

**THE HARRIS CENTER FOR MENTAL HEALTH AND IDD  
YOUTH EMPOWERMENT SERVICES WAIVER PROGRAM  
(YES WAIVER) COMMUNITY LIVING SUPPORT (CLS) AND  
PARAPROFESSIONAL SERVICES**

- 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](mailto:Stella.Olise@TheHarrisCenter.org)  
[LaShawn.Tucker@TheHarrisCenter.org](mailto:LaShawn.Tucker@TheHarrisCenter.org)

# THE HARRIS CENTER FOR MENTAL HEALTH AND IDD YES WAIVER PROGRAM COMMUNITY LIVING SUPPORT AND PARAPROFESSIONAL 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:**

<b>Make checks payable to</b> (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 Community Living Support and Paraprofessional Services**

The HARRIS CENTER for Mental Health and IDD (“The HARRIS CENTER”), through its YES Waiver Program, is offering to contract with Providers that will provide Community Living Support and Paraprofessional Services for individuals identified by the YES Waiver Program.

#### **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 Include:

- Community Living Support
- Paraprofessional Services

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

#### **PROVIDER’S ROLE:**

Community Living Supports provide assistance to the family caregiver in the disability-related care of the Waiver participant, while facilitating the Waiver participant’s independence and integration into the community. The Paraprofessional is a behavioral aide supporting the Waiver participant to meet the behavioral goals outlined in their plan.

**PROVIDER 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 26 Texas Administrative Code §301.19.

# **SERVICE DESCRIPTION FORM**

**Contract Provider Name:**

**Service To Be Provided:**

- **Community Living Support (CLS)**
- **Paraprofessional**

**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**

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

1. Provider 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. Provider is not currently held in abeyance or barred from the award of a federal or state contract;
3. Provider is currently in good standing for state tax, pursuant to Texas Business Corporation Act, Texas Civil Statutes, Article 2.45; and
4. Provider 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.

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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](mailto:Stella.Olise@TheHarrisCenter.org) and/or  
[LaShawn.Tucker@TheHarrisCenter.org](mailto: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 Community Living Support (CLS) and Paraprofessional services.** 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:

CLS and Paraprofessional services are 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](mailto: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](mailto:LaShawn.Tucker@TheHarrisCenter.org) or [Stella.Olise@TheHarrisCenter.org](mailto:Stella.Olise@TheHarrisCenter.org)  
Phone: (713) 970-4385



## 7000.2 Community Living Supports

### Service Description

Community living supports are provided to the Waiver participant and family to facilitate the Waiver participant's achievement of documented goals for community inclusion and remaining in their home. The supports may be provided in the Waiver participant's residence or in community settings (including but not limited to libraries, city pools, camps, etc.) Community living supports provide assistance to the family caregiver in the disability-related care of the Waiver participant, while facilitating the Waiver participant's independence and integration into the community. The training in skills related to activities of daily living, such as personal hygiene, household chores, and socialization may be included, if these skills are affected by the Waiver participant's SED.

Community living supports may also promote communication, relationship-building skills, and integration into community activities. These supports must be targeted at enabling the Waiver participant to attain or maintain their maximum potential.

These supports may serve to reinforce skills or lessons taught in school, therapy, or other settings. Training may be provided to both the caregiver and the Waiver participant, dependent upon the Waiver participant's age, on the nature of the emotional disorder, the role of medications, and self-administration of medications.

Training can also be provided to the Waiver participant's primary caregivers to assist the caregivers in coping with and managing the Waiver participant's emotional disturbance. This includes instruction on basic parenting skills and other forms of guidance. Basic parenting skills for this population are those practices and techniques that are intended to help natural or adoptive parents who may also be experiencing personal stress and family difficulties with a child who is having difficulty with behavior, friendships, emotional regulation, or school performance.

### Limitation

CLS cannot be provided at the same time as:

- Employment Assistance.
- Non-Medical Transportation.
- Respite Services.

- Supported Employment.
- Supportive Family-Based Alternatives.

## For Family Caregiver(s)

In addition to developing skills for the participant, CLS may also provide curriculum-based skills training to the family caregiver(s). Training topics for family caregivers receiving CLS will vary as these trainings are tailored to each family and their unique need based on the participant's age, the nature of the SED, the role of medications, the self-administration of medications, and any other applicable information.

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 QMHP–CS, defined as an individual who:

- Has a bachelor's degree from an accredited college or university with a minimum number of hours that is equivalent to a major, in accordance with [26 TAC §301.331](#), 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; or
- Is a registered nurse (RN); or
- Has completed an alternative credentialing process identified by the HHSC; or
- 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
- In addition to passing a criminal history and background check [see POLICY [3100 Criminal History and Federal and State Registry Checks](#)].

Information regarding competency and credentialing can be found in [26 TAC §301.331](#).

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 CLS services and must include all of the applicable details outlined below:

- 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).
- Skills training curriculum used.
- 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 service by maintaining up-to-date progress notes, which are reviewed by HHSC. All service documentation must be submitted within **two business days** after service delivery.

## Non-Face-to-Face Contact with Participants

There are times when CLS services provided to a participant may not be face-to-face. While these contacts are not billable and should be limited, when they do occur, the provider must document in the progress notes:

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

## Contact with Other Parties

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

- Participant name.
- Medicaid ID #.
- Date of the contact.
- Service name and description.
- Person with whom the contact was made.
- Start and stop time of contact.
- Reason for the contact.
- Description of the contact.
- Outcome(s) of the contact.
- Direct service provider's printed name, signature, and credentials.

## **Program Training**

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

## **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 CLS is detailed in [see YES Waiver User Guide].

## 7000.7 Paraprofessional Services

### Service Description

Services related to addressing the Waiver participant's needs that arise as a result of their SED. These services contribute to the functioning of the Waiver participants in the community and thereby assist Waiver participants in avoiding institutionalization. The services are essential to promote community inclusion in typical child/youth activities and exceed what would normally be available for children in the community. The paraprofessional is a behavioral aide supporting the Waiver participant to meet the behavioral goals outlined in their plan. The paraprofessional may model and coach appropriate behaviors. Paraprofessional services are provided under the direction of a licensed behavioral health professional. There are three types of paraprofessional services:

1. **Skilled mentoring and coaching:** mentoring is provided by a person who has had additional training/experience working with children/youth with mental health problems. For example, a teenager with severe behavior problems may require mentoring from a person with behavioral management expertise.
2. **Paraprofessional aide:** this service may be reimbursed if delivered in a setting where provision of such support is not already required or included as a matter of practice. The aide assists the Waiver participant in preventing and managing behaviors stemming from SED that create barriers to inclusion in integrated community activities such as after-school care or day care.
3. **Job placement:** assistance in finding employment. Job placement can be provided by the paraprofessional to assist the Waiver participant with developing a resume and completing applications. Job placement is not supported employment or employment assistance.

### Limitations

Paraprofessional services cannot be provided at the same time as:

- Respite.
- Supported Employment.
- Employment Assistance.
- Community Living Supports.

- Non-Medical Transportation.

Costs for all Waiver services cannot exceed the individual annual cost ceiling established under the Waiver.

## **Skilled Mentoring and Coaching**

Skilled mentoring and coaching:

- Addresses participant's symptom-related problems that may interfere with the individual's functioning and living, working, and learning environments.
- Provides opportunities for the participant to acquire and improve skills needed to function as appropriately and independently as possible.
- Facilitates the participant's community integration.
- 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 services consist of training the participant in:

- The importance of taking medications as prescribed.
- Self-administration of medication.
- Determining the effectiveness of the medication(s).
- Identifying side-effects of medication(s).
- 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 SED that interfere with their ability to make vocational choices and/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:

- Be at least 18 years of age;
- Have received one of the following:
  - ▶ A high school diploma; or
  - ▶ A high school equivalency certificate issued in accordance with the law of the issuing state;
- 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;
- Demonstrate competency in the provision and documentation of the specified or comparable service. Competency is assessed and documented by the Waiver Provider agency and reviewed by HHSC;
- Pass a criminal history and background check [see POLICY [3100 Criminal History and Federal and State Registry Checks](#)]; and
- Be under the direct clinical supervision of a master’s level therapist and receive, at a minimum, one hour of monthly supervision. The supervisor must document and maintain all supervision notes in the paraprofessional’s file.

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.

## Settings

Paraprofessional services may be provided in the participant’s residence or in community settings, including, but not limited to:

- Libraries.
- Parks.
- Museums.



## 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 paraprofessional 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).
- Title of evidence-based or best practice curriculum used.
- 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 paraprofessional services by maintaining up-to-date progress notes, which are 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.

## Non-Face-to-Face Contact with Participant

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

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

## Contact with Other Parties

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 LAR, the provider must document in the progress notes:

- Participant name.
- Medicaid ID #.

- Date of the contact.
- Service name and description.
- Person with whom the contact was made.
- Start and stop time of contact.
- Reason for the contact.
- Description of the contact.
- Outcome(s) of the contact.
- Direct service provider's printed name, signature, and credentials.

## **Program Training**

Prior to providing Waiver services and/or participating in a CFT meeting, a provider of paraprofessional services must receive program training prior to delivering services to YES Waiver participants and 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 paraprofessional services is detailed in [see YES Waiver User Guide].