

Request for Proposal

YES Waiver Contract CLS and Paraprofessional Services

**The HARRIS CENTER for Mental Health and IDD
(formerly known as MHMRA of Harris County)
YES Waiver Program
5901 Long Drive
Houston, Texas 77087**

INVITATION

The HARRIS CENTER for Mental Health and IDD (“The HARRIS CENTER”) (formerly MHMRA of Harris County) is accepting Proposals from vendors Registered, State Certified, and capable of providing *Contract Community Living Support and Paraprofessional Services for the YES (Youth Empowerment Services Waiver Program)*.

The HARRIS CENTER for Mental Health and IDD invites your firm to submit a Proposal. If you are interested in submitting a Proposal, please adhere to the *General Instructions and Requirements* as outlined in the enclosed Request for Proposal.

Vendors shall pay particular attention to all *INSTRUCTIONS, REQUIREMENTS and DEADLINES* indicated in the attached documents and should govern themselves accordingly.

We greatly appreciate your efforts and look forward to reviewing your submission.

YES Waiver CLS and Paraprofessional Services

The YES (Youth Empowerment Services) Waiver program is a Medicaid Home and Community-Based Services Waiver that allows for more flexibility in the funding of intensive community-based services to assist children and adolescents with severe emotional disturbances to live in the community with their families.

Waiver services are provided in combination with services available through the Medicaid State Plan, other federal, state and local programs the individual may qualify for, and the natural supports that families and communities provide.

Services include:

- Community Living Support
- Paraprofessional

Goals

1. Reducing out of home placement and inpatient psychiatric treatment
2. Providing a more complete continuum of community-based services and supports
3. Ensuring families have access to parent partners and other flexible non-traditional support services as identified in a family-centered planning process
4. Preventing entry into the foster care system and relinquishment of parental custody: and
5. Improving the clinical and functional outcomes of children and adolescents

Public Notice

The HARRIS CENTER for Mental Health and IDD (“The HARRIS CENTER”) (formerly known as MHMRA of Harris County) is the Texas Department of State Health Services (“DSHS”) designated Local Mental Health Authority (LMHA) established to plan, coordinate, develop policy, develop and allocate resources, supervise, and ensure the provision of community based mental health services for the residents of Harris County, Texas. The HARRIS CENTER is requesting providers to apply to our Open Enrollment process to expand our network of service providers for Children Mental Health Clients assessed into Level of Service (YES Waiver) which requires intensive case management services due to intensity and risk. **These services include Community Living Support and Paraprofessional.** The provider enrollment period will be continuous or until the Local MHA has received enough applications to meet the percentage of service capacity stated in the Request for Application (RFA).

YES Waiver services for the geographic area of Harris County include:

- Community Living Support and Paraprofessional focused on the reduction or elimination of a client's symptoms of mental illness and increasing the individual's ability to perform activities of daily living. CLS services shall be provided by at least a Bachelor's level Practitioner practicing within the scope of YES Waiver Rehab Services. Paraprofessional Services shall be provided by at least a High School Diploma level Practitioner. This service includes treatment planning to enhance recovery and resiliency. *This service satisfies the requirements of Title 7 of the Texas Health and Safety Code §534.053(a)(3)*

You may send your responses to The HARRIS CENTER in writing by the following:

- Via e-mail to tanya.malveaux@mhmraharris.org
- The HARRIS CENTER for Mental Health and IDD
Attn: Tanya Malveaux
5901 Long Drive, Houston, Tx 77087
- Drop off at the above location (Children's Lobby Receptionist)
- Fax to (713) 970-4373

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

E-mail: shakirat.omotunwashe@mhmraharris.org or Brittni.dones@mhmraharris.org

Phone: (713) 970-4345

NEW CONTRACT PROVIDER DEMOGRAPHIC FORM

(Complete ALL sections – incomplete forms will be returned to Provider)

Company Name: _____

Mailing Address: _____

City/State/Zip: _____

E-Mail Address: _____

Telephone: _____

Fax: _____

24 hour Emergency Number: _____

Contract Person: _____

Telephone: _____

Cell Phone: _____

Service Site Addresses:

Address	City	Zip

The HARRIS CENTER – CLS and Paraprofessional APPLICATION

**The HARRIS CENTER for Mental Health and IDD
YES Waiver Program
CLS/Paraprofessional Provider Checklist**

- Complete, date and sign the Application.
- Attach Texas Standard Application for Licensed individuals –LCSW, LPCs, LMFTs, LVN and Psychologists etc. (if applicable)
- Complete, date and sign the W-9 Form for each Tax Identification Number (TIN)
- Attach a copy of your Licensure (if applicable)
- Attach a copy of your Certification (if applicable)
- Please include any Medicaid/Medicare Licenses and all other applicable licenses held by the facility that relate to the contracted services (if applicable)
- Attach a copy of your Program Description (if applicable)
- Attach a copy of your Malpractice Insurance Face Sheet with the limits of liability (if applicable)
- Attach a list of all of your facility sites with addresses.
- Attach a list of others with Professional Credentials (if applicable).
- Attach a copy of Clinical Descriptions of all programs
- Attach Program brochures if available

If you have any questions, please call: 713-970-4345

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

The HARRIS CENTER for Mental Health and IDD
Attn: Tanya Malveaux, YES Waiver Program
5901 Long Drive
Houston, TX 77087
Office: (713) 970 – 4345
Fax: (713) 970 – 4373
Email: shakirat.omotunwashe@mhmrharris.org or
Brittni.dones@mhmrharris.org

**YES WAIVER COMMUNITY LIVING SUPPORT/PARAPROFESSIONAL
PROVIDER APPLICATION**

Last Name			First Name		
Address			Telephone		
City	State	Zip	County	Contact Person	
Make Checks Payable to (must match tax IC owner name on file with IRS for EIN)			Type of Company		
Billing Address Line 1			Billing Address Line 2		
City	State	Zip			
Employer Identification Number (EIN)	W-9 on file		Tax ID Number		NPI Number

Attestation

- | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 1. Insurance Coverage: Has the professional liability insurance coverage of any member of your staff ever been denied, canceled, or non-renewed or initially refused upon application? | Yes | n/a | No |
| 2. License: Have any of your employees had their professional licenses in any state revoked, suspended, placed on probation, given conditional status or otherwise limited? | Yes | n/a | No |
| a. Has anyone on your staff ever voluntarily surrendered their professional license in any state? | Yes | n/a | No |
| b. Do any members of your staff have formal charges pending against them at this time? | Yes | n/a | No |
| 3. Criminal Offenses: Has anyone on your staff ever been convicted of a felony involving moral or ethical turpitude or substance use or sale? | Yes | n/a | No |
| 4. Board Discipline: Has anyone on your staff ever been the subject of disciplinary proceedings by any professional association or organization (i.e., state licensing board; county; state or national professional society, etc.?) | Yes | n/a | No |
| 5. Malpractice Action: Has any malpractice action be brought or settled against anyone on your staff in the last 5 years, or have there been any unfavorable judgment(s) against any members of your staff in any malpractice actions? | Yes | n/a | No |
| a. To your knowledge, are any malpractice actions currently pending against any members of your staff? | Yes | n/a | No |
| 6. Neglect and Abuse: Have you ever been sued for abuse or neglect | Yes | n/a | No |

Provider Application Information Release

I warrant that all information submitted in this application to The Harris Center is correct and true. I understand that if any information is deemed to be falsely submitted, this application process will be terminated. All information submitted by me in this application is warranted to be true, correct and complete.

Signature of Applicant

Name (Please Print)

Date

Services: Paraprofessional Services

SERVICE DESCRIPTION	There are three types of paraprofessional services: <ol style="list-style-type: none">1. Skilled mentoring and coaching;2. Paraprofessional aide; and3. Job placement.
SKILLED MENTORING AND COACHING	Skilled mentoring and coaching: <ol style="list-style-type: none">1. Addresses participant's symptom-related problems that may interfere with the individual's functioning and living, working, and learning environment;2. Provides opportunities for the participant to acquire and improve skills needed to function as appropriately and independently as possible;3. Facilitates the participant's community integration; and4. Increases the participant's community tenure. Examples of skilled mentoring and coaching include training in symptom management, personal hygiene, nutrition, food preparation, exercise, money management, and community.
PARAPROFESSIONAL AIDE	Paraprofessional aide services consist of training the participant in: <ol style="list-style-type: none">1. The importance of taking medications as prescribed;2. Self-administration of medication;3. Determining the effectiveness of the medication(s);4. Identifying side-effects of medication(s); and5. Contraindications for medications that are prescribed.
JOB PLACEMENT	Employment related services provide support and skills training that are not job-specific and focus on developing skills to reduce or manage the symptoms of the participant's serious emotional disturbance (SED) that interfere with his or her ability to make vocational choices or obtain or retain employment. Examples of job placement services include instruction in dress, grooming, socially and culturally appropriate behaviors, and etiquette necessary to obtain and retain employment; and training in task focus, maintaining concentration, task completion, and planning and managing activities to achieve participant's goals.
PROVIDER QUALIFICATIONS	A provider of paraprofessional services must: <ol style="list-style-type: none">1. Be at least 18 years of age;2. Have received:

Services: Paraprofessional Services

- a. A high school diploma; or
 - b. A high school equivalency certificate issued in accordance with the law of the issuing state;
3. Have a minimum of one year of documented full-time experience working with the SED population. Experience may be considered if the documented experience includes activities that are comparable to services specified under the service description;
 4. Have a criminal history and background check. [See CRIMINAL HISTORY AND BACKGROUND CHECK, policy 2300.1 of this manual];
 5. Demonstrate competency in the provision and documentation of the specified or comparable service; and
 6. Be under the direct clinical supervision of a master's level therapist.
- SETTINGS Paraprofessional services may be provided in the participant's residence or in community settings, including, but not limited to:
1. Libraries;
 2. Parks; and
 3. Museums.
- WRAPAROUND PLAN The Wraparound Plan must describe:
1. Which paraprofessional service that will be provided to participant, as they relate to achieving the participant's identified goal(s);
 2. The strategies and/or action steps that will be used to assist the participant in achieving the identified goal(s); and
 3. The type, scope, and duration of the service.
- PROGRESS NOTES Progress notes are required for the provision of paraprofessional services and must include:
1. Participant name;
 2. Date of contact with the participant;
 3. Start and stop time of contact with the participant;
 4. Service name and description;
 5. Service location;

Services: Paraprofessional Services

	<ol style="list-style-type: none">6. Specific skills received and method used to assist in skill acquisition;7. Use of adaptive aids and supports, if applicable;8. Transportation services, if applicable;9. Participant response to service being provided;10. Participant progress or lack of progress; and11. Direct service provider's signature and credentials.
NON FACE-TO-FACE CONTACT WITH PARTICIPANT	<p>When paraprofessional services provided to a participant are not face-to-face, the provider must document in the progress notes:</p> <ol style="list-style-type: none">1. Date of the contact;2. Description of the contact; and3. Direct service provider's signature and credentials.
CONTACT WITH OTHER PARTIES	<p>When paraprofessional services are provided face-to-face, or provided over the phone with someone other than the participant, such as, but not limited to, the legally authorized representative (LAR), the provider must document in the progress notes:</p> <ol style="list-style-type: none">1. Date of the contact;2. Person with whom the contact was made;3. Description of the contact;4. Outcome(s) of the contact; and5. Direct service provider's signature and credentials.
PROVISION OF SERVICE DOCUMENTATION	<p>The provider must document the provision of paraprofessional services by maintaining up-to-date progress notes, which are reviewed by the Department of State Health Services.</p>
PROGRAM TRAINING	<p>Prior to providing Waiver services and/or participating on a Child and Family Team, a provider of paraprofessional services must receive program training in accordance with PROGRAM TRAINING REQUIREMENTS, policy 2200.2 or 2300.2 of this manual, as applicable.</p>
BILLING	<p>Information regarding unit designation, payment rate, and required documentation for submitting a claim for paraprofessional services is detailed in BILLING, PARAPROFESSIONAL SERVICES, policy of this manual.</p>

Billing: Paraprofessional Services

UNIT DESIGNATION AND PAYMENT RATE	<p>The unit designation for paraprofessional services is 15-minutes. One 15-minute increment is billed as one unit. In order to bill for a unit, the entire unit must be provided to the participant, face-to-face.</p> <p>Paraprofessional services are paid at the rate of \$6.15 per unit.</p>
AVAILABILITY OF ANNUAL UNITS	<p>The availability of annual units varies, depending upon the recommendations of the Child and Family Team and the Wraparound Plan.</p>
GROUP SETTING SERVICE(S)	<p>Waiver services that are permitted to be provided in a group setting are billed using the following formula:</p> $\text{Number of providers} \times \text{Time spent delivering service(s)} \div \text{Number of participants served} = \text{Billable Time.}$
REQUIRED DOCUMENTATION	<p>In order to properly bill for the provision of paraprofessional services, a provider must document:</p> <ol style="list-style-type: none">1. Date of Contact;2. Start and Stop Time;3. Progress towards goals set forth in the service authorization; and4. Information about the service provider, including:<ol style="list-style-type: none">a. Printed name;b. Signature (electronic signature is acceptable); andc. Credentials.
REIMBURSEMENT AND NEGOTIATION OF SERVICE RATE	<p>The Department of State Health Services directly reimburses the comprehensive Waiver provider (CWP) for the entire, per unit rate.</p> <p>The CWP is permitted to negotiate payment to its employees or subcontractors.</p>

Services: Community Living Supports

SERVICE DESCRIPTION	Community living supports (CLS) facilitate a YES Waiver (Waiver) participant's independence and integration into the community, while providing assistance to the family caregiver in the disability-related care of the participant.
LIMITATION	CLS cannot be provided at the same time as: <ol style="list-style-type: none">1. Employment assistance;2. Non-medical transportation;3. Respite services4. Supported employment; or5. Supportive family-based alternatives.
SKILLS TRAINING FOR PARTICIPANT	CLS provide a curriculum based skills training to a participant for skills that are affected by the participant's serious emotional disturbance (SED), as identified in the Wraparound Plan. Training can be related to activities of daily living, such as personal hygiene, household chores, and socialization. CLS may also promote communication, relationship-building skills, and integration into community activities. These supports must be targeted at enabling the participant to attain or maintain his or her maximum potential. These supports may serve to reinforce skills or lessons taught in school, therapy, or other settings.
FOR FAMILY CAREGIVER(S)	In addition to training skills for the participant, CLS may also provide skills training to the family caregiver, depending upon the participant's age, the nature of the SED, the role of medications, and the self-administration of medications, if applicable. Instructions on basic parenting skills and other forms of guidance can be provided to the participant's primary caregivers to assist in coping with and managing the participant's SED.
PROVIDER QUALIFICATIONS	CLS services must be provided by a credentialed Qualified Mental Health Professional-Community Services (QMHP-CS) or QMHP-CS equivalent, defined as an individual who: <ol style="list-style-type: none">1. Has a bachelor's degree from an accredited college or university with a minimum number of hours that is equivalent to a major, as determined by the local mental health authority (LMHA), in accordance with 25 TAC §412.316(d), in psychology, social work, medicine, nursing, rehabilitation, counseling, sociology, human growth and development,

physician assistant, gerontology, special education, educational psychology, early childhood education, or early childhood intervention;

2. Is a registered nurse (RN);
3. Has completed an alternative credentialing process identified by the Department of State Health Services; or
4. Has a master's degree from an accredited college or university with a minimum number of hours that is equivalent to a major in psychology, social work, medicine, nursing, rehabilitation, counseling, sociology, human growth and development, physician assistant, gerontology, special education, educational psychology, early childhood education, or early childhood intervention; and
5. Has had a criminal history and background check. [See CRIMINAL HISTORY AND BACKGROUND CHECK, policy of this manual.]

Information regarding competency and credentialing in 25 TAC §412.316(d) is available at:

[http://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=412&rl=316](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=412&rl=316)

WRAPAROUND PLAN

The Wraparound Plan must describe:

1. The skills training that will be provided to participant, as they relate to achieving the participant's identified goal(s);
2. The strategies and/or action steps that will be used to assist the participant in achieving the identified goal(s); and
3. The type, scope, and duration of the service.

PROGRESS NOTES

Progress notes are required for the provision of CLS services and must include:

1. Participant name;
2. Date of contact with the participant;
3. Start and stop time of contact with the participant;
4. Service name and description;
5. Service location;
6. Training methods used, if applicable (e.g. instructions, modeling, role play, feedback, repetition)

Services: Community Living Supports

7. Title of curriculum being used, if applicable
8. Wraparound plan objective(s) that was the focus of the service;
9. Use of adaptive aids and supports, if applicable;
10. Transportation services, if applicable;
11. Participant response to CLS service being provided;
12. Progress or lack of progress in achieving Wraparound Plan goals;
13. Summary of activities, meals, and behaviors during the service; and
14. Direct service provider's signature and credentials.

NON FACE-TO-FACE
CONTACT WITH
PARTICIPANT

When CLS services provided to a participant are not face-to-face, the provider must document in the progress notes:

1. Date of the contact;
2. Description of the contact; and
3. Direct service provider's signature and credentials.

CONTACT WITH
OTHER PARTIES

When CLS services are provided face-to-face, or provided over the phone with someone other than the participant, such as, but not limited to, the legally authorized representative (LAR), the provider must document in the progress notes:

1. Date of the contact;
2. Person with whom the contact was made;
3. Description of the contact;
4. Outcome(s) of the contact; and
5. Direct service provider's signature and credentials.

PROVISION OF
SERVICE
DOCUMENTATION

The provider must document the provision of service by maintaining up-to-date progress notes, which are reviewed by the Department of State Health Services.

PROGRAM TRAINING

Prior to providing Waiver services and/or participating on a Child and Family Team, a CLS must receive program training in accordance with PROGRAM TRAINING REQUIREMENTS, policy 2200.2 or of this manual, as applicable.

BILLING

Information regarding unit designation, payment rate, and required documentation for submitting a claim for CLS is detailed in BILLING, COMMUNITY LIVING SUPPORTS, policy 2600.4 of this manual.

Billing: Community Living Supports

UNIT DESIGNATION AND PAYMENT RATE	<p>The unit designation for community living supports (CLS) is 15-minutes. One 15-minute increment is billed as one unit. In order to bill for a unit, the entire unit must be provided to the participant, face-to-face.</p> <p>Bachelor's degree and Master's degree level CLS clinicians are paid at the rate of \$25.02 per unit.</p>
AVAILABILITY OF ANNUAL UNITS	<p>The availability of annual units varies, depending upon the recommendations of the Child and Family Team and the Wraparound Plan.</p>
GROUP SETTING SERVICE(S)	<p>Waiver services that are permitted to be provided in a group setting are billed using the following formula:</p> $\text{Number of providers} \times \text{Time spent delivering service(s)} + \text{Number of participants served} = \text{Billable Time.}$
REQUIRED DOCUMENTATION	<p>In order to properly bill for the provision of CLS service(s), a provider must document:</p> <ol style="list-style-type: none">1. Date of Contact;2. Start and Stop Time;3. Progress towards goals set forth in the service authorization; and4. Information about the service provider, including:<ol style="list-style-type: none">a. Printed name;b. Signature (electronic signature is acceptable); andc. Credentials.
REIMBURSEMENT AND NEGOTIATION OF SERVICE RATE	<p>The Department of State Health Services directly reimburses the comprehensive Waiver provider (CWP) for the entire, per unit, rate.</p> <p>The CWP is permitted to negotiate payment to its employees or subcontractors.</p>

