

# **Request for Application**

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## **YES Waiver Contract Therapy Services**

**The HARRIS CENTER for Mental Health and IDD  
(formerly known as MHMRA of Harris County)**

**YES Waiver Program**

**3600 South Gessner Road, Suite 110**

**Houston, Texas 77063**

## 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 ***Contract Specialized Therapy 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 Contract Therapy 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:

- 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

## 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

Attn: Stella Olise

3600 South Gessner Road, Suite 110

Houston, Texas 77063

Drop off at the above location

Fax to (713) 970-4373

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

Email: [James.Smith@TheHarrisCenter.org](mailto:James.Smith@TheHarrisCenter.org)

Phone: (713) 970-4332



# 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: \_\_\_\_\_

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

- 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)

## Service Site Addresses:

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

## **The HARRIS CENTER – Specialized Therapeutic Services APPLICATION**

### **The HARRIS CENTER for Mental Health and IDD YES Waiver Program Specialized Therapies Provider Checklist**

- Complete, date and sign the Application.
- Attach Texas Standard Application for Licensed individuals –LCSW, LPCs, LMFTs, LVN and Psychologists etc.
- Complete, date and sign the W-9 Form for each Tax Identification Number (TIN)
- Attach a copy of your Licensure
- Attach a copy of your 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 of your facility sites with addresses.
- Attach a list of others with Professional Credentials.
- Attach a copy of Clinical Descriptions of all program.
- Attach Program brochures if available

If you have any questions, please call: 713-970-4385

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

The HARRIS CENTER for Mental Health and IDD

Attn: Stella Olise, YES Waiver Program

3600 South Gessner Road, Suite 110

Houston, TX 77063

Office: (713) 970 – 4385

Fax: (713) 970 – 4373

Email: [Stella.Olise@TheHarrisCenter.org](mailto:Stella.Olise@TheHarrisCenter.org) or [James.Smith@TheHarrisCenter.org](mailto:James.Smith@TheHarrisCenter.org)

## YES WAIVER SPECIALIZED THERAPEUTIC SERVICES 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 | State                  | City           |            |
| Employer Identification Number (EIN)   | W-9 on file |     | Tax ID Number          |                | NPI Number |

**Attestation**

- |  |     |    |
|--|-----|----|
| <p>1. <b>Insurance Coverage:</b> Has the professional liability insurance coverage of any member of your staff ever been denied, canceled, or non-renewed or initially refused upon application?</p>   | Yes | No |
| <p>2. <b>License:</b> Have any of your employees had their professional licenses in any state revoked, suspended, placed on probation, given conditional status or otherwise limited?</p> <p>a. Has anyone on your staff ever voluntarily surrendered their professional license in any state?</p> <p>b. Do any members of your staff have formal charges pending against them at this time?</p> | Yes | No |
| <p>3. <b>Criminal Offenses:</b> Has anyone on your staff ever been convicted of a felony involving moral or ethical turpitude or substance use or sale?</p>  | Yes | No |
| <p>4. <b>Board Discipline:</b> 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.?)</p>   | Yes | No |
| <p>5. <b>Malpractice Action:</b> 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?</p> <p>a. To your knowledge, are any malpractice actions currently pending against any members of your staff?</p>                               | Yes | No |
| <p>6. <b>Neglect and Abuse:</b> Have you ever been sued for abuse or neglect</p>   | Yes | No |

## Provider Application Information Release

I warrant that all information submitted in this provider application to The Harris Center is complete, correct and true. I understand that if any information stated or submitted in this application is deemed to be falsely submitted, this application process will be terminated and The HARRIS CENTER will be entitled to terminate the provider agreement for breach.

I authorize The HARRIS CENTER to consult with any person, educational institution, company or any other person or entity from whom information may be needed to complete the verification process or to obtain and verify information concerning qualifications and professional competency and I also authorize all of them to release such information to The HARRIS CENTER.

I consent to the release by any person to The HARRIS CENTER and its employees and all those with whom The HARRIS CENTER contacts of all information that may reasonably be relevant to an evaluation of this application. I also release The HARRIS CENTER and its employees from any and all liability for their acts performed in good faith without malice in obtaining and verifying such information and in evaluating this application.

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Signature of Applicant

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Name (Please Print)

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Date

