



Dear Provider,

The Harris Center for Mental Health and IDD welcomes your application to be considered as a Provider of services for individuals with Intellectual and Developmental Disabilities (“IDD”).

The Harris Center is a subrecipient of the American Rescue Plan Act 2021 (Pub. Law 117-2), hereinafter referred to as the “Act” or “ARPA,” a grantee of Coronavirus State and Local Fiscal Recovery Funds may respond to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19) or its negative economic impacts, which, pursuant to the Final Rule adopted by the Treasury Department, which includes expenditures for the **Inspire Program**, which is designed to provide comprehensive support services and financial assistance to families with children with developmental disabilities/delays, intellectual and developmental disorders, or pervasive developmental disorders in response to the COVID-19 pandemic.

Although the Agency may finalize a contractual agreement with your organization once all requirements have been met, The Harris Center does not guarantee that any Provider will receive referrals for service.

For questions on the contract process or required forms, please refer to the following:

For **Inspire Program Services** please contact Margo Childs at (713) 970-8237, or [Margo.Childs@TheHarrisCenter.org](mailto:Margo.Childs@TheHarrisCenter.org) and Naja Clark at (713) 970-7617 or [Naja.Clark@TheHarrisCenter.org](mailto:Naja.Clark@TheHarrisCenter.org)

Thank you,

Margo Childs  
Program Director  
Inspire Program Services  
IDD Service Division

12/11/2024

**THE HARRIS CENTER  
FOR MENTAL HEALTH  
AND IDD**

**INSPIRE PROGRAM  
SERVICES**

**OPEN ENROLLMENT  
SUBMISSION**

# Principles and Practices of Contracting with the IDD Division

## **Introduction and Overview of the Program**

Inspire will provide benefits to qualifying families to promote community inclusion and prevent institutionalization. The program will serve Harris County, aged 0-6 diagnosed with developmental delay, intellectual disability (intellectual development disorder) and/or autism spectrum disorder. Participating families are eligible for a maximum \$6,000 in benefits and disability support services and \$1,000 for respite care) Benefits will come in the form of technology, services, and materials purchased and delivered on behalf of the participating families. Funding for Inspire approved services/resources will be rendered directly to the authorized provider. No funds will be disbursed to program participants/families.

The IDD Division of The Harris Center for Mental Health and IDD receives reimbursement for a variety of services provided to eligible persons residing in Harris County. To be eligible for services, a person must:

1. Harris County residents aged 0 - 6 years;
2. Have a developmental disability, intellectual and developmental disorder (IDD), or pervasive developmental disorder (PDD) as determined by an appropriate licensed or certified professional;
3. Live in a natural/family home (excludes residential settings providing room/board, intermediate care facilities, inpatient facilities, etc.);
4. Meet low-income requirement of 200% below current Federal Poverty Level (FPL) guidelines; \*
5. Have a need that can be met by allowable Inspire program services;
6. Not currently receiving funding or services considered duplicative to Inspire's authorized funding/services.

US citizenship will not be assessed and will not be used to determine program eligibility.

Within the limits of funding and other contract requirements, individuals choose which services they receive from The Harris Center and its Contract Providers. The underlying goal of all programs operated, or funded, by The Harris Center for Mental Health and IDD is to assist persons with intellectual disability or developmental delays to develop the skills and access the community supports and resources necessary to learn, work, and live with dignity as contributing members of the community. The IDD Division will not fund services which segregate individuals from their community, or do not work toward integrating their individuals into the community. The implications of this for programs operating under specific guidelines will be discussed below.

## **General Contract Information**

The IDD Division of The Harris Center for Mental Health and IDD is the provider of last resort for individuals of its services. This means that The Harris Center will contract for those services established within guidelines of Inspire grant. The Harris Center will operate programs in those service areas where there are no providers, or where the number of providers offering a particular service is inadequate to meet the workload measures of its contract with other sources.

- Respite Care
- Assistive Technology/Services
- Therapeutic Interventions: Applied Behavior Analysis, Occupational/Physical/Speech Therapy, Music, Sensory Integration, Art, and Aquatic Therapy
- Transportation Services

The Harris Center for Mental Health and IDD may contract with some service providers to provide transportation services. Reimbursement for transportation is subject to regulatory guidelines of the Harris County Contract.

The IDD Division maintains an open enrollment process for all contract providers and places no artificial limits on the number of providers within the Provider Network. Because of this, there are several facts that contract providers should be aware of:

- Having a valid contract with The Harris Center does not guarantee that any provider will receive referrals for services. Referrals are based solely on individual choice of available programs.
- The contracting process with The Harris Center can be quite lengthy, requiring review by a committee and final approval by the Board of Directors. The Harris Center staff may not authorize payments under any contract that has not been approved by The Harris Center Board of Trustees.

- The Harris Center uses the Inspire Guidelines Manual as the definition of services purchased under the Harris County funded grant. We will only contract for services that explicitly meet these guidelines. Any entity wishing to contract with The Harris Center should become familiar with the guidelines for the services offered through The Harris Center.

### Payment\Billing Information

The procedure for submitting an invoice for payment to The Harris Center is described elsewhere in this Contract. There are, however, several basic principles that guide The Harris Center staff when processing Contractor invoices for payment:

- The Harris Center will only pay for services that have been properly authorized. In the IDD Division, written authorizations are issued to document service start and end dates. Written authorization to begin services may only come from the Inspire Services Program.
- The Harris Center will not pay for services provided for an individual **before** the start date of a contract. The Harris Center is not obligated to pay for any services rendered before a formal, written and signed contract is in place.
- Payment for authorized services occurs weekly. Each provider, in order to assure that they have the best chance of receiving timely payment for services rendered, must submit their invoices to the Inspire Services Program according to the timeframes set forth in their contract. Final invoices must be submitted by the 5<sup>th</sup> of each month for services rendered during the previous month.
- The Harris Center will not pay for services billed to the Agency later than 45 days past the end of the month in which services were performed.

### Individual Choice

The Harris Center uses the concept of individual choice to assure that individuals are afforded the same choices that every member of the community has as their right. There are several areas regarding the choices individuals have been presented with that require further explanation here. Violation of any of these principles will result in The Harris Center removing a provider from the list of agencies given to individuals when choosing services and service providers.

- No solicitation of individuals (or their families) currently being served by another provider is permitted. Such behavior is considered inappropriate and unethical.
- No action will be taken to change the services for which an individual is authorized until that individual (or their guardian) has informed the individual's Service Coordinator that they wish to make a change in services. Providers may not initiate changes in any individual's CARE Code or service provider. Changes may only come from the individual and be authorized by the Service Coordinator.

### Service Definitions

The Inspire General Program Overview describes the services for which The Harris Center contracts, and summaries of those services with examples of appropriate activities which may be used as guides by providers offering these services for their individuals. Specific issues requiring further clarification are discussed here. These are:

#### The IDD Division of The Harris Center contracts with Vendors/Providers for the following services:

Type of Service	CARE Codes	Description of Services	Frequency of Service Delivery	Fee Schedule
RESPIRE CARE		<ul style="list-style-type: none"> <li>• Provides care and supervision of persons on a temporary basis for short periods of time</li> <li>• Intended to relieve family members or other primary care providers of their responsibilities for providing care Provided to individuals only at their usual residence</li> </ul>	As authorized	<p><b>\$14.00</b> per hour <b>NTE</b> <b>\$1,000</b></p>

<b>Therapeutic Interventions:</b>		<b>As authorized and NTE \$5,000</b>
<b>Applied Behavior Analysis (Certified)</b>	<ul style="list-style-type: none"> <li>• Therapy and evidence-based approach that helps people with autism learn and develop skills to improve and manage their behavior.</li> </ul>	<b>\$79.53/hr</b>
<b>Occupational</b>	<ul style="list-style-type: none"> <li>• Therapy which helps individuals with physical, sensory, or cognitive disabilities to develop, recover, improve and maintain skills needed for daily living.</li> </ul>	<b>\$72.95/hr</b>
<b>Physical</b>	<ul style="list-style-type: none"> <li>• Therapy to preserve, enhance, or restore movement and physical function impaired by injury or disability.</li> </ul>	<b>\$77.43/hr</b>
<b>Speech/Language</b>	<ul style="list-style-type: none"> <li>• Therapy/treatment that improves one's ability to talk and use other language skills. Support and care for individuals with difficulties with communication, eating, drinking and swallowing.</li> </ul>	<b>\$72.95/hr</b>
<b>Music</b>	<hr/> <p>Clinical practice that uses music to help people improve their health and well-being to reduce stress, pain, anxiety and depression, regulate emotions, improve communication, recover from trauma, develop coping skills to achieve individualized goals.</p>	<b><u>\$35.00/hr</u></b>
<b>Sensory Integration</b>	<p>Play-based therapy treatment that helps improves an individuals' ability to process sensory information and respond to everyday stimuli, improve their confidence, self-esteem and ability to play with others.</p>	<b><u>\$79.95/hr</u></b>
<b>Art</b>	<p><u>The use of are-based techniques, including drawing, painting, sculpture, and mixed media to help with emotional issues, promote healing, enrich their life, improve cognitive function, nurture self-esteem, and resolve stress and conflict.</u></p>	<b><u>\$40.00/hr</u></b>
<b>Aquatic</b>	<p><u>Physical therapy exercise program that helps with balance training, flexibility, weight bearing and strengthening core and back muscles.</u></p>	<b><u>\$56.00/hr</u></b>

<b>Transportation Services</b>	Provide transportation to appointments, activities directly related to the child's disability. Provide transportation to activities in the community.	<u><b>\$1.50/hr</b></u>
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**Vendors/Providers must meet the following criteria in order to complete a contract with The Harris Center:**

<b>Type of Service</b>	<b>Licensure from</b>	<b>Insurance</b>
<b>Respite Care</b>	Provider Credentials and Endorsements recognized by the Texas	<b>See Below</b>



**THE HARRIS CENTER FOR MENTAL HEALTH AND IDD IDD-INSPIRE PROGRAM – THERAPIES SERVICES APPLICATION**

**A. GENERAL INFORMATION:**

Vendor/Provider Legal Name			Does the vendor/provider 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	
Apartment Complex	SRO	Indicate who is your corporate owner (if applicable):		
Residential Facility	Other			
Please check which is the most appropriate description:				
Is this facility handicapped accessible?			Is this facility accessible to public transportation?	
Yes <input type="checkbox"/> No <input type="checkbox"/>			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
- 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

**NEW CONTRACT PROVIDER FORM  
Inspire Program**

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

**Company Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**24-hour Emergency Number:** \_\_\_\_\_

**Contract Person:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Pager:** \_\_\_\_\_

**Current Licensure** (attach current copy of all applicable licenses):

**Services to be provided by Contractor:**

- Respite Care
- Therapeutic Interventions:
- Behavior Analyst (Certified)
- Occupational/Speech/Language Therapies
- Music Therapy
- Sensory Integration Therapy
- Art Therapy
- Aquatic Therapy
- Transportation Services

**Service Site Addresses:**

Address	City	Zip

**ATTACHMENTS:**

- **Copy of current Licensure/Certificate**
- 
- **Certificate of Proof of Insurance**
  
- **Copy of W-9**
  
- **Copy of Business Documents**

θ **Other:** \_\_\_\_\_

θ **Other:** \_\_\_\_\_

θ **Other:** \_\_\_\_\_

## SERVICE DESCRIPTION FORM

*(Complete one form for EACH type of service you will be providing)*

**Contract Provider:** \_\_\_\_\_

**Service To Be Provided:**

- Respite Care
- Therapeutic Interventions:
- Applied Behavioral Analysis
- Occupational/Physical/Speech Therapies
- Music Therapy
- Sensory Integration Therapy
- Art Therapy
- Aquatic Therapy
- Transportation Services

### **DESCRIPTION OF CURRENT SERVICES:**

- a. What is your philosophy of service delivery and how will your company help us meet our goals for this project?
- b. How many people are currently receiving this service from your program/company?
- c. How many people can your program accommodate?
- d. How quickly does your customer service respond?
- e. How do you communicate project progress, updates and risks?
- f. What is your escalation process for urgent issues?
- g. How long does it take to complete an order?
- h. What is the process for cancellations of an order?
- i. What, in general, are the ages, intellectual/functional abilities, and diagnoses of your current service population?
- j. What characteristics would result in a person being deemed inappropriate to be served?

k. Additional information about your program/services:

**DESCRIPTION OF RESOURCES:**

a. Provide a list of products, equipment, service resources that are available.

**VALUE ADDED SERVICES:**

a. What type transportation services are provided?

b. What specialists are available for consultation/services?

c. Other Value-Added Services:

**Form Completed by:** \_\_\_\_\_

**Print Name/Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_