

**THE HARRIS CENTER FOR MENTAL HEALTH AND IDD
YOUTH EMPOWERMENT SERVICES WAIVER PROGRAM
(YES WAIVER) SPECIALIZED THERAPIES**

- Complete, date and sign the enclosed YES Waiver Open Enrollment Application
- Attach a copy of proof of Professional Liability Insurance
- Attach a list of all of your facility sites with addresses
- Completed Service Description Questionnaire

Send all requested materials to:
The HARRIS CENTER for Mental Health and IDD
YES Waiver Program
Stella Olise, Practice Manager
6032 Airline Drive
Houston, Texas 77076
Office: (713) 970 – 4385
Fax: (713) 970 – 4995
Email: Stella.Olise@TheHarrisCenter.org and/or
LaShawn.Tucker@TheHarrisCenter.org

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD YES WAIVER PROGRAM – SPECIALIZED THERAPIES SERVICES

APPLICATION

A. GENERAL INFORMATION:

Facility Legal Name			Does the facility have another Name? If yes, please list name:	
Preferred Mailing Address Line 1			Preferred Mailing Address Line 2	
City	State	Zip	County	Contact Person
Physical Address			Physical City, State & Zip	
Telephone	Email Address		Fax	
<input type="checkbox"/> Apartment Complex <input type="checkbox"/> Residential Facility Please check which is the most appropriate description:		<input type="checkbox"/> SRO <input type="checkbox"/> Other		Indicate who is your corporate owner (if applicable):
Is this facility handicapped accessible? Yes <input type="checkbox"/> No <input type="checkbox"/>			Is this facility accessible to public transportation? Yes <input type="checkbox"/> No <input type="checkbox"/>	

B. DEMOGRAPHIC DATA: The following information is requested for demographic purposes only. This data will not be part of the credentialing process, but may be used to supply aggregate data to the state government as part of a state funded contract process.

1. Could your business be classified as a business owned by women, as defined by the Department of Minority Enterprises? Yes No

Women Owned Business is defined as a business enterprise of which women own at least 50% or, in the case of a publicly owned business, where women own at least 51% of stock.

2. Could your business be classified as a minority owned business, as defined by the Department of Minority Enterprises? Yes No

Minority Owned Business is defined as a business enterprise that is owned and controlled by one or more socially and/or economically disadvantaged persons. Such disadvantages may arise from cultural, racial, chronic economic circumstances or background, or other similar cause.

3. Could your business be classified as a minority owned business, as defined by the Department of Minority Enterprises? Yes No

Veteran Owned Business is defined as a business enterprise that is at least 51% owned and controlled by one or more service-disabled veterans. Have one or more service-disabled veterans manage day-to-day operations and also make long-term decisions.

4. If you answered yes to questions 1, 2 and 3 about minority owned businesses, which of the following categories would it fall under:

<input type="checkbox"/> Caucasian	<input type="checkbox"/> Native American or Alaskan Native	<input type="checkbox"/> Asian or Pacific Islander
<input type="checkbox"/> Black (African, Jamaican, West Indian descent)	<input type="checkbox"/> Hispanic (Mexican, Puerto Rican, South American)	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Veteran		

C. PAYEE INFORMATION:

Make checks payable to (must match tax ID owner name on file with IRS for the TIN listed below)		Type of Corporation
Billing Address Line 1		Billing Address Line 2
City	State	Zip
Your Medicare/UPIN Number	Your Medicaid Number	Tax Identification Number (TIN)

ATTESTATION

- 1. Insurance Coverage:** Have you or any of your staff had their Professional Liability insurance coverage denied, canceled, or non-renewed or initially refused upon application? Yes N/A No
- 2. License:** Have you or 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. Have you or anyone on your staff ever voluntarily surrendered their professional license in any state? Yes N/A No
 - b. Do you or any members of your staff have formal charges pending against them at this time? Yes N/A No
- 3. Criminal Offenses:** Have you or 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:** Have you or 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 been brought or settled against you or anyone on your staff within the last 5 years, or have there been any unfavorable judgement(s) against you or any members of your staff in any malpractice actions? Yes N/A No

 - a. To your knowledge, are any malpractice actions currently pending against you or any members of your staff? Yes N/A No
- 6. Neglect and Abuse:** Have you or anyone on your staff ever been sued for abuse or neglect? Yes N/A No

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

Open Enrollment Application Process

To Provide Specialized Therapies

The HARRIS CENTER for Mental Health and IDD (“The HARRIS CENTER”), through its YES Waiver Program, is offering to contract with Providers that can provide non-traditional services that will provide alternative and creative forms of therapy to help improve the youth’s health, welfare, and functioning in their community, including: Animal-Assisted Therapy, Art Therapy, Music Therapy, Recreational Therapy and Nutritional Counseling.

OVERVIEW OF PROGRAM:

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 For Specialized Therapy Services Include:

- Animal-Assisted Therapy
- Art Therapy
- Music Therapy
- Recreational Therapy
- Nutritional Counseling

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

VENDOR’S ROLE:

To provide specialized therapy services that will assist the participant in exploring feelings, reconciling emotional conflicts, fostering self-awareness, managing behavior, developing social skills, improving reality orientation, reducing anxiety and increasing self-esteem.

VENDOR CRITERIA: Each Applicant must provide the following:

- Complete, date and sign the Application.
- Attach Texas Standard Application for Licensed individuals -LCSW, LPCs, LMFTs, LVN and Psychologists etc. (if applicable)
- Accurately complete, date and sign the W-9 Form for each Tax Identification Number (TIN)
- Attach a copy of your Licensure (if applicable)

- Licensed Clinical Social Worker
- Licensed Professional Counselor
- Registered Nurse
- Marriage and Family Therapist
- Licensed Vocational Nurse
- Physical Therapist
- Occupational Therapist
- Licensed Dietitian
- Certified by the Art Therapy Credentials Board (AT-BC)
- Equine Assisted Growth and Learning Association
- Certified by the National Counsel for Therapy and Recreation Certification (CTRS)
- Certified as a Texas Certified Therapeutic (TRS/TXC)
- Professional Association of Therapeutic Horsemanship (PATH) International
- Certified by the Certification Board for Music Therapists (MT-BC)
- Attach a copy of your Certification (if applicable)
- Attach a copy of DFPS Respite Certification
- Please include any Medicaid/Medicare Licenses and all other applicable licenses held by the facility that relate to the contracted services
- Attach a copy of your Program Description
- Attach a copy of your Malpractice Insurance Face Sheet with the limits of liability
- Attach a list of all your facility site(s) with addresses.
- Attach a list of other employees with Professional Credentials
- Attach a copy of Clinical Descriptions of all programs
- Attach Program brochures (if available)

The HARRIS CENTER's Role:

The HARRIS CENTER will assign staff to secure services. The Agency, through its designated staff, is responsible to receive, review and approve all applications.

All applications will be reviewed upon receipt. Open Enrollment Applications will remain open for two years pursuant to the Open Enrollment statutory requirements set forth at 25 Tex. Admin. Code §412.60.

SERVICE DESCRIPTION FORM

Contract Provider Name:

Service To Be Provided:

- Animal Assisted Therapy**
- Art Therapy**
- Music Therapy**
- Recreational Therapy**
- Nutritional Counseling**

Description of Current Services:

- a. What is your philosophy of service delivery?

- b. How many people are currently receiving this service through your program?

- c. How many people can your program accommodate?

- d. What in general, are the ages, intellectual/functional abilities, and diagnoses of your current population?

- e. What are the characteristics that would result in a person being deemed inappropriate to be served in your program?

- f. What information is required for a patient being referred to your program?

- g. Additional information about your program:

Form Completed by (Signature):

Print Name/ Title:

Date:

PARTICIPATION STATEMENT

Vendor warrants and assures The HARRIS CENTER for Mental Health and IDD that:

1. Vendor is financially solvent, able to pay all debts as they mature and possess sufficient working capital to complete the work and perform the obligations herein;
2. Vendor is not currently held in abeyance or barred from the award of a federal or state contract;
3. Vendor is currently in good standing for state tax, pursuant to Texas Business Corporation Act, Texas Civil Statutes, Article 2.45; and
4. Vendor agrees to provide the specified services at the rate of payment specified herein.

I FULLY UNDERSTAND THAT IF ANY MATTER STATED IN THIS APPLICATION IS OR BECOMES FALSE, THE HARRIS CENTER WILL BE ENTITLED TO TERMINATE MY PROVIDER AGREEMENT FOR BREACH. FURTHER THAT ALL INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS WARRANTED TO BE TRUE, CORRECT AND COMPLETE.

Name (Please Print)

Date

**RETURN COMPLETED APPLICATION TO:
(MUST BE ORIGINAL)**

The HARRIS CENTER for Mental Health and IDD
YES Waiver Program
Stella Olise, Practice Manager
6032 Airline Drive
Houston, Texas 77076
Office: (713) 970 – 4385
Fax: (713) 970 – 4995
Email: Stella.Olise@TheHarrisCenter.org and/or
LaShawn.Tucker@TheHarrisCenter.org

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 who are assessed into the Level of Service YES Waiver program. **These services include Music Therapy, Art Therapy, Animal Assisted Therapy, Recreational Therapy and Nutritional Counseling.** 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:

Specialized Therapies 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. Counseling shall be provided by a Licensed Practitioner of the Healing Arts (LPHA), practicing within the scope of their own license and certification. 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 Stella.Olise@TheHarrisCenter.org

The HARRIS CENTER for Mental Health and IDD
YES Waiver Program
Attn: Stella Olise
6032 Airline Drive
Houston, Texas 77076
Drop off at the above location
Fax to (713) 970-4995

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

Email: LaShawn.Tucker@TheHarrisCenter.org or Stella.Olise@TheHarrisCenter.org
Phone: (713) 970-4385

7000.11 Specialized Therapies

Specialized Therapies – Animal Assisted Therapy

Service Description

In animal-assisted therapy, animals are utilized in goal-directed treatment sessions, as a modality, to facilitate optimal physical, cognitive, social and emotional outcomes of a Waiver participant such as increasing self-esteem and motivation and reducing stress. Animal-assisted therapy is delivered in a variety of settings by specifically trained individuals in association with animals that meet specific criteria and in accordance with guidelines established by the American Veterinary Medical Association. Example programs include but are not limited to Therapeutic Horseback Riding and Pet Partners.

Provider Qualifications

An animal-assisted therapy provider must:

- Be a licensed professional, with documented training and experience relative to the specific service provided. These may include a: clinical social worker; professional counselor; marriage and family therapist; registered nurse; vocational nurse; physical therapist; occupational therapist; or dietitian; **or**
- Be appropriately trained and obtain certification through a YES Waiver- endorsed certification program specific to the type of program and animal(s) involved.

All animals working with an animal-assisted therapy provider must meet specific criteria for the program they are associated with and be trained in accordance with guidelines established by the American Veterinary Medical Association.

Animal Certification Programs

YES Waiver-endorsed certification programs include:

- Pet Partners program
- Equine Assisted Growth and Learning Association (EAGALA)
- Professional Association of Therapeutic Horsemanship (PATH) International
- Trauma Focused Equine Assisted Psychotherapy (TF-EAP)
- Equine Experiential Education Association (E3A)

Equine Connection, other certification programs are subject to approval by the HHSC YES Waiver Department, upon request by the CWP or the WPO.

CWPs are responsible for verifying the qualifications of all employees and subcontractors. HHSC conducts annual onsite or desk reviews of Waiver Provider agencies to ensure compliance with the Waiver Provider agreement. During these reviews, HHSC also verifies the qualifications of Waiver Provider agency employees and subcontractors.

Wraparound Plan

The Wraparound Plan must:

- Include the description and documentation of the type, scope, duration, frequency, and location of the service.
- Identify the need in the Wraparound Plan that the service will address.
- Describe the strategies and/or action steps that will be used to encourage and assist in family and caregiver engagement.
- Identify natural and/or non-traditional and community support systems.

Progress Notes

Progress notes are required for the provision of animal-assisted therapy and must include:

- Participant name.
- Medicaid ID #.
- Date of contact with the participant.
- Start and stop time of contact with the participant.
- Service name and description.
- Service location.
- Training methods used (e.g., instructions, modeling, role play, feedback, repetition).
- Need identified in the Wraparound Plan that the service will address.
- Use of adaptive aids and supports, if applicable.
- Transportation services, if applicable.
- Participant's response to the service provided.
- Progress or lack of progress with service.

- Summary of activities and behaviors observed during the service and how these activities directly impact the identified need that the service addresses.
- Direct service provider's printed name, signature, and credentials.

The provider must document the provision of animal-assisted therapy services by maintaining up-to-date progress notes, which will be reviewed by HHSC. All service documentation must be submitted within **two business days** after each contact that occurs to provide services to the individual and LAR in the YES Waiver program.

Program Training

Prior to providing Waiver services and/or participating in a CFT meeting, an animal-assisted therapy provider must receive program training in accordance with [POLICY 3500 General Training and Technical Assistance].

Billing

Costs for all Waiver services cannot exceed the individual annual cost ceiling established under the Waiver. Information regarding unit designation, payment rate, and required documentation for submitting a claim for animal-assisted services is detailed in [see YES Waiver User Guide].

Specialized Therapies – Art Therapy

Service Description

Art therapy is a human service profession in which Waiver participants, facilitated by the art therapist, use art media, the creative process, and the resulting artwork to explore their feelings, reconcile emotional conflicts, foster self-awareness, manage behavior, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem.

Provider Qualifications

An art therapy provider must be:

- A licensed professional, with documented training and experience relative to the specific service provided. These may include a clinical social worker; professional counselor; marriage and family therapist; drama therapist; registered nurse; vocational nurse; physical therapist; occupational therapist; or dietitian; **or**
- Certified by the Art Therapy Credentials Board (ATCB).

CWPs are responsible for verifying the qualifications of all employees and subcontractors. HHSC conducts annual onsite or desk reviews of Waiver Provider agencies to ensure compliance with the Waiver Provider agreement. During these reviews, HHSC also verifies the qualifications of Waiver Provider agency employees and subcontractors.

Wraparound Plan

The Wraparound Plan must:

- Include the description and documentation of the type, scope, duration, frequency, and location of the service.
- Identify the need in the Wraparound Plan that the service will address.
- Describe the strategies and/or action steps that will be used to encourage and assist in family and caregiver engagement.
- Identify natural and/or non-traditional and community support systems.

Progress Notes

Progress notes are required for the provision of art therapy and must include:

- Participant name.
- Medicaid ID #.
- Date of contact with the participant.
- Start and stop time of contact with the participant.
- Service name and description.
- Service location.
- Training methods used (e.g., instructions, modeling, role play, feedback, repetition).
- Need identified in the Wraparound Plan that the service will address.
- Use of adaptive aids and supports, if applicable.
- Transportation services, if applicable.
- Participant's response to the service provided.
- Progress or lack of progress with service.
- Summary of activities and behaviors observed during the service and how these activities directly impact the identified need that the service addresses.
- Direct service provider's printed name, signature, and credentials.

The provider must document the provision of art therapy services by maintaining up-to-date progress notes, which will be reviewed by HHSC. All service documentation must be submitted within **two business days** after each contact that occurs to provide services to the individual and LAR in the YES Waiver program.

Program Training

Prior to providing Waiver services and/or participating in a CFT meeting, an art therapy provider must receive program training in accordance with [POLICY 3500 General Training and Technical Assistance].

Billing

Costs for all Waiver services cannot exceed the individual annual cost ceiling established under the Waiver. Information regarding unit designation, payment rate, and required documentation for submitting a claim for art therapy is detailed in [see YES Waiver User Guide].

Specialized Therapies – Music Therapy

Service Description

Music therapy utilizes musical or rhythmic interventions specifically selected by a registered music therapist to accomplish the restoration, maintenance, or improvement of social or emotional functioning, mental processing, or physical health. Music therapy is a prescribed use of music to therapeutically address physical, psychological, cognitive, and/or social functioning to optimize the individual's quality of life, improve functioning on all levels, enhance well-being and foster independence. Music therapy provides an opportunity to move from isolation into active participation through an increase in verbal and nonverbal communication, social expression, behavioral and social functioning, and self-awareness.

Provider Qualifications

A music therapy provider must be:

- A licensed professional, with documented training and experience relative to the specific service provided. These may include a: clinical social worker; professional counselor; marriage and family therapist; registered nurse; vocational nurse; physical therapist; occupational therapist; or dietitian; **or**

- Certified by the Certification Board for Music Therapists (CBMT) with documented training and experience relative to the specialized therapy being provided.

CWPs are responsible for verifying the qualifications of all employees and subcontractors. HHSC conducts annual onsite or desk reviews of Waiver Provider agencies to ensure compliance with the Waiver Provider agreement. During these reviews, HHSC also verifies the qualifications of Waiver Provider agency employees and subcontractors.

Wraparound Plan

The Wraparound Plan must:

- Include the description and documentation of the type, scope, duration, frequency, and location of the service.
- Identify the need in the Wraparound Plan that the service will address;
- Describe the strategies and/or action steps that will be used to encourage and assist in family and caregiver engagement.
- Identify natural and/or non-traditional and community support systems.

Progress Notes

Progress notes are required for the provision of music therapy and must include:

- Participant name.
- Medicaid ID #.
- Date of contact with the participant.
- Start and stop time of contact with the participant.
- Service name and description.
- Service location.
- Training methods used (e.g., instructions, modeling, role play, feedback, repetition).
- Need identified in the Wraparound Plan that the service will address;
- Use of adaptive aids and supports, if applicable.
- Transportation services, if applicable.
- Participant's response to the service provided.
- Progress or lack of progress with service.

- Summary of activities and behaviors observed during the service and how these activities directly impact the identified need that the service addresses.
- Direct service provider’s printed name, signature, and credentials.

The provider must document the provision of music therapy by maintaining up-to- date progress notes, which will be reviewed by HHSC. All service documentation must be submitted within **two business days** after each contact that occurs to provide services to the individual and LAR in the YES Waiver program.

Program Training

Prior to providing Waiver services and/or participating in a CFT meeting, a music therapy provider must receive program training in accordance with [POLICY 3500 General Training and Technical Assistance].

Billing

Costs for all Waiver services cannot exceed the individual annual cost ceiling established under the Waiver. Information regarding unit designation, payment rate, and required documentation for submitting a claim for music therapy is detailed in [see YES Waiver User Guide].

Specialized Therapies – Nutritional Counseling

Service Descriptions

Nutritional counseling assists Waiver participants in meeting their basic and/or special therapeutic nutritional needs. This includes but is not limited to counseling Waiver participants in nutrition principles, dietary plans, food selection and economics.

Provider Qualifications

A nutritional counseling provider must be provided by a person who is a registered, licensed, or provisionally licensed dietitian by the Texas Board of Examiners of Dietitians.

CWPs are responsible for verifying the qualifications of all employees and subcontractors. HHSC conducts annual onsite or desk reviews of Waiver Provider agencies to ensure compliance with the Waiver Provider agreement. During these reviews, HHSC also verifies the qualifications of Waiver Provider agency employees and subcontractors.

Wraparound Plan

The Wraparound Plan must:

- Include the description and documentation of the type, scope, duration, frequency, and location of the service.
- Identify the need in the Wraparound Plan that the service will address.
- Describe the strategies and/or action steps that will be used to encourage and assist in family and caregiver engagement.
- Identify natural and/or non-traditional and community support systems.

Progress Notes

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

- Participant name.
- Medicaid ID #.
- Date of contact with the participant.
- Start and stop time of contact with the participant.
- Service name and description.
- Service location.
- Training methods used (e.g., instructions, modeling, role play, feedback, repetition).
- Need identified in the Wraparound Plan that the service will address.
- Use of adaptive aids and supports, if applicable.
- Transportation services, if applicable.
- Participant's response to the service provided.
- Progress or lack of progress with service.
- Summary of activities and behaviors observed during the service and how these activities directly impact the identified need that the service addresses.
- Direct service provider's printed name, signature, and credentials.

The provider must document the provision of nutritional counseling by maintaining up-to-date progress notes, which will be reviewed by the HHSC. All service documentation must be submitted within **two business days** after each contact that occurs to provide services to the individual and LAR in the YES Waiver program.

Program Training

Prior to providing Waiver services and/or participating in a CFT meeting, a nutritional counselor must receive program training in accordance with [POLICY 3500 General Training and Technical Assistance].

Billing

Costs for all Waiver services cannot exceed the individual annual cost ceiling established under the Waiver. Information regarding unit designation, payment rate, and required documentation for submitting a claim for nutritional counseling is detailed in [see YES Waiver User Guide].

Specialized Therapies – Recreational Therapy

Service Description

Recreational therapy is an outcome based therapeutic intervention that helps maintain or improve participants physical, social, and emotional well-being. The goal of recreational therapy is to develop self-reliance, resiliency, and improve participant's functioning and independence in the community, while reducing or eliminating the effects of the participants serious mental, emotional and behavioral difficulties.

Recreational therapy helps develop leisure time in ways that enhance health, independence, and well-being. It is a prescribed use of recreational and other activities as a treatment intervention to improve the functional living competence of persons with physical, mental, emotional, and/or social disadvantages. Treatment is designed to restore, remediate, or habilitate improvement in functioning and independence while reducing or eliminating the effects of an illness or a disability.

Recreational activities may include, but are not limited to:

- Arts and crafts
- Aquatic activities
- Dance and movement
- Drama/theater
- Experiential interventions
- Games
- Outdoor recreation

- Sensory stimulation and integration
- Sports
- Yoga

Provider Qualifications

A recreational therapy provider must be:

- A licensed professional, with documented training and experience relative to the specific service provided. These may include: licensed clinical social worker, licensed professional counselor, licensed marriage and family therapist, registered nurse, licensed vocational nurses, physical therapists, occupational therapists, or licensed dietitians; **or**
- Certified by the National Council of Therapeutic Recreation Certification (NCTRS); or
- Certified as a Therapeutic Recreation Specialist Texas (TRS/TXC) by consortium for Therapeutic Recreation/Activities Certification, Inc. (CTRAC).

CWPs are responsible for verifying the qualifications of all employees and subcontractors. HHSC conducts annual onsite or desk reviews of Waiver Provider agencies to ensure compliance with the Waiver Provider agreement. During these reviews, HHSC also verifies the qualifications of Waiver Provider agency employees and subcontractors.

Wraparound Plan

The Wraparound Plan must:

- Include the description and documentation of the type, scope, duration, frequency, and location of the service.
- Identify the need in the Wraparound Plan that the service will address.
- Describe the strategies and/or action steps that will be used to encourage and assist in family and caregiver engagement.
- Identify natural and/or non-traditional and community support systems.

Progress Notes

Progress notes are required for the provision of recreational therapy and must include:

- Participant name.
- Medicaid ID #.

- Date of contact with the participant.
- Start and stop time of contact with the participant.
- Service name and description.
- Service location.
- Training methods used (e.g., instructions, modeling, role play, feedback, repetition).
- Need identified in the Wraparound Plan that the service will address;
- Use of adaptive aids and supports, if applicable.
- Transportation services, if applicable.
- Participant's response to the service provided.
- Progress or lack of progress with service.
- Summary of activities and behaviors observed during the service and how these activities directly impact the identified need that the service addresses.
- Direct service provider's printed name, signature, and credentials.

The provider must document the provision of recreational therapy by maintaining up-to-date progress notes, which will be reviewed by the HHSC. All service documentation must be submitted within **two business days** after each contact that occurs to provide services to the individual and LAR in the YES Waiver program.

Program Training

Prior to providing Waiver services and/or participating in a CFT meeting, a recreational therapy provider must receive program training in accordance with [POLICY 3500 General Training and Technical Assistance].

Billing

Costs for all Waiver services cannot exceed the individual annual cost ceiling established under the Waiver. Information regarding unit designation, payment rate, and required documentation for submitting a claim for recreational therapy is detailed in [see YES Waiver User Guide].