

Request for Proposal

YES Waiver Contract Respite Provider, Paraprofessional, Family Support, Employment Assistance and Transportation Aid Services

**The HARRIS CENTER for Mental Health and IDD
(formerly known as MHMRA of Harris County)
YES Waiver Program
5901 Long Drive
Houston, Texas 77087**

INVITATION

The HARRIS CENTER for Mental Health and IDD (“The HARRIS CENTER”) (formerly MHMRA of Harris County) is accepting Proposals from vendors Registered, State Certified, and capable of providing ***Respite Provider, Paraprofessional, Family Support, Employment Assistance and Transportation Aid Services for the YES (Youth Empowerment Services) Waiver Program.***

The HARRIS CENTER for Mental Health and IDD invites your firm to submit a Proposal. If you are interested in submitting a Proposal, please adhere to the ***General Instructions and Requirements*** as outlined in the enclosed Request for Proposal.

Vendors shall pay particular attention to all ***INSTRUCTIONS, REQUIREMENTS and DEADLINES*** indicated in the attached documents and should govern themselves accordingly.

We greatly appreciate your efforts and look forward to reviewing your submission.

YES Waiver CLS and Paraprofessional Services

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:

- Respite Provider
- Paraprofessional
- Family Support
- Employment Assistance
- Transportation Aid

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

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 assessed into Level of Service (YES Waiver) which requires intensive case management services due to intensity and risk. **These services include Respite Provider, Paraprofessional, Family Support, Employment Assistance and Transportation Aid.** 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:

- Respite Provider, Paraprofessional, Family Support, Employment Assistance and Transportation Aid 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. Respite Provider and Employment Assistance services shall be provided by at least a Bachelor's level Practitioner practicing within the scope of YES Waiver Rehab Services. Paraprofessional, Family Support and Transportation Aid Services shall be provided by at least a High School Diploma level Practitioner. 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 tanya.malveaux@mhmraharris.org
- The HARRIS CENTER for Mental Health and IDD
Attn: Tanya Malveaux
5901 Long Drive, Houston, Tx 77087
- Drop off at the above location (Children's Lobby Receptionist)
- Fax to (713) 970-4373

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

E-mail: shakirat.omotunwashe@mhmraharris.org or Brittini.dones@mhmraharris.org

Phone: (713) 970-4345

SERVICE DESCRIPTION FORM

Contract Provider Name:

Service To Be Provided:

- ☐ Respite Provider
- ☐ Paraprofessional
- ☐ Family Support
- ☐ Employment Assistance
- ☐ Transportation Aid

Description of Current Services:

a. What is your philosophy of service delivery?

b. How many people are currently receiving this service from 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 characteristics would result in a person being deemed inappropriate to be served in your program?

f. What information is required for a pt. being referred to your program?

g. Additional information about your program:

Form Completed by (Signature):
Print Name/Title:
Date:

NEW CONTRACT PROVIDER DEMOGRAPHIC FORM

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

Company Name: _____

Mailing Address: _____

City/State/Zip: _____

E-Mail Address: _____

Telephone: _____

Fax: _____

24 hour Emergency Number: _____

Contract Person: _____

Telephone: _____

Cell Phone: _____

Service Site Addresses:

Address	City	Zip

THE HARRIS CENTER – CONTRACT PROVIDER APPLICATION

**The HARRIS CENTER for Mental Health and IDD
YES Waiver Program
CLS/Paraprofessional Provider Checklist**

- Complete, date and sign the Application.
- Attach Texas Standard Application for Licensed individuals –LCSW, LPCs, LMFTs, LVN and Psychologists etc. (if applicable)
- Complete, date and sign the W-9 Form for each Tax Identification Number (TIN)
- Attach a copy of your Licensure (if applicable)
- Attach a copy of your Certification (if applicable)
- Please include any Medicaid/Medicare Licenses and all other applicable licenses held by the facility that relate to the contracted services (if applicable)
- Attach a copy of your Program Description (if applicable)
- Attach a copy of your Malpractice Insurance Face Sheet with the limits of liability (if applicable)
- Attach a list of all of your facility sites with addresses.
- Attach a list of others with Professional Credentials (if applicable).
- Attach a copy of Clinical Descriptions of all programs
- Attach Program brochures if available

If you have any questions, please call: 713-970-4345

Send the application along with the required documents by mail to:

The HARRIS CENTER for Mental Health and IDD
Attn: Tanya Malveaux, YES Waiver Program
5901 Long Drive
Houston, TX 77087
Office: (713) 970 – 4345
Fax: (713) 970 – 4373
Email: shakirat.omotunwashe@mhmrharris.org or
Brittni.dones@mhmrharris.org

YES WAIVER COMMUNITY LIVING SUPPORT/PARAPROFESSIONAL PROVIDER APPLICATION

Last Name			First Name		
Address			Telephone		
City	State	Zip	County	Contact Person	
Make Checks Payable to (must match tax IC owner name on file with IRS for EIN)			Type of Company		
Billing Address Line 1			Billing Address Line 2		
City	State	Zip			
Employer Identification Number (EIN)	W-9 on file		Tax ID Number	NPI Number	

Attestation

1. Insurance Coverage: Has the professional liability insurance coverage of any member of your staff ever been denied, canceled, or non-renewed or initially refused upon application?

Yes n/a No

2. **License:** Have 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. Has anyone on your staff ever voluntarily surrendered their professional license in any state?

Yes n/a No

b. Do any members of your staff have formal charges pending against them at this time?

Yes n/a No

3. **Criminal Offenses:** Has 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:** Has 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 be brought or settled against anyone on your staff in the last 5 years, or have there been any unfavorable judgment(s) against any members of your staff in any malpractice actions?

Yes n/a No

a. To your knowledge, are any malpractice actions currently pending against any members of your staff?

Yes n/a No

6. **Neglect and Abuse:** Have you ever been sued for abuse or neglect

Yes n/a No

Provider Application Information Release

I warrant that all information submitted in this application to The Harris Center is correct and true. I understand that if any information is deemed to be falsely submitted, this application process will be terminated. All information submitted by me in this application is warranted to be true, correct and complete.

Signature of Applicant

Name (Please Print)

Date

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">Specific skills received and method used to assist in skill acquisition;Use of adaptive aids and supports, if applicable;Transportation services, if applicable;Participant response to service being provided;Participant progress or lack of progress; andDirect 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">Date of the contact;Description of the contact; andDirect 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">Date of the contact;Person with whom the contact was made;Description of the contact;Outcome(s) of the contact; andDirect 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: Community Living Supports

UNIT DESIGNATION
AND PAYMENT RATE

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.

Bachelor's degree and Master's degree level CLS clinicians are paid at the rate of \$25.02 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:

$$\text{Number of providers} \times \text{Time spent delivering service(s)} \div \text{Number of participants served} = \text{Billable Time.}$$

REQUIRED
DOCUMENTATION

In order to properly bill for the provision of CLS service(s), 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.

Texas Department of State Health Services
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SERVICES
EMPLOYMENT ASSISTANCE

2400.4

SERVICE
DESCRIPTION

Assistance provided to a YES Waiver participant, identified during the person-centered planning process, to help the participant locate paid employment at or above minimum wage in an integrated employment setting in the community and meet the participant's personal and career goals.

Employment assistance includes:

1. Identifying the participant's employment preferences, job skills, and requirements for a work setting and work conditions;
2. Locating prospective employers offering employment compatible with the participant's identified preferences, skills, and requirements; and
3. Contacting a prospective employer on behalf of the participant and negotiating his or her employment.

LIMITATIONS

Employment assistance cannot be provided at the same time as:

1. Community living supports;
2. Non-medical transportation;
3. Paraprofessional services;
4. Respite; or
5. Supported employment.

TRANSPORTATION

Transporting the participant to help him or her locate paid employment in the community is a billable activity within this service.

INCENTIVES,
SUBSIDIES, AND
CERTAIN EXPENSES

This service does not include incentive payments, subsidies, or unrelated vocational training expenses such as:

1. Incentive payments made to an employer to encourage hiring the participant;
2. Payments that are passed through to the participant;
3. Payment for supervision, training, support, and adaptations typically available to other workers without disabilities filling similar positions in the business; or
4. Payments used to defray the expenses associated with starting up.

PROVIDER
QUALIFICATIONS

A provider of employment assistance must:

1. Be at least 18 years of age;

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SERVICES
EMPLOYMENT ASSISTANCE

2400.4

2. Maintain a current driver's license, and insurance if transporting the participant;
3. Have a criminal history and background check. [See CRIMINAL HISTORY AND BACKGROUND CHECK, policy 2300.1 of this manual.]; and
4. Have one of the following:
 - a. A bachelor's degree in rehabilitation, business, marketing, or a related human services field and six months of paid or unpaid experience providing services to people with disabilities;
 - b. An associate's degree in rehabilitation, business, marketing, or a related human services field and one year of paid or unpaid experience providing services to people with disabilities; or
 - c. A high school diploma or certificate of high school equivalency (GED credentials) and two years of paid or unpaid experience providing services to people with disabilities.

WRAPAROUND PLAN	The Wraparound Plan must describe the type, scope, and duration of the service.
PROGRESS NOTES	The provider must document the provision of employment assistance by maintaining progress notes detailing the activity the participant engaged in with the service provider, which will be reviewed by the Department of State Health Services (DSHS).
PROVISION OF SERVICE DOCUMENTATION	Documentation of employment assistance must include: <ol style="list-style-type: none">1. Date of contact;2. Start and stop time of contact;3. Name of service provider; and4. Direct service provider's signature and credentials.
PROGRAM TRAINING	Prior to providing Waiver services and/or participating on a Child and Family Team, an employment assistance 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 employment assistance is

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EMPLOYMENT ASSISTANCE

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detailed in BILLING, EMPLOYMENT ASSISTANCE, policy 2600.5
of this manual.

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SERVICES
FAMILY SUPPORTS

2400.5

SERVICE
DESCRIPTION

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.

PROVIDER
QUALIFICATIONS

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.

WRAPAROUND PLAN

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

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;

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FAMILY SUPPORTS

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4. Service name and description;
5. Service location;
6. Specific skills received and method used to train participant in skill(s);
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; and
11. Direct service provider's signature and credentials.

NON FACE-TO-
FACE CONTACT
WITH
PARTICIPANT

When family support 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 family support 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 family support provider shall 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 family supports is detailed in BILLING, FAMILY SUPPORTS, policy 2600.6 of this manual.

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SERVICES
NON-MEDICAL TRANSPORTATION

2400.7

SERVICE DESCRIPTION	<p>Non-medical transportation enables a YES Waiver (Waiver) participant to gain access to Waiver and other community services, activities, and resources. When possible, family, neighbors, friends, or community agencies which can provide non-medical transportation at no charge must be utilized.</p> <p>Non-medical transportation is offered in addition to, not instead of, medical transportation required under the State Plan, in accordance with Chapter 42 of the Code of Federal Regulations (CFR), §431.53.</p>
PROVIDER QUALIFICATIONS	<p>A provider of non-medical transportation must:</p> <ol style="list-style-type: none">1. Be over the age of 18;2. Have a valid Texas driver's license and insurance appropriate to the vehicle used to provide the transportation; and be a:<ol style="list-style-type: none">a. Member of the Waiver provider agency staff; orb. Direct service provider subcontracted with the Waiver provider agency; and3. Have a criminal history and background check. [See CRIMINAL HISTORY AND BACKGROUND CHECK, policy 2300.1 of this manual].
RELATIVES AS PROVIDERS	<p>A participant's legally authorized representative is not permitted to be reimbursed by Medicaid for the provision of non-medical transportation.</p> <p>A relative of a Waiver participant must meet all provider qualifications above in order to be reimbursed by Medicaid for the provision of non-medical transportation.</p>
WRAPAROUND PLAN	<p>The Wraparound Plan must describe how the use of non-medical transportation will assist the participant in achieving his or her identified goal(s), as linked to his or her serious emotional disturbance (SED).</p>
PROGRESS NOTES	<p>The provider must document the provision of non-medical transportation by maintaining progress notes detailing the activity the participant engaged in with the service provider, which will be reviewed by the Department of State Health Services (DSHS).</p>
PROVISION OF SERVICE DOCUMENTATION	<p>Documentation of non-medical transportation in a transportation log or alternative mileage log must include:</p> <ol style="list-style-type: none">1. Date of contact;2. Start and stop time of contact;

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SERVICES

NON-MEDICAL TRANSPORTATION

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3. Name of service provider; and
4. Direct service provider's signature and credentials.

A sample transportation log is available on the DSHS Web site at:

<http://www.dshs.state.tx.us/mhswa/yes/>.

BILLING

Information regarding unit designation, payment rate, and required documentation for submitting a claim for non-medical transportation is detailed in BILLING, NON-MEDICAL TRANSPORTATION, policy 2600.8 of this manual.

Texas Department of State Health Services
YES Waiver

SERVICES
RESPITE
IN-HOME

2400.10

SERVICE
DESCRIPTION

In-home respite service is provided on a short-term basis because of the absence of, or need for relief for, the legally authorized representative (LAR) or other primary caregiver of a Waiver participant.

LIMITATIONS

A maximum of 720 consecutive or cumulative hours (30 days) of respite service of any type, or combination of any type, can be provided to a participant, each service plan year.

In-home respite cannot be provided at the same time as supportive family-based alternatives, community living supports, supported employment, or employment assistance.

Federal financial participation is not to be claimed for the cost of room and board, except when provided as part of respite care furnished in a facility approved by the state that is not a private residence.

SETTINGS

In-home respite service is provided:

1. Within the State of Texas; and
2. In the private residence of:
 - a. The participant; or
 - b. A relative of the participant other than the parents, spouse, legal guardian, or LAR.

SAFETY
CHECKLIST

The Waiver provider agency must complete a Building Safety and Environmental Health Checklist prior to the provision of in-home respite service, available at: <http://www.dshs.state.tx.us/mhsa/yes/>

CRISIS AND SAFETY
PLAN

The Waiver provider agency must provide a copy of the participant's crisis and safety plan to the respite provider.

PROVIDER
QUALIFICATIONS

An in-home respite provider:

1. Must be at least 18 years of age;
2. Must have a current Texas driver's license;
3. Must have a criminal history and background check. [See CRIMINAL HISTORY AND BACKGROUND CHECK, policy 2300.1 of this manual]; and
4. May be a relative of the participant other than the parents, spouse, legal guardian, or LAR.

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RESPITE
IN-HOME

2400.10

WRAPAROUND PLAN	The Wraparound Plan must describe the type, scope, and duration of the service.
PROGRESS NOTES	<p>Progress notes are required for the provision of in-home respite service and must include:</p> <ol style="list-style-type: none">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. Participant response to respite service being provided;7. Summary of activities, meals, and behaviors during the service; and8. Direct service provider's signature and credentials.
PROVISION OF SERVICE	The provider must document the provision of in-home respite service by maintaining up-to-date progress notes, which will be reviewed by the Department of State Health Services.
PROGRAM TRAINING	Prior to providing respite services, an in-home respite 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 in-home respite is detailed in BILLING, RESPITE, IN-HOME, policy 2600.11 of this manual.

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BILLING
RESPITE
IN-HOME

2600.11

UNIT DESIGNATION
AND PAYMENT RATE

The unit designation for in-home respite services is hourly. One hour is billed as one unit. In order to bill for a unit, the unit must be provided to the participant, face-to-face.

In-home respite services are paid at the rate of \$20.88 per unit.

UNIT LIMITATION

Up to 720 consecutive or cumulative hours, or 30 days, of any respite service, or combination of respite services, is permitted to be provided per participant, per service authorization year.

REQUIRED
DOCUMENTATION

In order to properly bill for the provision of in-home respite 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 or the amount up to the annual service maximum.

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

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BILLING
NON-MEDICAL TRANSPORTATION

2600.8

UNIT DESIGNATION
AND PAYMENT RATE

The unit designation for non-medical transportation is one mile. One mile is billed as one unit. In order to bill for a unit, it must be provided to the participant, face-to-face.

Mileage incurred prior to picking the participant up or after dropping the participant off to access Waiver services are not units and cannot be billed.

Non-medical transportation is paid at the rate of \$0.55 per unit.

LIMITATIONS

Payment for non-medical transportation is limited to the costs of transporting a participant to Waiver services included in the service authorization, or to access other activities and/or resources identified in the service authorization.

Whenever possible, members of the participant's family, neighbors, friends, or community agencies which can provide non-medical transportation at no cost must be utilized prior to requesting it through the Waiver.

When costs for transportation are included in the provider rate for another Waiver service the participant is receiving at the same time, non-medical transportation will not be reimbursed separately as a Waiver service.

AVAILABILITY OF
ANNUAL UNITS

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

REQUIRED
DOCUMENTATION

In order to properly bill for the provision of non-medical transportation, a provider must document:

1. Date of Contact;
2. Mileage, including Start and Stop Time; and
3. Information about the service provider, including:
 - a. Printed name;
 - b. Signature (electronic signature is acceptable); and
 - c. Credentials.

ROUNDING
MILEAGE

Mileage is rounded to the nearest whole mile, in accordance with the following:

Mileage	Round
.01-.49	Down
.50-.99	Up

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BILLING
NON-MEDICAL TRANSPORTATION

2600.8

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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.

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Texas Department of State Health Services
YES Waiver

BILLING
FAMILY SUPPORTS

2600.6

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:

$$\text{Number of providers} \times \text{Time spent delivering service(s)} \div \text{Number of participants served} = \text{Billable Time.}$$

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.

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SERVICE RATE

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