

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 (In-Home and Out-of-Home)
- Community Living Supports
- Family Supports
- Adaptive Aids & Supports
- Minor Home Modifications
- Non-Medical Transportation
- Paraprofessional Services
- Specialized Therapies:
 - Art Therapy
 - Music Therapy
 - Recreational Therapy
 - Animal-Assisted Therapy
 - Nutritional Counseling
- Supportive Family-Based Alternatives
- Transitional Services

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.

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46 (To review the eligibility criteria for YES Waiver participants, please see **Attachment**
47 **D.**)

48
49 Texas strives to provide a continuum of appropriate services and supports for families
50 with children who have severe mental illness. There are some instances in which parents
51 have turned to state custody for care when they feel they have reached or exceeded their
52 financial, emotional or health care support resources and are unable to cover the costs of
53 their child's mental health treatment. The 78th and 79th Texas Legislatures directed
54 HHSC to "develop and implement a plan to prevent custody relinquishment of youth with
55 serious emotional disturbances," and authorized the request of any necessary waivers
56 from the federal government. As a result, HHSC and DSHS developed the YES Waiver
57 for three counties – Travis, Bexar and Tarrant. Following their success, in 2013, the 83rd
58 Legislature directed the YES Waiver to expand statewide.

59
60 Goals of the Waiver

61
62 The goals of the YES Waiver include:

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

72
73 The objective of the YES Waiver is to provide community-based services in lieu of
74 institutionalization.

75
76 Service Areas & Capacity

77
78 The YES Waiver services will be provided in Bexar County, Texas. A maximum of 150
79 children and adolescents (Waiver participants) will be served under the program at any
80 given time.

81
82
83 **II. SERVICES SOUGHT**

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

90

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91 1. Respite

92
93 Respite is furnished on a short-term basis because of the absence or need for relief of
94 those persons who normally provide care for the participant. Respite may be provided
95 in:

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

106
107 *All settings must be located within the State of Texas.*

108
109 *The LMHA must approve and provide ongoing oversight of respite settings to ensure*
110 *the safety of the setting. Respite services may be provided by a relative of the Waiver*
111 *participant other than the parents.*

112
113 2. Community Living Supports (CLS)

114
115 CLS services are provided to the Waiver participant and family to facilitate the YES
116 Waiver participant's achievement of his/her goals of community inclusion and
117 remaining in their home. The supports may be provided in the Waiver participant's
118 residence or in community settings (including but not limited to libraries, city pools,
119 camps, etc.) CLS provide assistance to the family caregiver in the disability-related
120 care of the Waiver participant, while facilitating the Waiver participant's
121 independence and integration in to the community. The training in skills related to
122 activities of daily living, such as personal hygiene, household chores, and
123 socialization may be included, if these skills are affected by the Waiver participant's
124 disability. CLS may also promote communication, relationship-building skills, and
125 integration into community activities. These supports must be targeted at enabling
126 the Waiver participant to attain or maintain his/her maximum potential. These
127 supports may serve to reinforce skills or lessons taught in school, therapy, or other
128 settings. Training may be provided to both the caregiver and the Waiver participant,
129 dependent upon the youth's age, on the nature of the emotional disorder, the role of
130 medications, and self-administration of medications. Training can also be provided to
131 the Waiver participant's primary caregivers to assist the caregivers in coping with and
132 managing the youth's emotional disturbance. This includes instruction on basic
133 parenting skills and other forms of guidance.

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3. Family Supports

Family Supports provides peer mentoring and support to the primary caregivers; engages the family in the treatment process; models self-advocacy skills; provides information, referral and non-clinical skills training; maintains engagement; and assists in the identification of natural/non-traditional and community support systems.

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 Specialized Therapies 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, Specialized Therapies 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.

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181 6. Minor Home Modifications
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183 Services related to addressing the Waiver participant's needs that arise as a result of
184 their severe emotional disturbance. These services contribute to the community
185 functioning of Waiver participants and thereby assist the participants to avoid
186 institutionalization. These services include Home Accessibility / Safety Adaptations -
187 Physical adaptations to the participant's residence, required by the participant's
188 service plan, that are necessary to ensure the health, welfare and safety of the
189 participant. Modifications may include alarm systems, alert systems, and other safety
190 devices.

191
192 *Minor Home Modifications, Adaptive Aids and Supports, Paraprofessional Services,*
193 *Specialized Therapies and Non-Medical Transportation have a collective limit of*
194 *\$5,000 annually. Room and board, normal household expenses and items not related*
195 *to amelioration of the Waiver participant's disability are not included.*
196

197 7. Non-Medical Transportation
198

199 Non-Medical transportation enables Waiver participants to gain access to Waiver and
200 other community services, activities and resources, as specified by the service plan.
201 This service is offered in addition to medical transportation required under 42 CFR
202 §431.53 and transportation services under the State plan and does not replace them.
203 Transportation services under the Waiver are offered in accordance with the
204 participant's service plan. Whenever possible, family, neighbors, friends, or
205 community agencies which can provide this service without charge are utilized.
206

207 Waiver transportation services may not be substituted for medical transportation
208 services defined under the state plan. Payment for non-medical transportation services
209 is limited to the costs of transportation needed to access a Waiver services included in
210 the participant's service plan or access other activities and resources identified in the
211 service plan. When the costs of transportation are included in the provider rate for
212 another Waiver service that the client is receiving at the same time, non-medical
213 transportation services cannot be reimbursed under the Waiver.
214

215 *Minor Home Modifications, Adaptive Aids and Supports, Paraprofessional Services,*
216 *Specialized Therapies and Non-Medical Transportation have a collective limit of*
217 *\$5,000 annually.*
218

219 8. Paraprofessional Services
220

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

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

231 • Paraprofessional Aide - This service may be reimbursed if delivered in a setting
 232 where provision of such support is not already required or included as a matter of
 233 practice. The aide assists the child in preventing and managing behaviors stemming
 234 from severe emotional disturbance that create barriers to inclusion in integrated
 235 community activities such as after-school care or day care.

236 • Job placement – assistance in finding employment.
 237

238 *Minor Home Modifications, Adaptive Aids and Supports, Paraprofessional Services,*
 239 *Specialized Therapies and Non-Medical Transportation have a collective limit of*
 240 *\$5,000 annually. Room and board, normal household expenses and items not related*
 241 *to amelioration of the Waiver participant's disability are not included.*
 242

243 9. Specialized Therapies

244
 245 Provide services to Waiver participants to assist them in meeting recovery goals. The
 246 intent of these services is to maintain or improve health, welfare, and/or effective
 247 functioning in the community. These services include:

- 248 • Art therapy
- 249 • Music therapy
- 250 • Animal-assisted therapy
- 251 • Recreational therapy
- 252 • Licensed nutritional counseling

253
 254 *Minor Home Modifications, Adaptive Aids and Supports, Paraprofessional Services,*
 255 *Specialized Therapies and Non-Medical Transportation have a collective limit of*
 256 *\$5,000 annually. Room and board, normal household expenses and items not related*
 257 *to amelioration of the Waiver participant's disability are not included.*
 258

259 10. Supportive Family-based Alternatives (SFA)

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

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272 safety and welfare of the Waiver participant. The support family must provide
 273 services as authorized in the individual participant's service plan. Services may
 274 include:

- 275 • Age and individually appropriate guidance regarding and / or assistance with the
 276 activities of daily living and instrumental activities of daily living (ambulating,
 277 bathing, dressing, eating, getting in/out of bed, grooming, personal hygiene, money
 278 management, toileting, communicating, performing household chores and managing
 279 medications);
- 280 • Securing and providing transportation;
- 281 • Reinforcement of counseling, therapy and related activities;
- 282 • Assistance with medications and performance of tasks delegated by a RN or
 283 physician;
- 284 • Supervision of the individual for safety and security;
- 285 • Facilitating inclusion in community activities, social interaction, use of natural
 286 supports, participation in leisure activities and development of socially valued
 287 behaviors;
- 288 • Assistance in accessing community and school resources.

289
 290 *SFA must be prior authorized by the LMHA. Room and board is not included in the*
 291 *payment for SFA. Waiver participants are responsible for their room and board costs.*
 292 *A Waiver participant may not receive Respite or Community Living Supports (CLS)*
 293 *while receiving SFA. Children and adolescents eligible for or receiving Title IV-E*
 294 *services cannot receive SFA. SFA may be authorized for up to 90 consecutive or*
 295 *cumulative days per individual service plan year, with individual exceptions possible*
 296 *on a case-by-case basis, if recommended by the LMHA and prior approved by DSHS.*
 297
 298

299 **III. PROVIDER ELIGIBILITY REQUIREMENTS**

300
 301 In order to conduct business with the LMHA, Providers responding to this RFA must submit
 302 proof that:

- 303
- 304 1. Providers are registered as an organization with the Secretary of State to do business
 305 in Texas;
- 306 2. Facilities are registered as an organization authorized to do business within Bexar
 307 County;
- 308 3. Professionals must hold current and valid Texas licenses and/or certifications;
- 309 4. Meet minimum and mandatory credentialing requirements for services;
- 310 5. Be able to provide, directly or through interpretation, services in the language of the
 311 person receiving services, including hearing-impaired consumers.
- 312 6. Provide services in Bexar County, Texas, on dates and at times that meet the needs of
 313 the Waiver participant and family.

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IV. PROVIDER RESPONSIBILITIES

Provider shall:

- A. Comply with terms and conditions set forth in the most current version of the YES Waiver Policies and Procedures Manual (Manual) which can be found through DSHS's website at <http://www.dshs.state.tx.us/mhsa/northstar>. In addition to general topic information, the Manual contains detail specific to the roles and responsibilities of the Provider.
- B. Provide any or all of the following YES Waiver services, in accordance with the service codes, descriptions and provider qualifications defined in the Manual, to Waiver participants up to the number of Waiver participants established by the LMHA.

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

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

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

- Respite
 - Community Living Supports
 - Family Supports
 - Adaptive Aids & Supports
 - Minor Home Modifications
 - Non-Medical Transportation
 - Paraprofessional Services
 - Specialized Therapies:
 - Art Therapy
 - Music Therapy
 - Recreational Therapy
 - Animal-Assisted Therapy
 - Nutritional Counseling
 - Supportive Family-based Alternatives
 - Transitional Services
- C. Obtain appropriate written consent from each Waiver participant for the disclosure of protected health information or other sensitive personal information. The exchange or sharing of confidential information, particularly protected health information or other sensitive personal information, shall be done in compliance with the Health Insurance Portability and

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362 Accountability Act of 1996 (HIPAA). All parties involved with the YES Waiver shall
363 maintain and protect the confidential information to the extent required by law.

364

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

368

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

372

373 F. Accept the LMHA's YES Waiver reimbursement rate schedule or the rate schedule as it may
374 hereafter be amended, as payment in full for performance and make no additional charge to
375 the Waiver participant, any member of the Waiver participant's family or any other source,
376 including a third-party payor, except as allowed by federal and state laws, rules, regulations
377 and the Medicaid State Plan.

378

379 G. Submit claims for payment in accordance with billing guidelines and procedures
380 promulgated by the LMHA. Provider certifies that information submitted regarding claims
381 will be true, accurate and complete, and that such information can be verified by source
382 documents from which data entry is made by Provider. Further, Provider understands that
383 payment of the claim will be from federal and state funds and that any falsification or
384 concealment of a material fact may be prosecuted under federal and state laws.

385

386 H. Allow the LMHA to adjust payments made to Provider, upon notice, for prior overpayment
387 or underpayment to Provider.

388

389 I. Cooperate with and assist the LMHA, HHSC, DSHS and any state and federal agency
390 charged with the duty of identifying, investigating, sanctioning or prosecuting suspected
391 fraud and abuse, including the Office of Inspector General (OIG) at HHSC.

392

393 J. Disclose information on ownership and control, information related to business transactions,
394 and information on persons convicted of crimes in accordance with 42 C.F.R. Part 455,
395 Subpart B, and provide such information upon request, to the LMHA, HHSC, DSHS, the
396 Texas Attorney General Medicaid Fraud Control Unit (OAG Medicaid fraud) or the U.S.
397 Department of Health and Human Services (USHHS).

398

399 K. As provided by 42 C.F.R. §431.107, keep any records necessary to disclose the extent of
400 services provided by Provider to Waiver participants (including Waiver participants' clinical
401 records) and, on request, provide to the LMHA, DSHS, HHSC, OAG Medicaid Fraud or
402 USHHS any such records and any information regarding payments claimed by Provider.

403

404 L. Allow the LMHA, DSHS and/or HHSC access to records related to YES Waiver services.
405 Provider shall provide any required information, records or copies at no cost to the LMHA,
406 state, or federal authority requesting such information or records.

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- 408 M. Keep all records required by Item L. above until one of the following occurs, whichever is
409 the latest:
- 410 • Six years from the date the records were created;
 - 411 • Any audit exception or litigation involving the records is resolved; or
 - 412 • For records concerning a Waiver participant under 18 years of age, the Waiver participant
413 becomes 21 years of age.
- 414
- 415 N. Allow representatives of DSHS or the LMHA as its designee, HHSC, the Texas Department
416 of Family and Protective Services (DFPS), OAG Medicaid Fraud and USHHS full and free
417 access to Provider's staff, Waiver participants and all locations where Provider delivers YES
418 Waiver services.
- 419
- 420 O. Cooperate fully in any investigation conducted by OAG Medicaid Fraud and/or HHSC.
- 421
- 422 P. Comply with applicable state laws and rules, including but not limited to 25 Texas
423 Administrative Code Chapter 414, and applicable subchapters of 1 Texas Administrative
424 Code Chapter 355; and applicable federal laws and regulations, including but not limited to
425 42 C.F.R. Parts 440, 441, 455 and 456, and 45 C.F.R. Parts 46, 80, 84, 90 and 91.
- 426
- 427 Q. Comply with the Civil Rights Act of 1964, §504 of the Rehabilitation Act of 1973, the
428 Immigration Reform and Control Act of 1986, and the Americans with Disabilities Act of
429 1990.
- 430
- 431 R. Comply with Texas Health and Safety Code §85.113, relating to workplace and
432 confidentiality guidelines regarding AIDS and HIV.
- 433
- 434 S. Comply with Executive Order (E.O.) 11246, Equal Employment Opportunity; E.O. 11375,
435 Amending E.O. No. 11246, relating to Equal Employment Opportunity; and 41 C.F.R. Part
436 60, Office of Federal Contract Compliance Programs, Equal Employment Opportunity,
437 Department of Labor.
- 438
- 439 T. Comply with 42 United States Code (U.S.C.) §7401 *et seq.*, the Clean Air Act, and 33 U.S.C.
440 §1251 *et seq.*, the Federal Water Pollution Control Act, and all applicable standards, orders
441 and regulations issued pursuant to those acts.
- 442
- 443 U. Comply with 31 U.S.C. §1352, Limitations on Use of Appropriated Funds to Influence
444 Certain Federal Contracting and Financial Transactions, and 45 C.F.R. Part 93, New
445 Restrictions on Lobbying.
- 446
- 447 V. Comply with 2 C.F.R. Part 180, OMB Guidelines to Agencies on Governmentwide
448 Debarment and Suspension (Nonprocurement) and 45 C.F.R. Part 82, Governmentwide
449 Requirements for Drug-Free Workplace (Financial Assistance).
- 450
- 451 W. Comply with HIPAA and its implementing regulations; specifically, the Standards for
452 Privacy of Individually Identifiable Health Information, 45 C.F.R. Parts 160 and 164,

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- 453 Standards for Electronic Transactions, 45 C.F.R. Parts 160 and 162, and Security Standards,
454 45 C.F.R. Parts 160, 162 and 164.
455
- 456 X. Comply with all YES policy directives issued by the LMHA that are received by Provider
457 after the effective date of this RFA.
458
- 459 Y. Notify the Center in writing at least 10 days prior to declaring bankruptcy.
460
- 461 Z. Obtain prior authorization from the Center for services delivered.
462
- 463 AA. Maintain acceptable levels of liability insurance in a minimum amount of \$500,000.00
464 per occurrence and \$1,000,000.00 in aggregate and name the LMHA as an additional
465 insured. Provider will maintain acceptable levels of professional liability insurance
466 (\$1,000,000 per incident/\$ 3,000,000 aggregate) and/or errors and omissions liability
467 insurance to cover privacy breaches. Provider will provide evidence of coverage and
468 will have the insurance carrier notify the LMHA if changes occur with the coverage
469 period, or if the coverage is cancelled or otherwise revoked.
470
- 471 BB. Agree to site visits by LMHA staff and Advisory Committees.
472
- 473 CC. Agree that its name may be used, along with a description of its facilities, care, and
474 services in any information distributed by the LMHA listing its providers.
475
- 476 DD. Be able to serve accepted referrals within 3 days.
477
- 478 EE. Establish and document an established means of determining consumer satisfaction.
479
- 480 FF. Identify, in the situation where a consortium of providers is responding, a single entity
481 responsible for the services delivered. The financial agency, if separate, must be an
482 organization with a demonstrated ability to manage funds and provide requisite
483 financial reports.
484
- 485 GG. **Not** subcontract services.
486
- 487 HH. Not refuse to serve or to continue to serve any individual referred to Provider by the
488 LMHA.
489
- 490 II. Be experienced and committed to quality care.
491
- 492 JJ. Document plans and practices to support Provider's employees in the development and
493 maintenance of a positive and healthy work environment in order to prevent staff
494 turnover.
495
- 496 KK. Establish and maintain a method to resolve disagreements and complaints by
497 consumers and their authorized representatives. The process for consumer appeals and
498 dispute resolution must be approved by the LMHA.

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499
500 LL. Report all allegations of abuse, neglect and exploitation in accordance with applicable
501 laws, to include DSHS, DFPS, and LMHA reporting procedures.
502

503 MM. Comply with all LMHA monitoring procedures and reporting requirements.
504

505
506 **V. EXPECTED PROVIDER SERVICES**

507
508 Depending on the service(s) being provided, Providers will be expected to:
509

510 A. Provide minimum required staff to insure consumer and staff safety.
511

512 B. Provide training to meet and maintain all requirements established by DSHS and the
513 LMHA, which must include First Aid, PMAB, Client Rights Protections, and etcetera.
514

515 C. Provide balanced and nutritious meals and snacks, as applicable.
516

517 D. Provide medical and psychiatric crisis intervention as needed.
518

519 E. Provide supervision of self-administered medications when requested by consumer or
520 guardian.
521

522 F. Provide locked medication storage when requested by consumer or guardian.
523

524 G. Provide a means of identifying and monitoring medication errors.
525

526 H. Attend meetings at the request of the LMHA.
527

528 I. Initiate a quality assurance program to insure quality and safety while meeting
529 documentation compliance with Medicaid and LMHA policy and procedures.
530

531 J. Respect and protect the personal rights of each consumer.
532

533 K. Provide any documentation requested by the LMHA as required by the contract and
534 directly or indirectly relates to consumer services.
535

536 L. Provide sufficient staffing to insure consumer and staff safety, 24 hours a day, 7 days a
537 week, 365 days per year.
538

539 M. Provide adequate locked storage/closet space for each consumer's personal possessions.
540

541 N. Provide furnished bedrooms.
542

543 O. Provide living and sleeping quarters that meet the Texas Department of Health and
544 Human Services standards for personal care.

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- 545
- 546 P. Provide transportation to and from medical, dental, and psychiatric appointments, as well
- 547 as for recreational and vocational needs.
- 548
- 549 Q. Provide vehicles to include all fuel, oil, liability insurance, and repairs as necessary to
- 550 meet all transportation requirements.
- 551
- 552 R. Provide a safe driving program for employees, to include verification by the Department
- 553 of Public Safety.
- 554
- 555 S. Provide on-call Managers to be available after hours, weekends, and holidays.
- 556

557 **VI. EXPECTED OUTCOMES**

558

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

- 560
- 561 A. Provide services to all consumers within 3 business days of referral (“business days” may
- 562 include Saturdays and Sundays, when applicable to the service being provided).
- 563
- 564 B. Maintain a service record on each Waiver participant and maintain all participant related
- 565 documentation in the chart.
- 566
- 567 C. Notify the LMHA within 1 hour of any significant incident and immediately if a death
- 568 occurs.
- 569
- 570 D. Notify the LMHA and DFPS of any abuse, neglect and/or exploitation within 1 hour of
- 571 any incident.
- 572

573

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575 **VII. RATE AND METHOD OF PAYMENT**

576

577 Provider agrees, for those services it is applying to provide, to accept the rate schedule listed

578 below or the rate schedule as it may hereafter be amended as payment in full for approved

579 Waiver participant services. Provider will not submit a claim or bill or collect compensation

580 from the LMHA for any service for which it has not submitted an application, or been approved,

581 or contracted to provide. Provider agrees that compensation for providing services not covered

582 by its application will be solely between the Waiver participant and the Provider. The Waiver

583 participant must be informed in writing before any services are provided, that the Local

584 Authority is not responsible for payment for such services. Waiver participants are responsible

585 for payment for those services only if the Waiver participant consents in writing to the provision

586 of such non-covered services.

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591 Providers contracting with the LMHA shall be reimbursed for services described in the schedule
 592 below.
 593

Community Living Supports (Bachelor's Degree) - per 15-minutes	\$ 25.02
Community Living Supports (Master's Degree) - per 15-minutes	\$ 25.02
Family Supports - per 15-minutes	\$ 6.25
Non-Medical Transportation - per mile*	\$ 0.55
Paraprofessional Services - per 15-minutes*	\$ 6.15
Transitional Services – one time per participant	\$ 158.28
Specialized Therapies*	
Art Therapy - ceiling per 15-minutes	\$ 19.36
Music Therapy - ceiling per 15-minutes	\$ 19.36
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	
Family Mandated Minimum - per day	\$ 69.25
Child Placing Agency - per day	\$ 67.98
Adaptive Aids and Supports*	Cost
Minor Home Modifications*	Cost
In-Home Respite - per hour	\$ 20.88
Out-of-Home Respite - Camp - ceiling per hour	\$ 9.84
Out-of-Home Respite - DFPS Residential Child Care - per day	
Mandated Family Rate - per day	\$ 88.62
Child Placing Agency - per day	\$ 67.98
Residential Care Facility - per day	\$ 115.44
Out-of-Home Respite - Licensed Child Care Center	
Preschool (ages 3 - 5) - per hour	\$ 5.32
School Age (ages 6 and older) - per hour	\$ 5.17
Out-of-Home Respite - Licensed Child Care Center - Texas Rising Star Provider (TRSP) Certified	
Preschool (ages 3 - 5) - per hour	\$ 5.61
School Age (ages 6 and older) - per hour	\$ 5.54
Out-of-Home Respite - Licensed Child Care Home	
Preschool (ages 3 - 5) - per hour	\$ 4.90
School Age (ages 6 and older) - per hour	\$ 4.86
Out-of-Home Respite - Licensed Child Care Home - TRSP Certified	
Preschool (ages 3 - 5) - per hour	\$ 5.17
School Age (ages 6 and older) - per hour	\$ 5.62
Out-of-Home Respite - Registered Child Care Home	
Preschool (ages 3 - 5) - per hour	\$ 4.75
School Age (ages 6 and older) - per hour	\$ 3.83
Out-of-Home Respite - Registered Child Care Home - TRSP Certified	
Preschool (ages 3 - 5) - per hour	\$ 4.99
School Age (ages 6 and older) - per hour	\$ 4.08

594

RFA- Open Enrollment for YES Waiver Services

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

599
600 *The LMHA does not pay for “no-shows” or “cancellations”.*

601
602

603 **VIII. LMHA RESPONSIBILITIES**

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605 The LMHA shall be responsible for:

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607 A. Conducting YES Waiver participant enrollment;

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609 B. Maintaining the Waiver Participant Interest List (Interest List);

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611 C. Making appropriate referrals to Providers based on consumer choice and access;

612

613 D. Assisting DSHS in managing Waiver enrollment and expenditures;

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615 E. Evaluating the individual and recommending the level of care to DSHS;

616

617 F. Assisting individuals to obtain Medicaid eligibility (if applicable);

618

619 G. Development and maintenance of Waiver participant’s IPC;

620

621 H. Utilization management;

622

623 I. Provision of Targeted Case Management;

624

625 J. Service coordination for Waiver and Non-Waiver Services;

626

627 K. Transition Planning;

628

629 L. Quality assurance and quality improvement activities;

630

631 M. Providing oversight, to include contract monitoring and quality assurance activities;

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633 N. Providing technical assistance when necessary;

634

635 O. Ensuring consumer information is exchanged in compliance with the Health Insurance
636 Portability and Accountability Act (HIPAA);

637

638 P. The LMHA does not guarantee any referral volume to any Provider.

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RFA- Open Enrollment for YES Waiver Services

641 **IX. APPLICATION INSTRUCTIONS**

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

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

**The Center for Health Care Services
Attn: Randa Gipson
6800 Park Ten Blvd.
Suite 200-S
San Antonio, Texas 78213
(210) 261-1122**

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 accepted 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 Randa Gipson, by email at rgipson@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

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

733

734 **II. ORGANIZATIONAL STRUCTURE**

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- 736 A. Describe Applicant’s organization structure.

737

- 738 B. If applicable, attach Applicant’s organizational chart.

739

740 **III. SERVICES**

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- 742 A. List the services from **Attachment B1** that Applicant is applying to provide. Indicate
743 where the services will be offered, who will provide the services (include education
744 and credentials), and the time of day and days of week the services will be made
745 available. Indicate the capacity for all services and the anticipated content of group
746 or day program services. Include a copy of program schedules and descriptions.
747 Additionally, indicate the length of time consumers generally receive services.

748

- 749 B. Describe Applicant’s intake process, to include how it is staffed. Attach any
750 documents or forms used during the intake process.

751

- 752 C. Describe the frequency and type of in-service training offered and required by
753 Applicant’s organization. Note specific training within the past two (2) years related
754 to patient rights and standards of service. Is Applicant’s staff current with in-service
755 training as required by the credentialing/licensing agency or the LMHA (if currently
756 under contract as a service provider)?

757

- 758 D. Describe Applicant’s experience in working with persons with mental illness and
759 related conditions over the past five years.

760

- 761 E. Describe Applicant’s history of working with persons who are not compliant with
762 treatment. Describe Applicant’s ability to treat persons with disabilities. Detail the
763 specific population to be served under this application. Include ages and levels of
764 severity.

765

- 766 F. Describe Applicant’s ability to serve hearing impaired consumers, those that have
767 limited language skills, and consumers who speak a language other than English.
768 Describe how Applicant’s organization ensures cultural competency on the part of
769 staff with regard to racial, ethnic, religious, and sexual orientation differences.

770

- 771 G. Describe or attach policies and procedures which describe any process currently
772 utilized by Applicant to receive communication from consumers, family members
773 and advocates, and to receive and resolve complaints and grievances. Define how
774 Applicant’s organization addresses consumer satisfaction, including methods used to
775 resolve consumer dissatisfaction with service delivery.

776

RFA- Open Enrollment for YES Waiver Services

- 777 H. Describe any processes Applicant utilizes to transition consumers to other services as
778 their level of functioning improves.
779
- 780 I. Detail how Applicant will respond to the transportation needs of the consumers
781 referred to Applicant's program, including the service site's proximity to and
782 availability to public transportation.
783
- 784 J. Detail how Applicant will meet the nutritional needs of the consumers referred to
785 Applicant's program.
786
- 787 K. Detail how Applicant's program conducts new consumer orientation.
788
- 789 L. Detail Applicant's plans and practices to support Applicant's employees in the
790 development and maintenance of a positive and healthy work environment in order to
791 prevent staff turnover.
792
- 793 M. Identify whether Applicant has an established corporate compliance program. If
794 "yes," attach a copy of the compliance plan. If "no," provide an explanation or plans
795 to establish a program.
796
- 797 N. Describe Applicant's process for ensuring privacy and dignity of consumers during
798 toiletry process.
799
- 800 O. Describe Applicant's Crisis Intervention process for both medical and psychiatric
801 crises.
802
- 803 P. Provide Applicant's procedures for medication monitoring.
804

IV. RISK ASSESSMENT

- 805
- 806
- 807 A. Has Applicant had any validated client abuse, client neglect, or rights violations
808 claims in the last three (3) years? If so, explain in detail.
809
- 810 B. Provide a copy of Professional Liability Insurance showing liability insurance
811 coverage and include directors' and officers' professional liability, errors and
812 omissions, general liability (including property and vehicle, if applicable), breaches
813 of privacy, and medical malpractice insurance.
814
- 815 C. Identify whether Applicant, as an entity, or anyone employed by Applicant is
816 currently under investigation, or has had a license or accreditation revoked by any
817 state, federal, or local authority or licensing agency within the last five (5) years. If
818 the answer is "yes," provide a detailed explanation.
819
- 820 D. Has Applicant ever been debarred, suspended, proposed for debarment, declared
821 ineligible, voluntarily excluded or otherwise disqualified from bidding, proposing or
822 contracting?

RFA- Open Enrollment for YES Waiver Services

- 823
- 824 E. Identify whether Applicant has ever been placed on vendor hold by an agency or
- 825 company. If “yes,” provide a detailed explanation.
- 826
- 827 F. Identify any lawsuits or litigation involving clinical services to which Applicant has
- 828 been a party during the past five (5) years. Provide details on any judgments.
- 829
- 830 G. Provide a list of clinical services contracts for which Applicant has been terminated
- 831 for cause in the last five (5) years.
- 832
- 833 H. Identify whether Applicant, as an entity, or any of Applicant’s employees’ Medicaid
- 834 Provider number(s) have ever been suspended or revoked. If “yes,” explain.
- 835
- 836 I. Provide the name of Workers’ Compensation carrier if the organization/provider has
- 837 Workers’ Compensation coverage, or self funding documents if self funded.
- 838
- 839 J. Are employees or agents of Applicant’s organization bonded? What is Applicant’s
- 840 policy and procedure for conducting criminal history background checks on
- 841 employees? Provide a certified (notarized) statement that Applicant has completed
- 842 criminal history background checks on all current employees and that neither
- 843 Applicant nor any of Applicant’s current employees has been convicted of any
- 844 criminal offense.
- 845
- 846 K. Provide a certified statement that all the Applicant facilities and services are
- 847 compliant with the accessibility requirements of the American with Disabilities Act
- 848 (ADA).
- 849
- 850 L. Identify whether Applicant, as an entity, or any of Applicant’s employees has ever
- 851 been removed, denied or barred from any Managed Care Provider list or other
- 852 insurance payer. If “yes,” explain.
- 853

854 **V. FINANCIAL**

855

- 856 A. Provide a copy of all certified external audits conducted in the past three (3) years.
- 857
- 858 B. Provide a copy of Applicant’s tax statements for the past three (3) years, (IRS Form
- 859 1040 and all Schedules, Forms 990 and all Schedules, Forms 1120 and all Schedules,
- 860 Forms 1065 and all Schedules, as applicable.
- 861
- 862 C. Provide a current Financial Statement, including Cash Flow.
- 863
- 864 D. Identify whether Applicant has ever filed bankruptcy. If the answer is “yes,” please
- 865 describe in detail.
- 866
- 867 E. Identify whether Applicant has ever defaulted on any business lease arrangement. If
- 868 the answer is “yes,” describe in detail.

RFA- Open Enrollment for YES Waiver Services

- 869
- 870 F. Identify whether Applicant owns or leases current business properties and in what
- 871 geographic areas Applicant intends to provide the service(s). Provide street address/s
- 872 where program services will operate.
- 873
- 874 G. Does Applicant have a Letter of Good Standing that verifies that Applicant is not
- 875 delinquent in State Franchise Tax? Corporations that are non-profit or exempt from
- 876 Franchise Tax are not required to have this letter, but will have a 501C IRS
- 877 Exemption form from the Comptroller's Office. Attach letter.
- 878
- 879 H. Is Applicant delinquent in the payment of any Child Support Payments? If so,
- 880 explain.
- 881

882 **VI. QUALITY MANAGEMENT / UTILIZATION MANAGEMENT**

- 883
- 884 A. Describe Applicant's Quality Improvement Plan and Programs. Attach a copy of the
- 885 Plan and a summary of data from the last six months of monitoring.
- 886
- 887 B. Identify all external program evaluations by accrediting/licensing authorities
- 888 conducted during the past three (3) years. Provide documentation regarding any
- 889 activities involving deficiencies, sanctions, and/or a required corrective Plan of
- 890 Action.
- 891
- 892 C. List all licenses, credentials, certifications, and/or accreditations currently held by
- 893 Applicant and Applicant's staff.
- 894

895 **VII. VALUE ADDED SERVICES**

- 896
- 897 Describe in detail any ways in which Applicant will exceed the requested services of this
- 898 application, thereby providing "value added services" to Waiver participants.
- 899
- 900

RFA- Open Enrollment for YES Waiver Services

**ATTACHMENT B
Miscellaneous Required Forms**

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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	
Specialized Therapies	
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

Credentialing Criteria

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

Minimum requirements for all services being sought:

- 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:
 - 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.
- Current drivers license for each person that will potentially provide transportation to Local Authority consumers.
- Current Insurance Verification including:
 - Professional and general liability
 - Vehicle (if transporting consumers is likely)
 - Workers Compensation
- Verification of criminal history checks for all staff potentially working with LMHA consumers.
- Life Safety code review for site assessment if not certified by a state agency.
- If applicable, documentation from certifying agency:
 - 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

- 1111 Current diagnosis of Schizophrenia, Major Depressive Disorder with
 1112 psychosis, Bipolar I with the most recent episode Manic or Mixed,
 1113

1114 Only proceed to letter B if CA-TRAG criteria are met. A Physician's signature is
 1115 not required on denials of eligibility if the CA-TRAG criteria are not met. A
 1116 Physician's signature is required if CA-TRAG scoring criteria are met and when
 1117 the individual does not meet the additional criteria specified below in the Texas
 1118 Medicaid Inpatient Psychiatric Admission Guidelines.
 1119

1120 **AND**

1121
 1122 **B. Texas Medicaid Inpatient Psychiatric Admission Guidelines:**

1123 These guidelines are:

- 1124 The Medicaid eligible youth must have a valid Axis I, Diagnostic and
 1125 Statistical Manual of Mental Disorders, 4th Edition, Text Revision (DSM-IV-
 1126 TR) diagnosis as the principle admitting diagnosis; **And**
- 1127 Outpatient therapy or partial hospitalization must have been attempted and
 1128 failed **or** a psychiatrist must have documented reasons why an inpatient level
 1129 of care is required; **And**
- 1130 The Medicaid eligible youth must meet at least one of the following
 1131 criteria:
- 1132 a. The Medicaid eligible individual is presently a danger to self,
 1133 demonstrated by at least one of the following:
- 1134 • Recent suicide attempt or active suicidal threats with a deadly plan
 1135 and an absence of appropriate supervision or structure to prevent
 1136 suicide;
 - 1137 • Recent self-mutilative behavior or active threats of same with
 1138 likelihood of acting on the threat and an absence of appropriate
 1139 supervision or structure to prevent self-mutilation (i.e.,
 1140 intentionally cutting / burning self);
 - 1141 • Active hallucinations or delusions directing or likely to lead to
 1142 serious self-harm or debilitating psychomotor agitation or
 1143 retardation resulting in a significant inability to care of self; or
 - 1144 • Significant inability to comply with prescribed medical health
 1145 regimens due to concurrent Axis I psychiatric illness and such
 1146 failure to comply is potentially hazardous to the life of the
 1147 individual. A medical diagnosis of Axis III which must be
 1148 treatable in a psychiatric setting.
- 1149 b. The Medicaid eligible individual is a danger to others. This behavior
 1150 should be attributable to the individual's specific Axis I, DSM-IV-TR
 1151 diagnosis and can be adequately treated only in a hospital setting. This
 1152 danger is demonstrated by one of the following:
- 1153 • Recent life-threatening action or active homicidal threats of same
 1154 with a deadly plan and availability of means to accomplish the plan
 1155 with the likelihood of acting on the threat;

RFA- Open Enrollment for YES Waiver Services

- 1156 • Recent serious assaultive or sadistic behavior or active threats of
 1157 same with the likelihood of acting on the threat and an absence of
 1158 appropriate supervision or structure to prevent assaultive behavior;
 1159 or
 1160 • Active hallucinations or delusions directing or likely to lead to
 1161 serious harm of others.
- 1162 c. The Medicaid eligible individual exhibits acute onset of psychosis or
 1163 severe thought disorientation, or there is significant clinical deterioration
 1164 in the condition of someone with chronic psychosis rendering the child or
 1165 adolescent unmanageable and unable to cooperate in treatment, and the
 1166 individual is in need of assessment and treatment in a safe and therapeutic
 1167 setting.
- 1168 d. The Medicaid eligible individual has a severe eating or substance abuse
 1169 disorder, which requires 24-hours-a-day medical observation, supervision,
 1170 and intervention.
- 1171 e. The proposed treatment / therapy requires 24-hours-a-day medical
 1172 observation, supervision, and intervention.
- 1173 f. The Medicaid eligible individual exhibits severe disorientation to person,
 1174 place, or time.
- 1175 g. The Medicaid eligible individual's evaluation and treatment cannot be
 1176 carried out safely or effectively in other settings due to severely disruptive
 1177 behaviors, and other behaviors which may include physical,
 1178 psychological, or sexual abuse.
- 1179 h. Medicaid eligible individual requires medication therapy, or complex,
 1180 diagnostic evaluation where the individual's level of functioning precludes
 1181 cooperation with the treatment regimen.

1182
 1183 An individual not meeting the listed criteria is not eligible for participation in the YES
 1184 Waiver. In addition, an individual is not eligible for YES Waiver services if they are
 1185 enrolled in foster care. Also, individuals cannot be duly enrolled or receive services from
 1186 other 1915(c) Waiver programs. These programs include, but are not limited to:

- 1187 i. Department of Aging and Disability Services (DADS) Waiver programs
 1188 such as CLASS, HCS, MDCP, CWP, DBMD, CBA, and TX Home
 1189 Living; and
 1190 ii. HHSC STAR+PLUS community-based Waiver.

1191
 1192 Please see the Clinical Eligibility Determination Form that documents the individual's
 1193 functional impairment. See Forms Section for the Clinical Eligibility Determination
 1194 Form.

1195
 1196 Financial Criteria

1197 To participate in the YES Waiver, an individual must be eligible for Medicaid, under a
 1198 Medicaid Eligibility Group included in the approved YES Waiver.

1199

RFA- Open Enrollment for YES Waiver Services

1200 Individuals who receive services under the YES Waiver are eligible under the following
1201 eligibility groups contained in the State plan. The State applies all applicable federal
1202 financial participation limits under the plan.

- 1203 • Low income families with children as provided in 1931 of the Act
- 1204 • SSI recipients
- 1205 • Working individuals with disabilities who buy into Medicaid (BBA working
1206 disabled group as provided in §1902(a)(10)(A)(ii)(XIII)) of the Act)
- 1207 • All State Plan groups except for: 1634(b) Early Aged Widow(er); 1634(d)
1208 Disabled Widow(er); 1634(c) Disabled Adult Children; and the following Foster
1209 Care Groups: 1902(a)(10)(A)(i)(I) and 1902(a)(10)(A)(ii)(XVII)

1210
1211 The LMHA will determine financial eligibility for services under the YES Waiver from
1212 standards used to determine eligibility for Medicaid in institutions. Under these
1213 standards, parental income is not counted. Individuals in the special HCBS waiver group
1214 are eligible in accordance with a special income level equal to 300% of the SSI Federal
1215 Benefit Rate.