

RFA- Open Enrollment for YES Waiver Services

**THE CENTER FOR HEALTH CARE SERVICES
LOCAL MENTAL HEALTH AUTHORITY**

Youth Empowerment Services (YES) Waiver Services

OPEN ENROLLMENT REQUEST FOR APPLICATION

The **Bexar County Board of Trustees for Mental Health Mental Retardation Services d/b/a The Center for Health Care Services** is the Local Mental Health Authority (LMHA) for Bexar County, Texas, contracted by the Texas Department of State Health Services (DSHS) to establish, plan, coordinate, develop policy, develop and allocate resources, supervise, and ensure the provision of community based mental health services for the residents of Bexar County.

Through an Agreement with DSHS, **The Center for Health Care Services** (hereafter referred to as “LMHA”) has the authority to assemble a network of subcontracted service Providers to provide the following Youth Empowerment Services (YES) Waiver services to the target population of persons with mental illness who reside in Bexar County:

- Respite
- Community Living Supports
- Family Supports
- Transitional Services
- Adaptive Aids
- Minor Home Modifications
- Non-Medical Transportation
- Paraprofessional Services
- Professional Services; and
- Supportive Family-based Alternatives

I. YES WAIVER PROGRAM OVERVIEW

Background and History

The Health and Human Services Commission (HHSC) and DSHS received approval by the federal government in February 2009 to implement a 1915(c) Medicaid Home and Community-Based Services (HCBS) Waiver, called YES. The YES Waiver allows more flexibility in the funding of intensive community-based services and supports for children and adolescents, ages 3-18, with serious emotional disturbances (SED) and their families. (To review the eligibility criteria for YES Waiver participants, please see **Attachment D.**)

Texas strives to provide a continuum of appropriate services and supports for families with children who have severe mental illness. There are some instances in which parents

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46 have turned to state custody for care when they feel they have reached or exceeded their
47 financial, emotional or health care support resources and are unable to cover the costs of
48 their child’s mental health treatment. The 78th and 79th Texas Legislatures directed
49 HHSC to “develop and implement a plan to prevent custody relinquishment of youth with
50 serious emotional disturbances,” and authorized the request of any necessary waivers
51 from the federal government. HHSC and DSHS have been working collaboratively to
52 develop the YES Waiver, and have sought input throughout the process from a broad
53 array of stakeholders.

54

55 Goals of the Waiver

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57 The goals of the YES Waiver include:

- 58 • Reducing out-of-home placements and inpatient psychiatric treatment by all
59 child-serving agencies;
- 60 • Providing a more complete continuum of community-based services and supports
61 for children and adolescents with SED and their families;
- 62 • Ensuring families have access to parent partners and other flexible non-traditional
63 support services as identified in a family-centered planning process;
- 64 • Preventing entry and recidivism into the foster care system and relinquishment of
65 parental custody; and
- 66 • Improving the clinical and functional outcomes of children and adolescents.

67

68 The objective of the YES Waiver is to provide community-based services in lieu of
69 institutionalization.

70

71 Service Areas & Capacity

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73 The YES Waiver services will be provided in Bexar County, Texas. A maximum of 150
74 children and adolescents (Waiver participants) will be served under the program at any
75 given time.

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78 **II. SERVICES SOUGHT**

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80 This Request for Application (RFA) seeks participation from Provider applicants for the purpose
81 of providing Youth Empowerment Services (YES) Waiver services within Bexar County to
82 individuals with mental illness who meet the target population eligibility criteria (as determined
83 by the LMHA). Any qualified Provider applicant can submit an application to provide any or all
84 of the specified Services. Services include:

85

86 1. Respite

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88 Respite is furnished on a short-term basis because of the absence or need for relief of
89 those persons who normally provide care for the participant. Respite may be provided
90 in:

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- 91 • Individual's home or place of residence;
- 92 • Private residence of a respite care provider, if that provider is a relative of the
- 93 participant;
- 94 • Foster home licensed by the Texas Department of Family and Protective Services
- 95 (DFPS);
- 96 • Residential treatment facilities licensed by DFPS;
- 97 • Day or overnight camps accredited by the American Camping Association;
- 98 • Day or overnight camps licensed by DSHS;
- 99 • Child care centers licensed by DFPS; and
- 100 • Child care homes registered with DFPS.

101

102 *All settings must be located within the State of Texas.*

103

104 *The LMHA must approve and provide ongoing oversight of respite settings to ensure*

105 *the safety of the setting. Respite services may be provided by a relative of the Waiver*

106 *participant other than the parents.*

107

108 2. Community Living Supports (CLS)

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110 CLS are provided to the Waiver participant and family to facilitate the YES Waiver

111 participant's achievement of his/her goals of community inclusion and remaining in

112 their home. The supports may be provided in the Waiver participant's residence or in

113 community settings (including but not limited to libraries, city pools, camps, etc.)

114 CLS provide assistance to the family caregiver in the disability-related care of the

115 Waiver participant, while facilitating the Waiver participant's independence and

116 integration in to the community. The training in skills related to activities of daily

117 living, such as personal hygiene, household chores, and socialization may be

118 included, if these skills are affected by the Waiver participant's disability. CLS may

119 also promote communication, relationship-building skills, and integration into

120 community activities. These supports must be targeted at enabling the Waiver

121 participant to attain or maintain his/her maximum potential. These supports may

122 serve to reinforce skills or lessons taught in school, therapy, or other settings.

123 Training may be provided to both the caregiver and the Waiver participant, dependent

124 upon the youth's age, on the nature of the emotional disorder, the role of medications,

125 and self-administration of medications. Training can also be provided to the Waiver

126 participant's primary caregivers to assist the caregivers in coping with and managing

127 the youth's emotional disturbance. This includes instruction on basic parenting skills

128 and other forms of guidance.

129

130 3. Family Supports

131

132 Family Supports provides peer mentoring and support to the primary caregivers;

133 engages the family in the treatment process; models self-advocacy skills; provides

134 information, referral and non-clinical skills training; maintains engagement; and

135 assists in the identification of natural/non-traditional and community support systems.

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4. Transitional Services

A one-time non-recurring allowable expense when an individual transitions from an institution, provider-operated setting, or family home to their own private community residence. Assistance may include:

- utility and security deposits for the home/apartment
- needed household items such as linens and cooking utensils
- essential furnishings
- moving expenses
- Services necessary to ensure health and safety in the apartment/home (e.g., pest eradication, allergen control, one-time cleaning)

Transition assistance is limited to \$2,500 dollars per waiver participant.

5. Adaptive Aids and Supports

Adaptive Aids and Supports include devices and supports that address the Waiver participant's needs that arise as a result of their severe emotional disturbance. These devices and supports contribute to the community functioning of Waiver participants and thereby assist the participants to avoid institutionalization. Adaptive aids and supports include:

- Therapeutic Peer Support – Provide fees to facilitate the Waiver participant's involvement in age-appropriate peer support activities recommended as part of a treatment plan. Includes participation in specialized groups to improve socialization or deal with issues resulting from severe emotional disturbance and/or concomitant physical health issues, such as obesity. For example, membership fees for peer support weight reduction groups recommended by a licensed nutritionist.
- Therapeutic equipment – items necessary to execute and/or maintain a therapeutic plan. May include equipment and supplies related to a professional services treatment plan. Examples could include devices or equipment needed for the child to achieve physical or occupational therapy goals.

Minor Home Modifications, Adaptive Aids and Supports, Paraprofessional Services, Professional Services and Non-Medical Transportation have a collective limit of \$5,000 annually. Room and board, normal household expenses and items not related to amelioration of the Waiver participant's disability are not included.

6. Minor Home Modifications

Services related to addressing the Waiver participant's needs that arise as a result of their severe emotional disturbance. These services contribute to the community functioning of Waiver participants and thereby assist the participants to avoid institutionalization. These services include Home Accessibility / Safety Adaptations - Physical adaptations to the participant's residence, required by the participant's

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181 service plan, that are necessary to ensure the health, welfare and safety of the
 182 participant. Modifications may include alarm systems, alert systems, and other safety
 183 devices.

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 185 *Minor Home Modifications, Adaptive Aids and Supports, Paraprofessional Services,*
 186 *Professional Services and Non-Medical Transportation have a collective limit of*
 187 *\$5,000 annually. Room and board, normal household expenses and items not related*
 188 *to amelioration of the Waiver participant's disability are not included.*

189

190 7. Non-Medical Transportation

191

192 Non-Medical transportation enables Waiver participants to gain access to Waiver and
 193 other community services, activities and resources, as specified by the service plan.
 194 This service is offered in addition to medical transportation required under 42 CFR
 195 §431.53 and transportation services under the State plan and does not replace them.
 196 Transportation services under the Waiver are offered in accordance with the
 197 participant's service plan. Whenever possible, family, neighbors, friends, or
 198 community agencies which can provide this service without charge are utilized.

199

200 Waiver transportation services may not be substituted for medical transportation
 201 services defined under the state plan. Payment for non-medical transportation services
 202 is limited to the costs of transportation needed to access a Waiver services included in
 203 the participant's service plan or access other activities and resources identified in the
 204 service plan. When the costs of transportation are included in the provider rate for
 205 another Waiver service that the client is receiving at the same time, non-medical
 206 transportation services cannot be reimbursed under the Waiver.

207

208 *Minor Home Modifications, Adaptive Aids and Supports, Paraprofessional Services,*
 209 *Professional Services and Non-Medical Transportation have a collective limit of*
 210 *\$5,000 annually.*

211

212 8. Paraprofessional Services

213

214 Services related to addressing the Waiver participant's needs that arise as a result of
 215 their severe emotional disturbance. These services contribute to the community
 216 functioning of Waiver participants and thereby assist the participants to avoid
 217 institutionalization. The services are essential to promote community inclusion in
 218 typical child/youth activities and exceed what would normally be available for
 219 children in the community. Services include:

220 • Skilled mentoring and coaching - Skilled mentoring would be an individual who
 221 has had additional training/experience working with children/youth with mental
 222 health problems. For example, a teenager with severe behavior problems may require
 223 mentoring from an individual with behavioral management expertise.

224 • Paraprofessional Aide - This service may be reimbursed if delivered in a setting
 225 where provision of such support is not already required or included as a matter of
 226 practice. The aide assists the child in preventing and managing behaviors stemming

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227 from severe emotional disturbance that create barriers to inclusion in integrated
 228 community activities such as after-school care or day care.

- 229 • Job placement – assistance in finding employment.

230

231 *Minor Home Modifications, Adaptive Aids and Supports, Paraprofessional Services,*
 232 *Professional Services and Non-Medical Transportation have a collective limit of*
 233 *\$5,000 annually. Room and board, normal household expenses and items not related*
 234 *to amelioration of the Waiver participant's disability are not included.*

235

236 9. Professional Services

237

238 Provide services to Waiver participants to assist them in meeting recovery goals. The
 239 intent of these services is to maintain or improve health, welfare, and/or effective
 240 functioning in the community. These services include:

- 241 • Art therapy
- 242 • Music therapy
- 243 • Animal-assisted therapy
- 244 • Recreational therapy
- 245 • Licensed nutritional counseling.

246

247 *Minor Home Modifications, Adaptive Aids and Supports, Paraprofessional Services,*
 248 *Professional Services and Non-Medical Transportation have a collective limit of*
 249 *\$5,000 annually. Room and board, normal household expenses and items not related*
 250 *to amelioration of the Waiver participant's disability are not included.*

251

252 10. Supportive Family-based Alternatives (SFA)

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254 SFA are designed to provide therapeutic support to the Waiver participant and to
 255 model appropriate behaviors for the Waiver participant's family with the objective of
 256 enabling the Waiver participant to successfully return to their family and live in the
 257 community with their family. SFA includes services required for a Waiver participant
 258 to temporarily reside within in a home other than the home of their family. The Child-
 259 Placing Agency will recruit, train and certify the support family and coordinate with
 260 the Waiver participant's family. The support family must include at least one adult
 261 living in the home and no more than four non-related individuals may live in the
 262 home. The support family must have legal responsibility for the residence and either
 263 own or lease the residence. The home must be located in a typical residence in the
 264 community and provide an environment that assures community integration, health,
 265 safety and welfare of the Waiver participant. The support family must provide
 266 services as authorized in the individual participant's service plan. Services may
 267 include:

- 268 • Age and individually appropriate guidance regarding and / or assistance with the
 269 activities of daily living and instrumental activities of daily living (ambulating,
 270 bathing, dressing, eating, getting in/out of bed, grooming, personal hygiene, money

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271 management, toileting, communicating, performing household chores and managing
272 medications);

- 273 • Securing and providing transportation;
- 274 • Reinforcement of counseling, therapy and related activities;
- 275 • Assistance with medications and performance of tasks delegated by a RN or
276 physician;
- 277 • Supervision of the individual for safety and security;
- 278 • Facilitating inclusion in community activities, social interaction, use of natural
279 supports, participation in leisure activities and development of socially valued
280 behaviors;
- 281 • Assistance in accessing community and school resources.

282

283 *SFA must be prior authorized by the LMHA. Room and board is not included in the*
 284 *payment for SFA. Waiver participants are responsible for their room and board costs.*
 285 *A Waiver participant may not receive Respite or Community Living Supports (CLS)*
 286 *while receiving SFA. Children and adolescents eligible for or receiving Title IV-E*
 287 *services cannot receive SFA. SFA may be authorized for up to 90 consecutive or*
 288 *cumulative days per individual service plan year, with individual exceptions possible*
 289 *on a case-by-case basis, if recommended by the LMHA and prior approved by DSHS.*

291 **III. PROVIDER ELIGIBILITY REQUIREMENTS**

292 In order to conduct business with the LMHA, Providers responding to this RFA must submit
293 proof that:

- 294 1. Providers are registered as an organization with the Secretary of State to do business
295 in Texas;
- 296 2. Facilities are registered as an organization authorized to do business within Bexar
297 County;
- 298 3. Professionals must hold current and valid Texas licenses and/or certifications;
- 299 4. Meet minimum and mandatory credentialing requirements for services;
- 300 5. Be able to provide, directly or through interpretation, services in the language of the
301 person receiving services, including hearing-impaired consumers.
- 302 6. Provide services in Bexar County, Texas, on dates and at times that meet the needs of
303 the Waiver participant and family.

304 **IV. PROVIDER RESPONSIBILITIES**

305 Provider shall:

- 306 A. Comply with terms and conditions set forth in the most current version of the YES Waiver
307 Policies and Procedures Manual (Manual) which can be found through DSHS’s website at

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315 <http://www.dshs.state.tx.us/mhsa/northstar>. In addition to general topic information, the
316 Manual contains detail specific to the roles and responsibilities of the Provider.

317

318 B. Provide any or all of the following YES Waiver services, in accordance with the service
319 codes, descriptions and provider qualifications defined in the Manual, to Waiver participants
320 up to the number of Waiver participants established by the LMHA.

321

322 The service components specified below will be provided in accordance with applicable state
323 laws, rules and Yes Waiver requirements. These include but are not limited to applicable
324 federal laws and regulations, including the Code of Federal Regulations (C.F.R.) Title 42,
325 Parts 440, 441, 455 and 456; the laws, rules and regulations cited in the various sections of
326 the Manual; and any applicable rules or regulations that are promulgated subsequent to the
327 execution of this Request for Applications.

328

329 Provider shall ensure provision of the YES Waiver services authorized by each Waiver
330 participant's Individual Plan of Care (IPC). Provider shall provide all YES Waiver services
331 directly.

332

333 Provider may apply to provide directly any or all of the services below:

334

- Respite
- Community Living Supports
- Family Supports
- Transitional Services
- Adaptive Aids
- Minor Home Modifications
- Non-Medical Transportation
- Paraprofessional Services
- Professional Services
- Supportive Family-based Alternatives

344

345 C. Obtain appropriate written consent from each Waiver participant for the disclosure of
346 protected health information or other sensitive personal information. The exchange or sharing
347 of confidential information, particularly protected health information or other sensitive
348 personal information, shall be done in compliance with the Health Insurance Portability and
349 Accountability Act of 1996 (HIPAA). All parties involved with the YES Waiver shall
350 maintain and protect the confidential information to the extent required by law.

351

352 D. Agree to credential all of Provider's direct service staff using the LMHA's existing
353 credentialing process to verify that YES Waiver service qualifications are satisfied. This
354 includes participation in training components.

355

356 E. Inform the LMHA in writing of any changes that affect Provider's administrative or service
357 provision activities, including but not limited to changes in ownership or control, federal tax
358 identification number or addresses, at least 10 days prior to making such changes.

359

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- 360 F. Accept the LMHA's YES Waiver reimbursement rate schedule or the rate schedule as it may
361 hereafter be amended, as payment in full for performance and make no additional charge to
362 the Waiver participant, any member of the Waiver participant's family or any other source,
363 including a third-party payor, except as allowed by federal and state laws, rules, regulations
364 and the Medicaid State Plan.
365
- 366 G. Submit claims for payment in accordance with billing guidelines and procedures
367 promulgated by the LMHA. Provider certifies that information submitted regarding claims
368 will be true, accurate and complete, and that such information can be verified by source
369 documents from which data entry is made by Provider. Further, Provider understands that
370 payment of the claim will be from federal and state funds and that any falsification or
371 concealment of a material fact may be prosecuted under federal and state laws.
372
- 373 H. Allow the LMHA to adjust payments made to Provider, upon notice, for prior overpayment
374 or underpayment to Provider.
375
- 376 I. Cooperate with and assist the LMHA, HHSC, DSHS and any state and federal agency
377 charged with the duty of identifying, investigating, sanctioning or prosecuting suspected
378 fraud and abuse, including the Office of Inspector General (OIG) at HHSC.
379
- 380 J. Disclose information on ownership and control, information related to business transactions,
381 and information on persons convicted of crimes in accordance with 42 C.F.R. Part 455,
382 Subpart B, and provide such information upon request, to the LMHA, HHSC, DSHS, the
383 Texas Attorney General Medicaid Fraud Control Unit (OAG Medicaid fraud) or the U.S.
384 Department of Health and Human Services (USHHS).
385
- 386 K. As provided by 42 C.F.R. §431.107, keep any records necessary to disclose the extent of
387 services provided by Provider to Waiver participants (including Waiver participants' clinical
388 records) and, on request, provide to the LMHA, DSHS, HHSC, OAG Medicaid Fraud or
389 USHHS any such records and any information regarding payments claimed by Provider.
390
- 391 L. Allow the LMHA, DSHS and/or HHSC access to records related to YES Waiver services.
392 Provider shall provide any required information, records or copies at no cost to the LMHA,
393 state, or federal authority requesting such information or records.
394
- 395 M. Keep all records required by Item L. above until one of the following occurs, whichever is
396 the latest:
- 397 • Six years from the date the records were created;
 - 398 • Any audit exception or litigation involving the records is resolved; or
 - 399 • For records concerning a Waiver participant under 18 years of age, the Waiver participant
400 becomes 21 years of age.
401
- 402 N. Allow representatives of DSHS or the LMHA as its designee, HHSC, the Texas Department
403 of Family and Protective Services (DFPS), OAG Medicaid Fraud and USHHS full and free
404 access to Provider's staff, Waiver participants and all locations where Provider delivers YES
405 Waiver services.

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- O. Cooperate fully in any investigation conducted by OAG Medicaid Fraud and/or HHSC.
- P. Comply with applicable state laws and rules, including but not limited to 25 Texas Administrative Code Chapter 414, and applicable subchapters of 1 Texas Administrative Code Chapter 355; and applicable federal laws and regulations, including but not limited to 42 C.F.R. Parts 440, 441, 455 and 456, and 45 C.F.R. Parts 46, 80, 84, 90 and 91.
- Q. Comply with the Civil Rights Act of 1964, §504 of the Rehabilitation Act of 1973, the Immigration Reform and Control Act of 1986, and the Americans with Disabilities Act of 1990.
- R. Comply with Texas Health and Safety Code §85.113, relating to workplace and confidentiality guidelines regarding AIDS and HIV.
- S. Comply with Executive Order (E.O.) 11246, Equal Employment Opportunity; E.O. 11375, Amending E.O. No. 11246, relating to Equal Employment Opportunity; and 41 C.F.R. Part 60, Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor.
- T. Comply with 42 United States Code (U.S.C.) §7401 *et seq.*, the Clean Air Act, and 33 U.S.C. §1251 *et seq.*, the Federal Water Pollution Control Act, and all applicable standards, orders and regulations issued pursuant to those acts.
- U. Comply with 31 U.S.C. §1352, Limitations on Use of Appropriated Funds to Influence Certain Federal Contracting and Financial Transactions, and 45 C.F.R. Part 93, New Restrictions on Lobbying.
- V. Comply with 2 C.F.R. Part 180, OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement) and 45 C.F.R. Part 82, Governmentwide Requirements for Drug-Free Workplace (Financial Assistance).
- W. Comply with HIPAA and its implementing regulations; specifically, the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. Parts 160 and 164, Standards for Electronic Transactions, 45 C.F.R. Parts 160 and 162, and Security Standards, 45 C.F.R. Parts 160, 162 and 164.
- X. Comply with all YES policy directives issued by the LMHA that are received by Provider after the effective date of this RFA.
- Y. Notify the Center in writing at least 10 days prior to declaring bankruptcy.
- Z. Obtain prior authorization from the Center for services delivered.
 - AA. Maintain acceptable levels of liability insurance in a minimum amount of \$500,000.00 per occurrence and \$1,000,000.00 in aggregate and name the LMHA as an additional

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452 insured. Provider will maintain acceptable levels of professional liability insurance
 453 (\$1,000,000 per incident/\$ 3,000,000 aggregate) and/or errors and omissions liability
 454 insurance to cover privacy breaches. Provider will provide evidence of coverage and
 455 will have the insurance carrier notify the LMHA if changes occur with the coverage
 456 period, or if the coverage is cancelled or otherwise revoked.

457
 458 BB. Agree to site visits by LMHA staff and Advisory Committees.

459
 460 CC. Agree that its name may be used, along with a description of its facilities, care, and
 461 services in any information distributed by the LMHA listing its providers.

462
 463 DD. Be able to serve accepted referrals within 3 days.

464
 465 EE. Establish and document an established means of determining consumer satisfaction.

466
 467 FF. Identify, in the situation where a consortium of providers is responding, a single entity
 468 responsible for the services delivered. The financial agency, if separate, must be an
 469 organization with a demonstrated ability to manage funds and provide requisite
 470 financial reports.

471
 472 GG. **Not** subcontract services.

473
 474 HH. Not refuse to serve or to continue to serve any individual referred to Provider by the
 475 LMHA.

476
 477 II. Be experienced and committed to quality care.

478
 479 JJ. Document plans and practices to support Provider’s employees in the development and
 480 maintenance of a positive and healthy work environment in order to prevent staff
 481 turnover.

482
 483 KK. Establish and maintain a method to resolve disagreements and complaints by
 484 consumers and their authorized representatives. The process for consumer appeals and
 485 dispute resolution must be approved by the LMHA.

486
 487 LL. Report all allegations of abuse, neglect and exploitation in accordance with applicable
 488 laws, to include DSHS, DFPS, and LMHA reporting procedures.

489
 490 MM. Comply with all LMHA monitoring procedures and reporting requirements.

491
 492

493 **V. EXPECTED PROVIDER SERVICES**

494
 495 Depending on the service(s) being provided, Providers will be expected to:

496
 497 A. Provide minimum required staff to insure consumer and staff safety.

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- 498
- 499 B. Provide training to meet and maintain all requirements established by DSHS and the
- 500 LMHA, which must include First Aid, PMAB, Client Rights Protections, etcetera.
- 501
- 502 C. Provide balanced and nutritious meals and snacks, as applicable.
- 503
- 504 D. Provide medical and psychiatric crisis intervention as needed.
- 505
- 506 E. Provide supervision of self-administered medications when requested by consumer or
- 507 guardian.
- 508
- 509 F. Provide locked medication storage when requested by consumer or guardian.
- 510
- 511 G. Provide a means of identifying and monitoring medication errors.
- 512
- 513 H. Attend meetings at the request of the LMHA.
- 514
- 515 I. Initiate a quality assurance program to insure quality and safety while meeting
- 516 documentation compliance with Medicaid and LMHA policy and procedures.
- 517
- 518 J. Respect and protect the personal rights of each consumer.
- 519
- 520 K. Provide any documentation requested by the LMHA as required by the contract and
- 521 directly or indirectly relates to consumer services.
- 522
- 523 L. Provide sufficient staffing to insure consumer and staff safety, 24 hours a day, 7 days a
- 524 week, 365 days per year.
- 525
- 526 M. Provide adequate locked storage/closet space for each consumer's personal possessions.
- 527
- 528 N. Provide furnished bedrooms.
- 529
- 530 O. Provide living and sleeping quarters that meet the Texas Department of Health and
- 531 Human Services standards for personal care.
- 532
- 533 P. Provide transportation to and from medical, dental, and psychiatric appointments, as well
- 534 as for recreational and vocational needs.
- 535
- 536 Q. Provide vehicles to include all fuel, oil, liability insurance, and repairs as necessary to
- 537 meet all transportation requirements.
- 538
- 539 R. Provide a safe driving program for employees, to include verification by the Department
- 540 of Public Safety.
- 541
- 542 S. Provide on-call Managers to be available after hours, weekends, and holidays.
- 543

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544 **VI. EXPECTED OUTCOMES**

545

546 Providers will be expected to consistently meet the following outcome measures:

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548 A. Provide services to all consumers within 3 business days of referral (“business days” may
549 include Saturdays and Sundays, when applicable to the service being provided).

550

551 B. Maintain a service record on each Waiver participant and maintain all participant related
552 documentation in the chart.

553

554 C. Notify the LMHA within 1 hour of any significant incident and immediately if a death
555 occurs.

556

557 D. Notify the LMHA and DFPS of any abuse, neglect and/or exploitation within 1 hour of
558 any incident.

559

560 **VII. RATE AND METHOD OF PAYMENT (*Revised February 17, 2010*)**

561

562 Provider agrees, for those services it is applying to provide, to accept the rate schedule listed
563 below or the rate schedule as it may hereafter be amended as payment in full for approved
564 Waiver participant services. Provider will not submit a claim or bill or collect compensation
565 from the LMHA for any service for which it has not submitted an application, or been approved,
566 or contracted to provide. Provider agrees that compensation for providing services not covered
567 by its application will be solely between the Waiver participant and the Provider. The Waiver
568 participant must be informed in writing before any services are provided, that the Local
569 Authority is not responsible for payment for such services. Waiver participants are responsible
570 for payment for those services only if the Waiver participant consents in writing to the provision
571 of such non-covered services.

572

573 Providers contracting with the LMHA shall be reimbursed for services described in the schedule
574 below.

575

Community Living Supports (Bachelor's Degree) - per 15-minutes	\$ 6.43
Community Living Supports (Master's Degree) - per 15-minutes	\$ 9.18
Family Supports - per 15-minutes	\$ 3.34
Non-Medical Transportation - per mile*	\$ 0.55
Paraprofessional Services - per 15-minutes*	\$ 3.66
Transitional Services †	Cost
Professional Services*	
Art Therapy - ceiling per 15-minutes	\$ 19.36
Music Therapy - ceiling per 15-minutes	\$ 19.36

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Animal-assisted Therapy - ceiling per 15-minutes	\$ 19.36
Recreational Therapy - ceiling per 15-minutes	\$ 19.36
Licensed Nutritional Counseling - per 15-minutes	\$ 13.82
Supportive Family-based Alternatives - per day	
Supportive Family-based Alternatives - Family - per day	\$ 62.33
Supportive Family-based Alternatives - Child Placing Agency - per day	\$ 61.18
Adaptive Aids and Supports*	Cost
Minor Home Modifications*	Cost
In-Home Respite - per hour	\$ 8.95
Out-of-Home Respite - DFPS Residential Child Care - per day	
Mandated Family Rate - per day	\$ 79.76
Child Placing Agency - per day	\$ 61.18
Residential Care Facility - per day	\$ 195.97
Out-of-Home Respite - Camp - ceiling per hour	\$ 8.86
Out-of-Home Respite - Licensed Child Care Center	
Preschool (ages 3 - 5) - per hour	\$ 4.79
School Age (ages 6 and older) - per hour	\$ 4.65
Out-of-Home Respite - Licensed Child Care Center - Texas Rising Star Provider (TRSP) Certified	
Preschool (ages 3 - 5) - per hour	\$ 5.05
School Age (ages 6 and older) - per hour	\$ 4.99
Out-of-Home Respite - Licensed Child Care Home	
Preschool (ages 3 - 5) - per hour	\$ 4.41
School Age (ages 6 and older) - per hour	\$ 4.37
Out-of-Home Respite - Licensed Child Care Home - TRSP Certified	
Preschool (ages 3 - 5) - per hour	\$ 4.65
School Age (ages 6 and older) - per hour	\$ 5.06
Out-of-Home Respite - Registered Child Care Home	
Preschool (ages 3 - 5) - per hour	\$ 4.28
School Age (ages 6 and older) - per hour	\$ 3.45
Out-of-Home Respite - Registered Child Care Home - TRSP Certified	
Preschool (ages 3 - 5) - per hour	\$ 4.49
School Age (ages 6 and older) - per hour	\$ 3.67

576

577 **Minor Home Modifications, Adaptive Aids and Supports, Paraprofessional Services,*
 578 *Professional Services and Non-Medical Transportation have a collective limit of \$5,000*
 579 *annually. Room and board, normal household expenses and items not related to amelioration of*
 580 *the Waiver participant's disability are not included.*

581

582 †*Transition assistance is limited to \$2,500 dollars per Waiver participant.*

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RFA- Open Enrollment for YES Waiver Services

584 *The LMHA does not pay for “no-shows” or “cancellations”.*
585

586 **VIII. LMHA RESPONSIBILITIES**
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588 The LMHA shall be responsible for:

- 589 A. Conducting YES Waiver participant enrollment;
- 590
- 591 B. Maintaining the Waiver Participant Interest List (Interest List);
- 592
- 593 C. Making appropriate referrals to Providers based on consumer choice and access;
- 594
- 595 D. Assisting DSHS in managing Waiver enrollment and expenditures;
- 596
- 597 E. Evaluating the individual and recommending the level of care to DSHS;
- 598
- 599 F. Assisting individuals to obtain Medicaid eligibility (if applicable);
- 600
- 601 G. Development and maintenance of Waiver participant’s IPC;
- 602
- 603 H. Utilization management;
- 604
- 605 I. Provision of Targeted Case Management;
- 606
- 607 J. Service coordination for Waiver and Non-Waiver Services;
- 608
- 609 K. Transition Planning;
- 610
- 611 L. Quality assurance and quality improvement activities;
- 612
- 613 M. Providing oversight, to include contract monitoring and quality assurance activities;
- 614
- 615 N. Providing technical assistance when necessary;
- 616
- 617 O. Ensuring consumer information is exchanged in compliance with the Health Insurance
618 Portability and Accountability Act (HIPAA);
- 619
- 620 P. The LMHA does not guarantee any referral volume to any Provider.
621
- 622

623
624 **IX. APPLICATION INSTRUCTIONS**
625

626 To facilitate and ensure an objective review, Provider applicants must follow the Required
627 Application Information (Attachment A) for submissions.

628
629 **Applicants must send one (1) original and one (1) copy of the application to:**

RFA- Open Enrollment for YES Waiver Services

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The Center for Health Care Services
Attn: James Chapman, Contract Manager
3031 IH-10 West
San Antonio, Texas 78201
(210) 731-1300

Applications may be sent by regular mail or special carrier. Applications may not be faxed.

Applications will be processed upon receipt. In the future, other open enrollment periods for services may be announced to ensure availability of adequate numbers of service providers to meet the volume of demand for services.

False statements or information provided by an applicant may result in disqualification of enrollment. The LMHA reserves the right to reject any and all applications, to waive technicalities, and to accept any advantages deemed beneficial to the LMHA and the individuals served.

Each prospective service provider is responsible for ensuring that documents for potential enrollment are submitted completely and on time. The LMHA expressly reserves the right not to evaluate any enrollment documents that are incomplete or late. Any attached Form(s) must be completed by each applicant to be considered for possible enrollment in the Network.

The entire response to this Request for Application shall be subject to disclosure under the Texas Public Information Act, Chapter 552 of the Texas Government Code. If the applicant believes information contained therein is legally excepted from disclosure under the Texas Public Information Act, the applicant should conspicuously (via bolding, highlighting and/or enlarged font) mark those portions of its response as confidential and submit such information under seal. Such information may still be subject to disclosure under the Public Information Act depending on opinions from the Attorney General's office.

****Questions about this application or requests for technical assistance may be directed to James Chapman, CHCS Contract Manager, by email at jchapman@chcsbc.org. Answers will be provided within 2 business days.****

RFA- Open Enrollment for YES Waiver Services

ATTACHMENT A**REQUIRED APPLICATION INFORMATION**

Please be sure to answer every question included in sections I - VII and provide additional information as necessary and/or requested. If a question/necessary information request does not apply, simply and clearly document "N/A". Interviews or site visits may be conducted to further evaluate applications.

I. BUSINESS DEMOGRAPHICS

A. If a sole proprietorship, provide the following:

1. Applicant's name;
2. tax identification number;
3. residence address;
4. physical address where services will be provided;
5. telephone number, fax number, and e-mail address; and
6. number of years Applicant has provided the proposed service(s).

B. If a partnership, provide the following:

1. names and residence addresses of each of the partners;
2. physical address where services will be provided;
3. telephone number, fax number, and e-mail address;
4. a copy of the Partnership Agreement;
5. tax identification number of the partnership or tax identification numbers of the individual partners; and
6. number of years each of the partners, and the partnership as a whole, has provided the proposed service(s).

C. If a corporation, provide the following:

1. name(s), physical address(es), telephone number(s), and e-mail address(es) of the officers of the corporation;
2. a copy of the Articles of Incorporation;
3. a copy of the current Bylaws of the Corporation;
4. tax identification number;
5. a current Certificate of Good Standing issued by the Texas State Comptroller;
6. physical address(es) where services will be provided;
7. name(s), physical address(es), telephone number(s), and e-mail address(es) of the majority shareholders;
8. name, physical address, telephone number, fax number, and e-mail address of the corporate contact for this Application; and
9. number of years each of the officers, the corporation as a whole, and the majority shareholders (if applicable) have provided the proposed service(s).

D. Provide a list of companies with whom Applicant has or has had contracts to provide services similar to those outlined in this RFA.

RFA- Open Enrollment for YES Waiver Services

- 712 E. Describe any contracts, Memoranda of Understanding, or employment relationship
713 Applicant has with other state, city or county agencies in Bexar County.
714

II. ORGANIZATIONAL STRUCTURE

- 715
716 A. Describe Applicant's organization structure.
717
718 B. If applicable, attach Applicant's organizational chart.
719
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III. SERVICES

- 721
722 A. List the services from **Attachment B1** that Applicant is applying to provide. Indicate
723 where the services will be offered, who will provide the services (include education
724 and credentials), and the time of day and days of week the services will be made
725 available. Indicate the capacity for all services and the anticipated content of group
726 or day program services. Include a copy of program schedules and descriptions.
727 Additionally, indicate the length of time consumers generally receive services.
728
729 B. Describe Applicant's intake process, to include how it is staffed. Attach any
730 documents or forms used during the intake process.
731
732 C. Describe the frequency and type of in-service training offered and required by
733 Applicant's organization. Note specific training within the past two (2) years related
734 to patient rights and standards of service. Is Applicant's staff current with in-service
735 training as required by the credentialing/licensing agency or the LMHA (if currently
736 under contract as a service provider)?
737
738 D. Describe Applicant's experience in working with persons with mental illness and
739 related conditions over the past five years.
740
741 E. Describe Applicant's history of working with persons who are not compliant with
742 treatment. Describe Applicant's ability to treat persons with disabilities. Detail the
743 specific population to be served under this application. Include ages and levels of
744 severity.
745
746 F. Describe Applicant's ability to serve hearing impaired consumers, those that have
747 limited language skills, and consumers who speak a language other than English.
748 Describe how Applicant's organization ensures cultural competency on the part of
749 staff with regard to racial, ethnic, religious, and sexual orientation differences.
750
751 G. Describe or attach policies and procedures which describe any process currently
752 utilized by Applicant to receive communication from consumers, family members
753 and advocates, and to receive and resolve complaints and grievances. Define how
754 Applicant's organization addresses consumer satisfaction, including methods used to
755 resolve consumer dissatisfaction with service delivery.
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757

RFA- Open Enrollment for YES Waiver Services

- 758 H. Describe any processes Applicant utilizes to transition consumers to other services as
759 their level of functioning improves.
760
- 761 I. Detail how Applicant will respond to the transportation needs of the consumers
762 referred to Applicant's program, including the service site's proximity to and
763 availability to public transportation.
764
- 765 J. Detail how Applicant will meet the nutritional needs of the consumers referred to
766 Applicant's program.
767
- 768 K. Detail how Applicant's program conducts new consumer orientation.
769
- 770 L. Detail Applicant's plans and practices to support Applicant's employees in the
771 development and maintenance of a positive and healthy work environment in order to
772 prevent staff turnover.
773
- 774 M. Identify whether Applicant has an established corporate compliance program. If
775 "yes," attach a copy of the compliance plan. If "no," provide an explanation or plans
776 to establish a program.
777
- 778 N. Describe Applicant's process for ensuring privacy and dignity of consumers during
779 toiletry process.
780
- 781 O. Describe Applicant's Crisis Intervention process for both medical and psychiatric
782 crises.
783
- 784 P. Provide Applicant's procedures for medication monitoring.
785

IV. RISK ASSESSMENT

- 786
787
- 788 A. Has Applicant had any validated client abuse, client neglect, or rights violations
789 claims in the last three (3) years? If so, explain in detail.
790
- 791 B. Provide a copy of Professional Liability Insurance showing liability insurance
792 coverage and include directors' and officers' professional liability, errors and
793 omissions, general liability (including property and vehicle, if applicable), breaches
794 of privacy, and medical malpractice insurance.
795
- 796 C. Identify whether Applicant, as an entity, or anyone employed by Applicant is
797 currently under investigation, or has had a license or accreditation revoked by any
798 state, federal, or local authority or licensing agency within the last five (5) years. If
799 the answer is "yes," provide a detailed explanation.
800
- 801 D. Has Applicant ever been debarred, suspended, proposed for debarment, declared
802 ineligible, voluntarily excluded or otherwise disqualified from bidding, proposing or
803 contracting?

RFA- Open Enrollment for YES Waiver Services

- 804
805 E. Identify whether Applicant has ever been placed on vendor hold by an agency or
806 company. If “yes,” provide a detailed explanation.
807
808 F. Identify any lawsuits or litigation involving clinical services to which Applicant has
809 been a party during the past five (5) years. Provide details on any judgments.
810
811 G. Provide a list of clinical services contracts for which Applicant has been terminated
812 for cause in the last five (5) years.
813
814 H. Identify whether Applicant, as an entity, or any of Applicant’s employees’ Medicaid
815 Provider number(s) have ever been suspended or revoked. If “yes,” explain.
816
817 I. Provide the name of Workers’ Compensation carrier if the organization/provider has
818 Workers’ Compensation coverage, or self funding documents if self funded.
819
820 J. Are employees or agents of Applicant’s organization bonded? What is Applicant’s
821 policy and procedure for conducting criminal history background checks on
822 employees? Provide a certified (notarized) statement that Applicant has completed
823 criminal history background checks on all current employees and that neither
824 Applicant nor any of Applicant’s current employees has been convicted of any
825 criminal offense.
826
827 K. Provide a certified statement that all the Applicant facilities and services are
828 compliant with the accessibility requirements of the American with Disabilities Act
829 (ADA).
830
831 L. Identify whether Applicant, as an entity, or any of Applicant’s employees has ever
832 been removed, denied or barred from any Managed Care Provider list or other
833 insurance payer. If “yes,” explain.
834

V. FINANCIAL

- 835
836
837 A. Provide a copy of all certified external audits conducted in the past three (3) years.
838
839 B. Provide a copy of Applicant’s tax statements for the past three (3) years, (IRS Form
840 1040 and all Schedules, Forms 990 and all Schedules, Forms 1120 and all Schedules,
841 Forms 1065 and all Schedules, as applicable.
842
843 C. Provide a current Financial Statement, including Cash Flow.
844
845 D. Identify whether Applicant has ever filed bankruptcy. If the answer is “yes,” please
846 describe in detail.
847
848 E. Identify whether Applicant has ever defaulted on any business lease arrangement. If
849 the answer is “yes,” describe in detail.

RFA- Open Enrollment for YES Waiver Services

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- F. Identify whether Applicant owns or leases current business properties and in what geographic areas Applicant intends to provide the service(s). Provide street address/s where program services will operate.
- G. Does Applicant have a Letter of Good Standing that verifies that Applicant is not delinquent in State Franchise Tax? Corporations that are non-profit or exempt from Franchise Tax are not required to have this letter, but will have a 501C IRS Exemption form from the Comptroller's Office. Attach letter.
- H. Is Applicant delinquent in the payment of any Child Support Payments? If so, explain.

VI. QUALITY MANAGEMENT / UTILIZATION MANAGEMENT

- A. Describe Applicant's Quality Improvement Plan and Programs. Attach a copy of the Plan and a summary of data from the last six months of monitoring.
- B. Identify all external program evaluations by accrediting/licensing authorities conducted during the past three (3) years. Provide documentation regarding any activities involving deficiencies, sanctions, and/or a required corrective Plan of Action.
- C. List all licenses, credentials, certifications, and/or accreditations currently held by Applicant and Applicant's staff.

VII. VALUE ADDED SERVICES

Describe in detail any ways in which Applicant will exceed the requested services of this application, thereby providing "value added services" to Waiver participants.

RFA- Open Enrollment for YES Waiver Services

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ATTACHMENT B
Miscellaneous Required Forms

ALL OF THE FORMS IN ATTACHMENT B MUST BE INCLUDED IN YOUR SUBMISSION IN ORDER FOR THE OPEN ENROLLMENT APPLICATION TO BE CONSIDERED.

- B1. Designation of Services Sought**
- B2. Assurances**
- B3. Vehicle Safety Report (for all vehicles that will/may be used to transport Waiver participants)**
- B4. Staff Roster**

RFA- Open Enrollment for YES Waiver Services

**ATTACHMENT B1
DESIGNATION OF SERVICES SOUGHT**

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Please indicate with an “X” those services which Applicant is applying to provide. The “X” indicates that the service is being sought under this RFA. If there is no “X”, Applicant will be deemed not to be applying for that service. Failure to “X” mark a desired service may require Applicant to submit another application.

ROUTINE SERVICES	Indicate (X) services you are submitting this application
Respite	
Community Living Supports	
Family Supports	
Transitional Services	
Adaptive Aids	
Minor Home Modifications	
Non-Medical Transportation	
Paraprofessional Services	
Professional Services	
Supportive Family-based Alternatives	

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The undersigned hereby certifies that he/she has authority over all of the application documents and agrees to abide by the terms, certifications and conditions, including the rate of reimbursement, indicated within the RFA:

Authorized Signature: _____

Printed Name: _____

Title: _____

Date: _____

RFA- Open Enrollment for YES Waiver Services

ATTACHMENT B2: ASSURANCES

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Applicant assures the following:

1. That all addenda and attachments to the application as distributed by the LMHA have been completed.
2. No attempt will be made by Applicant to induce any person or firm to submit or not to submit an application, unless so described in the application document.
3. Applicant does not discriminate in its services or employment practices on the basis or race, color, religion, sex, sexual orientation, national origin, disability, veteran status, or age.
4. That no employee of the LMHA or DSHS, and no member of the LMHA’s Board of Trustees will directly or indirectly have any pecuniary interest from an award of the proposed contract. If Applicant is unable to make the affirmation, then Applicant must disclose any knowledge of such interests.
5. Applicant accepts the terms, conditions, criteria, and requirements set forth in the Application.
6. Applicant accepts the LMHA’s right to cancel the application at any time prior to contract award.
7. Applicant accepts the LMHA’s right to alter the timetables for procurement as set forth in the application.
8. The proposal submitted by Applicant has been arrived at independently without consultation, communication, or agreement for the purpose of restricting competition.
9. Unless otherwise required by law, the information in the application submitted by Applicant has not been knowingly disclosed by Applicant to any other Applicant prior to the notice of intent to award.
10. No claim will be made for payment to cover costs incurred in the preparation of the submission of the application or any other associated costs.
11. LMHA has the right to complete background checks and verify information.
12. The individual signing this document and the contract is authorized to legally bind Applicant.
13. The address submitted by Applicant to be used for all notices sent by the LMHA is current and correct.
14. That Applicant is not currently held in abeyance or barred from the award of a federal or state contract.
15. That Applicant is not currently delinquent in its payments of any franchise tax or state tax owed to the state of Texas, pursuant to Texas Business Corporation Act, Texas Civil Statutes, Article 2.45.

Signature Authority for Applicant

Title of the Organization/Provider

Date _____

RFA- Open Enrollment for YES Waiver Services

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**ATTACHMENT B3
VEHICLE SAFETY REPORT**

This form must be completed for each vehicle which may be used while transporting individuals receiving services.

Vehicle Custodian/owner: _____ Phone#: _____

License Plate Number: _____ Mileage: _____

Type and Model of Vehicle: _____

Name of Insurance Carrier: _____

Items To Be Checked:

Required for individuals safety and comfort

Inspection sticker expiration date: _____

Current insurance card in vehicle? Yes or No

A/C and Heating systems are operable? Yes or No

Jumper cables in vehicle? Yes or No or n/a

First aid kit in vehicle? Yes or No

Seat belts all lock Yes or No

Condition of tires, including spare: Ok or need replacing _____

Lights (head, tail, backup, turn) Ok or need replacing _____

Mileage of last oil change: _____ and does not exceed 3500 miles

Mileage of last transmission service: _____ and does not exceed 30,000 miles

Interior of vehicle, condition Ok or need cleaning _____

Fluid levels: Ok or need refilling or service

Additional recommended

Fire extinguisher in vehicle? Yes or No

Fire extinguisher secured? Yes or No or n/a

Flash light w/charged batteries? Yes or No or n/a

First aid kit secured? Yes or No or n/a

Biohazard kit in vehicle? Yes or No

Biohazard kit secured? Yes or No or n/a

Seat belt Saf-Cut installed Yes or No

I realize I am responsible for obtaining the necessary repairs or equipment to insure the vehicle is in a safe condition to transport individuals receiving services. I also realize that the Local Mental Health Authority may inspect my vehicle at anytime to ensure validity of the information provided.

Vehicle custodian/Owner Title Date

RFA- Open Enrollment for YES Waiver Services

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ATTACHMENT C

1015

Credentialing Criteria

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1017 The following criteria, information and components are required for a service provider to be included in the
1018 LMHA's network of providers. (Supporting documentation may be requested from successful applicants during the
1019 LMHA's credentialing process).

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Minimum requirements for all services being sought:

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- Age of staff must be over 18, has a high school diploma or a General Education Development(GED) credential; or has documentation of a proficiency evaluation of experience and competence to perform the job tasks that includes:

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- written competency-based assessment of the ability to document service delivery and observations of the individuals to be served; and
- at least three personal references from persons not related by blood that indicate the ability to provide a safe, healthy environment for the individuals being served.

1029

- Current drivers license for each person that will potentially provide transportation to Local Authority consumers.

1030

1031

- Current Insurance Verification including:

1032

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1034

- Professional and general liability
- Vehicle (if transporting consumers is likely)
- Workers Compensation

1035

- Verification of criminal history checks for all staff potentially working with LMHA consumers.

1036

- Life Safety code review for site assessment if not certified by a state agency.

1037

- If applicable, documentation from certifying agency:

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- Texas Department of State Health Services
- Texas Department of Assistive and Rehabilitative Services (DARS)

RFA- Open Enrollment for YES Waiver Services

ATTACHMENT D

**YES Waiver Target Population
Eligibility Criteria**

Waiver eligibility is determined by the LMHA using demographic, clinical, and financial criteria.

Demographic Criteria

To participate in the YES Waiver, an individual must:

- Be between 3-18 years of age;
- Reside in Bexar County;
- Reside in a non-institutional setting with the individual's LAR; or in the individual's own home or apartment, if legally emancipated;

Clinical Criteria

To participate in the YES Waiver, an individual must meet the following level of care standards, as determined by the LMHA:

- Have serious functional impairment or acute severe psychiatric symptomatology. This is assessed by the LMHA using particular domain scores from the Child and Adolescent – Texas Recommended Assessment Guidelines (CA-TRAG) as outlined below (Letter A). **AND**
- There must be a reasonable expectation that, without YES Waiver services, the individual would qualify for inpatient care under the Texas Medicaid inpatient psychiatric admission guidelines as outlined below (Letter B).

A. CA-TRAG:

The 10 CA-TRAG domains are:

- 1) Ohio Youth Problem Severity Scale
- 2) Ohio Youth Functioning Scale
- 3) Risk of Self-Harm
- 4) Severe Disruptive or Aggressive Behavior
- 5) Family Resources
- 6) History of Psychiatric Treatment
- 7) Co-Occurring Substance Use
- 8) Juvenile Justice Involvement
- 9) School Behavior
- 10) Psychoactive Medication Treatment

The child or adolescent must meet the following CA-TRAG scoring criteria:

- A score of 30 or greater on the Ohio Youth Problem Severity Scale
- And** one or more of the following:
 - Score of 4 or 5 on the Risk of Self-Harm dimension,
 - Score of 4 or 5 on the Severe Disruptive or Aggression Behavior dimension,
 - Score of 4 or 5 on the Family Resources dimension,
 - Score of 4 or 5 on the School Behavior dimension, or

RFA- Open Enrollment for YES Waiver Services

1086 Current diagnosis of Schizophrenia, Major Depressive Disorder with
 1087 psychosis, Bipolar I with the most recent episode Manic or Mixed,
 1088

1089 Only proceed to letter B if CA-TRAG criteria are met. A Physician's signature is
 1090 not required on denials of eligibility if the CA-TRAG criteria are not met. A
 1091 Physician's signature is required if CA-TRAG scoring criteria are met and when
 1092 the individual does not meet the additional criteria specified below in the Texas
 1093 Medicaid Inpatient Psychiatric Admission Guidelines.
 1094

1095 **AND**

1096
 1097 **B. Texas Medicaid Inpatient Psychiatric Admission Guidelines:**

1098 These guidelines are:

- 1099 The Medicaid eligible youth must have a valid Axis I, Diagnostic and
 1100 Statistical Manual of Mental Disorders, 4th Edition, Text Revision (DSM-IV-
 1101 TR) diagnosis as the principle admitting diagnosis; **And**
- 1102 Outpatient therapy or partial hospitalization must have been attempted and
 1103 failed **or** a psychiatrist must have documented reasons why an inpatient level
 1104 of care is required; **And**
- 1105 The Medicaid eligible youth must meet at least one of the following
 1106 criteria:
- 1107 a. The Medicaid eligible individual is presently a danger to self,
 1108 demonstrated by at least one of the following:
- 1109 • Recent suicide attempt or active suicidal threats with a deadly plan
 1110 and an absence of appropriate supervision or structure to prevent
 1111 suicide;
 - 1112 • Recent self-mutilative behavior or active threats of same with
 1113 likelihood of acting on the threat and an absence of appropriate
 1114 supervision or structure to prevent self-mutilation (i.e.,
 1115 intentionally cutting / burning self);
 - 1116 • Active hallucinations or delusions directing or likely to lead to
 1117 serious self-harm or debilitating psychomotor agitation or
 1118 retardation resulting in a significant inability to care of self; or
 - 1119 • Significant inability to comply with prescribed medical health
 1120 regimens due to concurrent Axis I psychiatric illness and such
 1121 failure to comply is potentially hazardous to the life of the
 1122 individual. A medical diagnosis of Axis III which must be
 1123 treatable in a psychiatric setting.
- 1124 b. The Medicaid eligible individual is a danger to others. This behavior
 1125 should be attributable to the individual's specific Axis I, DSM-IV-TR
 1126 diagnosis and can be adequately treated only in a hospital setting. This
 1127 danger is demonstrated by one of the following:
- 1128 • Recent life-threatening action or active homicidal threats of same
 1129 with a deadly plan and availability of means to accomplish the plan
 1130 with the likelihood of acting on the threat;

RFA- Open Enrollment for YES Waiver Services

- 1131 • Recent serious assaultive or sadistic behavior or active threats of
- 1132 same with the likelihood of acting on the threat and an absence of
- 1133 appropriate supervision or structure to prevent assaultive behavior;
- 1134 or
- 1135 • Active hallucinations or delusions directing or likely to lead to
- 1136 serious harm of others.
- 1137 c. The Medicaid eligible individual exhibits acute onset of psychosis or
- 1138 severe thought disorientation, or there is significant clinical deterioration
- 1139 in the condition of someone with chronic psychosis rendering the child or
- 1140 adolescent unmanageable and unable to cooperate in treatment, and the
- 1141 individual is in need of assessment and treatment in a safe and therapeutic
- 1142 setting.
- 1143 d. The Medicaid eligible individual has a severe eating or substance abuse
- 1144 disorder, which requires 24-hours-a-day medical observation, supervision,
- 1145 and intervention.
- 1146 e. The proposed treatment / therapy requires 24-hours-a-day medical
- 1147 observation, supervision, and intervention.
- 1148 f. The Medicaid eligible individual exhibits severe disorientation to person,
- 1149 place, or time.
- 1150 g. The Medicaid eligible individual’s evaluation and treatment cannot be
- 1151 carried out safely or effectively in other settings due to severely disruptive
- 1152 behaviors, and other behaviors which may include physical,
- 1153 psychological, or sexual abuse.
- 1154 h. Medicaid eligible individual requires medication therapy, or complex,
- 1155 diagnostic evaluation where the individual’s level of functioning precludes
- 1156 cooperation with the treatment regimen.
- 1157

1158 An individual not meeting the listed criteria is not eligible for participation in the YES
 1159 Waiver. In addition, an individual is not eligible for YES Waiver services if they are
 1160 enrolled in foster care. Also, individuals cannot be duly enrolled or receive services from
 1161 other 1915(c) Waiver programs. These programs include, but are not limited to:

- 1162 i. Department of Aging and Disability Services (DADS) Waiver programs
- 1163 such as CLASS, HCS, MDCP, CWP, DBMD, CBA, and TX Home
- 1164 Living; and
- 1165 ii. HHSC STAR+PLUS community-based Waiver.
- 1166

1167 Please see the Clinical Eligibility Determination Form that documents the individual’s
 1168 functional impairment. See Forms Section for the Clinical Eligibility Determination
 1169 Form.

1171 Financial Criteria

1172 To participate in the YES Waiver, an individual must be eligible for Medicaid, under a
 1173 Medicaid Eligibility Group included in the approved YES Waiver.

1174

RFA- Open Enrollment for YES Waiver Services

1175 Individuals who receive services under the YES Waiver are eligible under the following
1176 eligibility groups contained in the State plan. The State applies all applicable federal
1177 financial participation limits under the plan.

- 1178 • Low income families with children as provided in 1931 of the Act
- 1179 • SSI recipients
- 1180 • Working individuals with disabilities who buy into Medicaid (BBA working
1181 disabled group as provided in §1902(a)(10)(A)(ii)(XIII)) of the Act)
- 1182 • All State Plan groups except for: 1634(b) Early Aged Widow(er); 1634(d)
1183 Disabled Widow(er); 1634(c) Disabled Adult Children; and the following Foster
1184 Care Groups: 1902(a)(10)(A)(i)(I) and 1902(a)(10)(A)(ii)(XVII)

1185
1186 The LMHA will determine financial eligibility for services under the YES Waiver from
1187 standards used to determine eligibility for Medicaid in institutions. Under these
1188 standards, parental income is not counted. Individuals in the special HCBS waiver group
1189 are eligible in accordance with a special income level equal to 300% of the SSI Federal
1190 Benefit Rate.