

**YES Waiver Provider Qualifications and Service Limits
Policies and Procedures Manual
09/01/13
Change Log**

Policies and Procedures

Revisions to the requirements are underlined in the REVISED sections

B. Program Overview

Revisions to the YES Service Array, Service Areas and Capacity and Medicaid State Plan Services

CURRENT

iii) Service Array

The YES Waiver service array includes:

- Respite (In-Home and Out-Of-Home)*
- Adaptive Aids and Supports
- Community Living Supports
- Family Supports
- Minor Home Modifications
- Non-Medical Transportation
- Paraprofessional Services
- Professional Services (Animal Assisted Therapy, Art Therapy, Music Therapy, Recreational Therapy, Nutritional Counseling)*
- Specialized Psychiatric Observation (*not currently available*)
- Supportive Family-based Alternatives
- Transitional Services

REVISED

iii) Service Array

The YES Waiver service array includes:

- Respite (In-Home and Out-Of-Home)*
- Adaptive Aids and Supports
- Community Living Supports
- Employment Assistance Services
- Family Supports
- Minor Home Modifications
- Non-Medical Transportation
- Paraprofessional Services
- Specialized Therapies (Animal Assisted Therapy, Art Therapy, Music Therapy, Recreational Therapy, Nutritional Counseling)*
- Supported Employment Services
- Supportive Family-Based Alternatives
- Transitional Services

only Pre-Engagement Service (non-Medicaid applicants); provided by LMHAs

Waiver participants are also covered under the Medicaid State Plan. State Plan Services include but are not limited to:

- Targeted Case Management
- Psychiatric Evaluation
- Psychological Services
- Counseling
- Crisis Services
- Rehabilitation Services
- Other State Plan Services

iv) Service Areas & Capacity

The YES Waiver was piloted in Bexar and Travis Counties in April, 2010; expansion to Tarrant County began July, 2012. Collectively the three counties serve a maximum 400 Waiver participants at any given time. The waiver is scheduled for implementation into Harris County by March of 2014. Additionally, the 83rd Legislature, Regular Session, 2013, authorized the YES waiver to expand state-wide, and implementation plans are in the development stage.

D. Definitions

ADDED

Clinical Management for Behavioral Health Services (CMBHS) - is an electronic health record created and maintained by the Department of State Health Services for the use of contracted Mental Health and Substance Abuse Services. CMBHS is utilized by Local Mental Health Authorities to enter information from the uniform assessment that includes, but is not limited to the CA-TRAG and YES waiver authorization (LOC-A=Y).

CMHC or Community Mental Health Center – An entity established in accordance with the Texas Health and Safety Code, §534.001, as a community mental health center or a community mental health and mental retardation center.

CURRENT

Treatment Plan – A plan that is developed jointly with the Waiver participant, Legally Authorized Representative, Targeted Case Manager, and Waiver Provider and approved by DSHS. The treatment plan includes goals and objectives, Safety Plans, Crisis Plans, and the Individual Plan of Care for the Waiver participant and family utilizing a strengths- based approach.

REVISED

Treatment Plan– A plan that is developed jointly with the Waiver participant, Legally Authorized Representative, Targeted Case Manager, and Waiver Provider utilizing the National Wraparound Initiative (NWI) wraparound process, and reviewed by DSHS. The treatment plan includes goals and objectives, Safety Plans, Crisis Plans, and the Individual Plan of Care for the Waiver participant and family.

CURRENT

Treatment Planning Process – A process that includes the identification of goals and objectives, Safety Planning, Crisis Planning, and the identification of types, quantities, and frequency of services, and the development of the IPC, and ongoing monitoring of the IPC. This process incorporates a Wraparound approach to service delivery.

REVISED

Treatment Planning Process – A wraparound (NWI) process that includes the identification of goals and objectives, Safety Planning, Crisis Planning, and the identification of types, quantities, and frequency of services, and the development of the Treatment Plan and ongoing monitoring of the IPC.

CURRENT

Treatment Team Meeting – A regularly scheduled meeting in which the Targeted Case Manager, Waiver Provider, LAR, Waiver participant, and others, meet to discuss the Waiver participant’s progress and work to resolve or address identified needs.

REVISED Treatment Team Meeting – A regularly scheduled meeting in which the Targeted Case Manager, Waiver Provider, LAR, Waiver participant, and others meet to monitor progress, which is done by measuring the plan’s components against indicators of success selected by the team. Plan components, interventions and strategies are revised as needed.

CURRENT

Wraparound – A planning process that follows a series of steps to help children and their families realize a life that reflects their hopes and dreams, and to help make sure that youth grow up in their homes and communities. It is a planning process that brings people together from different parts of the family’s life. The wraparound process aims to achieve positive outcomes by providing a structured, creative and individualized team planning process that results in plans that are effective and relevant to the child and family.

REVISED

Wraparound – is an intensive, holistic method of engaging individuals with complex needs (most typically children, youth and their families) so that they can live in their homes and communities and realize their hopes and dreams. Wraparound is a process that aims to achieve positive outcomes by providing a structured, creative and individualized team planning process that results in plans that are effective and

relevant to the child and family. Through the team-based planning and implementation process, wraparound also aims to develop problem-solving skills, coping skills, and self-efficacy of the young people and family members. There is an emphasis on integrating the youth into the community and building the family's social support network.

Participating Agencies/Individuals

E. Local Mental Health Authority

CURRENT

The Local Mental Health Authority (LMHA), through a MOU with DSHS, is responsible for the following local administrative activities:

- 1) Waiver participant enrollment,
- 2) Maintaining the Waiver Participant Inquiry List,
- 3) Assisting DSHS in managing Waiver enrollment and expenditures,
- 4) Evaluating individuals registered on the Inquiry List and recommending the level of care to DSHS,
- 5) Assisting individuals to obtain Medicaid eligibility (if applicable),
- 6) Development and maintenance of Waiver participant's IPC,
- 7) Utilization management,
- 8) Provision of Targeted Case Management,
- 9) Service coordination for YES Waiver and Non-Waiver Services,
- 10) Transition Planning, and
- 11) Quality assurance and quality improvement activities.

REVISED

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- 4) Evaluating individuals registered on the Inquiry List and recommending the level of care to DSHS,
- 5) Assisting individuals to obtain Medicaid eligibility (if applicable),
- 6) Development and maintenance of Waiver participant's IPC, and Treatment Plan,
- 7) Utilization management,
- 8) Provision of Targeted Case Management,
- 9) Service coordination for YES Waiver and Non-Waiver Services,
- 10) Transition Planning, and
- 11) Quality assurance and quality improvement activities.

Policies and Procedures

C. Waiver Provider Credentialing

CURRENT

* DSHS is working toward automating claims payment through TMHP and this is anticipated to be complete upon renewal of the YES Waiver, which would occur during 2013. In order for TMHP to pay YES Waiver claims directly to Waiver Providers, each Waiver Provider will need to be enrolled as a Medicaid provider and assigned a Medicaid provider type specific to the YES Waiver. This may require the Waiver Provider to complete additional credentialing steps at that time in order to fulfill TMHP's Medicaid Provider enrollment requirements in order to receive reimbursement for YES Waiver services. DSHS is currently working with TMHP to make this transition as smooth as possible for Waiver Providers that are not already registered Medicaid Providers.

REVISED

* DSHS is working toward automating claims payment through TMHP and this is anticipated to be complete upon renewal of the YES Waiver, which would occur during 2014. In order for TMHP to pay YES Waiver claims directly to Waiver Providers, each Waiver Provider will need to be enrolled as a Medicaid provider and assigned a Medicaid provider type specific to the YES Waiver. This may require the Waiver Provider to complete additional credentialing steps at that time in order to fulfill TMHP's Medicaid Provider enrollment requirements in order to receive reimbursement for YES Waiver services. DSHS is currently working with TMHP to make this transition as smooth as possible for Waiver Providers that are not already registered Medicaid Providers.

CURRENT

2. Training

The Training components include, but are not limited to, an orientation to the YES Waiver, Systems of Care, and the Wraparound approach to service delivery. The Waiver Provider and all direct service staff must meet the following training requirements within the stated timeframes. The Waiver Provider is responsible for training all direct service staff on Waiver Provider's policies and procedures that include, but is not limited to: reporting of abuse, neglect, and exploitation; behavior management; recordkeeping, critical incident reporting.

REVISED

2. Training

The Training components include, but are not limited to, an orientation to the YES Waiver, Systems of Care, and the National Wraparound Initiative approach to service delivery. The Waiver Provider and all direct service staff must meet the following training requirements within the stated timeframes. The Waiver Provider is responsible for training all direct service staff on Waiver Provider's policies and procedures that include, but is not limited to: reporting of abuse,

neglect, and exploitation; behavior management; recordkeeping, critical incident reporting

CURRENT

Systems of Care (SOC) and Wraparound

The Waiver Provider and all contracted providers shall complete online training on the Introduction to Systems of Care and the Wraparound approach to service delivery **within the first six months of hire**. All contracted providers must have basic knowledge and understanding of the National Wraparound Initiative approach to service delivery core elements listed below **prior** to the provision of YES Waiver services and/or participation on a Treatment Team.

REVISED

Systems of Care (SOC) and Wraparound

The Waiver Provider and all direct service staff shall complete training on the Introduction to Systems of Care and the Wraparound approach to service delivery **within the first six months of hire**. All direct service staff must have basic knowledge and understanding of the National Wraparound Initiative approach to service delivery core elements listed below **prior** to the provision of YES Waiver services and/or participation on a treatment team.

CURRENT

Once credentialed and a Waiver Provider Agreement is executed, each Waiver Provider must maintain a documented process in accordance with 25 TAC, Part 1, Chapter 414, Subchapter K., related to self-reporting and subsequent criminal history and registry checks. Evidence of this process must be available to DSHS at yearly reviews. DSHS must be notified of any changes to the criminal history and abuse registry checks for any individual that has been involved in the provision of Waiver services.

REVISED

Once credentialed and a Waiver Provider Agreement is executed, each Waiver Provider must maintain a documented process in accordance with 25 TAC, Part 1, Chapter 414, Subchapter K., related to self-reporting and subsequent criminal history and registry checks. Evidence of this process must be available to DSHS at yearly reviews and desk reviews. DSHS must be notified of any changes to the criminal history and abuse registry checks for any individual that has been involved in the provision of Waiver services.

D. Inquiry List

CURRENT

1. Inquiry List Management

The LMHA will establish the local Inquiry List for their respective service area. The purpose of the Inquiry List is to maintain a log of individuals that are

interested in receiving YES Waiver services and to establish the priority of assessing for eligibility on a first-come, first-served basis.

The LMHA may utilize local computer applications (i.e. Anasazi) to maintain the Inquiry List or other tracking mechanisms. The LMHA and DSHS will collaboratively develop a process to share general tracking and demographic information about each individual registered on the Inquiry List for programmatic monitoring and reporting purposes. Examples of the type of information that DSHS may request includes, but is not limited to:

- a. Number of individuals registered on the Inquiry List;
- b. Number of individuals that have been assessed and / or are waiting to be assessed;
- c. Number of individuals that met clinical eligibility;
- d. Number of individuals that were denied participation (and reason for denial);
- e. Number of eligible individuals that declined participation;
- f. Date of registration (i.e. date the individual or LAR called the Inquiry List phone line and requesting YES Waiver services);
- g. First and last name of the individual and LAR;
- h. Contact Information (i.e. address, phone number);
- . Date of Birth / Age;
- j. Gender;
- k. Medicaid status (current recipient or non-recipient);
- l. RDM status (currently enrolled in RDM or not currently enrolled in RDM); and
- m. Date of clinical eligibility assessment;

REVISED

1. Inquiry List Management

The LMHA will establish the local Inquiry List for their respective service area. The purpose of the Inquiry List is to maintain a log of individuals that are interested in receiving YES Waiver services and to establish the priority of assessing for eligibility on a first-come, first-served basis.

The LMHA utilizes the DSHS Inquiry List document (see Forms section) to maintain the Inquiry List.

E. Eligibility Criteria and Evaluation of Level of Care

Qualified Income Trust

CURRENT

If a Waiver participant's income exceeds the financial limit (\$2,022 per month), deeming them ineligible due to Waiver financial eligibility requirements, then an option is available for the Waiver participant to set up a Qualified Income Trust (QIT) in order to

meet the financial requirements. It is the responsibility of the individual and LAR to set up a QIT.

REVISED

If a Waiver participant's income exceeds the financial limit (\$2,130 per month), deeming them ineligible due to Waiver financial eligibility requirements, then an option is available for the Waiver participant to set up a Qualified Income Trust (QIT) in order to meet the financial requirements. It is the responsibility of the individual and LAR to set up a QIT.

5. Temporary Inpatient Services

CURRENT

See forms section for the Notice of Hospitalization and Participant Absence Form.

Waiver participants may need to access temporary inpatient services while enrolled in the YES Waiver. If the situation is temporary (90 days), not permanent, the Waiver participant's eligibility is not affected as long as the LMHA is monitoring the individual monthly, concluding that the Waiver participant still is in need of Waiver services. When a Waiver participant is either hospitalized or discharged, the LMHA must complete and submit the Critical Incident Reporting Form to DSHS within 72 hours of hospitalization, and within 72 hours of hospitalization discharge. The LMHA must submit an updated IPC within 30 days of a hospitalization discharge.

REVISED

See forms section for the Critical Incident Reporting Form.

Waiver participants may need to access temporary inpatient services while enrolled in the YES Waiver. If the situation is temporary (90 days), not permanent, the Waiver participant's eligibility is not affected as long as the LMHA is monitoring the individual monthly, concluding that the Waiver participant still is in need of Waiver services. When a Waiver participant is either hospitalized or discharged, the LMHA must complete and submit the Critical Incident Reporting Form to DSHS within 72 hours of the date notified of hospitalization, and within 72 hours of the date notified of hospitalization discharge. The LMHA must submit an updated IPC within 30 days of a hospitalization discharge.

Local Mental Health Authority

CURRENT

1. Eligible for YES Waiver: When the individual does not meet clinical eligibility criteria, a copy of the Clinical Eligibility Determination Form complete with required signatures for that denial must be retained by the LMHA. A Physician's signature is only required to verify / concur with any recommendation to deny level of care if CA-TRAG scoring criteria

are met but the individual does not meet the Texas Medicaid Inpatient Psychiatric Admission Guidelines. The Physician's signature is to be documented on the Clinical Eligibility Determination Form, if applicable. Do not submit the Clinical Eligibility Determination Form to DSHS Waiver Staff. Provide the individual and LAR with the Denial of Eligibility Letter and Letter of Withdrawal and remove the individual from the Inquiry List. The LMHA should refer the individual to other services as appropriate.

REVISED

Eligible for YES Waiver: When the individual does not meet clinical eligibility criteria, a copy of the Clinical Eligibility Determination Form complete with required signatures for that denial must be retained by the LMHA. A Physician's signature is only required to verify / concur with any recommendation to deny level of care if CA-TRAG scoring criteria are met but the individual does not meet the Texas Medicaid Inpatient Psychiatric Admission Guidelines. The Physician's signature is to be documented on the Clinical Eligibility Determination Form, if applicable. Do not submit the Clinical Eligibility Determination Form to DSHS Waiver Staff. Provide the individual and LAR with the Denial of Eligibility Letter and Letter of Withdrawal and remove the individual from the Inquiry List. The LMHA shall refer the individual to other services as appropriate.

F. Waiver Participant Eligibility and Enrollment

1. Process Flow (Steps 1-12)

See Appendix D for the Enrollment and Eligibility Process Flow

CURRENT

1. The LMHA registers each individual on the Inquiry List on a first-come, first-served basis, based on the date and time the telephone call or voice message was received.

REVISED

2. The LMHA registers each individual on the Inquiry List on a first-come, first-served basis, based on the date and time the telephone call or voice message was received. Responses to voice messages by the LMHA should occur within 24-48 hours upon receipt of the message.

Step 4: Determine Demographic and Clinical Eligibility

CURRENT

3.(b) **The subject line must read:** Eligibility Verification Request (*insert applicant's initials and last four digits of CARE ID number*).

REVISED

3.(b) **The subject line must read:** Eligibility Verification Request (*insert applicants_initials, XXXX and last four digits of CARE ID number*).

Step 6: Obtain Financial Eligibility (only applicable for individuals who are not currently Medicaid Eligible)

6a: Submit an application for Financial Eligibility

CURRENT

1. The LMHA assists the individual and/or the LAR in obtaining and completing an application for Medicaid Eligibility. Tips to submit a complete application:
 - a. Complete application in terms of income and resources of the individual applying for Medicaid. If parental / guardian information is also listed, please notate that the income / resources is the parents and not the child's;
 - b. Provide the Diagnosis Review;
 - c. Provide the most recent **physician** signed medical treatment records with diagnosis; records from the most recent twelve months is preferable;
 - d. Provide copy of individual's Birth Certificate
 - e. Provide copy of individual's Private Insurance Card, front and back (if applicable); include policy values;
 - f. All resources must be listed (i.e. bank accounts), financial verification (i.e. 3 consecutive monthly bank statements dated to first of month of application date complete with ending balance and account holder names) must also accompany the application or will be requested by HHSC; and
 - g. Submit the application and documentation to the YES Waiver Email box and mail the hardcopy DSHS YES Waiver address.

REVISED

1. The LMHA assists the individual and/or the LAR in obtaining and completing an application for Medicaid Eligibility. Tips to submit a complete application:
 - a. Complete application in terms of income and resources of the individual applying for Medicaid. If parental / guardian information is also listed, please notate that the income / resources is the parents and not the child's;
 - b. Provide the Diagnosis Review;
 - c. Provide the most recent **physician** signed medical treatment records with diagnosis; records from the most recent twelve months is preferable;
 - d. Provide copy of individual's Birth Certificate
 - e. Provide copy of individual's Private Insurance Card, front and back (if applicable); include policy values;
 - f. All resources must be listed (i.e. bank accounts), financial verification (i.e. 3 consecutive monthly bank statements dated to first of month of application date complete with ending balance and account holder names) must also accompany the application or will be requested by HHSC; and

- g. Submit the application and documentation to the YES Waiver Email box and mail the hardcopy DSHS YES Waiver address, within 30 days of participant approved clinical eligibility.

NOTE:

Information from other sources may also help show the extent to which an individual's impairment(s) affects his or her ability to function in a work setting; or in the case of a child, the ability to function compared to that of children the same age who do not have impairments. Other sources include public and private agencies, non-medical sources such as schools, parents and caregivers, social workers and employers, and other practitioners such as naturopaths, chiropractors and audiologists.

6b: Submit IPC Projection (only applicable for individuals who are not currently Medicaid Eligible)

CURRENT

1. The LMHA completes and submits an IPC_Projection to DSHS YES Waiver Staff to document medical necessity at the YES Waiver E-mail Address by replying to the original email chain with subject: Eligibility Verification Request (*insert applicant's initials and last four digits of CARE ID number*).
 - a. The anticipated IPC Start Date (Prior-Auth) of YES Waiver services should be within 30 days.
 - b. IPC Projections are not required to have the signature of the Waiver Provider as they may not have selected a Waiver Provider at this point in the process.
 - c. IPC Projections are not required to have an Annual IPC Begin Date or Annual IPC End Date as these dates are based on the date the individual is authorized for YES Waiver in CMBHS, and this may not have occurred at this point in the process.

REVISED

1. The LMHA completes and submits an IPC Projection to DSHS YES Waiver Staff within 30 days of approved clinical eligibility to document medical necessity at the YES Waiver E-mail Address by replying to the original email chain with subject: Eligibility Verification Request (*insert applicant's initials XXXX and last four digits of CARE ID number*).
 - a. The anticipated IPC Start Date (Prior-Auth) of YES Waiver services within 30 days.
 - b. IPC Projections are not required to have the signature of the Waiver Provider as they may not have selected a Waiver Provider at this point in the process.
 - c. IPC Projections are not required to have an Annual IPC Begin Date or Annual IPC End Date as these dates are based on the date the individual is authorized for YES Waiver in CMBHS and this may not have occurred at this point in the process.

Step 9: Coordinate the Treatment Planning Process and Develop the IPC

CURRENT

1. The Targeted Case Manager (TCM) leads the comprehensive Treatment Planning Process with the members of the Treatment Team that includes, but is not limited to, the identification of goals and objectives, Safety Planning, Crisis Planning, and the development of the IPC, and ongoing monitoring of the IPC. IPC development includes:
 - a. The identification of types of YES Waiver services;
 - b. The identification annual quantity of YES Waiver services;
 - c. Calculations of annual cost for proposed services;
 - d. State Plan Services; and
 - e. Non-Waiver services (i.e. DSHS general revenue flexible funds).
1. The Targeted Case Manager coordinates the development of the IPC which shall include, but is not limited to, the following parties: the Waiver participant; LAR and/or family; and selected Waiver Provider.
2. The Targeted Case Manager monitors the IPC, Waiver participant health and welfare, and assesses how well Waiver services are meeting the Waiver participant's needs and enabling the Waiver participant to achieve the stated goals and outcomes.
3. The Annual IPC Begin Date is the date the individual was initially authorized for the YES Waiver in WebCARE.
4. The Annual IPC End Date is the date one year from the Annual IPC Begin Date. Example: IPC Begin Date = 4/1/10, IPC End Date = 3/31/11.
5. The IPC Start Date (Prior-Auth) is identified by the LMHA on the IPC form, with the default being the date that the IPC is submitted to DSHS. If the start date of the revision is requested on a date *earlier* than the date the IPC was submitted, the LMHA must identify the reason for starting services prior to receiving approval from DSHS.

REVISED

9: Coordinate the Wraparound Treatment Planning Process and Develop the IPC

The Targeted Case Manager (TCM) leads the comprehensive Wraparound Treatment Planning Process with the members of the Treatment Team that includes, but is not limited to, the identification of goals and objectives, Safety Planning, Crisis Planning, and the development of the IPC, and ongoing monitoring of the IPC. IPC development includes:

1. The identification of types of YES Waiver services;
2. The identification annual quantity of YES Waiver services;
3. Calculations of annual cost for proposed services;
4. State Plan Services; and
5. Non-Waiver services (i.e. DSHS general revenue flexible funds).

The Targeted Case Manager coordinates the development of the Treatment Plan and IPC which shall include, but is not limited to, the

following parties: the Waiver participant; LAR and/or family; and selected Waiver Provider.

The Targeted Case Manager monitors the Treatment Plan and the IPC, Waiver participant health and welfare, and assesses how well Waiver services are meeting the Waiver participant's needs and enabling the Waiver participant to achieve the stated goals and outcomes.

The Annual IPC Begin Date is the date the individual was initially authorized for the YES Waiver in CMBHS.

The Annual IPC End Date is the date one year from the Annual IPC Begin Date. Example: IPC Begin Date = 4/1/10, IPC End Date = 3/31/11.

The IPC Start Date (Prior-Auth) is identified by the LMHA on the IPC form, with the default being the date that the IPC is submitted to DSHS. If the start date of the revision is requested on a date *earlier* than the date the IPC was submitted, the LMHA must identify the reason for starting services prior to receiving approval from DSHS.

Step 10: Obtain IPC Approval

CURRENT

1.(a) and 2 (a.)**The subject line must read:** IPC Approval Request (*insert participant's initials and last four digits of CARE ID number*).

REVISED

1. (a) and 2.(a) **The subject line must read:** IPC Approval Request (*insert participant's initial, XXXX and the last four digits of CARE ID number*).

H. Consumer Rights

CURRENT

3. Abuse, Neglect, and Exploitation (ANE)

Cases of suspected ANE shall be reported to the appropriate investigative authority immediately. The LMHA and Waiver Provider shall comply with the provisions of state law as set forth in Chapter 261 of the Texas Family Code relating to reporting suspected child abuse and the provisions of DSHS policy (DSHS Child Abuse Screening, Documenting, and Reporting Policy for Contractors/Providers Revised Effective 1/1/2009). Contractor/provider staff shall respond to disclosures or suspicions of abuse of minors by reporting to appropriate agencies as required by law. The [Texas Family Code](#) requires professionals to make a report within 48 hours of first suspecting ANE of children. The [Human Resources code Chapter 48 \(§48.051\)](#) requires a person having cause to believe that an elderly or disabled person is in the state of abuse, neglect, or exploitation to report the information required immediately.

Waiver Providers shall develop, implement and enforce a written policy that includes at a minimum the DSHS Child Abuse Screening, Documenting, and Reporting Policy for Contractors/Providers and train all direct service staff on reporting requirements. Waiver Providers shall use the Child Abuse Reporting Form as required by DSHS. Waiver Providers shall retain reporting documentation on site and make it available for inspection by DSHS when requested.

The DSHS Child Abuse Screening, Documenting, and Reporting Policy for Contractors/Providers Revised Effective 1/1/2009, general reporting guidelines, and the Child Abuse Reporting Form are located at the following webpage:

http://www.dshs.state.tx.us/childabusereporting/gsc_pol.shtm.

Reports of abuse or indecency with a child shall be made to:

A. Texas Department of Family and Protective Services (DFPS):

1. Texas Abuse Hotline at 1-800-252-5400 operated 24 hours a day, 7 seven days a week,
2. by DFPS fax at 1-800-647-7410,
3. online at <https://www.txabusehotline.org/Default.aspx>; or

B. Any local or state law enforcement agency; or

C. The state agency that operates, licenses, certifies, or registers the facility in which the alleged abuse occurred; or

D. The agency designated by the court to be responsible for the protection of children.

When the alleged or suspected abuse involves a person responsible for the care, custody, or welfare of the child, the report must be made to DFPS.

All contacts related to reporting of suspected ANE must be documented by all direct service staff. This documentation, at a minimum, shall include date of contact, name of member the report is being made on behalf of, brief synopsis of allegations, name of the DFPS employee taking the report.

DFPS receives allegations of ANE of Waiver participants from the LMHA and Waiver Provider. DFPS has investigative authority of allegations involving Waiver participants when the LMHA or an agent or subcontractor of the LMHA is the alleged perpetrator.

DFPS also has investigative authority over all allegations involving Waiver participants if the alleged perpetrator is a parent or primary caregiver. Law enforcement has investigative authority if the alleged perpetrator is not a parent (and not an agent or contractor of the LMHA).

REVISED

Cases of suspected ANE shall be reported by the LMHA/Waiver Provider to the appropriate investigative authority immediately, and within one business day after the allegation, a Client Abuse and Neglect Reporting form must be submitted to the Department of Family and Protective Services.

The DSHS Child Abuse Screening, Documenting, and Reporting Policy for Contractors/Providers Revised Effective 1/1/2009, general reporting guidelines, and the Child Abuse Reporting Form (see Forms) are located at the following webpage: http://www.dshs.state.tx.us/childabusereporting/gsc_pol.shtm.

Reports of abuse or indecency with a child shall be made to:

A. Texas Department of Family and Protective Services (DFPS):

1. Texas Abuse Hotline at 1-800-252-5400 operated 24 hours a day, 7 seven days a week,

2. by DFPS fax at 1-800-647-7410,

3. online at <https://www.txabusehotline.org/Default.aspx>; or

B. Any local or state law enforcement agency; or

C. The state agency that operates, licenses, certifies, or registers the facility in which the alleged abuse occurred; or

D. The agency designated by the court to be responsible for the protection of children.

When the alleged or suspected abuse involves a person responsible for the care, custody, or welfare of the child, the report must be made to DFPS.

DFPS receives allegations of ANE of Waiver participants from the LMHA and Waiver Provider. DFPS has investigative authority of allegations involving Waiver participants when the LMHA or an agent or subcontractor of the LMHA is the alleged perpetrator.

DFPS also has investigative authority over all allegations involving Waiver participants if the alleged perpetrator is a parent or primary caregiver. Law enforcement has investigative authority if the alleged perpetrator is not a parent (and not an agent or contractor of the LMHA).

The LMHA and Waiver Provider shall comply with the provisions of state law as set forth in Chapter 261 of the Texas Family Code relating to reporting suspected child abuse and the provisions of DSHS policy (DSHS Child Abuse Screening, Documenting, and Reporting Policy for Contractors/Providers Revised Effective 1/1/2009). .

The LMHA and Waiver Providers shall develop, implement and enforce a written policy that includes at a minimum the DSHS Child Abuse Screening, Documenting, and Reporting Policy for Contractors/Providers and train all direct service staff on reporting requirements. Waiver Providers shall use the Child Abuse Reporting Form as required by DSHS. Waiver Providers shall retain reporting documentation on site and make it available for inspection by DSHS when requested. The LMHA and Waiver Providers shall submit a Critical Incident Reporting Form (see Forms) to DSHS YES waiver program within 72 hours of an alleged ANE report.

All contacts related to reporting of suspected ANE must be documented by all direct service staff. This documentation, at a minimum, shall include date of contact, name of member the report is being made on behalf of, brief synopsis of allegations, name of the DFPS employee taking the report.

4. Critical Incident Reporting

CURRENT

LMHA's and Waiver Providers are required to report any critical incidents that result in substantial disruption of the program operation involving or potentially affecting Waiver participants to DSHS within 72 hours of the incident or event.

The LMHA's and all Waiver Providers are required to complete a Critical Incident Report Form (see Forms) that includes, but is not limited to, the following information:

- Date, time, and location of incident;
- Client identifying or demographic information;
- Staff making report, witnesses, and associated contact information;
- Categories of Critical Incidents: ANE, Injury, Medical Emergency, Behavioral or Psychiatric Emergency (including psychiatric hospitalizations), Allegation against client rights, Criminal Activity, Death, Restraint, , Medication Error, Client Departure (missing, runaway, attempted departure); and
- Detailed description of the incident.

REVISED

LMHA's and Waiver Providers are required to report any critical incidents that result in substantial disruption of the program operation involving or potentially affecting Waiver participants to DSHS within 72 hours of notification of the incident or event. (See Section H, item 3. for additional ANE reporting requirements).

The LMHA's and all Waiver Providers are required to complete a Critical Incident Report Form (see Forms) that includes, but is not limited to, the following information:

- Date, time, and location of incident;
- Client identifying or demographic information;
- Staff making report, witnesses, and associated contact information;
- Categories of Critical Incidents: ANE, Injury, Medical Emergency, Behavioral or Psychiatric Emergency (including psychiatric hospitalizations), Allegation against client rights, Criminal Activity, Death, Restraint, Medication Error, Client Departure (missing, runaway, attempted departure); and
- Detailed description of the incident.

➤ **Local Mental Health Authority**

NEW POLICY

The Local Mental Health Authority TCM is responsible for submitting all Critical Incident Reporting Forms to DSHS within 72 hours of notification of an incident, including those initiated by Waiver Providers. The LMHA TCM is responsible for re-submitting the form within 72 hours of notification of outcome of the incident with updated information. If psychiatric hospitalization (or other institutionalization) occurs, the LMHA TCM must update the Treatment Plan and submit a revised IPC to DSHS within 30 days of discharge.

➤ **Waiver Provider**

NEW POLICY

The Waiver Provider is responsible for submitting all Critical Incident Reporting Forms to the LMHA TCM within 72 hours of notification of an incident report. The LMHA TCM submits the form to DSHS, and the LMHA is responsible for resubmitting the form within 72 hours of notification of outcome of the incident with updated information. If psychiatric hospitalization (or other institutionalization) occurs, the LMHA TCM must update the Treatment Plan and submit a revised IPC to DSHS within 30 days of discharge.

I. Treatment Planning Process

CURRENT

2. Wraparound Approach to Service Delivery

Wraparound has traditionally been defined by a set of ten principles about how family members, people in their support system, and service providers should work together to support the family or individual who needs assistance or coordination of services. The family is a full and active partner and expert on the Waiver participant and family. Wraparound utilizes the “Family Strengths Discovery” to obtain more detailed information about the Waiver participant and family. The discovery process focuses on the development of functional strengths and assets rather than the elimination of deficits. The approach is responsive to cultural issues and the family’s preferences and overarching goal for the individual. Wraparound addresses the Waiver participant’s unmet needs across all life domains.

Consistent with the Wraparound approach, the Treatment Team prioritizes the individual’s top 3-5 needs. The Treatment Team must also identify the LAR or family member’s needs for education and support services related to the Waiver participant’s emotional disturbance and facilitate the LAR or family member’s receipt of the needed education and support services. The Treatment Team develops goals and measurable outcomes for each prioritized need, and decides how each outcome will be measured. Outcome statements are chosen by the Waiver participant and LAR. Multiple strategies are generated and evaluated for the extent to which they will meet the prioritized need, achieve the measurable outcome, are community-based, are built on or incorporate strengths, and are

consistent with the family's values and culture. The selected strategies are based on the Waiver participant's and LAR's preferences.

REVISED

2. National Wraparound Initiative Approach to Service Delivery

The National Wraparound Initiative has defined a set of ten principles about how family members, people in their support system, and service providers should work together to support the family or individual who needs assistance or coordination of services. These principles include family voice and choice, utilizes a team-based approach to service delivery, utilizes natural supports, is collaborative, is community-based and culturally and linguistically competent, is individualized, strength-based, unconditional, and outcome-based.

To effectively operationalize these principles, four key elements are necessary to ensure a high fidelity process and quality practice is occurring. These elements are:

1. Wraparound is grounded in a Strengths Perspective, which is a commitment to strength seeking, strength generating and strength building, of all participants used in all decision making and service delivery options.
2. Wraparound is driven by Underlying Needs, and the process is organized to meet needs rather than superficial or spoken needs. The team develops an understanding and construct responses to address the underlying causes of behavior or situations, therefore focusing on meeting needs rather than containing problems.
3. Wraparound is supported by an Effective Team Process, which is predicated on the notion that working together around common goals, objectives and team norms are likely to produce more effective outcomes.
4. Wraparound is Determined by Families, which means the family's perspective and opinions are first and able to influence team decision making, families are supported to live in a community rather than a program, and it is about access, voice and ownership.

Wraparound utilizes the "Family's Story" to obtain the family's view from a variety of sources that elicit family possibilities, capabilities, interests and skills. The family's view and the blending of perspectives from a variety of involved sources are heard and summarized in order to elicit the meaning behind a behavior or situation related to the family's current situation, thus enabling the family and team to understand the underlying needs that will drive the development of the treatment plan..

This process focuses on the development of functional strengths and assets rather than the elimination of deficits. The approach is responsive to cultural issues and the family's preferences and overarching goal for the individual. With this information, a Family Vision is constructed by the participant and family that describes how they wish things to be in the future, individually and as a family.

Consistent with the Wraparound approach, the Treatment Team prioritizes the individual's top 3-5 needs. The Treatment Team develops goals and measurable outcomes for each prioritized need, and decides how each outcome will be measured. Outcome statements are chosen by the Waiver participant and LAR. Multiple strategies are generated and evaluated for the extent to which they will meet the prioritized need, achieve the measurable outcome, are community-based, are built on or incorporate strengths, and are consistent with the family's values and culture. The selected strategies are based on the Waiver participant's and LAR's preferences.

3. Safety Plans and Crisis Plans

CURRENT

Waiver participants are at high risk of out of home placement for mental health treatment or are returning from such placements, therefore Safety Plans and Crisis Plans are developed at the first meeting of the treatment teams. Safety Plans and Crisis Plans are incorporated into the IPC with all team members knowing the roles they will play when crises arise. Crisis Plans must include steps to take for a Waiver participant to access crisis services, if needed

REVISED

Waiver participants are at high risk of out of home placement for mental health treatment or are returning from such placements. Therefore, initial Safety Plans and Crisis Plans are developed at the first meeting with the family. Safety Plans and Crisis Plans are then expanded as needed and incorporated into the treatment plan with all team members knowing the roles they will play if/when crises arise. Crisis Plans must be individualized and include steps to take for a Waiver participant to access crisis services, if needed.

4. Individual Plan of Care

CURRENT

The Treatment Plan including the IPC must be reviewed every 90 days or more frequently when necessary to assess the appropriateness and adequacy of the identified services, as Waiver participant needs change. The IPC must be reviewed and submitted to DSHS no less than every 90 days regardless of whether or not the review resulted in changes to the treatment plan. A current IPC must be in place for the Waiver Provider to bill for waiver services. Current IPCs are defined as those which have been updated and submitted to DSHS for approval within the past 90 days.

REVISED

The Treatment Plan including the IPC must be reviewed every 90 days or more frequently when necessary to assess the appropriateness and adequacy of the identified services, as Waiver participant needs change. The IPC must be reviewed and submitted

to DSHS no less than every 90 days regardless of whether or not the review resulted in changes to the treatment plan or IPC. A current IPC must be in place for the Waiver Provider to bill for waiver services. Current IPCs are defined as those which have been updated and submitted to DSHS for approval within the past 90 days.

5. Individual Plan of Care Projection

CURRENT

The IPC Projection is only necessary when an individual is determined to not be currently eligible for Medicaid and needs to submit a financial application (See Eligibility and Enrollment Process). The LMHA completes an IPC Projection to document medical necessity. The anticipated IPC Start Date (Prior-Auth) of YES Waiver services should be within 30 days.

REVISED

The IPC Projection is only necessary when an individual is determined to not be currently eligible for Medicaid and needs to submit a financial application (See Eligibility and Enrollment Process). The LMHA completes an IPC Projection to document medical necessity days. The Annual IPC Begin Date and Annual IPC End Date are not required when submitting an IPC Projection. The anticipated IPC Start Date (Prior-Auth) of YES Waiver services should be within 30 days.

6. Individual Plan of Care Revisions

CURRENT

The Targeted Case Manger initiates updates to the IPC in coordination with the members of the Treatment Team. Modifications to quantity and/or type of services listed on a Waiver participant's IPC may occur. Reasons for this to occur include but are not limited to the following:

- Quantity of Service and/or Types of Service specified in the most recent IPC are no longer clinically appropriate for the Waiver participant;
- Quantity of Service and/or Types of Service are adjusted to meet the current treatment needs of the participant as identified by the treatment team;
- Change in selection of Waiver Provider – if a Waiver participant chooses to change their Waiver Provider, the newly selected Waiver Provider will have to sign the IPC and agree to provision of all Waiver services outlined on the IPC;
- Waiver participant ages out of services (an adolescent is no longer eligible upon their 19th birthday);
- Waiver participant's place of residence changes and is not within the geographic area of Bexar ,Travis or Tarrant Counties;
- Waiver participant's place of residence changes to an institutional setting or the participant is no longer living with their LAR (if required);
- Waiver participant or LAR opts out of services; and

- Waiver participant frequently unable to keep appointments with the LMHA or the Waiver Provider such that it is negatively affecting treatment.

REVISED

The Targeted Case Manager initiates updates to the IPC in coordination with the members of the Treatment Team. Modifications to quantity and/or type of services listed on a Waiver participant's IPC may occur. Reasons for this to occur include but are not limited to the following:

- Quantity of Service and/or Types of Service specified in the most recent IPC are no longer clinically appropriate for the Waiver participant;
- Quantity of Service and/or Types of Service are adjusted to meet the current treatment needs of the participant as identified by the treatment team;
- Change in selection of Waiver Provider – if a Waiver participant chooses to change their Waiver Provider, the newly selected Waiver Provider will have to sign the IPC and agree to provision of all Waiver services outlined on the IPC;
- Waiver participant ages out of services (an adolescent is no longer eligible upon their 19th birthday);
- Waiver participant's place of residence changes and is not within the geographic area of Bexar, Travis or Tarrant Counties;
- Waiver participant's place of residence changes to an institutional setting or the participant is no longer living with their LAR (if required);
- Waiver participant or LAR opts out of services; and
- Waiver participant frequently unable to keep appointments with the LMHA or the Waiver Provider such that it is negatively affecting treatment.

J. Service Provision

1. YES Waiver Service Array

CURRENT

The YES Waiver service array includes:

- Respite (In-Home and Out-Of-Home)*
- Adaptive Aids and Supports
- Community Living Supports
- Family Supports
- Minor Home Modifications
- Non-Medical Transportation
- Paraprofessional Services
- Professional Services (Animal Assisted Therapy, Art Therapy, Music Therapy, Recreational Therapy, Nutritional Counseling)*
- Specialized Psychiatric Observation (*not currently available*)

- Supportive Family-based Alternatives
- Transitional Services

REVISED

The YES Waiver service array includes:

- Respite (In-Home and Out-Of-Home)*
- Adaptive Aids and Supports
- Community Living Supports
- Employment Assistance Services
- Family Supports
- Minor Home Modifications
- Non-Medical Transportation
- Paraprofessional Services
- Specialized Therapies (Animal Assisted Therapy, Art Therapy, Music Therapy, Recreational Therapy, Nutritional Counseling)*
- Supported Employment Services
- Supportive Family-based Alternatives Transitional Services

Pre-Engagement Service (LMHA only)

K. Transitioning

2. Waiver Provider Agreement Termination

- **Local Mental Health Authority**
Adolescents Aging Out

CURRENT

The LMHA notifies the Waiver Provider and DSHS of a Waiver participant transitioning out of the YES Waiver. When an adolescent transitions out of the YES Waiver, a revised IPC shall be submitted to DSHS with the box “Eligibility Termination” and a reason for termination.

REVISED

The LMHA notifies the Waiver Provider and DSHS of a Waiver participant transitioning out of the YES Waiver. A transition plan must be submitted to DSHS at least 30 days prior to termination of the participant from the Waiver.

When an adolescent transitions out of the YES Waiver, a revised IPC shall be submitted to DSHS with the box “Eligibility Termination” and a reason for termination.

L. Transfers (Note: New Section)

When a participant and his/her LAR relocate to a county within Texas that is served by the YES Waiver, the participant remains eligible for the waiver. However, if the

participant and his/her LAR move to a county where the YES waiver is not available, the participant is no longer eligible for the waiver and must be terminated.

Local Mental Health Authority

The LMHA in which the participant presently resides is responsible for the coordination of the transfer activities to another LMHA coordinating YES waiver services. The LMHA initiating the transfer of the participant must do all of the following:

- Immediately contact DSHS YES waiver staff by encrypted email to the DSHS YES Waiver mailbox with the expected date of transfer and destination of the transfer;
- Obtain a release of information from the family within five working days to facilitate communication and coordination with the new LMHA;
- Contact the new LMHA where the family will reside to inform them of the impending transfer;
- Prepare a packet of information to forward to the new LMHA. This packet must contain a copy of the Clinical Eligibility Form, the current Treatment Plan and IPC, current CA-TRAG assessment, Medicaid card, progress notes, and any other information pertinent to participant's service delivery;
- Periodically check to ensure the transfer process is proceeding;
- Contact DSHS YES waiver staff by encrypted email to the DSHS YES Waiver mailbox within five working days confirming the actual date of the participant's transfer and their last date of services in that county; and
- Submit a Revised IPC to DSHS marked Transfer and the reason (transferring to XXXX County) for the transfer noted once the transfer has been completed.

The LMHA at the new LMHA must do all of the following:

- Review the transfer packet;
- Contact the family and schedule a meeting
- Identify the Treatment Team
- Work with the Treatment Team to determine if current Treatment Plan will be adopted as written, revised or a new Plan will be developed;
- Submit a Revised IPC to DSHS based on the adopted, revised or new Treatment Plan, marked Transfer and the reason (transferred from XXXX County) for the transfer; and
- Complete a CA-TRAG if necessary (90 day update; annual renewal).

N. Billing Guidelines

CURRENT

Room and board is not included in the YES Waiver service array and is the responsibility of the Waiver participant.

REVISED Room and board is not included in the YES Waiver service array and is the responsibility of the Waiver participant except where room and board are provided under the Waiver as part of out-of-home respite.

2. Service Rates and Requisition Fees

Services with No Requisition Fee

CURRENT

For all services that do not have an associated requisition fee, the administrative portion of the rate is already included in the service rate. The Waiver Provider may negotiate payment to employees / subcontractors for these services.

- Community Living Supports,
- Family Supports,
- Paraprofessional services,
- Supportive Family-based Alternatives
- Respite (except for Camp setting and DFPS Residential Child Care setting - Mandated Family Rate)
- Non-Medical Transportation
- Specialized Psychiatric Observation (if available)
- Professional Service - Nutritional Counseling

REVISED

For all services that do not have an associated requisition fee, the administrative portion of the rate is already included in the service rate. The Waiver Provider may negotiate payment to employees / subcontractors for these services.

- Community Living Supports,
- Employment Assistance
- Family Supports,
- Paraprofessional services,
- Supported Employment
- Supportive Family-based Alternatives
- Respite (except for Camp setting and DFPS Residential Child Care setting - Mandated Family Rate)
- Non-Medical Transportation
- Professional Service - Nutritional Counseling

3. Pre-Engagement Service (Note: new service-LMHA only)

➤ Local Mental Health Authority

Purpose

The pre- engagement fee provides reimbursement for those services provided in an effort to enroll clients onto the waiver who are not Medicaid-eligible or who

become Medicaid-eligible because the client enrolls in the waiver under the special home and community-based waiver group under Title 42 of the Code of Federal Regulations, Part 435, Section 217 with a special income level up to 300% of the SSI Federal Benefit Rate. This is a one-time billable fee.

Eligibility for the Pre- Engagement Fee

This fee can only be billed in the following instances:

- The LMHA, in an effort to determine if a client is eligible for the waiver, provides case management services to a potential waiver client who becomes Medicaid-eligible only because the **client enrolls** in the waiver under the special home and community-based waiver group under Title 42 of the Code of Federal Regulations, Part 435, Section 217 with a special income level up to 300% of the SSI Federal Benefit Rate. Case management services may refer to assessments, child and family contacts, assistance obtaining paperwork necessary for determining Medicaid eligibility, development of the IPC Projection, and any other services necessary for waiver eligibility and enrollment.
- The LMHA, in an effort to determine if a client is eligible for the waiver, provides case management services to a non-Medicaid eligible potential waiver client **and the client does not enroll**. Case management services may refer to assessments, child and family contacts, assistance obtaining paperwork necessary for determining Medicaid eligibility, development of the IPC Projection, and any other services necessary for waiver eligibility and enrollment.

At a minimum, a Clinical Eligibility assessment must be completed for all potential waiver clients in order to bill for the Pre- Engagement Fee. If the individual decides not to enroll in the waiver, documentation of all contacts, services provided, and the Clinical Eligibility form should be kept in the individual's paper or electronic chart to be reviewed during an annual site review.

Billing for the Pre- Engagement Fee

Billing for the pre- engagement fee should be submitted monthly using the Pre- Engagement Encounter Data tab of the Encounters and Invoicing template (see Forms)

- The service **begin date** for the encounter should be the date on which you began enrollment activities with the client
- The service **end date** for the encounter should be the date on which the client is enrolled in the waiver
- If the client does not enroll in the waiver, this date will be the final date on which the client notified you of the decision not to enroll.

Q. Training and Technical Assistance

➤ **Department of State Health Services**

CURRENT

DSHS will conduct training and technical assistance concerning YES Waiver requirements. Trainings will consist of a four-hour in-person training session on the Wraparound approach to service delivery (Wraparound 101). Training will include lecture presentations and skill practice sessions on the following topics:

- a. Systems of Care core values and guiding principals
- b. Wraparound essential elements
- c. Roles and responsibilities of the Waiver participant, family, and other treatment team members
- d. Plan of care development
- e. Crisis and safety planning

DSHS may provide two-hour in-person advanced topic training sessions (Advanced Topics) relevant to the Wraparound approach if identified as necessary. Topics may include, but are not limited to:

- a. Cultural competency
- b. YES Waiver Service array and Wraparound expectations
- c. Engaging the Waiver participant and family in the treatment process

DSHS may provide one-hour teleconference coaching sessions if identified as necessary on special topics (Coaching), addressing inefficiencies or barriers, and to provide support to YES Waiver providers and LMHA staff in the Wraparound approach.

DSHS will maintain a database of training attendance and may distribute Certifications of Completion to Waiver Provider's and direct service staff who have successfully completed DSHS sponsored YES Waiver trainings. The need for training and technical assistance may be identified through results of DSHS' Waiver Provider monitoring, technical assistance contacts, and the use of newly developed quality indicators.

REVISED

DSHS will conduct training and technical assistance concerning YES Waiver requirements. Trainings will consist of a four hour web-based training session on the National Wraparound Initiative approach to service delivery. Training will include the following topics:

- a. Systems of Care core values and guiding principals
- b. Wraparound essential elements
- c. Roles and responsibilities of the Waiver participant, family, and other treatment team members
- d. Plan of care development
- e. Crisis and safety planning

The web-based training will produce a certificate upon completion of the training and must be available in each provider's personnel chart for review by DSHS at quarterly desk/annual site reviews. The need for training and technical assistance may be identified through results of DSHS' Waiver Provider monitoring, technical assistance contacts, and the use of newly developed quality indicators.

R. Evaluation

CURRENT

➤ **Local Mental Health Authority**

DSHS will conduct at least annual reviews of the LMHA compliance with the administrative functions and related activities outlined in the MOU between DSHS and each LMHA.

DSHS is responsible for the oversight of the LMHA. DSHS will conduct at least annual reviews of the LMHAs compliance with the functions delegated in the approved YES Waiver Application. These reviews will examine LMHA policies, procedures and operation of the functions delegated in the approved YES Waiver Application. These reviews will also monitor Waiver Provider compliance with requirements for criminal history and registry checks. DSHS will aggregate the data annually and report to HHSC.

REVISED

➤ **Local Mental Health Authority**

DSHS will conduct quarterly site reviews and annual site reviews of the LMHA compliance with the administrative functions and related activities outlined in the MOU between DSHS and each LMHA.

DSHS is responsible for the oversight of the LMHA. DSHS will conduct quarterly site reviews and annual site reviews of the LMHAs compliance with the functions delegated in the approved YES Waiver Application. These reviews will examine LMHA policies, procedures and operation of the functions delegated in the approved YES Waiver Application. These reviews will also monitor Waiver Provider compliance with requirements for criminal history and registry checks. DSHS will aggregate the data annually and report to HHSC.

CURRENT

➤ **Waiver Provider**

At least one annual on-site review of each Waiver Provider will be conducted to evaluate compliance with the YES Waiver policies. The reviews will include an evaluation of the Waiver participant clinical records to ensure that the Waiver Provider is providing adequate oversight and that the Waiver Provider is responsive to findings. These reviews will monitor Waiver Provider compliance with requirements for criminal history and abuse registry

checks in accordance with Texas Administrative Code (TAC) Chapter 414 Subchapter K Criminal History and Registry Clearances. Part of DSHS' annual review of each Waiver Provider will consist of a comparison of the billed services to the services documented in the Waiver participant's clinical record.

REVISED

➤ **Waiver Provider**

DSHS will conduct quarterly site reviews and annual on-site reviews of each Waiver Provider to evaluate compliance with the YES Waiver policies. The reviews will include an evaluation of the Waiver participant clinical records to ensure that the Waiver Provider is providing adequate oversight and that the Waiver Provider is responsive to findings. These reviews will monitor Waiver Provider compliance with requirements for criminal history and abuse registry checks in accordance with Texas Administrative Code (TAC) Chapter 414 Subchapter K Criminal History and Registry Clearances. Part of DSHS' annual review of each Waiver Provider will consist of a comparison of the billed services to the services documented in the Waiver participant's clinical record.

➤ **Department of State Health Services**

CURRENT

DSHS conducts semiannual data verification via desk review. This process can also generate a corrective action plan if deficiencies are discovered.

DSHS conducts semi-annual reviews of reported service encounters to verify the validity of the service. Encounters are linked to paid claims and any identified invalid services are expected to be repaid by the Waiver Provider. These data verification reviews include verification of diagnosis, treatment plan, demographic, clinical and financial eligibility, server credentials, as well as service documentation.

REVISED

DSHS conducts quarterly data verification via desk review. This process can also generate a corrective action plan if deficiencies are discovered.

DSHS conducts quarterly reviews of reported service encounters to verify the validity of the service. Encounters are linked to paid claims and any identified invalid services are expected to be repaid by the Waiver Provider. These data verification reviews include verification of diagnosis, treatment plan, demographic, clinical and financial eligibility, server credentials, as well as service documentation.

S. Medication Management

➤ **Waiver Provider**

CURRENT

The Waiver Provider is responsible for ensuring that Waiver Provider direct service staff act within the scope of their respective licenses in relation to medication management. If the IPC includes medication management activities, the Waiver Provider will document these activities in the Waiver participant's clinical records. Any errors must be reported to the DSHS as critical incidents.

REVISED

The Waiver Provider is responsible for ensuring that Waiver Provider direct service staff act within the scope of their respective licenses in relation to medication management. If the IPC includes medication management activities, the Waiver Provider will document these activities in the Waiver participant's clinical records. Any errors must be reported to DSHS critical incidents, and a Critical Incident Reporting Form (see forms) must be completed and faxed to the LMHA TCM within 72 hours of notification of the incident.

U. Record Keeping

1. Clinical Records/Progress Notes

Clinical Records

CURRENT

The LMHA clinical record must contain the following (when applicable):

- Demographic and contact information for the Waiver Participant;
- Clinical Eligibility Determination Form;
- Offer Letter;
- Vacancy and Deadline Notification Form;
- Notification of Participant Rights Form;
- Consumer Choice Consent Form;
- Documentation of Provider Choice Form;
- Treatment Plans including:
 - Goals and Objectives;
 - IPC and IPC Projection;
 - Safety Plans and Crisis Plans;
 - Contingency Plans;
- Denial Letter;
- Inquiry List Removal Letter;
- Letter of Withdrawal;
- Progress Notes for all State Plan Services provided to the Waiver participant;
- Summaries from all meetings regarding the Waiver participant; and

- Other YES Waiver documentation.

REVISED

The LMHA clinical record must contain the following (when applicable):

- Demographic and contact information for the Waiver Participant;
- Clinical Eligibility Determination Form;
- Offer Letter;
- Vacancy and Deadline Notification Form;
- Notification of Participant Rights Form;
- Consumer Choice Consent Form;
- Documentation of Provider Choice Form;
- Treatment Plans including:
 - Goals and Objectives;
 - Initial IPC, IPC Projection (if applicable), IPC 90 day Revisions;
 - Safety Plans and Crisis Plans;
- Denial Letter;
- Termination Letter;
- Inquiry List Removal Letter;
- Letter of Withdrawal;
- Progress Notes for all State Plan Services provided to the Waiver participant;
- Summaries from all meetings regarding the Waiver participant; and
- Critical Incident Reports;
- Participant Referral Form (to Waiver Provider if not the LMHA)
- Other YES Waiver documentation.

CURRENT

The Waiver Provider clinical record must contain the following (when applicable):

- Participant Referral Form (if the Waiver Provider is not the LMHA);
- Treatment Plans including:
 - Goals and Objectives;
 - IPC and IPC Projection;
 - Safety Plans and Crisis Plans; and
 - Contingency Plans;
- Respite Relative Provider Form;
- Transportation Log;
- Progress Notes for all Waiver services provided to the Waiver participant;
- Progress Notes for all State Plan Services provided to the Waiver participant (if Waiver Provider is selected to provide these services);
- Summaries from all meetings regarding the Waiver participant; and
- Other YES Waiver documentation.

REVISED

The Waiver Provider clinical record must contain the following (when applicable):

- Participant Referral Form (if the Waiver Provider is not the LMHA);
- Treatment Plans including:
 - Goals and Objectives;
 - IPC and IPC Projection; IPC 90 day Revisions
 - Safety Plans and Crisis Plans;
- Respite Relative Provider Form;
- Transportation Log;
- Progress Notes for all Waiver services provided to the Waiver participant;
- Progress Notes for all State Plan Services provided to the Waiver participant (if Waiver Provider is selected to provide these services);
- Summaries from all meetings regarding the Waiver participant; and
- Other YES Waiver documentation.

V. Clinical Management for Behavioral Health Services

G. Freedom of Choice

1. Consumer Choice Consent

Revisions to the individual's selection of YES Waiver provider providing they meet the eligibility requirements

CURRENT:

By choosing to participate in the YES Waiver and receive YES Waiver services, the Waiver participant is aware of the following:

- Medicaid State Plan services are available, while enrolled in the YES Waiver.
- The services received will be identified on the IPC.
- The expectation of services includes a minimal use of residential services.
- If determined to be a danger to self or others, and adequate safety cannot be assured in the community, they will be placed in a more restrictive setting.
- Of the freedom to choose a Waiver Provider. This includes choice of direct service staff that will provide YES Waiver services through the selected Waiver Provider.
- They and LAR are full and active members of the treatment team that will determine which services are received and that additional treatment team members may be requested at any time.
- They will not be eligible to participate or receive services through Resiliency & Disease Management , or another 1915(c) home and community-based waiver such

as CLASS, HCS, MDCP, CWP, DBMD, CBA, TX Home Living, and HHSC STAR+PLUS.

REVISED:

By choosing to participate in the YES Waiver and receive YES Waiver services, the Waiver participant is aware of the following:

- Medicaid State Plan services are available, while enrolled in the YES Waiver.
- The services received will be identified on the IPC.
- The expectation of services includes a minimal use of residential services.
- If determined to be a danger to self or others, and adequate safety cannot be assured in the community, they will be placed in a more restrictive setting.
- Of the freedom to choose a Waiver Provider. This includes choice of direct service staff that will provide YES Waiver services through the selected Waiver Provider.
- They and LAR are full and active members of the treatment team that will determine which services are received and that additional treatment team members may be requested at any time.
- They will not be eligible to participate in another 1915(c) home and community-based waiver such as CLASS, HCS, MDCP, CWP, DBMD, CBA, TX Home Living, and HHSC STAR+PLUS.

I. Treatment Planning Process

4. Individual Plan of Care

Revision to the 90 day submission of the Individual Plan of Care (IPC)

CURRENT:

The Treatment Plan including the IPC must be reviewed every 90 days or more frequently when necessary to assess the appropriateness and adequacy of the identified services, as Waiver participant needs change. The IPC may be updated at any time.

REVISED:

The Treatment Plan including the IPC must be reviewed every 90 days or more frequently when necessary to assess the appropriateness and adequacy of the identified services, as Waiver participant needs change. The IPC must be reviewed and submitted to DSHS no less than every 90 days regardless of whether or not the review resulted in changes to the treatment plan. A current IPC must be in in place for the Waiver Provider to bill for waiver services. Current IPCs are defined as those which have been updated and submitted to DSHS for approval within the past 90 days.

J. Service Provision

3. State Plan Services

Revision to State Plan Services covered under the Medicaid State Plan

CURRENT:

Waiver participants are also covered under the Medicaid State Plan. State Plan Services include but are not limited to:

- Psychiatric Evaluation
- Psychological Services
- Counseling
- Crisis Services
- Other State Plan Services

Waiver Providers may provide State Plan Services if they are a credentialed Medicaid Provider with a Medicaid Provider ID number. The Waiver participant may choose their provider of State Plan Services and the chosen provider is identified on the IPC.

REVISED:

Waiver participants are also covered under the Medicaid State Plan. State Plan Services include but are not limited to:

- Psychiatric Evaluation
- Psychological Services
- Counseling
- Rehabilitative Services
- Crisis Services
- Other State Plan Services

Waiver Providers may provide State Plan Services if they are a credentialed Medicaid Provider with a Medicaid Provider ID number. The Waiver participant may choose their provider of State Plan Services and the chosen provider is identified on the IPC.

K. Transitioning

1. Adolescents Aging Out

- **Local Mental Health Authority**
Adolescents Aging Out

Revision to transition planning

CURRENT

The LMHA, under its agreement with HHSC and DSHS will be required to ensure that adolescents who turn 19 while in services are transitioned to adult services at least six months before their 19th birthday. A transition plan must be developed in consultation with the Waiver participant, the LAR, current Waiver Provider, and the future providers

with adequate time to allow both current and future providers to transition the adolescent into adult services without a disruption in services.

REVISED

The LMHA, under its agreement with HHSC and DSHS will be required to ensure that adolescents who turn 19 while in services are transitioned to adult services at least six months before their 19th birthday. A transition plan must be developed in consultation with the Waiver participant, the LAR, current Waiver Provider, and the future providers with adequate time to allow both current and future providers to transition the adolescent into adult services without a disruption in services. A transition plan must be submitted to DSHS at least 30 prior to termination of the participant from the Waiver.

L. Encounter Data Reporting

Revision the frequency of submission of encounter data reporting

➤ **Waiver Provider**

YES Waiver Service Reporting

CURRENT

Waiver Providers, who are not the LMHA, shall:

1. Submit to DSHS, a weekly non-duplicative encounter data report that includes all YES Waiver service encounters for the week, using the Encounter and Invoicing Template or an alternative report format with prior approval of DSHS via HIPAA compliant encrypted email to the Encounter & Invoicing E-mail Address. The Waiver Provider must have prior approval by DSHS to submit the encounter report through a method other than encrypted email.
2. Submit to DSHS, a cumulative monthly encounter data report that includes all YES Waiver service encounters, using the Encounter and Invoicing Template or an alternative report format with prior approval of DSHS, no later than the 15th of each month for the previous month. A month is defined as the first day of a calendar month to the last day of a calendar month. The monthly encounter report shall be submitted via HIPAA compliant encrypted email to the Encounter & Invoicing E-mail Address. The Waiver Provider must have prior approval by DSHS to submit the encounter report through a method other than encrypted email.

REVISED

Waiver Providers, who are not the LMHA, shall:

1. Submit to DSHS, a cumulative monthly encounter data report that includes all YES Waiver service encounters, using the Encounter and Invoicing Template or an alternative report format with prior approval of DSHS, no later than the 15th of each month for the previous month. A month is defined as the first day of a calendar month to the last day of a calendar month. The monthly encounter report shall be submitted via HIPAA compliant encrypted email to the Encounter & Invoicing E-mail Address. The Waiver Provider must have prior approval by

DSHS to submit the encounter report through a method other than encrypted email.

N. Invoicing and Payment

Waiver Provider

YES Waiver Services

Addition of verification of current IPC at time of service delivery

CURRENT:

DSHS will review each invoice within 5 business days upon receipt to ensure all required information is provided and that the amount requested is within approved limits of the IPC. Any anomalies will require DSHS staff to make additional inquiries until a complete invoice is received and approved. The invoice review will include:

1. Verifying the Waiver participant's eligibility for the YES Waiver services on the date of service delivery. Waiver services provided outside of YES Waiver eligibility will not be reimbursed.
2. Comparing the invoice to each Waiver participant's approved IPC and applicable service and cost limits. Services that are not on the approved IPC and or exceed the limits approved by DSHS will not be reimbursed.

REVISED:

DSHS will review each invoice within 5 business days upon receipt to ensure all required information is provided and that the amount requested is within approved limits of the IPC. Any anomalies will require DSHS staff to make additional inquiries until a complete invoice is received and approved. The invoice review will include:

1. Verifying the Waiver participant's eligibility for the YES Waiver services on the date of service delivery. Waiver services provided outside of YES Waiver eligibility will not be reimbursed.
2. Comparing the invoice to each Waiver participant's approved IPC and applicable service and cost limits. Services that are not on the approved IPC and or exceed the limits approved by DSHS will not be reimbursed.
3. Verification that a current IPC was in place at the time of service delivery. Services provided on a date in which a current IPC was not in place will not be reimbursed.

