acceptable); and
- c. Credentials.

REQUISITION FEE

The Department of State Health Services (DSHS) directly reimburses the provider for the requisition fee associated with the total per encounter cost, in accordance with the following:

Cost of Service	Payment Rate
Under \$500	10% of cost
\$500-\$999.99	\$54.03
\$1,000-\$1,499.99	\$92.85
\$1,500-\$1,999.99	\$105.66
\$2,000-\$2,499.99	\$118.86
\$2,500-\$2,999.99	\$134.21
\$3,000-\$3,499.99	\$140.81
\$3,500-\$3,999.99	\$147.02
\$4,000-\$4,499.99	\$153.62
\$4,500-\$4,999.99	\$160.22
\$5,000	\$168.96

EXCEPTION

Nutritional counseling does not have an associated requisition fee.

REIMBURSEMENT AND  
NEGOTIATION OF  
SERVICE RATE

DSHS directly reimburses the comprehensive Waiver provider (CWP) for the actual direct service cost, up to the per unit maximum. The amount billed will reflect the payment amount to employees or subcontractors.

The CWP is permitted to negotiate payment to its employees or subcontractors, only for services that do not have an associated requisition fee. The CWP must pass the full payment rate to the direct service provider for services that have an associated requisition fee.