

MH-Youth Empowerment Services (YES) Special Provision

SECTION I. STATEMENT OF WORK:

- A. The Texas Health and Human Services Commission (HHSC) is the Texas Medicaid Agency and has delegated operation of the 1915(c) Medicaid Home and Community-Based Services Waiver Program called Youth Empowerment Services (YES) Waiver to the Department of State Health Services (DSHS) as authorized by Texas Government Code §531.0055. The YES Waiver is administered under Social Security Act §1915(c). The purpose of this Appendix is to set out the requirements of the Contractor in administering the YES Waiver (Waiver) in the NorthSTAR Service Delivery Area. The YES Waiver serves to prevent or reduce institutionalization of children and adolescents ages 3 – 18 with serious emotional disturbance (SED), enable more flexibility in providing intensive community-based services for children and adolescents with SED, and provide support for their families by improving access to services.

HHSC and DSHS will determine financial eligibility for services under the Waiver from standards outlined in the Texas Administrative Code used to determine eligibility for Medicaid in institutions. Under these standards, parental income is not counted, which will reduce the current incentive for parents to relinquish custody to obtain access to Medicaid coverage for mental health treatment.

- B. Contractor shall comply with all policies outlined in the current version of the YES Waiver Policy and Procedure Manual posted at: <http://www.dshs.state.tx.us/mhsa/yes/>. This includes but is not limited to:
1. Manage and maintain an Inquiry List of individuals who are seeking Waiver services. This includes but is not limited to:
 - a. Establishing and maintaining an Inquiry list phone line with voice messaging capabilities
 - b. Answering or returning calls made to the Inquiry list phone line within 1 business day
 - c. Registering clients on the list in the order in which their call was received
 - d. Assessing for demographic eligibility via phone in the initial return phone call; and
 - e. Completing a face-to-face clinical eligibility assessment within 7 business days of the initial demographic eligibility determination contact. Exceptions, only at the request of the client and/or legally authorized representative (LAR), must be documented within client records.
 2. Facilitate waiver enrollment of interested individuals by completing all activities necessary for waiver enrollment. This includes but is not limited to:
 - a. For individuals found to be clinically eligible, complete an Initial Plan of Care to occur within 10 business days of Clinical Eligibility

Determination. Exceptions, only at the request of the client and/or legally authorized representative (LAR), must be documented within client records.

- b. Enrollment activities outlined in the YES Waiver Policy and Procedure Manual posted at: <http://www.dshs.state.tx.us/mhsa/yes/>.
3. Assist clients in obtaining and maintaining Medicaid eligibility;
4. Facilitate the development of participant Individual Plans of Care (IPC)
5. Submit to CMBHS completed Individual Plans of Care for approval within 5 business days of completion and in accordance with DSHS policy;
6. Provide Intensive Case Management using the Wraparound Planning Process as required and outlined in 25 TAC Chapter 412, Subchapter I;
7. Provide transition planning and service coordination beginning at least six months prior to the Waiver participant's 19th birthday;
8. Monitor service utilization for compliance with the DSHS approved IPC for each Waiver participant;
9. Provide engagement activities to facilitate participant participation in all indicated and approved Waiver services outlined in the IPC;
10. Perform Quality Management (QM) activities;
11. Maintain open communication and coordination with each Waiver Provider;
12. Cooperate with and assist HHSC, DSHS and any state or federal agency charged with the duty of identifying, investigating, sanctioning or prosecuting suspected fraud and abuse, including the Office of Inspector General at HHSC;
13. Allow DSHS and/or HHSC access to information or records related to Waiver participants, fully permitted by applicable law, rule or regulation. This information shall be provided at no cost to the requesting agency; and
14. Allow representatives of DSHS, HHSC, and The Texas Department of Family and Protective Services, Office of the Attorney General Medicaid Fraud, and United States Department of Health and Human Services full and free access to Contractor's staff or subcontractors and all locations where the Contractor or subcontractors perform activities related to the Waiver.

SECTION II. SERVICE TARGETS, PERFORMANCE MEASURES and OUTCOMES:

DSHS will measure Contractor's performance in accordance with the terms in this Statement of Work and on the achievement of the following performance measures. All deliverables shall be submitted to Northstar.contracts@dshs.state.tx.us and YESWaiver@dshs.state.tx.us.

A. YES Waiver Enrollment Requirements:

1. Contractor must enroll into YES Waiver a minimum of : 150 clients
2. An enrolled client is defined as a client with an authorized Enrollment IPC in place.

3. Contractor shall submit IPCs in accordance with the YES Waiver Policy and Procedure Manual.
4. Contractor shall continue to assess and, if found to be eligible, enroll clients in excess of their minimum enrollment requirement in accordance with Inquiry List Management policies (Section I.B)
5. Contractor shall not maintain a wait list
6. Achievement of minimum enrollment requirements will be determined as follows:
 - a. Contractor shall enroll 45% of the YES Waiver minimum enrollment requirement on or before sixth month of implementation;
 - b. Contractor shall enroll 85% of the YES Waiver minimum enrollment requirement on or before the twelfth month of implementation;
 - c. Contractor shall enroll 100% of the YES Waiver enrollment requirement on or before the eighteenth month of implementation;
 - d. Contractor shall maintain their YES Waiver minimum average enrollment requirement beginning the nineteenth month of implementation.
 - 1) Contractor's average enrollment will be calculated by adding the number of unique individuals enrolled each month in a reporting period and dividing that number by the number of months in the reporting period.

B. Inquiry List Management

Contractor shall submit a complete and up to date Inquiry List to DSHS on the last business day of each month.

- C. Contractor shall maintain documentation of the services outlined in Section I and shall provide DSHS with documentation of compliance with policies in the YES Waiver Policy and Procedure Manual within five business days of a request from DSHS.

D. Transition Plan Development and Coordination

Contractor shall assist the participant in the development of a transition plan and submit the plan to DSHS for review and approval at least six months before the participant's 19th birthday.

E. Quality Management

1. Contractor shall implement and maintain its DSHS approved YES Waiver Quality Management plan which includes activities intended to monitor compliance with all YES Waiver policies and procedures as outlined in the YES Waiver Policy Manual and address any necessary corrective actions identified during Quality Management reviews.
2. Contractor shall perform all activities outlined in the approved Quality Management plan.

F. Wraparound Facilitation

1. Contractor shall utilize the Medicaid Intensive Case Management (ICM) service to coordinate client enrollment and service provision and to develop client plans of care;
2. ICM shall be delivered utilizing the National Wraparound Implementation (NWIC) model;
3. Direct service providers of ICM shall meet the following training requirements as applicable to Training Requirements for the provision of ICM.
 - a. Ensure that Wraparound Process Treatment is provided by an employee of the provider who is a QMHP-CS, CSSP, or LPHA. Providers must ensure that the employee has achieved Wraparound Facilitator training through a DSHS approved entity; and
 - b. Providers must ensure that Wraparound Facilitators have completed, or are in the process of completing, each of the core trainings listed below in the order in which they are listed. These trainings must be provided by a person/entity that has been certified as a training entity by the National Wraparound Initiative (NWI) standards:
 - i. Introduction to Wraparound
 - ii. Engagement in the Wraparound Process
 - iii. Intermediate Wraparound: Improving Wraparound Practice
 - c. At least once per month, Wraparound Facilitators must receive ongoing Wraparound supervision from a Wraparound Supervisor who has completed the following training which must be provided by a person/entity that has been certified as a training entity by the National Wraparound Initiative (NWI):
 - i. Advancing Wraparound Practice—Supervision and Managing to Quality
4. Intensive Case Manager Caseload Maximums:
 - a. From day 1-90 of YES Waiver Implementation: direct service providers of ICM shall maintain a caseload size no greater than 15 clients;
 - b. From day 91-120 of YES Waiver Implementation: direct service providers of ICM shall maintain a caseload size no greater than 12 clients;
 - c. From day 121 and beyond of YES Waiver Implementation: direct service providers of ICM shall maintain a caseload size no greater than 10 clients;
 - d. Exceptions: Contractor must request and submit a plan to DSHS for approval for blended caseloads if direct service providers of ICM provide other services.

G. Provider Network

Contractor must develop and maintain a provider network that meets the criteria of network adequacy. Network adequacy includes:

- a. Contracted qualified providers of the YES Waiver service array;
- b. No more than 20% of services on the IPC can be provided directly by the contractor, unless the contractor is the provider of last resort;
- c. Access to all services on an approved IPC within 10 business days of IPC approval, or later at the child/LAR request;
- d. Client choice of qualified provider of individual services; and
- e. Access to qualified providers within 30 miles of the client's residence