



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. 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 particular provider will receive referrals for service.

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

For **ID Network Management**, please contact Margo Childs at (713) 970-8237, [Margo.Childs@TheHarrisCenter.org](mailto:Margo.Childs@TheHarrisCenter.org) and Katrina Washington at (713) 970-7617 or [Katrina.Washington@TheHarrisCenter.org](mailto:Katrina.Washington@TheHarrisCenter.org).

For **Texas Home Living Waiver Program**, please contact Lily Pan at (713) 970-8385, [Lily.Pan@TheHarrisCenter.org](mailto:Lily.Pan@TheHarrisCenter.org) or Thomas Wills at (713) 970-8364, [Thomas.Wills@TheHarrisCenter.org](mailto:Thomas.Wills@TheHarrisCenter.org).

For **Applied Behavior Analysis – Skills Intervention Program**, please contact Renatta Lindsey at (713) 970-7972, or [Lindsey.Renatta@TheHarrisCenter.org](mailto:Lindsey.Renatta@TheHarrisCenter.org).

Thank you,

Margo Childs  
Program Director  
Intellectual Disability Network Management

Attachments

6/19/2017

**THE HARRIS CENTER for  
Mental Health and IDD**

**INTELLECTUAL &  
DEVELOPMENTAL  
DISABILITIES**

**OPEN ENROLLMENT  
SUBMISSION**

# Principles and Practices of Contracting with the IDSD Division

## **Introduction**

The IDSD 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. Have a diagnosis of Intellectual Disability, Autism, or a Pervasive Developmental Disorder that dates before the age of 18.
2. Be a current resident of Harris County.
3. Receive a Determination of Intellectual Disability (DID) from The Harris Center to verify 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 IDSD 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 CARE Codes will be discussed below.

## **General Contract Information**

The IDSD 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 for which there are appropriate private sector program providers. 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. The Harris Center will also maintain programs in those areas where there is a need for a “safety net”. At this time, The Harris Center contracts with the private sector for services under the following CARE codes:

- RO22 – Out-of-Home Respite
- RO22 - IDD Crisis Out of Home Respite
- RO23 – In-Home Respite
- RO53 – Day Habilitation
- RO54 – ABA-SKIP/ STARS
- TxHmL Respite
- TxHmL Day Habilitation
- TxHmL Transportation
- TxHmL Community First Choice

The Harris Center for Mental Health and IDD may contract with some service providers to provide transportation services. Reimbursement for transportation is subject to Medicaid rules.

The IDSD 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 particular 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.
- The Harris Center uses the Data Verification Criteria Manual as the definition of services purchased with State General Revenue funds. We will only contract for services that explicitly meet these definitions. Any entity wishing to contract with The Harris Center should become familiar with the definitions for the services they will offer 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 IDSD Division, written authorizations are issued to document service start and end dates. Written authorization to begin services may only come from the ID Network Management Department, TxHmL Waiver Program and ABA-SKIP.
- 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 ID Network Management Department 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. For example, an invoice for services provided in January 2016 must be submitted to The Harris Center no later than March 15, 2016, or payment will not be made for that invoice.

### **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.

## RO Codes\Service Definitions

This document contains the pages from the Data Verification Manual that describe 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 IDSD Division of The Harris Center contracts with Private Providers for the following services:

Type of Service	CARE Codes	Description of Services	Frequency of Service Delivery	Fee Schedule
OUT OF HOME RESPITE	RO22	<ul style="list-style-type: none"> <li>Provided to individuals outside of their residence</li> <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 provider of their responsibilities for providing care</li> </ul>	As authorized – hourly	\$10.80 per hour
		<ul style="list-style-type: none"> <li>Provides therapeutic support (short term, up to 14 days) in a safe environment (ICF- IID, HCS group home, a Department of State Health Services authorized crisis respite facility, or crisis residential facility) with staff onsite providing 24 hour supervision to an individual who is demonstrating a crisis that cannot be stabilized in a less restrictive setting.</li> </ul>	As authorized - hourly	\$21.60 per hour for “High Risk” individuals
IDD CRISIS OUT OF HOME RESPITE	RO22			\$10.80 per hour
				\$21.60 per hour for “High Risk” individual
IN HOME RESPITE	RO23	<ul style="list-style-type: none"> <li>Provides care and supervision of persons on a temporary basis for short periods of time</li> </ul>	As authorized – hourly	\$12.00 per hour

		<ul style="list-style-type: none"> <li>• Intended to relieve family members or other primary care providers of their responsibilities for providing care</li> <li>• Provided to individuals only at their usual residence</li> </ul>		
<b>DAY HABILITATION</b>	<b>RO53</b>	<ul style="list-style-type: none"> <li>• Structured day activity programs provided at a location away from an individual's home – typically provided in a group setting</li> <li>• Services include activities designed to assist in the acquisition , retention, and/or improvement in adaptive skills necessary for community living</li> <li>• Services should produce outcomes that are meaningful to the individual and result in an increased participation in the community</li> </ul>	Maximum of 5 days per week	<b>\$21.08 per day</b>
<b>ABA-SKIP/ STARS</b>	<b>RO54</b>	<ul style="list-style-type: none"> <li>• Provide Autism services, as specified in the grant awarded by HHSC/DARS.</li> <li>• Provide Applied Behavioral Analysis services in classroom and community settings to children diagnosed between the ages of three (3) and fifteen (15).</li> <li>• Services are delivered by Board Certified Behavior Analyst and by trained Behavior Technicians.</li> </ul>	As authorized – hourly	<b>\$57.00 per hour</b>
<b>TxHmL Waiver Program – Out of Home Respite</b>		<ul style="list-style-type: none"> <li>• Provided to individuals outside of their residence</li> <li>• Provides care and supervision of persons on a temporary basis for short periods of time</li> </ul>	As authorized - hourly	<b>\$12.00 per hour for up to 10 hours in a 24-hour period</b>

	<ul style="list-style-type: none"> <li>● Intended to relieve family members or other primary care provider of their responsibilities for providing care</li> </ul>		
<b>TxHmL Waiver Program – Day Habilitation</b>	<ul style="list-style-type: none"> <li>● Structured day activity programs provided at a location away from an individual's home – typically provided in a group setting</li> <li>● Services include activities designed to assist in the acquisition , retention, and/or improvement in adaptive skills necessary for community living</li> <li>● Services should produce outcomes that are meaningful to the individual and result in an increased participation in the community</li> </ul>		<b>\$21.08 per day</b>
<b>TxHmL Waiver Community First Choice</b>	<p>Provide personal assistance and habilitation services</p> <p>Assist an individual in performing activities of daily living and instrumental activities of daily living</p> <p>Assist the individual in acquiring, retaining and improving self-help, socialization, and daily living skills</p> <p>Meet Community First Choice Billing Guidelines for HCS/TxHmL Providers Section 1000</p>	As authorized – hourly	<b>\$11 per hour</b>
<b>TxHmL Waiver Transportation</b>	<p>Provide transportation to day program, medical appointments</p> <p>Provide transportation to activities in the community</p> <p>Meet service definition and billing guidelines under Health &amp; Human Service TxHmL Billing Guidelines Section 3000</p>	As authorized – hourly	<b>\$20 per hour</b>

**Providers must meet the following criteria in order to complete a contract with The Harris Center:**

Type of Service	Licensure from	Insurance
Out of Home Respite IDD Crisis Out of Home Respite	TDHHS HCS or TDHHS ICF/ID or TDHHS License to Operate a Long Term Care Facility	<ul style="list-style-type: none"> <li>● <b>General liability in the amount of \$300,000 per occurrence with \$500,000/ \$1 million general aggregate</b></li> <li>● Minimum of \$1 million in automobile liability insurance if transporting individuals</li> <li>● Automobile physical damage up to the actual cash value of the vehicle(s)</li> <li>● Building structure insurance if you own the building</li> <li>● Business Personal Property Contents Insurance up to the replacement cost value of the properties</li> <li>● Worker's Compensation Insurance</li> <li>● Personal Liability Insurance up to \$500,000 per claim/ \$1 million annual aggregate for your professional staff (nurses, psychologists, LCSW's, etc)</li> </ul>
In Home Respite		
Day Habilitation	<p><b>Preferred:</b> TDHHS HCS or TDHHS ICF/ID TDHHS Adult Day Care</p>	

**Other requirements of contracting with The Harris Center include:**

- Compliance with individual choice guidelines
- The Harris Center Program Compliance and/or IDSD Division staff will conduct periodic audits of records and visit sites to determine if safety and health requirements are being met
- On-going site visits by IDSD Division staff to monitor quality of services
- Timely & accurate submission of daily service data and monthly claims for payment

**Steps in contracting with The Harris Center**

- Send the attached DEMOGRAPHIC FORM and the SERVICE DESCRIPTION FORM (complete ALL sections) plus any ATTACHMENTS:



**Margo Childs or Katrina Washington  
ID Network Management  
9401 Southwest Freeway 8<sup>th</sup> Floor  
Houston, Texas 77074**

**Lily Pan or Thomas Wills  
Texas Home Living Waiver Program  
3600 South Gessner  
Houston, Texas 77063**

**Renatta Lindsey  
ABA-SKIP/STARS  
9401 Southwest Freeway 2<sup>nd</sup> Floor  
Houston, Texas 77074**

- This information is reviewed and a list of additional documentation needed for a desk review will be sent. When all documentation of licensure, insurance and other requirements have been received, The Harris Center will assess each of your service sites. The review will address all required policies and procedures, assess all service sites for safety and health guidelines, and report to The Harris Center Contracts if standards have been met.
- The Harris Center Contracts will generate the contract and submit it to The Harris Center Board of Directors at their next monthly meeting for final approval.

**NEW CONTRACT PROVIDER DEMOGRAPHIC FORM  
IDSD Division**

*(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** (check all that apply & attach current copy of all licenses):

- Home & Community Based Services HCS (TDHHS) Other (list)
- Intermediate Care Facility for Individuals with Intellectual Disability – ICF/ID (TDHHS)
- License to Operate a Long Term Care Facility (TDHHS) \_\_\_\_\_
- Adult Day Care License (TDHHS)
- Department of Labor Certification \_\_\_\_\_

**Services to be provided by Contractor:**

- RO22 Out-of-Home Respite
- RO22 IDD Crisis Out of Home Respite
- RO23 In-Home Respite
- RO53 Day Habilitation
- RO54 ABA-SKIP/ STARS
- TxHmL Waiver Respite
- TxHmL Waiver Day Habilitation
- TxHmL Waiver Transportation
- TxHmL Waiver Community First Choice

**Service Site Addresses:**

<b>Address</b>	<b>City</b>	<b>Zip</b>	<b>RO22</b>	<b>RO23</b>	<b>RO53</b>	<b>RO54</b>	<b>TxHmL</b>	<b>ABA-SKIP</b>

**ATTACHMENTS:**

0 Copy of current Department of Labor Certificate to permit payment of employees below minimum wage, if applicable.

0 Other: \_\_\_\_\_

0 Other: \_\_\_\_\_

0 Other: \_\_\_\_\_

## SERVICE DESCRIPTION FORM

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

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

**Service To Be Provided:**

- RO22 Out-of-Home Respite
- RO22 IDD Crisis Out of Home Respite
- RO23 In-Home Respite
- RO53 Day Habilitation
- RO54 ABA-SKIP/ STARS
- TxHmL Waiver Respite
- TxHmL Waiver Day Habilitation
- TxHmL Waiver Transportation
- TxHmL Waiver Community First Choice

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

- a. What is your philosophy of service delivery?
  
  
  
  
  
  
  
  
  
  
- b. How many people are currently receiving this service from 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 characteristics would result in a person being deemed inappropriate to be served in your program?
  
- f. Additional information about your program:

**DESCRIPTION OF RESOURCES:**

- a. What is your annual budget for this service?
  
- b. What are the sources of these funds?
  
- c. How many FTE staff do you have providing this service?
  
- d. How much space (in square feet) is allocated per individual receiving this service?

**BEHAVIOR MANAGEMENT & PSYCHOPHARMACOLOGY:**

- a. What behavior management procedures are used prior to implementing a behavior plan?
- b. How are behavior plans developed by? By whom?
- c. What process is used to review behavior plans prior to implementation and assure that rights are not restricted, or that the committee approves restrictions? \*\*Committee must be approved by The Harris Center Behavior Therapy Committee Chairman.
- d. What are the program's policies on the use of psychopharmacology?
- e. How often are medications reviewed?

**VALUE ADDED SERVICES:** *These services are not required, but will be considered as additional benefits that may enhance services offered by your program. The Harris Center will not pay for these enhanced services.*

- a. What transportation services are provided?



b. What specialist are available for consultation/services?

c. What types of community activities occur away from the program site? What is the purpose of these activities?

d. Other Value Added Services:

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

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

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