



Service Definition Manual

Department of Aging and Disability Services
Access and Intake
Local Authorities Section

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FY 2014 Service Definition Manual

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Introduction

The goal of the service verification process is to implement valid and reliable procedures to evaluate and promote the continuous improvement of community service data reported to and used throughout the Department of Aging and Disability Services (DADS). Uses include external reporting, policy and operational decision-making, performance contract management, and oversight processes.

The stand alone Data Verification process was eliminated as of FY 2012. Service verification activities will be incorporated into the DADS CAO Quality Assurance reviews. Local Authorities (LAs) are encouraged to perform internal reviews to ensure on-going compatibility with DADS criteria.

The purpose of this manual is to fully describe the services included in Attachment F of the DADS Performance Contract for use in minimally verifying documentation that a particular service was delivered for contract performance reporting. In an effort to ensure that each service definition is considered in a consistent manner, a “template” of definitional elements has been applied to each service included in Attachment F.

Issues for consideration are routed, in a written format, to the Contract Accountability and Oversight Unit, Local Authorities Section, DADS, attention: Karen Gorske. Routine questions can be routed via e-mail to Karen Gorske at karen.gorske@dads.state.tx.us.

CARE Service Assignments

Assignments in CARE are made as follows:

- 1) Encounter data open and close CARE intellectual disability (ID) service assignments (with the exceptions of R01A). For new assignments, the first encounter service date is the date the CARE assignment opens.
- 2) The CARE assignment will remain open continuously for each sequential month in which a service encounter is submitted.
- 3) All assignments will be terminated as of the last date of actual service delivery if there is no delivery of the service in the subsequent month.
- 4) After the encounter data have updated the assignment data for the preceding month, LAs can make manual or batch changes for that month (and preceding months) to correct any assignment errors that resulted from encounter data errors. The purpose of the manual corrections is to ensure the historical accuracy of the individual consumers' records.

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IDD Priority Population Clarifications

The Local Authority will be held harmless with regard to priority population requirements for individuals who have an **exclusive** open CARE assignment in one of the service coordination codes: R014, R017, or R019. This exception allows for those instances when a person with a Related Condition (based on broader ICF/IID (Individual with an Intellectual Disability) eligibility definition), who does not meet priority population for GR services, is eligible for service coordination services and may legitimately receive services from service coordination staff to arrange enrollment into ICF/IID or waiver services. However, if any additional or other service is received, compliance with 40 TAC Chapter 5, Subchapter D is expected for determination of priority population membership.

In crisis situations, the LA will be held harmless with regard to priority population requirements for the first 30 calendar days. Thereafter, compliance with criteria for priority population requirements is required.

The Eligibility Determination process includes standardized general intelligence testing, standardized adaptive skills testing, and estimated age when an intellectual disability was identified, including the source of the information. The evaluation must include evidence supporting the origination of the disability during the individual's developmental period (see 40 TAC Chapter 5, Subchapter D, rules governing Diagnostic Eligibility for Services and Supports – Intellectual Disability Priority Population and Related Conditions). These required elements may be located in a report identified as a DID (Determination of an Intellectual Disability, previously referred to as a DMR) report; a psychological evaluation or update; a Diagnosis and Evaluation report; or diagnostic testing by the Department of Assistive and Rehabilitative Services (DARS - formerly TRC) or the school district.

When services are requested, a Licensed Psychologist who is employed by or contracted with the LA or a DADS Certified Psychologist (certified by the Department) employed by the LA must endorse the determination made by an outside entity (e.g., private physician or psychologist, school district, or other public or private agency). The Licensed Psychologist or DADS Certified Psychologist may conduct the necessary assessments to make a determination of eligibility in the IDD Priority Population. (In order for the LA to prove that a Licensed Psychologist is, in fact, a contract agent of the LA, the LA should have one of the following: (1) a copy of the contract, (2) a list of contracted staff, or (3) have information regarding the contract agent included in the DID (or D&E, Psychological Evaluation/Update) report.) The endorsement by the Licensed Psychologist who is employed by or contracted with the LA or the DADS Certified Psychologist who is employed by the LA may be a one sentence statement referring to another document; however, if this is the case, the other documents must be in the record or available for review. This serves as a review of evidence of standardized assessment and review of developmental criteria. **Detailed Eligibility Determination Reports containing all required key elements but based on external testing require verification by the LA that original external testing is contained and available in the record.**

For former residents of state facilities who are not in the priority population or do not have documentation available to verify eligibility for services, LAs may use Form H approved (signed and dated) prior to 9/1/04 in lieu of required priority population documentation. Form H must be

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maintained in the individual's record. CARE can be used to verify former state facility (campus) residency.

A diagnosis of an Intellectual Disability is not necessary when a diagnosis of a Pervasive Developmental Disorder (PDD) or Autism is present. However, a diagnosis of a Pervasive Developmental Disorder (PDD) must be based on the DSM IV-TR criteria and the LA must verify that DSM IV-TR criteria is met as evidenced by limitations in adaptive skills (specifically social skills) and onset at a very young age (before age 10 for PDD and before age 3 specifically for Autism). If an individual has been diagnosed as having PDD including Autism by a person who is not employed by or contracted with the LA at which the individual or the individual's LAR seeks services and supports, the diagnosis must be reviewed by a Licensed Psychologist employed by or contracted with the LA or a DADS Certified Psychologist employed by that LA. Copies of the endorsed document must be attached or available for review. For those whose eligibility is based on a diagnosis of PDD including Autism, LAs must also verify adaptive functioning level and age of onset consistent with the parameters noted above.

To be eligible for **the priority population** (as described in Attachment E) an individual must:

- have a diagnosis of:
 - intellectual disability,
 - autism spectrum disorder or pervasive developmental disorder, or
 - a related condition and be eligible for and enrolling in the ICF/IID Program, Home and Community-based Services (HCS) Program, or Texas Home Living (TxHmL) Program, or
- be:
 - a nursing facility resident who is eligible for specialized services for intellectual disability or a related condition, or
 - a child who is eligible for Early Childhood Intervention (ECI) services through the Department of Assistive and Rehabilitative Services (DARS).

Eligibility for **Medicaid funded services** can be determined based on the existence of a Related Condition as described in 40 TAC Chapter 9, Subchapter E governing ICF/IID Programs - Contracting §9.238 NS §9.239. A list of Related Conditions is located at the following link: http://www.dads.state.tx.us/providers/guidelines/ICD-9-CM_Diagnostic_Codes.pdf.

The ICAP can be considered an appropriate instrument for identifying deficits in adaptive behavior and, if used as such, must be completed by a psychologist, physician, or DADS certified psychologist. However, if the individual functions in the borderline range, the ICAP may not be an appropriate assessment tool and another adaptive behavior assessment should be considered (e.g., VABS or SIB-R). If used to determine adaptive behavior, the ICAP must be in the individual's record and signed by the psychologist, physician, or DADS certified psychologist. A diagnostic evaluation (i.e., D&E) that was completed before 12/10/93 (the actual effective date of the revised DMR Rule) does not require LA endorsement for an individual already in services at that LA as of that date. However, such endorsement is necessary when an individual requests services after that date or from another LA.

If an individual moves from the catchment area of one LA to another, the Eligibility Determination report completed at one LA must be endorsed by the receiving LA.

Eligibility Determinations completed by an LA do not require new endorsements in cases where administrative changes have resulted in a new LA being organized around those same programs or services.

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For an individual entering a nursing home under IDD PASRR, a DID (previously referred to as a DMR) is not required unless the LA Assessment indicates the individual wants specialized services from the LA and there is not sufficient supporting documentation from the nursing home record or from the interview with the service coordinator to determine whether the individual is eligible for specialized services from the LA.

Priority population endorsement documentation requirements may be met through the use of a diagnostic form (for example, the CARE DG1) which identifies the outside Eligibility Determination report and is signed by the LA psychologist. Documentation needs to adequately address all required key elements used to verify priority population. For example, the DG1 does not provide space/information regarding the age of onset, so evidence would need to include additional information to adequately address all required key elements.

Children who are eligible for Early Childhood Intervention (ECI) services through the Department of Assistive and Rehabilitative Services (DARS) meet the DADS priority population description noted in Attachment E of the DADS Performance Contract. ECI recipients because of their ECI eligibility can receive GR funded IDD Services. However, once they are no longer ECI-eligible (i.e., turn 3 years of age), Eligibility Determination activities become necessary.

Additional Clarification Information is available in the Best Practice Guidelines located online at: <http://www.dads.state.tx.us/providers/mra/DMRBestPracticesOctober2000.pdf>.

- For a “Determination of an Intellectual Disability,” an IQ of 76 or above is not acceptable under any circumstances. However, for eligibility determination under an old D&E, an IQ score between 71-75 may be acceptable, due to previously different and less stringent eligibility criteria, if the person had continually remained in service with the same LA prior to implementation of the 1993 DMR Rule. This consideration applies only to eligibility determination based on an old D&E without subsequent eligibility assessments or reporting and uninterrupted service with the same LA prior to the DMR Rule.
- For determining that the developmental age criterion is met, an unspecified reference to Special Education is not sufficient without information denoting Special Education for persons with an Intellectual Disability. The only exception in allowing an unspecified reference to Special Education would be if this reference was in an old D&E and the situation was consistent with the bullet above.
- For individuals with limited developmental information, the eligibility determination report needs to include documentation of the assessor’s efforts to acquire information as opposed to not addressing the issue at all. Additionally, the assessor may document that there is no other reasonable explanation that can describe and support the individual’s level of functioning.
- Standard error adjustments must not be used in the determination of an intellectual disability.
- Borderline Intellectual Functioning is NOT by itself a Related Condition.

Guidelines for Determining Designated LA

Guidelines for Determining and Changing Designated LA can be located in Attachment O of the DADS Performance Contract.

Eligibility Determination (Required Service) (R005)

1. Service Category: Eligibility Determination

An interview and assessment or an endorsement conducted in accordance with Texas Health and Safety Code, §593.005, and 40 TAC Chapter 5, Subchapter D to determine if an individual has an intellectual disability or is a member of the IDD priority population.

2. Required activities:

a) Eligibility Determination – Diagnostic Assessment(s) conducted by a Licensed Psychologist or Physician employed by or contracted with the LA or a DADS Certified Psychologist employed by the LA to determine if an individual qualifies as a member of the priority population as defined in DADS Performance Contract, Attachment E. The written report must include:

- i) a measure of the individual's intellectual functioning;
- ii) a determination of the individual's adaptive behavior level; and
- iii) evidence of origination during the individual's developmental period.

OR

b) Review by a Licensed Psychologist employed by or contracted with the LA or a DADS Certified Psychologist employed by the LA of assessment results conducted by an outside entity. The review may result in an endorsement (i.e., the determination that the assessment is a valid assessment of eligibility for membership in the priority population).

3. Optional activities:

This service includes activities leading up to and/or related to the actual determination of eligibility, including but not limited to research of previous assessment information, etc.

4. Prohibited activities:

Stand-alone assessments or evaluations not endorsed through the Eligibility Determination process.

5. Minimum frequency of service delivery:

N/A (begin date is the date activity commenced and end date is the date of completion).

6. Mutually exclusive with any other services:

N/A

7. Differentiation from other similar services:

Updated assessments such as psychological or speech evaluations may be provided under specialized therapies as specified in individual's habilitation/support plan.

8. Location specific (e.g., at home, in an office):

N/A

9. Limited to sub-population of priority population:

This service can be reported for all persons who receive an eligibility determination, regardless if they are found eligible or ineligible for services. .

10. Reference document, law, rule, policy, etc.:

- a) 40 TAC Chapter 5 Subchapter D—Diagnostic Eligibility for Services and Supports—Intellectual Disability Priority Population and Related Conditions
- b) Current Performance Contract
- c) Texas Health and Safety Code § 593.005 and § 534.053(a) (3).

11. Clarifications:

- a) When verifying the service R005, Eligibility Determination, evidence must exist that a Licensed Psychologist or Physician employed by or contracted with the LA or a DADS Certified Psychologist employed by the LA completed an Eligibility Determination or a Licensed Psychologist employed by or contracted with the LA or a DADS Certified Psychologist employed by the LA endorsed results obtained from other agencies or previous admissions as reported in CARE. If an Eligibility Determination report is not typed and in the record, evidence of the eligibility determination activities must be available. The individual receiving this service may or may not be a member of the priority population.
- b) While subsequent progress note documentation of assessment activities is suggested, the assessment alone will be credited towards verification of R005.
- c) Assignment begin date will be the date the activity commenced and end date will be the date of completion. These may be the same day.
- d) Updating assessment results, such as routine psychological updates, by the current LA would not be counted in this measure, but endorsement of results obtained from other agencies for new admissions would be counted.
- e) This service is provided to determine if an individual meets the definition for the priority population.
- f) The Eligibility Determination process includes standardized general intelligence testing, standardized adaptive skills testing, and estimated age when an intellectual disability was identified, including the source of the information. The evaluation must include evidence supporting the origination of the disability during the individual's developmental period (see 40 TAC Chapter 5 Subchapter D, §5.155). These required elements may be located in a report identified as a DID (previously referred to as a DMR) report; a psychological evaluation or update; Eligibility Determination; a Diagnosis and Evaluation report; or diagnostic testing by Department of Assistive and Rehabilitative Services (DARS - formerly TRC) or the school district.

12. Encounter Application:

- a) Appropriate Encounter Services and Grid Codes – refer to DADS Performance Contract, Attachment F. Grid Code 0321, Eligibility Determination (DID/Endorsement). Note that this attachment also references Grid Code 0323, ICAP, which is not sufficient **on its own** to support a R005 assignment.
- b) Critical Encounter Fields: Enc_Type_Cd may be either **F**, Face to Face, **T**, Telephone call (effective 9/01/07), or **E**, Telemedicine; Recipient_CD may be **1, 2, 3, 4, 5, 6, or 7** (consumer and/or collateral present.); SERVER_TYPE_CD value must be **A**, physician, **B**, licensed psychologist, **L** intern for licensed psychologist, or **N**, DADS Certified psychologist (only).

Service Coordination (Required Service) (R014)

1. Service Category: Service Coordination

Assistance in accessing medical, social, educational, and other appropriate services and supports that will help an individual achieve a quality of life and community participation acceptable to the individual as described in the Plan of Services and Supports. Service coordination functions are:

- assessment – identifying the individual's needs and the services and supports that address those needs as they relate to the nature of the individual's presenting problem and disability;
- service planning and coordination – identifying, arranging, advocating, collaborating with other agencies, and linking for the delivery of outcome-focused services and supports that address the individual's needs and desires;
- monitoring – ensuring that the individual receives needed services, evaluating the effectiveness and adequacy of services, and determining if identified outcomes are meeting the individual's needs and desires; and
- crisis prevention and management – linking and assisting the individual to secure services and supports that will prevent or manage a crisis.

The plan of services and supports is based on a person-directed process that is consistent with the DADS *Person Directed Planning Guidelines* and describes:

- the individual's desired outcomes; and
- the services & supports, including service coordination services, to be provided to the individual, with specifics concerning frequency and duration.

This service category includes the following:

Basic Service Coordination: Service Coordination performed in accordance with 40 TAC Chapter 2, Subchapter L, for an individual who:

- has been assessed as having more than one need; or
- is enrolled in the TxHmL or HCS Program.

An individual who resides in an ICF/IID including a state supported living center (SSLC) is not eligible for this service.

Service Coordination – HCS or TxHmL Program: Service Coordination for individuals enrolled in the Home and Community-based Services (HCS) Program or Texas Home Living (TxHmL) Program in accordance with 40 TAC Chapter 9, Subchapter D or Subchapter N.

2. Required activities:

- a) Crisis prevention and management – linking and assisting to secure services and supports that will enable the individual to prevent or manage a crisis.
- b) Assessment - identifying the individual's needs and the services and supports that address those needs as they relate to the nature of the individual's presenting problem and disability.
- c) Monitoring – ensuring that the individual receives needed services, evaluating the effectiveness and adequacy of services, and determining if identified outcomes are meeting the individual's needs and desires as indicated by the individual (and LAR or actively involved person, on the individual's behalf).

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- d) Service planning and coordination – identifying, arranging, advocating, collaborating with other agencies, and linking for the delivery of outcome-focused services and supports that address the individual’s needs and desires as indicated by the individual (and LAR or actively involved person, on the individual’s behalf).
- e) Services and supports (including Service Coordination services) are identified by the individual’s plan of services and supports which is in place at the time the service was delivered.
- f) The contact is accomplished face-to-face with the individual at least every 90 calendar days and must involve at least one of the four elements of service coordination (as defined). Telephone or collateral encounters will **NOT** result in CARE R014 assignments.
- g) Service Coordination may be provided only by an employee of the LA.
- h) Assignment to R01A is also required for individuals enrolled in the HCS or TxHmL Program.

3. Optional activities:

N/A

4. Prohibited activities:

- a) The staff person providing service coordination may not perform a provider function for the LA’s provider operations.
- b) The staff person providing service coordination may not be a relative (as defined by the Service Coordination Rule) of the individual or have the same residence as the individual.

5. Minimum frequency of service delivery:

Face to face once every 90 days

6. Mutually exclusive with any other service:

Continuity of Services (R019) and Service Authorization and Monitoring (R017)

7. Differentiation from similar other services:

N/A

8. Location specific (e.g., at home, at office):

N/A

9. Limited to sub-population of priority population:

N/A

10. Reference document, law, rule, policy, etc.:

- a) Current Performance Contract
- b) 40 TAC 2 L—Service Coordination for Individuals with an Intellectual Disability
- c) §534.053(a)(4),(5) Texas Health and Safety Code

11. Clarifications:

- a) Except for those enrolled in an ICF-IID , R014 is an appropriate assignment for individuals who are from the “community” and those who were previously served by a State Supported Living Center (SSLC) and are now officially discharged from the SSLC within the CARE system.

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- b) This service does not include transportation to services by the service coordinator (see Community Support R021).
- c) R014 may be used to capture service coordination that is provided to individuals (both IDD PASRR and non-IDD PASRR) who reside in nursing homes.
- d) Individuals enrolled in HCS or TxHmL receive Service Coordination and are reported under R014. R01A is used to identify the service coordinator. Documentation must support at least one of the elements of service coordination as defined above regardless of Basic Service Coordination or HCS or TxHmL Program Service Coordination.
- e) "Multiple services" will be reviewed as "multiple needs."
- f) One of the multiple needs must not be Service Coordination.
- g) Meeting(s) for the purpose of the discovery process - identifying the person's wants, needs, and desires for services/supports as part of the service planning process and the actual team meeting where the plan of services and supports is developed or revised are acceptable R014 activities as long as the documentation clearly evidences that these activities were part of the service planning process.
- h) For an individual living in an ICF/IID, including an SSLC, or a nursing facility who has been referred for community placement, enrollment in HCS or TxHmL conducted by a staff with a service coordinator credential may be reported as either Service Coordination or Continuity of Services. (Note that certain enrollment activities must be conducted by a credentialed service coordinator (for example, development of a plan of services and supports); therefore, a credentialed service coordinator must conduct those activities.).

12. Encounter Application:

- a) Appropriate Encounter Services and Grid Codes – refer to DADS Performance Contract, Attachment F. Applicable grid code 0351, Basic Service Coordination and Service Coordination - HCS or TxHmL Program.
- b) Critical Encounter Fields – Enc_Type_Cd must be **F**, Face to Face, **T**, Telephone, or **E** Telemedicine (effective 9-1-2010). An Encounter Type value **T** is not sufficient **on its own** to produce or support an R014 assignment. Recipient_Cds **1-7** will be allowed for valid encounters (effective 9-1-2010) but values **2**, collateral, Not Specified, **5**, collateral ,family member or LAR only, or **7**, collateral, waiver provider only are not sufficient **on their own** to produce or support an R014 assignment.
- c) If crisis prevention and management is provided, the Crisis data field must be **Y**.

13. Required Documentation Elements:

- a) A progress note or other documentation verifying the service was provided on the specified date.
 - i) The progress note includes a legible written narrative for each encounter that describes the service and, at least every 90 days, includes information pertaining to the individual's progress toward outcomes or goals. The written narrative includes:
 - ii) Name of individual;
 - iii) Type of Service Coordination activity provided (e.g., assessment, service planning and coordination, monitoring, or crisis prevention and management);
 - iv) Date service coordination encounter occurred (month, day, year);
 - v) Place of encounter;
 - vi) Actual begin time and duration of encounter;

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- vii) Detailed description of the encounter
- viii) For a supportive encounter (Type B), the name of person with whom the contract occurred and the relationship the person has with the individual and whether the contact is face-to-face, by telephone, or telemedicine;
- ix) Name and title of the service coordinator; and
- x) Signature of service coordinator (including credentials or job title as appropriate).

NOTE: Elements noted above do not necessarily have to be contained within the narrative describing the encounter as long as they are contained within the progress note that also contains the narrative (e.g., billing strip).

- b) Sufficient documentation to demonstrate eligibility for service coordination (e.g., Assessment indicating multiple needs, or IPC CARE Screen C72, or needs list) that is consistent with the period of time being reported.
- c) PDP or plan of services and supports in effect for the month of service reported.
- d) Evidence of the server code of the LA employee providing the service.

Service Authorization and Monitoring (Required Service) (R017)

1. Service Category: Service Coordination

Assistance in accessing medical, social, educational, and other appropriate services and supports that will help an individual achieve a quality of life and community participation acceptable to the individual as described in the Plan of Services and Supports. Service coordination functions are:

- assessment – identifying the individual’s needs and the services and supports that address those needs as they relate to the nature of the individual’s presenting problem and disability;
- service planning and coordination – identifying, arranging, advocating, collaborating with other agencies, and linking for the delivery of outcome-focused services and supports that address the individual’s needs and desires;
- monitoring – ensuring that the individual receives needed services, evaluating the effectiveness and adequacy of services, and determining if identified outcomes are meeting the individual’s needs and desires; and
- crisis prevention and management – linking and assisting the individual to secure services and supports that will prevent or manage a crisis.

The plan of services and supports is based on a person-directed process that is consistent with the DADS *Person Directed Planning Guidelines* and describes:

- the individual’s desired outcomes; and
- the services & supports, including service coordination services, to be provided to the individual, with specifics concerning frequency and duration.

This service category includes the following:

Service Authorization and Monitoring: Service Coordination provided to an individual who is assessed as having a single need (provision of this service counts toward Total Served if the individual is receiving no other general revenue-funded IDD service).

2. Required activities:

- a) At least annual face-to-face contact demonstrating assistance with accessing medical, social, educational, and other appropriate services.
- b) Service provision to an individual assessed as having a single need.
- c) May be provided by Service Coordination staff or staff who conduct Intake, Case Coordination or Continuity of Service activities.

3. Optional activities:

N/A

4. Prohibited activities:

N/A

5. Minimum frequency of service delivery:

Once a year unless assistance leads to some time limited need for coordination that is supported by record documentation on a monthly basis.

6. Mutually exclusive with any other service:

Continuity of Services (R019) and Service Coordination (R014)

7. Differentiation from similar other services:

R017 is for those individuals assessed as having a single need and therefore requiring minimal assistance. R014 is for individuals assessed as having multiple needs.

8. Location specific (e.g., at home, in office):

N/A

9. Limited to sub-population of priority population:

N/A

10. Reference document, law, rule, policy, etc.:

- a) Current Performance Contract
- b) §534.053(a)(4)(5) Texas Health and Safety Code

11. Clarifications

- a) The following are examples of service provision that may be reported under R017:
 - i) Authorization related activities.
 - ii) Process of determining needed services and supports for individuals who do not meet the criteria for service coordination under R014.

12. Encounter Application:

- a) Appropriate Encounter Services and Grid Codes – refer to DADS Performance Contract, Attachment F. Grid Code 0355, Service Authorization and Monitoring.
- b) Critical Encounter Fields– Enc_Type_Cd must be **F**, Face to Face and Recipient_CD must be **1, 3, 4, or 6** (consumer present.)

Continuity of Services (Required Service) (R019)

1. Service Category: Service Coordination

Assistance in accessing medical, social, educational, and other appropriate services and supports that will help an individual achieve a quality of life and community participation acceptable to the individual as described in the Plan of Services and Supports. Service coordination functions are:

- assessment – identifying the individual’s needs and the services and supports that address those needs as they relate to the nature of the individual’s presenting problem and disability;
- service planning and coordination – identifying, arranging, advocating, collaborating with other agencies, and linking for the delivery of outcome-focused services and supports that address the individual’s needs and desires;
- monitoring – ensuring that the individual receives needed services, evaluating the effectiveness and adequacy of services, and determining if identified outcomes are meeting the individual’s needs and desires; and
- crisis prevention and management – linking and assisting the individual to secure services and supports that will prevent or manage a crisis.

The plan of services and supports is based on a person-directed process that is consistent with the DADS *Person Directed Planning Guidelines* and describes:

- the individual’s desired outcomes; and
- the services & supports, including service coordination services, to be provided to the individual, with specifics concerning frequency and duration.

This service category includes the following:

Continuity of Services Activities performed in accordance with:

- 40 TAC Chapter 2, Subchapter F, for an individual residing in a SSLC whose movement to the community is being planned or for an individual who formerly resided in a state facility and is on community-placement status, or
- Article II.B.4. of the Performance Contract for an individual enrolled in the ICF/IID program to maintain the individual’s placement or to develop another placement for the individual.

2. Required activities:

a) Continuity of Services for individuals in State Supported Living Centers (SSLC)

- i) Active contact in form of visits, telephone calls, live video or meetings with the individual or collateral (SSLC staff, family/LAR, and providers). Evidence of correspondence is not acceptable as an R019 activity.
- ii) Monitoring and coordination activities for individuals in SSLC’s who have been referred for a move to an alternative living arrangement from the SSLC.
- iii) Monitoring and coordination activities for individuals after relocating to the community as described in the SSLC Community Living/Discharge Plan.
- iv) This service is an Authority responsibility (i.e., the service cannot be contracted).

- b) **Continuity of Services for individuals in State Mental Health Facilities (SMHF)**
 - i) Active contact in form of visits, telephone calls, live video or meetings with the individual or collateral (SMHF staff, family/LAR, and providers). Evidence of correspondence is not acceptable as an R019 activity.
 - ii) Monitoring and coordination activities for individuals who are in a SMHF (state hospital). Continuity activities should begin at the time of admission to the SMHF and continue until discharge.
 - iii) This service is an Authority responsibility (i.e., the service cannot be contracted).
- c) **Continuity of Services for individuals in Medicaid Programs**
 - i) **As requested by DADS**, assisting in transferring an individual's ICF/IID Program services from one program provider to another due to closure of the provider's facility or termination of the provider's contract.
 - ii) This service is an Authority responsibility (i.e., the service cannot be contracted).
 - iii) Active contact in form of visits, telephone calls, or meetings with the individual or collateral (family/LAR and providers). Evidence of correspondence is not acceptable as an R019 activity.

3. Optional activities:

N/A

4. Prohibited activities:

N/A

5. Minimum frequency of service delivery:

- a) **Continuity of Services for individuals in State Supported Living Centers**
 - i) When participating in the SSLC IDT discussion regarding alternative living arrangements per §§2.275 or 2.276 of 40 TAC Chapter 2, Subchapter F.
 - ii) The assignment will be open for each month in which there is a valid encounter.
- b) **Continuity of Services for individuals in State Mental Health Facilities.** The assignment will be open for each month in which there is a valid encounter.
- c) N/A for **Continuity of Services for individuals in Medicaid Programs.** The begin date is the date activity commenced and end date is the date of completion.

6. Mutually exclusive with any other services:

Service Coordination (R014) and Service Authorization and Monitoring (R017)

7. Differentiation from other similar services:

An individual transitioning from an ICF/IID (including an SSLC), SMHF, or nursing facility to community-based IDD services is eligible for service coordination. If the staff conducting the transition activities:

- has service coordination credentials, then activities related to transitioning are reported as **Service Coordination (R014)**; or
- does not have service coordinator credentials, then activities related to transitioning are reported as **Continuity of Services (R019)**.

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An individual seeking admission to an SSLC is eligible for service coordination. If the staff conducting the admission activities:

- has service coordinator credentials, then activities related to admission are reported as **Service Coordination (R014)**; or
- does not have service coordination credentials, then activities related to admission are reported as **Continuity of Services (R019)**.

The **Community Living Options Information Process (CLOIP)** activities by the contract LA occur annually until a decision is made by the adult individual and/or their LAR that they want to pursue a community living option and this decision is made as part of the SSLC annual planning meeting discussions. **Continuity of Services (R019)** includes the activity by the designated LA to facilitate the move from a SSLC to an alternative living arrangement and the monitoring of that move.

8. Location specific (e.g., at home, in an office):

N/A

9. Limited to sub-population of priority population:

- a) To receive **Continuity of Services for individuals in State Supported Living Centers**, the individual must reside in a SSLC or
- b) The individual must be on Community Placement (CP) status from a SSLC.
- c) To receive **Continuity of Services for individuals in State Mental Health Facilities**, the individual must have a current admission to a SMHF.
- d) To receive **Continuity of Services for individuals in Medicaid Programs**, the individual must be enrolled in an ICF/IID program and assistance must be requested by DADS.

10. Reference document, law, rule, policy, etc.:

- a) 40 TAC Chapter 2, Subchapter F Continuity of Services
- b) 40 TAC 2 Subchapter L – Service Coordination for Individuals with an Intellectual Disability
- c) DADS Performance Contract
- d) §534.053(a)(4)(5) Texas Health and Safety Code
- e) §531.02443 Texas Government Code
- f) 40 TAC Chapter 2, Subchapter D Mental Health Services – Admission Continuity and Discharge

11. Clarifications:

- a) **Continuity of Services for individuals in State Supported Living Centers** includes:
 - i) This service is provided by the designated LA (see section for determining designated LA) and requires that a person from the LA be assigned to provide monitoring services for individuals moving or who have moved to alternate living arrangements from the SSLC and are being monitored according to the Community Living/Discharge Plan.
 - ii) Persons should be counted during a month only if there has been active contact: (e.g., visit, telephone call, live video or meeting) during that month.
 - iii) This service occurs when the person has been referred for movement to an alternate living arrangement. Documentation should include evidence from SSLC of referral.

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- iv) Periodic visiting or checking on the status of a person who is not referred for movement to an alternate living arrangement does not constitute R019.
 - v) For a person living in a SSLC who has been referred for community placement, HCS enrollment activity conducted by a staff with a service coordinator credential may be reported as either Service Coordination or Continuity of Services.
 - vi) Continuity of Services (COS) monitoring activities under 40 TAC § 2.278 for an individual who has moved from an SSLC and enrolled in the HCS Program that are conducted by the HCS service coordinator are reported as Service Coordination (R014).
- b) **Continuity of Services for individuals in State Mental Health Facilities** includes those activities performed by the LA for an individual in a SMHF. Activities should begin at admission and should continue until the person moves from the SMHF.
- c) **Continuity of Services for individuals in Medicaid Programs** includes:
- i) Those activities performed by the LA, **at the request of DADS**, to assist in transferring an individual's ICF/IID Program services from one program provider to another due to closure of the provider's facility or termination of the provider's contract.
 - ii) This type of service is not used to report continuity of services for persons on community placement status from SSLCs.
 - iii) Persons should be counted during a reporting month only if there has been active contact: (e.g., visit, telephone call, live video or meeting) during that reporting month. Evidence of correspondence is not acceptable as an R019 activity.
 - iv) This service definition does not apply when the LA is the actual provider of Medicaid services in that the LA already receives Medicaid reimbursement for continuity type services (e.g., QDDP).

12. Encounter Application:

- a) Appropriate Encounter Services and Grid Codes – refer to DADS Performance Contract, Attachment F. Grid Code 0341, Continuity of Services.
- b) Critical Encounter Fields – Enc_Type_Cd must be either **F**, Face to Face, **E**, Telemedicine, or **T**, Telephone, and Recipient_CD must be **1, 2, 3, 4, 5, 6, or 7**.

Community Support (R021)

1. Service Category: IDD Community Services

Services provided to assist an individual to participate in age-appropriate community activities and services. The type, frequency and duration of services are specified in the individual's Plan of Services and Supports. This service category includes:

Community Support - Individualized activities that are consistent with the individual's person-directed plan and provided in the individual's home and at community locations, (e.g., libraries and stores). Supports include:

- habilitation and support activities that foster improvement of, or facilitate, an individual's ability to perform functional living skills and other daily living activities;
- activities for the individual's family that help preserve the family unit and prevent or limit out-of-home placement of the individual;
- transportation for an individual between home and the individual's community employment site or day habilitation site; and
- transportation to facilitate the individual's employment opportunities and participation in community activities.

2. Required activities:

- a) Face-to-face contact to assist, train, and support the individual's participation in home or community activities to achieve outcomes in the individual's plan of services and supports.
- b) Face-to-face support services provided to the individual's family member to preserve the family unit/prevent or limit out-of-home placement, or as necessary to achieve outcomes in an individual's plan of services and supports.
- c) Individualized, habilitation or support services (including transportation) identified in the individual's plan of services and supports (which is the plan in place at the time the service was delivered).
- d) The monthly contact is accomplished face-to-face with the individual or family member unless the activity meets the criteria listed under Optional Activities #3. d.

3. Optional activities:

- a) Crisis intervention.
- b) Participation in service planning team meetings.
- c) Providing transportation for an individual to/from home directly to the individual's community employment site or day habilitation/vocational training site and transportation to facilitate the individual's employment opportunities and participate in community activities as specified in the plan of services and supports (e.g., Individual will receive Supported Employment services once a week with transportation provided daily to the job site).
- d) Telephone contact with the individual or family member when an emergency arises that directly affects the individual (for example, seizure, injury or other major **crises**) and that is more expediently handled by telephone than in person.
- e) Functional living skills assessment done face-to-face with the individual if the purpose of the assessment is to focus on how best to approach a community living skill (e.g., using a bus).
- f) Providing assistance with medications and the performance of tasks delegated by a registered nurse in accordance with state law.

4. Prohibited activities:

- a) Services provided to individuals residing outside their own home or family home or receiving residential services.
- b) Services provided to Individuals receiving IDD PASRR.
- c) Habilitation activities provided and reported as part of Day Habilitation.
- d) Community Support may not be reported simultaneously with Hourly Respite or on the same calendar day that Daily Respite is provided. Community Support may not be reported simultaneously with Day Habilitation, Employment Assistance, Supported Employment, and Vocational Training.
- e) Providing transportation for individuals from one day habilitation/supported employment/vocational training site to another.
- f) Community Support may not be reported when the purpose of the service is to provide planned or emergency relief of the unpaid caregiver (this is respite).
- g) Community Support (including transportation) provided by someone who lives with the individual.
- h) Community Support may not be used to pay for tuition for a day camp.
- i) Community Support may not be used to pay for bus or public transportation passes.

5. Minimum frequency of service delivery:

Monthly

6. Mutually exclusive with any other services:

Family Living (R031), Residential Living (R032), and Contracted Specialized Residences (R033)

7. Differentiation from other similar services:

N/A

8. Location specific (e.g., at home, at an office):

Own home, natural home or community

9. Limited to sub-population of priority population:

N/A

10. Reference document, law, rule, policy, etc.:

Current Performance Contract

11. Clarifications:

- a) Transportation reported under this service includes:
 - i) Transportation of an individual to a Day Habilitation/Vocational Training site to begin or end Day Habilitation/Vocational Training services and
 - ii) Transportation of an individual to provide a Community Support, Employment Assistance or Supported Employment service.
- b) Community Support does not include payment for room or board.
- c) For individuals attending public school, Community Support must be delivered outside the individual's public school day.
- d) Community Support is provided to individuals living in their own home or family homes. The services include provision of assistance, training and support necessary for the individual to complete personal care, health maintenance, and independent living tasks; participate in typical community activities, and develop, retain and improve community

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living skills. Crisis intervention activities provided in the home setting are also captured in this category.

- e) Community Support can include habilitation activities that include, but are not limited to, training in self help and independent living skills, implementation of programs developed by a licensed therapist, and implementation of programs to develop appropriate social behaviors.
- f) Community Support may not be reported when staff assistance is not needed by an individual to achieve goals or outcomes, complete personal care, maintain health and independent living skills, participate in community activities, or develop, retain, and improve community living skills.
- g) Volunteer work must be consistent with the Fair Labor Standards Act. Volunteering should be in positions that were created and exist for “people without disabilities” as well. Volunteering to determine if a person likes or is qualified for a job is not acceptable as an R021 activity.
- h) A day camp that meets the definition of day habilitation should be coded as Day Habilitation (R053) and not Community Support. If an individual needs support to participate in a summer camp, Community Support could be used, on an hourly basis, to provide support for the person to be integrated into camp activities. Community Support can not be used to pay for tuition to a day camp.
- i) A foster family home is consistent with family home and therefore not considered residential services.

12. Encounter Application:

- a) Appropriate Encounter Services and Grid Codes – refer to DADS Performance Contract, Attachment F. Grid Code 3101, Community Support.
- b) Critical Encounter Fields – Enc_Type_Cd must be **F**, Face to Face, or **T**, Telephone call (“T” value only if Crisis indicator on encounter record is valued “Y”).

13. Recommended Documentation Elements

- a) A written narrative for each service event that describes the service and, when appropriate, includes information pertaining to the individual’s progress toward goals or outcomes. Each written narrative must include:
 - i) Name of individual;
 - ii) Type of Service;
 - iii) Date of Service (month, day, year);
 - iv) Place of service;
 - v) Actual begin and end time of each reported service event;
 - vi) Detailed description of the service event;
 - vii) Name and title of the service provider; and
 - viii) Signature of service provider (including credentials or job title as appropriate).
- b) Elements noted above do not necessarily have to be contained within the narrative describing the service event so long as they are contained within the progress note that also contains the narrative (e.g., billing strip).
- c) A service delivery log may be used for documentation purposes, providing it contains all of the required elements in 13.a). A sample can be found in the Forms section of the Texas Home Living Program Service Definitions and Billing Guidelines Revision 09.0. (Service Delivery Log with Written Narrative/Written Summary)
- d) When documenting transportation, a billing log may be substituted for a written narrative. A sample of a transportation log can be found in the Forms section of the Texas Home Living Program Service Definitions and Billing Guidelines Revision 09-0.

Out-of-Home Respite (Required Service) (R022)

1. Service Category: IDD Community Services

Services provided to assist an individual to participate in age-appropriate community activities and services. The type, frequency and duration of services are specified in the individual's Plan of Services and Supports. This service category includes:

Respite - Planned or emergency short-term relief services provided to the individual's unpaid caregiver when the caregiver is temporary unavailable to provide supports due to non-routine circumstances. This service provides an individual with personal assistance in daily living activities (e.g., grooming, eating, bathing, dressing and personal hygiene) and functional living tasks. The service includes assistance with: planning and preparing meals; transportation or assistance in securing transportation; assistance with ambulating and mobility; reinforcement of behavioral support or specialized therapies activities; assistance with medications and the performance of tasks delegated by an RN in accordance with state law; and supervision of the individual's safety and security. The service also includes habilitation activities, use of natural supports and typical community services available to all people, social interaction and participation in leisure activities, and assistance in developing socially valued behaviors and daily living and functional living skills.

Note 1: Persons assigned to Residential Living Services or Contracted Specialized Residences may not be reported in Respite.

Note 2: "Respite" is a Required service, but either In-Home or Out-of-Home Respite will satisfy the requirement for providing the Required service. All members of the priority population(s) are eligible for this service.

This service includes:

Out-of-Home Respite – Respite provided outside of the individual's residence. This includes Hourly Respite, grid code 3122, which has a maximum duration of 10 hours per encounter, and Daily Respite, grid code 3132. Daily Respite is reported if the planned duration is either overnight or greater than 10 hours. Client_Time reported for Daily Respite may be less than 10 hours per day. All Daily Respite encounters are converted to 24 hours upon processing of the final encounter data file.

2. Required activities:

- a) Relieve primary unpaid care providers of responsibilities on a planned or emergency short-term basis.
- b) Care and supervision of individuals outside of their residence (i.e., out of home).
- c) The need for a Respite service must be documented on the Plan of Services and Supports or Respite Plan (if no other R0 assignments) with an exception allowed in an emergency situation with unplanned respite needs.
- d) Face-to-face contact with the individual to provide respite care.

3. Optional activities:

- a) Transportation during the course of respite service.
- b) Transportation from respite service to another service such as Day Habilitation.

4. Prohibited activities:

- a) Continuous out of home placement for more than 30 consecutive days.
- b) Respite Care provided to individuals who live independently.
- c) Hourly Respite (3122) may not be reported for the same time period that Day Habilitation, Vocational Training, Community Support, Supported Employment or Employment Assistance are reported.
- d) The service provider may not have the same residence as the individual receiving the service.

5. Minimum frequency of service delivery:

Monthly

6. Mutually exclusive with any other services:

Residential Living (R032) or Contracted Specialized Residences (R033).

7. Differentiation from similar other services:

N/A

8. Location specific (e.g., away from the family home or at a home designated for respite):

A variety of locations.

9. Limited to sub-population of priority population:

N/A

10. Reference document, law, rule, policy, etc.:

- a) Current Performance Contract
- b) §534.053(a)(4) Texas Health and Safety Code

11. Clarifications:

- a) Out-of-Home Respite provides care to and supervision of individuals out of their usual residence. This service is intended to relieve family members or other primary unpaid care providers of their responsibilities for providing care on a planned or emergency short-term basis. It may be provided at a variety of locations, e.g., the home of a relative or a family friend, a home specifically for respite, a location usually considered a Residential Service, or a private facility, e.g., a hospital. Duration of this service may be for a part of one day or for several consecutive days, but it is intended that it be temporary and brief. Continuous out of home overnight placement in a Respite situation for more than 30 consecutive days usually requires assignment to a Residential Service. Appropriate standards for an out-of-home situation (e.g., Respite, Residential) will apply.
- b) "Non-routine" is intended to allow for regularly scheduled respite services. Respite may be provided regularly but is not intended to provide caregiver relief during routine caregiver working hours (e.g., Day Care).
- c) The Mental Retardation and Behavioral Health Outpatient Warehouse (MBOW) will automatically substitute a value of "24" for the Client Time field on all records for Daily Respite, grid code 3132, regardless of the value submitted on the record.

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- d) MBOW will not convert the Start Time to 00:00 in an encounter for Daily Respite, grid code 3132. Daily services do not require that edit.
- e) A respite event that includes both in-home and out-of-home activities may be reported as either In-Home or Out-of-Home Respite. The LA should select the location/assignment that is most representative of the full event.

12. Encounter Application:

- a) Appropriate Encounter Services and Grid Codes – refer to DADS Performance Contract, Attachment F. Daily Respite, grid code 3132 and Hourly Respite, grid code 3122
- b) Critical Encounter Fields – Enc_Type_Cd must be **F**, Face to Face, Recipient_CD must be **1, 3, 4, or 6** (consumer present.), SVC_Location_Code must be **OF** (Office), **SF** (service facility), **CS** (Community Setting), **GH** (General Medical Hospital), or **NF** (Nursing Facility).
- c) If provided in an emergency situation, the Crisis data field must be scored **Y**.

13. Recommended Documentation Elements

- a) A written narrative for each service event that describes the respite service and, when appropriate, includes information pertaining to the individual's progress toward goals or outcomes. The written narrative must include:
 - i) Name of individual;
 - ii) Type of Service;
 - iii) Date of Service (month, day, year);
 - iv) Place of service;
 - v) Actual begin and end time of service event;
 - vi) Detailed description of the service provided;
 - vii) Name and title of the service provider; and
 - viii) Signature of service provider (including credentials or job title as appropriate).
- b) Elements noted above do not necessarily have to be contained within the narrative describing the service event so long as they are contained within the progress note that also contains the narrative (e.g., billing strip).
- c) A service delivery log may be used for documentation purposes, providing it contains all of the required elements in 13. a) above. An example can be found in the Forms section of the TxHmL Program Service Definitions and Billing Guidelines Revision 09-0. (Service Delivery Log with Written Narrative/Written Summary)

In-Home Respite (Required Service) (R023)

1. Service Category: IDD Community Services

Services provided to assist an individual to participate in age-appropriate community activities and services. The type, frequency and duration of services are specified in the individual's Plan of Services and Supports. This service category includes:

In-Home Respite - Planned or emergency short term relief services provided to the individual's unpaid caregiver when the caregiver is temporary unavailable to provide supports due to non-routine circumstances. This service provides an individual with personal assistance in daily living activities (e.g., grooming, eating, bathing, dressing and personal hygiene) and functional living tasks. The service includes assistance with: planning and preparing meals; transportation or assistance in securing transportation; assistance with ambulating and mobility; reinforcement of behavioral support or specialized therapies activities; assistance with medications and the performance of tasks delegated by an RN in accordance with state law; and supervision of the individual's safety and security. The service also includes habilitation activities, use of natural supports and typical community services available to all people, social interaction and participation in leisure activities, and assistance in developing socially valued behaviors and daily living and functional living skills.

Note 1: Persons assigned to Residential Living Services or Contracted Specialized Residences may not be reported in Respite.

Note 2: "Respite" is a Required service, but either In-Home or Out-of-Home Respite will satisfy the requirement for providing the Required service. All members of the priority population(s) are eligible for this service.

This service includes:

In-Home Respite – Respite based at the home of the individual. This includes Hourly Respite, grid code 3123, which has a maximum duration of 10 hours per encounter, and Daily Respite, grid code 3133. Daily Respite is reported if the planned duration is either overnight or greater than 10 hours. Client_Time reported for Daily Respite may be less than 10 hours per day. All Daily Respite encounters are converted to 24 hours upon processing of the final encounter data file.

2. Required activities:

- a) Relieve primary unpaid care providers of responsibilities on a planned or emergency short-term basis.
- b) Care and supervision of individuals at their residence (i.e., in home).
- c) The need for a respite service must be documented on the Plan of Services and Supports or Respite Plan (if no other R0 assignments) with an exception allowed in an emergency situation with unplanned respite needs.
- d) Face-to-face contact with the individual to provide respite care.

3. Optional activities:

- a) Transportation during the course of respite service.
- b) Transportation from respite service to another service such as Day Habilitation.

4. Prohibited activities:

- a) Continuous overnight placement for more than 30 consecutive days.
- b) Respite Care provided to individuals who live independently.
- c) Hourly Respite (3123) may not be reported for the same time period that Day Habilitation, Vocational Training, Community Support, Supported Employment or Employment Assistance is reported.
- d) The service provider may not have the same residence as the individual receiving the service.

5. Minimum frequency of service delivery:

Monthly

6. Mutually exclusive with any other services:

Residential Living (R032) or Contracted Specialized Residences (R033).

7. Differentiation from similar other services:

N/A

8. Location specific:

Based at the individual's home only

9. Limited to sub-population of priority population:

N/A

10. Reference document, law, rule, policy, etc.:

- a) Current Performance Contract
- b) §534.053(a) (4) Texas Health and Safety Code

11. Clarifications:

- a) In-Home Respite provides care to and supervision of individuals based at their usual residence. This service is intended to relieve family members or other primary unpaid care providers of their responsibilities for providing care on a planned or emergency short term basis. Duration of this service may be for a part of one day or for several consecutive days, but it is intended that it be temporary and brief. Continuous overnight placement in a Respite situation for more than 30 consecutive days usually requires assignment to a Residential Service. Appropriate standards for an out-of-home situation (e.g., Respite, Residential) will apply.
- b) "Non-routine" is intended to allow for regularly scheduled respite services. Respite may be provided regularly but is not intended to provide caregiver relief during routine caregiver working hours (e.g., Day Care).
- c) The Mental Retardation and Behavioral Health Outpatient Warehouse (MBOW) will automatically substitute a value of "24" for the Client Time field on all records for Daily Respite, grid code 3133, regardless of the value submitted on the record. MBOW will not convert the Start Time to 00:00 in an encounter for Daily Respite, grid code 3133. Daily services do not require that edit.

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- d) A respite event that includes both in-home and out-of-home activities may be reported as either In-Home or Out-of-Home Respite. The LA should select the location/assignment that is most representative of the full event.

12. Encounter Application:

- a) Appropriate Encounter Services and Grid Codes – refer to DADS Performance Contract, Attachment F. Daily Respite, grid code 3133 and Hourly Respite, grid code 3123
- b) Critical Encounter Fields – Enc_Type_Cd must be **F**, Face to Face and Recipient_CD must be **1, 3, 4, or 6** (consumer present.). SVC_LOCATION_CODE must be **HM** (Home).
- c) If provided in an emergency situation, the Crisis data field must be scored **Y**.

13. Recommended Documentation Elements

- a) A written narrative for each service event that describes the service and, when appropriate, includes information pertaining to the individual's progress toward goals and outcomes. The written narrative must include:
 - i) Name of individual;
 - ii) Type of Service;
 - iii) Date of Service (month, day, year);
 - iv) Place of service;
 - v) Actual begin and end time of each reported service event;
 - vi) Detailed description of the service event;
 - vii) Name and title of the service provider; and
 - viii) Signature of service provider (including credentials or job title as appropriate).
- b) Elements noted above do not necessarily have to be contained within the narrative describing the service event so long as they are contained within the progress note that also contains the narrative (e.g., billing strip).
- c) A service delivery log may be used for documentation purposes, providing it contains all of the required elements in 13. a) above. An example can be found in the Forms section of the TxHmL Program Service Definitions and Billing Guidelines Revision 09-0. (Service Delivery Log with Written Narrative/Written Summary)

Family Living (R031)

1. Service Category: Residential Services

Twenty-four hour services provided to an individual who does not live independently or with his or her natural family. These services are provided by employees or contractors of the LA who regularly stay overnight in the individual's home. This service category includes:

Family Living - Residential Services provided to no more than three individuals living in a single residence that is not a Contracted Specialized Residence.

2. Required activities:

One to three individuals receiving services in a single residence.

3. Optional Activities:

None

4. Prohibited Activities:

No more than three individuals per home.

5. Minimum frequency of service delivery:

Monthly

6. Mutually exclusive with any other services:

Community Support (R021), Residential Living (R032), Contracted Specialized Residences (R033).

7. Differentiation from other similar services:

N/A

8. Location specific (e.g., at home):

Residence

9. Limited to sub-population of priority population:

N/A

10. Reference document, law, rule, policy, etc.:

Current Performance Contract

11. Clarifications:

- a) This assignment is for an individual whose residential assignment is funded by General Revenue dollars. Please note that the individual may be residing at the same address as individuals whose residential services are not funded by General Revenue dollars.
- b) All services delivered by the residential staff are considered part of the residential service, even if they occur at some other location, e.g., grocery store, bowling alley. Staff who regularly deliver services in the home, e.g., nurses, can be considered part of the residential staff for this purpose. Encounters for other services provided by other staff away from the residential location are to be separately reported.

12. Encounter Application:

- a) Appropriate Encounter Services and Grid Codes – refer to DADS Performance Contract, Attachment F. Grid Code 3301, Residential-Family Living
- b) Critical Encounter Fields – Enc_Type_Cd must be **F**, Face to Face and Recipient_CD must be **1, 3, 4, or 6** (consumer present.), Client_Time must be **24**.

Residential Living (R032)

1. Service Category: Residential Services

Twenty-four hour services provided to an individual who does not live independently or with his or her natural family. These services are provided by employees or contractors of the LA who regularly stay overnight in the individual's home. This service category includes:

Residential Living - Residential Services provided to more than three individuals living in a single residence that is not a Contracted Specialized Residence.

2. Required activities:

Supports and services provided for four to six individuals, with staffing of residential providers.

3. Optional Activities:

N/A

4. Prohibited Activities:

- a) Location cannot be residence of staff or provider.
- b) Location will not exceed six persons with an intellectual disability, unless specific approval has been granted by the Contract Manager (required as of September 1, 1986).

5. Minimum frequency of service delivery:

Monthly

6. Mutually exclusive with any other services:

Out-of-Home Respite (R022), In-Home Respite (R023), Community Support (R021), Family Living (R031) and Contracted Specialized Residences (R033).

7. Differentiation from other similar services:

Habilitation or community integration activities away from the residence and provided by staff are part of residential services.

8. Location specific (e.g., at home):

Residence

9. Limited to sub-population of priority population:

N/A

10. Reference document, law, rule, policy, etc.:

Current Performance Contract

11. Clarifications:

- a) This assignment is for an individual whose residential assignment is funded by General Revenue dollars. Please note that the individual may be residing at the same address as individuals whose residential services are not funded by General Revenue dollars.
- b) The location is not the residence of the staff member/provider. This service also includes all group homes for four or more individuals.

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- c) All services delivered by the residential staff are considered part of the residential service, even if they occur at some other location, e.g., grocery store, bowling alley. Staff who regularly deliver services in the home, e.g., nurses, can be considered part of the residential staff for this purpose. Encounters for other services provided by staff away from the residential location are to be separately reported.

12. Encounter Application:

- a) Appropriate Encounter Services and Grid Codes – refer to DADS Performance Contract, Attachment F. Grid Code 3304, Residential Living
- b) Critical Encounter Fields – Enc_Type_Cd must be **F**, Face to Face and Recipient_CD must be **1, 3, 4, or 6** (consumer present.), Client_Time must be **24**.

Contracted Specialized Residences (R033)

1. Service Category: Residential Services

Twenty-four hour services provided to an individual who does not live independently or with his or her natural family. These services are provided by employees or contractors of the LA who regularly stay overnight in the individual's home. This service category includes:

Contracted Specialized Residences - Residential Services provided to an individual in a general hospital, a substance abuse program, an autism program, or an AIDS hospice.

2. Required activities:

- a) Special services such as psychiatric, medical or chemical dependency
- b) Contracted by LA from another provider

3. Optional Activities:

N/A

4. Prohibited Activities:

N/A

5. Minimum frequency of service delivery:

Monthly

6. Mutually exclusive with any other services:

Out-of-Home Respite (R022), In-Home Respite (R023), Community Support (R021), Family Living (R031), and Residential Living (R032)

7. Differentiation from other similar services:

Exempt from bed size limit of six or less when smaller programs are not available.

8. Location specific (e.g., at home):

N/A

9. Limited to sub-population of priority population:

N/A

10. Reference document, law, rule, policy, etc.:

Current Performance Contract

11. Clarifications:

- a) Contracted Specialized Residences are for specialized services that do not meet the definitions for other residential services. Examples include a general hospital for ventilator therapy, private substance abuse programs, an AIDS hospice, foster family homes serving more than three individuals, etc. This category is exempt from the bed size limit if smaller programs are not available. LAs should report Residential Services individuals in the appropriate types of Day Training Services and/or Support Services when those services are provided at a location different from the residence and by staff who are not assigned to the residential service.
- b) All services delivered by the residential staff are considered part of the residential service, even if they occur at some other location, e.g., grocery store, bowling alley. Staff who

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regularly deliver services in the home, e.g., nurses, can be considered part of the residential staff for this purpose. Encounters for other services provided by other staff away from the residential location are to be separately reported.

12. Encounter Application:

- a) Appropriate Encounter Services and Grid Codes – refer to DADS Performance Contract, Attachment F. Grid Code 3303, Contracted Specialized Residences
- b) Critical Encounter Fields – Enc_Type_Cd must be **F**, Face to Face and Recipient_CD must be **1, 3, 4, or 6** (consumer present.), Client_Time must be **24**.

Employment Assistance (R041)

1. Service Category: IDD Community Services

Services provided to assist an individual to participate in age-appropriate community activities and services. The type, frequency and duration of services are specified in the individual's Plan of Services and Supports. This service category includes:

Employment Assistance – Assistance to an individual in locating paid, individualized, competitive employment in the community, including:

- helping the individual identify employment preferences, job skills, work requirements and conditions; and
- identifying prospective employers offering employment compatible with the individual's identified preferences, skills, and work requirements and conditions.

2. Required activities:

- a) Assistance in choosing and obtaining employment.
- b) Services and supports are identified in the individual's Plan of Services and Supports (which is the plan in place at the time the service was delivered).
- c) Services and supports provided longer than a 180-calendar day period should be justified by the service planning team in the individual's record.
- d) Contacts are accomplished face-to-face or by phone contact with the individual or collateral (i.e., prospective employer or LAR/family member with whom they live) by supported employment staff to provide employment assistance that identifies the individual's skills, preferences, and requirements for employment and on behalf of the individual to negotiate employment.

3. Optional Activities:

Participation in service planning team meetings.

4. Prohibited Activities:

- a) Employment Assistance provided when an individual is independently employed or competitively employed in the community, unless the plan of services and supports has identified outcomes for the individual to find additional or more suitable employment.
- b) Habilitation activities (e.g., teaching/training to complete applications).
- c) Providing transportation to an individual. This should be captured and reported under Community Support – R021.
- d) Staff travel time or time spent waiting to provide a service.
- e) Face-to-face contact with an individual to provide Employment Assistance services simultaneously with Day Habilitation, Vocational Training, Supported Employment, Community Support, or Respite.
- f) Employment Assistance provided without an individual's service planning team re-authorizing the service after the expiration of the previous 180-day authorization.
- g) Reviewing records or any other documentation regarding the individual.

5. Minimum frequency of service delivery:

Monthly

6. Mutually exclusive with any other services:

N/A

7. Differentiation from other similar services:

Day Habilitation (R053) is non-vocational and should lead to participation in the community in any other interest area except employment.

8. Location specific (e.g., at home):

N/A

9. Limited to sub-population of priority population:

N/A

10. Reference document, law, rule, policy, etc.:

Current Performance Contract

11. Clarifications:

- a) This service facilitates the individual's employment by determining the individual's interests and needs around employment and contacting prospective employers on behalf of the individual and negotiating the individual's employment.
- b) This service is provided no longer than 180 days from initial assignment unless justified by the service planning team in the individual's record. Assignment longer than 180 days must be justified in the individual's record every 180 days that the assignment is open.
- c) The intent for the 180-day review is for the employment assistance staff and the individual to identify why the individual is not employed and determine what approach needs to be taken. This activity is not Service Coordination review and authorization. Staff and individual review of the overall situation will address:
 - i) how the type of job being secured was identified, and
 - ii) how prospective employers were identified and approached.
- d) The service planning team discussing and reauthorizing the service will be minimally represented by the individual/LAR, LA staff authorizing services, and staff providing Employment Assistance Services.
- e) Any Employment Assistance services provided to the school age population must be jointly developed in the individual's transition plan, delivered in coordination with the school district, and provided outside of the school day. Employment Assistance services provided to a person who is home-schooled must be delivered outside of the regular school day. The intent is to not use GR funds to provide something the school district is obligated to provide.
- f) Individuals in IDD PASRR may not be open to R041.
- g) Employment Assistance is directed toward individuals securing employment at a community business as part of the competitively employed work force. The activities provided are job development, which means the development of work relevant information regarding the individual, employment planning and assisting the individual to secure employment.
- h) Collateral is defined as a prospective employer or LAR/family member with whom the individual lives.
- i) Employment Assistance is individualized and not delivered in a group setting.

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- j) If no other individualized Employment Assistance activity is evident in the sample month, a service planning meeting to discuss continued need for the service is acceptable if the staff that provide Employment Assistance services is in attendance. A meeting to discuss discontinuation from services is not an acceptable activity.
- k) Volunteering to determine if an individual likes or is qualified for a job is not acceptable as an R041 activity.

12. Encounter Application:

- a) Appropriate Encounter Services and Grid Codes – refer to DADS Performance Contract, Attachment F. Grid Code 3401, Employment Assistance.
- b) Critical Encounter Fields – Enc_Type_Cd may be either **F**, Face to Face or **T**, Telephone and Recipient_CD may be **1, 2, 3, 4, 5, 6, or 7** (consumer and/or collateral present.)

13. Recommended Documentation Elements

- a) A written narrative for each service event that describes the service and, when appropriate, includes information pertaining to the individual's progress toward goals or outcomes. The written narrative must include:
 - i) Name of individual;
 - ii) Type of Service;
 - iii) Date of Service (month, day, year);
 - iv) Place of service;
 - v) Actual begin and end time of each reported service event;
 - vi) Detailed description of the service event;
 - vii) Name and title of the service provider; and
 - viii) Signature of service provider (including credentials or job title as appropriate).
- b) Elements noted above do not necessarily have to be contained within the narrative describing the service event so long as they are contained within the progress note that also contains the narrative (e.g., billing strip).
- c) A service delivery log may be used for documentation purposes, providing it contains all of the required elements in 13. a) above. An example can be found in the Forms section of the TxHmL Program Service Definitions and Billing Guidelines Revision 09-0. (Service Delivery Log with Written Narrative/Written Summary)

Supported Employment (R042)

1. **Service Category: IDD Community Services**

Services provided to assist an individual to participate in age-appropriate community activities and services. The type, frequency and duration of services are specified in the individual's Plan of Services and Supports. This service category includes:

Supported Employment – Supported employment is provided to an individual who has paid, individualized, competitive employment in the community (i.e., a setting that includes non-disabled workers) to help the individual sustain that employment. It includes individualized support services consistent with the individual's person-directed plan as well as supervision and training.

2. **Required activities:**

- a) Training, supports, or interventions related to sustaining the individual's employment provided directly to the individual by Supported Employment program provider staff or contractors. Services and supports are provided to maintain employment in integrated settings.
- b) An integrated setting is defined as a job site where generally no more than 1 employee or 3% of the employees have disabilities unless the individual's person-directed plan indicates otherwise or the employer subsequently hires an additional employee with disabilities who is receiving services from a provider other than the individual's program provider or who is not receiving services.
- c) Individual is compensated directly by the employer in accordance with the Fair Labor Standards Act.
- d) Services and supports are identified in the individual's Plan of Services and Supports (which is the plan in place at the time the service was delivered).
- e) The monthly contact is accomplished face-to-face or by telephone with the individual or collateral (i.e., supervisor/employer/coworker or LAR/family member with whom they live).

3. **Optional Activities:**

Participating in service planning team meetings.

4. **Prohibited Activities:**

- a) Providing services to an individual who does not require such services to continue employment.
- b) Activities conducted prior to the individual's employment such as employment interest assessments or interviews conducted with the individual. Employment interest assessments are captured under R041-Employment Assistance.
- c) Community job development activities such as job searches or completing job applications. These activities are captured and reported under R041-Employment Assistance.
- d) Supported Employment services provided by someone other than Supported Employment program provider staff or contractors.

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- e) Activities provided to an individual who is eligible for supported employment through the public school system.
- f) Staff time spent providing transportation to an individual between the individual's home and the employment site. This is reported under R021-Community Support.
- g) Volunteer work performed by the individual to determine if they like or are qualified for a job.

5. Minimum frequency of service delivery:

Monthly

6. Mutually exclusive with any other services:

N/A

7. Differentiation from other similar services:

Day Habilitation (R053) is non-vocational and should lead to participation in the community in any other interest area except employment.

8. Location specific (e.g., at home):

N/A

9. Limited to sub-population of priority population:

N/A

10. Reference document, law, rule, policy, etc.:

Current Performance Contract

11. Clarifications:

- a) Any Supported Employment services provided to the school age population must be jointly developed in the individual's transition plan, delivered in coordination with the school district, and provided outside of the school day. Supported Employment services provided to a person who is home-schooled must be delivered outside of the regular school day. The intent is to not use GR funds to provide something the school district is obligated to provide.
- b) Individuals in IDD PASRR may not be open in R042.
- c) For individuals receiving General Revenue funded services, the LAs have the option to refer the individuals with an outcome to maintain competitive employment in the community to the Texas Department of Assistive and Rehabilitative Services (DARS) for employment services. Waiver providers are required to refer individuals to DARS before assisting those individuals with employment.
- d) This service code may be used to count services provided to an individual who is self-employed, provided services to that individual are clearly documented.
- e) Supported Employment includes services and supports, including supervision and training, essential to sustain paid work by an individual.
- f) Supported Employment is provided away from the individual's place of residence and does not include payment for the supervisory activities rendered as a normal part of the business setting.
- g) Supported Employment is not merely checking on an individual for whom no problems or needs are evident in record documentation.

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- h) Supported Employment does not include transportation to or from the job site.
- i) If while employed, an individual wishes to secure a different or an additional job, job development in assisting the person to secure that employment is reported under R041 - Employment Assistance.
- j) Attendance in a group/job club does not count as Supported Employment.
- k) Assisting an employed individual in completing and filing reports for Social Security (such as wage reports) does not constitute R042.
- l) Volunteer work to determine if an individual likes or is qualified for a job is not allowed.

12. Encounter Application:

- a) Appropriate Encounter Services and Grid Codes – refer to DADS Performance Contract, Attachment F.-Grid Code 3402, Supported Employment
- b) Critical Encounter Fields – Enc_Type_Cd may be either **F**, Face to Face, or **T**, Telephone and Recipient_CD may be **1, 2, 3, 4, 5, 6, or 7** (consumer and/or collateral present.)

13. Recommended Documentation Elements:

- a) A written narrative for each service event that describes the service and includes information pertaining to the individual's progress toward goals or outcomes. The written narrative must include:
 - i) Name of individual;
 - ii) Type of Service;
 - iii) Date of Service (month, day, year);
 - iv) Place of service;
 - v) Actual begin and end time of each reported service event;
 - vi) Detailed description of the service event;
 - vii) Name and title of the service provider; and
 - viii) Signature of service provider (including credentials or job title as appropriate).
- b) Elements noted above do not necessarily have to be contained within the narrative describing the service event so long as they are contained within the progress note that also contains the narrative (e.g., billing strip).
- c) A service delivery log may be used for documentation purposes, providing it contains all of the required information in 13. a) above. An example can be found in the Forms section of the TxHmL Program Service Definitions and Billing Guidelines Revision 09-0. (Service Delivery Log with Witten Narrative)

Vocational Training (R043)

1. Service Category: IDD Community Services

Services provided to assist an individual to participate in age-appropriate community activities and services. The type, frequency, and duration of services are specified in the individual's Plan of Services and Supports. This service category includes:

Vocational Training - Day Training Services provided to an individual in an industrial enclave, a work crew, a sheltered workshop, or an affirmative industry, to enable the individual to obtain employment. Contract funds are not used for the cost of production.

2. Required activities:

- a) Training activities necessary to develop behaviors required to function in a work environment. Training is geared towards enabling the individual to obtain employment.
Note: This would include, but is not limited to, training activities intended to address interpersonal skills and social skills.
- b) Training specified in the Plan of Services and Supports (which is the plan in place at the time the service was delivered).
- c) The minimum monthly contact is accomplished face-to-face with the individual.
- d) Phone calls and collateral contacts are not a covered activity.

3. Optional Activities:

- a) Paid employment with documented training.
- b) Training to complete job applications and assistance in completing applications.

4. Prohibited Activities:

- a) Unpaid work that is unrelated to training.
- b) Training in adaptive skills unrelated to work such as rights training.
- c) Production work without related training.
- d) Contact that is not face-to-face with the individual.

5. Minimum frequency of service delivery:

Monthly

6. Mutually exclusive with any other services:

N/A

7. Differentiation from other similar services:

Training is vocational in nature as opposed to Day Habilitation (R053) services that are more general and should facilitate an individual's participation in age appropriate community activities and use of typical community services.

8. Location specific (e.g., at home, at an office):

Sheltered workshop, affirmative industries, industrial enclaves, work crews, community employer, or other provider location.

9. Limited to sub-population of priority population:

N/A

10. Reference document, law, rule, policy, etc.:

Current Performance Contract

11. Clarifications:

- a) Any Vocational Training services provided to the school age population must be jointly developed in the individual's transition plan, delivered in coordination with the school district, and provided outside of the school day. Vocational Training services provided to a person who is home-schooled must be delivered outside of the regular school day. The intent is to not use GR funds to provide something the school district is obligated to provide.
- b) Individuals in IDD PASRR may be open in R043.
- c) Training is a critical element to R043. Production alone without training is not Vocational Training.
- d) Job development activities are captured and reported under R041 – Employment Assistance (no longer mutually exclusive).
- e) An individual could be paid by a community employer or vocational provider. Unpaid vocational training can be included in this category. Unpaid vocational training includes those training activities offered to an individual to develop behaviors required for functioning in a general work environment. Unpaid training must be consistent with the Fair Labor Standards Act.
- f) Volunteer work must be consistent with the Fair Labor Standards Act. Volunteering to see if an individual likes or is qualified for a job is not an R043 activity. Volunteering depending on the services being delivered is typically associated with R021.

12. Encounter Application:

- a) Appropriate Encounter Services and Grid Codes – refer to DADS Performance Contract, Attachment F. Grid Code 3403, Vocational Training
- b) Critical Encounter Fields – Enc_Type_Cd must be **F**, Face to Face and Recipient_CD must be **1, 3, 4, or 6** (consumer present.),
- c) **Note**, Vocational Training is not a waiver service, nor can General Revenue funds be used to pay for this service for waiver consumers.

13. Recommended Documentation Elements

- a) Daily Basis - A written narrative for each service event that describes the service and when appropriate includes information pertaining to the individual's progress toward goals or outcomes. The written narrative must include:
 - i) Name of individual;
 - ii) Type of Service;
 - iii) Date of Service (month, day, year);
 - iv) Place of service;
 - v) Actual begin and end time of each reported service event;
 - vi) Detailed description of the service event;
 - vii) Name and title of the service provider; and
 - viii) Signature of service provider (including credentials or job title as appropriate).

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- b) Weekly basis – To document on a weekly basis, the program provider must maintain a weekly summary and a daily service log. The weekly summary describes the services provided during the week and includes statements regarding the individual's progress toward the goals and outcomes for day habilitation in the plan of services and supports
 - i) Each weekly summary includes:
 - ii) Name of individual;
 - (1) Type of service provided;
 - (2) Week of service (must identify the calendar week of service – Sunday through Saturday and the year);
 - (3) Place of service;
 - (4) Description of the activity(s) the individual participated in to address their day habilitation outcomes;
 - (5) Name and title of service provider; and
 - (6) Signature of service provider.
 - iii) Each daily log supplements the weekly summary and includes:
 - (1) Date of service (month, day, year);
 - (2) Begin and end time of service event – must include any times the individual signed out to receive other services; and
 - (3) Signature of the service provider for each day of attendance.
- c) Elements noted above do not necessarily have to be contained within the narrative describing the service event so long as they are contained within the progress note that also contains the narrative (e.g., billing strip).

Day Habilitation (R053)

1. Service Category: IDD Community Services

Services provided to assist an individual to participate in age-appropriate community activities and services. The type, frequency, and duration of services are specified in the individual's Plan of Services and Supports. This service category includes:

Day Habilitation - Assistance with acquiring, retaining, or improving self help, socialization, and adaptive skills necessary to live successfully in the community and to participate in home and community life. Individualized activities are consistent with achieving the outcomes identified in the individual's person-directed plan and activities are designed to reinforce therapeutic outcomes targeted by other service components, school or other support providers. Day habilitation is normally furnished in a group setting other than the individual's residence for up to six (6) hours a day, five days per week on a regularly scheduled basis. The service includes personal assistance for individuals who cannot manage their personal care needs during the day habilitation activity as well as assistance with medications and the performance of tasks delegated by a RN in accordance with state law.

2. Required activities:

- a) Assistance, support, and training to acquire, retain, or improve self-help, socialization, and adaptive skills.
- b) Assistance, support, and training should lead to the participation in home and community life.
- c) Specified in the individual's Plan of Services and Supports (which is the plan in place at the time the service was delivered).
- d) Face-to-face contact with the individual to provide day habilitation activities.

3. Optional activities:

- a) Transportation to other day habilitation sites/activities. Transportation of an individual during the course of Day Habilitation services to provide day habilitation services is included in the day habilitation service and daily rate. However, transportation to/from a Day Habilitation site to begin/end day habilitation services is captured and reported under Community Support-R021.
- b) Face-to-face time spent in evaluations/assessments with a specific individual (with or without their representatives present) related to the provision of day habilitation.
- c) Participation in service planning team meetings.

4. Prohibited activities:

- a) Vocational training (however, an individual may have a concurrent open assignment to R041, R042, and/or R043, as appropriate).
- b) Transportation unrelated to day habilitation activities.
- c) Contacts other than face-to-face with the individual. Day Habilitation may not be provided to an individual at the same time as Supported Employment, Respite, Community Support, Employment Assistance or Vocational Training.
- d) An individual's participation in day activities funded through other sources at no cost to the program provider (e.g., DARS, public school system, Medicaid Rehabilitative Services for Persons with Chronic Mental Illness, senior citizens' centers, ECI programs, and volunteer or other community based sources).
- e) Phone calls or collateral contacts
- f) May not be used for tuition to a camp

5. Minimum frequency of service delivery:

Monthly

6. Mutually exclusive with any other services:

N/A

7. Differentiation from other similar services:

Vocational Training (R043) is required to develop work behaviors and work skills; these services are intended to lead to employment. Transportation to/from a Day Habilitation site to begin/end day habilitation services is captured and reported under R021-Community Support.

8. Location specific (e.g., at home, at an office):

Away from home

9. Limited to sub-population of priority population:

N/A

10. Reference document, law, rule, policy, etc.:

Current Performance Contract

11. Clarifications:

- a) Day Habilitation activities are consistent with achieving the outcomes identified in the individual's plan of services and supports and activities are designed to reinforce therapeutic outcomes targeted by other service components, school or other support providers (e.g., reinforce speech therapy, behavioral support interventions, etc.).
- b) Included in this category are group activities that provide structured day services designed to improve skills such as attending to tasks, purposeful manipulation of objects, using leisure time appropriately, self-help skills, and other skills not included in a vocational category. These structured day services should produce outcomes that are meaningful to the individual and result in increased participation by the individual in the community.
- c) This may provide an alternative for individuals not participating in Employment Assistance, Supported Employment or Vocational Training.
- d) For individuals attending public school, R053 services must be delivered outside the individual's public school day. The intent is to not use GR funds to provide something the school district is obligated to provide.
- e) Day Habilitation may not be reported when an individual refuses to participate in a day habilitation activity unless documentation supports the individual was offered alternative activities throughout the day.
- f) Time spent addressing outcomes to increase or retain vocational skills is not considered Day Habilitation.
- g) Time spent by an individual receiving other services that do not allow the individual to participate in the day habilitation activity (e.g., doctor appointments, consultations with or treatments by therapist, etc.) are not captured and reported under R053-Day Habilitation. If during the Day Habilitation activity another service is provided to the individual that prevents the individual's participation in the Day Habilitation activity, the amount of time the individual receives the other service must not be considered as time spent in the Day Habilitation activity. The individual must be "logged out" and then "logged back in" for the time spent involved in the other activity.

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- h) Productive activities consistent with the individual's day habilitation goals may be a part of this service.

12. Encounter Application:

- a) Appropriate Encounter Services and Grid Codes – refer to DADS Performance Contract, Attachment F. Grid Code 3104, Day Habilitation
- b) Critical Encounter Fields – Enc_Type_Cd must be **F**, Face to Face and Recipient_CD must be **1, 3, 4, or 6** (consumer present.),

13. Recommended Documentation Elements

- a) Daily Basis - A written narrative for each service event that describes the service and when appropriate includes information pertaining to the individual's progress toward goals or outcomes. The written narrative must include:
 - i) Name of individual;
 - ii) Type of Service;
 - iii) Date of Service (month, day, year);
 - iv) Place of service;
 - v) Actual begin and end time of each reported service event, including any times the individual signed out to receive other services;
 - vi) Detailed description of the activities the individual participated in;
 - vii) Name and title of the service provider; and
 - viii) Signature of service provider (including credentials or job title as appropriate).
- b) Weekly basis – To document on a weekly basis, the program provider must maintain a weekly summary and a daily service log. The weekly summary describes the services provided during the week and includes statements regarding the individual's progress toward the goals and outcomes for day habilitation in the plan of services and supports.
 - i) Each weekly summary includes:
 - (1) Name of individual;
 - (2) Type of service provided;
 - (3) Week of service (must identify the calendar week of service – Sunday through Saturday and the year);
 - (4) Place of service;
 - (5) Description of the activity(s) the individual participated in to address their day habilitation outcomes;
 - (6) Name and title of service provider; and
 - (7) Signature of service provider.
 - ii) Each daily log must include:
 - (1) Date of service (month, day, year);
 - (2) Begin and end time of service event – must include any times the individual signed out to receive other services; and
 - (3) Signature of the service provider for each day of attendance.
- c) Elements noted above do not necessarily have to be contained within the narrative describing the service event so long as they are contained within the progress note that also contains the narrative (e.g., billing strip).

Nursing (R054)

1. Service Category: IDD Community Services

Services provided to assist an individual to participate in age-appropriate community activities and services. The type, frequency and duration of services are specified in the individual's Plan of Services and Supports. This service category includes:

Nursing - Treatment and monitoring of health care procedures prescribed by physician or medical practitioner or required by standards of professional practice or state law to be performed by licensed nursing personnel.

2. Required activities:

- a) Face-to-face or telephone contact with the individual to provide nursing care, health condition monitoring/assessment, and/or medication administration and monitoring.
- b) Face-to-face or telephone contact with a collateral (i.e., family member, other health care providers or service providers (excluding licensed/certified staff employed or contracted by the provider and service coordinators) regarding the health/medical condition of the individual and/or any training related to their health/medical condition.
- c) Provider's scope of practice must be within that authorized by the licensing or certification body.
- d) Nursing is provided by a nurse who is currently:
 - i) Licensed as a registered nurse (RN) by the Board of Nurse Examiners of the State of Texas; or
 - ii) Licensed as a vocational nurse (LVN) by the Board of Nurse Examiners of the State of Texas.
- e) Nursing services and supports are provided based on established and documented medical needs as specified in the Plan of Services and Supports that is in place at the time the service was delivered, with an exception allowed in a crisis situation with unplanned nursing needs.

3. Optional activities:

- a) Participation in service planning team meetings.
- b) Face-to-face or telephone contact with a physician, physician's assistant, or advanced practice nurse regarding the health/medical condition of the individual.
- c) Training of non-licensed personnel by an RN in the performance, monitoring, reporting and documentation of prescribed health/medical interventions for a specific individual **(tasks which require delegation by an RN)**.
- d) Direct supervision of delegated tasks by the RN, as specified in the delegation plan for the individual.
- e) Training of non-licensed personnel conducted by a licensed nurse (RN or LVN) in the performance, monitoring, reporting and documentation of health/medical interventions for a specific individual **(tasks which do not require delegation by an RN)**.
- f) Comprehensive or focused assessments conducted by an RN and writing the assessment document.
- g) Focused assessments conducted by an LVN and writing the assessment document.
- h) Direct supervision of LVNs that relates to an individual's health care.
- i) At the time an individual receives medication from a pharmacy, ensuring the accuracy of the type and amount of medication and the dosage instructions.

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- j) Interacting by video conference with an individual who has a medical need for nursing, including observing administration of medication and assessing the individual's health status, including conducting a focused assessment (**RN or LVN**) or a comprehensive assessment (**RN only**).
- k) Writing an individualized Nursing care plan.

4. Prohibited Activities:

- a) Delivery of or supervision of services or tasks not requiring the credentials of a licensed nurse (e.g., supervision of an individual, providing personal care to an individual, or transporting/accompanying an individual to a physician's appointment).
- b) Arranging medical appointments.
- c) Providing transportation for an individual. This should be captured and reported under Community Support – R021.
- d) Travel time or time spent waiting to provide a nursing service.
- e) Providing training on illness, injury, healthcare interventions, etc., applicable to the general population (e.g., CPR, first aid, infection control, etc.)
- f) Delivery of delegated health/medical care tasks by an unlicensed service provider.
- g) Providing nursing services without established and documented medical necessity.

5. Minimum frequency of service delivery:

Monthly

6. Mutually exclusive with any other services:

N/A

7. Differentiation from other similar services:

Nursing services are no longer captured and reported under the larger umbrella of Specialized Therapies. Nursing services maintains a separate definition and unique service grid code for encounter reporting.

8. Location specific (e.g., at home, in a clinic):

Any location

9. Limited to sub-population of priority population:

N/A

10. Reference document, law, rule, policy, etc.:

Current Performance Contract

11. Clarifications:

- a) Documenting the provision of services and medication/treatment administration (e.g., such as written narratives, Medication Administration Record, etc.); preparing treatments or medication for administration (non-direct services); controlling medications (storage, counting, etc.); reviewing individual records; and reordering, refilling, or delivering medications are not captured and reported under R054-Nursing.
- b) Activities conducted in conjunction with a Behavioral Health service, such as an LVN taking vital signs prior to a clinic visit, should not be reported as separate encounters but the time should be included in the encounter for the Behavioral Health service done by the credentialed provider as outlined in the Behavioral Health Service template 2.

- c) Nursing services provided independent of Behavioral Health Service events, such as giving injections between clinic visits, should be authorized on the plan of services and supports and reported in Nursing (3209) encounters.

12. Encounter Application:

- a) Appropriate Encounter Services and Grid Codes – refer to DADS Performance Contract, Attachment F. Grid Code 3209, Nursing Service
Critical Encounter Fields – Enc_Type_Cd may be either **F**, Face to Face, **T**, Telephone, **D**, Documentation (effective May 1, 2012), or **E**, Telehealth or telemedicine (effective May 1, 2012 and valid only with Recipient Codes 1,3,4, and 6 individual present) and any Recipient_CD (1-7) is valid
- b) If provided in a crisis situation, the Crisis data field must be scored **Y**.

13. Recommended Documentation Elements:

- a) A written narrative for each service event that specifies the service performed and includes observations of the health status of the individual (when task involves face-to-face contact with the individual) and, when appropriate, includes information pertaining to the individual's progress toward goals and outcomes. The written narrative must include:
 - i) Name of individual;
 - ii) Type of Service;
 - iii) Date of Service (month, day, year);
 - iv) Place of service;
 - v) Actual begin and end time of each reported service event;
 - vi) Detailed description of the service event;
 - vii) Name and title of the service provider; and
 - viii) Signature of service provider (including credentials or job title as appropriate).
- b) Elements noted above do not necessarily have to be contained within the narrative describing the service event so long as they are contained within the progress note that also contains the narrative (e.g., billing strip).
- c) A service delivery log may be used for documentation purposes, providing it contains all of the required elements in 13. a) above. An example can be found in the Forms section of the TxHmL Program Service Definitions and Billing Guidelines Revision 09-0. (Service Delivery Log with Written Narrative)

Behavioral Health Services (R054)

1. Service Category: IDD Community Services

Services provided to assist an individual to participate in age-appropriate community activities and services. The type, frequency and duration of services are specified in the individual's Plan of Services and Supports. This service category includes:

Behavioral Health Services - Treatment and monitoring of behavioral health care by a Physician, Advanced Practice Nurse, or Physicians Assistant. These services exclude those behavioral health services available to the individual under programs of the Department of State Health Services.

2. Required activities:

- a) Face-to-face or telemedicine contact with the individual to provide behavioral health care, psychiatric diagnostics, and/or related medication prescription and monitoring.
- b) Face-to-face or telemedicine contact with a collateral (i.e., family member, other health care providers or service providers) regarding the behavioral health condition of the individual and/or any training related to their behavioral health condition.
- c) Behavioral Health Services are provided by:
 - i) A Doctor who is currently licensed as a physician (MD or DO) by the Board of Medical Examiners of the State of Texas;
 - ii) A Physicians Assistant who is currently licensed as a Physicians Assistant (PA) by the Board of Medical Examiners of the State of Texas;
 - iii) A Advanced Practice Nurse (APN) who is currently licensed as an Advanced Practice Nurse by the Board of Nurse Examiners of the State of Texas; or
 - iv) A Family Nurse Practitioner (FNP) who is currently licensed as a Family Nurse practitioner by the Board of Nurse Examiners of the State of Texas. (may provide pharmacological management **only**)
- d) Behavioral Health Services are provided based on established and documented medical need as specified in the plan of services and supports that is in place at the time the service was delivered, with an exception allowed in a crisis situation with unplanned behavioral health needs.

3. Optional activities:

Participation in service planning team meetings.

4. Prohibited Activities:

- a) Delivery of or supervision of services or tasks not requiring the credentials of a physician, physicians assistant, or advanced practice nurse (e.g., supervision of an individual or providing personal care to an individual.)
- b) Arranging appointments.
- c) Travel time or time spent waiting to provide a behavioral health service.
- d) Providing training on illness, injury, healthcare interventions, etc., applicable to the general population (e.g., CPR, first aid, infection control, etc.)
- e) Developing and monitoring individual health care plans (i.e., review of documentation and report writing) are considered administrative related activities and not captured and reported as a behavioral health service.
- f) Provision of those behavioral health services available to the individual under programs of the Department of State Health Services.

5. Minimum frequency of service delivery:

Monthly

6. Mutually exclusive with any other services:

N/A

7. Differentiation from other similar services:

Behavioral Health Services are no longer captured and reported under the larger umbrella of Specialized Therapies. Behavioral Health Services maintains a separate definition and unique service grid code for encounter reporting effective 09/01/06.

8. Location specific (e.g., at home, in a clinic):

Any location

9. Limited to sub-population of priority population:

N/A

10. Reference document, law, rule, policy, etc.:

Current Performance Contract

11. Clarifications:

- a) Documenting the provision of services and medication/treatment administration (e.g., such as written narratives, Medication Administration Record, Assessment forms, etc.); preparing treatments or medication for administration; controlling medications; reviewing individual records; and reordering, refilling, or delivering medications is not captured and reported under R054-Behavioral Health Services.
- b) Other services provided simultaneously, e.g., Service Coordination, may be reported if the activities meet the criteria for that service.
- c) If eligible for behavioral health services through DSHS Behavioral Health, individuals receive services through that agency. However, if not eligible for those services, individuals can receive behavioral health services via R054–Behavioral Health Services.
- d) Activities conducted in conjunction with a Behavioral Health service, such as an LVN taking vital signs prior to a clinic visit, should not be reported as separate encounters but the time should be included in the encounter for the Behavioral Health service done by the credentialed provider as outlined in 2.c) above.

12. Encounter Application:

- a) Appropriate Encounter Services and Grid Codes – refer to DADS Performance Contract, Attachment F. Grid Code 3211, Behavioral Health Services
- b) Critical Encounter Fields: Server_Type_Cd must be **A**, MD/DO, **C**, APN, **D**, PA, or **H**, Family Nurse Practitioner (for pharmacological management only). Enc_Type_Cd may be either **F**, Face to Face, or **E**, Telemedicine and Recipient_CD may be **1, 2, 3, 4, 5, 6, or 7** (consumer and/or collateral present.)
- c) If provided in a crisis situation, the Crisis data field must be scored **Y**.

13. Recommended Documentation Elements

- a) A written narrative for each service event that describes the service and, when appropriate, includes information pertaining to the individual's progress toward goals or outcomes. The written narrative must include:

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- i) Name of individual;
 - ii) Type of Service;
 - iii) Date of Service (month, day, year);
 - iv) Place of service;
 - v) Actual begin and end time of each reported service event;
 - vi) Detailed description of the service event;
 - vii) Name and title of the service provider; and
 - viii) Signature of service provider (including credentials or job title as appropriate).
- b) Elements noted above do not necessarily have to be contained within the narrative describing the service event so long as they are contained within the progress note that also contains the narrative (e.g., billing strip).

Specialized Therapies (R054)

1. Service Category: IDD Community Services

Services provided to assist an individual to participate in age-appropriate community activities and services. The type, frequency and duration of services are specified in the individual's Plan of Services and Supports. This service category includes:

Specialized Therapies – Specialized therapies are:

- assessment and treatment by licensed or certified professionals for:
 - social work services;
 - counseling services;
 - occupational therapy;
 - physical therapy;
 - speech and language therapy;
 - audiology services;
 - dietary services; and
 - behavioral health services, other than those provided by a local mental health authority pursuant to its contract with the Department of State Health Services (DSHS); and
- training and consulting with family members or other providers.

2. Required activities:

- a) Specialized therapy as specified in the individual's plan of services and supports (which is the plan in place at the time the service was delivered).
- b) Face-to-face or telephone contact or interacting by videoconference with an individual to conduct assessments or provide services within the scope of the service provider's practice.
- c) Face-to-face or telephone contact with a family member or other service provider (excluding licensed/certified staff employed or contracted by the provider and service coordinators) necessary for the provision of a specific service to the individual.
- d) Training provided to direct service providers, except for providers of nursing and specialized therapies, or family members responsible for performing, monitoring, reporting and documenting a specific individual treatment plan for the individual.
- e) Provider of Specialized Therapies is licensed by the appropriate State of Texas licensing authority for the specific therapeutic service provided by the provider.

3. Optional activities:

- a) Participation in service planning team meetings.
- b) Face-to-face or telephone contact with a physician (including a psychiatrist) regarding the therapy provided to a specific individual.
- c) Writing an individualized treatment plan for an individual's specialized therapies

4. Prohibited Activities:

- a) Delivery of or supervision of services or tasks outside the scope of professional certification/licensure (e.g., supervising an individual, providing personal care, or scheduling appointments).
- b) Providing transportation for an individual. This should be captured and reported under Community Support – R021.
- c) Travel time or time spent waiting to provide services.
- d) Providing training for other service providers related to general procedures or topics (e.g., training in the general principles of the specialized therapy, general care of adaptive aids and equipment, etc.).

5. Minimum frequency of service delivery:

Monthly

6. Mutually exclusive with any other services:

N/A

7. Differentiation from other similar services:

Specialized Therapy services have been redefined to exclude Nursing and Behavioral Support Services. Service grid codes for encounter reporting are specific to the therapy provided. Behavioral Health Services are no longer captured and reported under the larger umbrella of Specialized Therapies. Behavioral Health Services maintains a separate definition and unique service grid code for encounter reporting effective 09/01/06.

8. Location specific (e.g., at home, in an office):

Any location

9. Limited to sub-population of priority population:

N/A

10. Reference document, law, rule, policy, etc.:

Current Performance Contract

11. Clarifications:

- a) Non-traditional therapies are not captured and reported under Specialized Therapies.
- b) The purchase of adaptive equipment is not captured and reported under Specialized Therapies.

12. Encounter Application:

- a) Appropriate Encounter Services and Grid Codes – refer to DADS Performance Contract, Attachment F. Grid Codes 3201, Speech and Language, 3202, PT, 3203, OT, and 3210, All Other (see grid for examples.)
- b) Critical Encounter Fields - Enc_Type_Cd must be **F**, Face to Face, **D**, documentation (effective May 1, 2012), **E**, telemedicine or telehealth (effective May 1, 2012 and only for Recipient Codes 1,3,4, and 6 individual present), or **T**, telephone, and Recipient_CD may be **1, 2, 3, 4, 5, 6, or 7** (consumer and/or collateral present.)

13. Recommended Documentation Elements

- i) A written narrative for each service event that describes the service and, when appropriate, includes information pertaining to the individual's progress toward goals or outcomes. The written narrative must include: Name of individual;
 - ii) Type of Service;
 - iii) Date of Service (month, day, year);
 - iv) Place of service;
 - v) Actual begin and end time of each reported service event;
 - vi) Detailed description of the service event;
 - vii) Name and title of the service provider; and
 - viii) Signature of service provider (including credentials or job title as appropriate).
- a) Elements noted above do not necessarily have to be contained within the narrative describing the service event so long as they are contained within the progress note that also contains the narrative (e.g., billing strip).
- b) A service delivery log may be used for documentation purposes, providing it contains all of the required elements in 13. a) above. An example can be found in the Forms section of the TxHmL Program Service Definitions and Billing Guidelines Revision 09-0. (Service Delivery Log with Written Narrative)

Behavioral Support (R055)

1) Service Category: IDD Community Services

Services provided to assist an individual to participate in age-appropriate community activities and services. The type, frequency and duration of services are specified in the individual's Plan of Services and Supports. This service category includes:

Behavioral Support - Specialized interventions by professionals with required credentials to assist an individual to increase adaptive behaviors and to replace or modify maladaptive behavior that prevent or interfere with the individual's inclusion in home and family life or community life. Support includes:

- assessing and analyzing assessment findings so that an appropriate behavior support plan may be designed;
- developing an individualized behavior support plan consistent with the outcomes identified in the individual's Plan of Services and Supports;
- training and consulting with family members or other providers and, as appropriate, the individual;
- and monitoring and evaluating the success of the behavioral support plan and modifying the plan as necessary.

2) Required activities:

- a) Specialized therapy assessment or intervention as specified in the individual's Plan of Services and Supports (which is the plan in place at the time the service was delivered) with an exception allowed in a crisis situation with unplanned behavioral support needs;
- b) Provider's scope of practice must be within that authorized by the licensing or certification body.
- c) The provider of behavioral support must be:
 - i) Licensed as a licensed psychologist by the Texas State Board of Examiners of Psychologists;
 - ii) Licensed as psychological associate by the Texas State Board of Examiners of Psychologists;
 - iii) Certified as a behavior analyst by the Behavior Analyst Certification Board, Inc. .
 - iv) If not licensed or certified as described in i, ii, or iii above, the provider must be in possession of the required educational credentials and under professional supervision as required by the licensing or certification body for the credentials in i, ii or iii above. The LA must maintain documentation of the:
 - (1) applicable supervision requirements;
 - (2) provider's qualifications; and
 - (3) supervision agreement; or
 - v) Certified as a TDMHMR/DADS-certified psychologist in accordance with 40 TAC §5.161.
- d) Face-to-face, telemedicine, or telephone contact with individuals, their family members or other service providers (excluding licensed/certified staff employed by or contracted by the program provider and service coordinators) necessary for the provision of a specific service to a specific individual. This includes:
 - i) Face-to-face contact with an individual to conduct assessment or provide specialized interventions to increase adaptive behaviors, or replace or modify maladaptive or socially unacceptable behaviors.

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- ii) Training provided to direct service providers or family members responsible for performing, monitoring, reporting and documenting a specific individual behavioral support plan for a specific individual.

3) Optional activities:

- a) Medication review and counseling as an adjunct to development or review of a behavioral support plan.
- b) Face-to-face or telephone contact with a physician (including a psychiatrist) regarding the behavioral support provided to the individual. This physician may be an employee or contract staff with the LA or an external physician.
- c) Participation in service planning team meetings.
- d) Writing a behavior support plan.
- e) Reviewing documents, except for a written narrative or written summary of a service to evaluate the quality and effectiveness of an individual's behavior support.

4) Prohibited Activities:

- a) Delivery of or supervision of services or tasks outside the scope of the professional certification/licensure (e.g., supervising an individual, providing personal care or scheduling appointments).
- b) Providing transportation for an individual. This should be captured and reported under Community Support – R021.
- c) Travel time or time spent waiting to provide services.
- d) Providing training for other service providers related to general procedures or topics (e.g., training in the general principles of behavioral intervention or therapy).

5) Minimum frequency of service delivery:

Monthly

6) Mutually exclusive with any other services:

N/A

7) Differentiation from other similar services:

As of 9-01-08, Behavioral Support services are no longer captured and reported under the larger umbrella of R054. Behavioral Support services maintains a separate definition and unique service grid code for encounter reporting. Counseling and psychotherapy not provided in the context of development or review of a behavioral support plan should be reported as Specialized Therapy R054.

8) Location specific (e.g., at home, in a clinic):

Any location

9) Limited to sub-population of priority population:

N/A

10) Reference document, law, rule, policy, etc.:

Current Performance Contract

11) Clarifications:

- a) Behavioral Support Services are only delivered by those with the credentials noted in #2 c) above. This does not include Physicians, LPCs and Psychiatrists.

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- b) Counseling is an allowable service if performed by those with the credential noted under #2 c) above. Goals and outcomes for counseling should refer to a change in a behavior that would prevent or interfere with the individual's inclusion in home or family life, or life in the community.
- c) Implementation of Behavior Plans developed by those qualified (see credentials #2 c) is captured under R021-Community Support Services.

12) Encounter Application:

- a) Appropriate Encounter Services and Grid Codes – refer to DADS Performance Contract, Attachment F. Grid Code 3206, Behavioral Support
- b) Critical Encounter Fields Enc_Type_Cd may be either **F**, Face to Face, **E**, Telemedicine, **D**, Documentation (effective 1-01-12), or **T**, Telephone; Recipient_CD may be **1, 2, 3, 4, 5, 6, or 7** (consumer and/or collateral present.); SERVER_TYPE_CD value must be **B**, Licensed Psychologist, **L**, Interns for Licensed Psychologist, Licensed Psychological Associate, and Certified Behavior Analyst, or **N**, Licensed Psychological Associate, DADS Certified psychologist, and Certified Behavior Analyst.
- c) If provided in a crisis situation, the Crisis data field must be scored **Y**.

13) Recommended Documentation Elements:

- a) A written narrative for each service event that describes the service and, when appropriate, includes information pertaining to the individual's progress toward goals or outcomes. The written narrative must include:
 - i) Name of individual;
 - ii) Type of Service;
 - iii) Date of Service (month, day, year);
 - iv) Place of service;
 - v) Actual begin and end time of each reported service event;
 - vi) Detailed description of the service event;
 - vii) Name and title of the service provider; and
 - viii) Signature of service provider (including credentials or job title as appropriate).
- b) Elements noted above do not necessarily have to be contained within the narrative describing the service event so long as they are contained within the progress note that also contains the narrative (e.g., billing strip).
- c) A service delivery log may be used for documentation purposes, providing it contains all of the required elements in 13. a) above. An example can be found in the Forms section of the TxHmL Program Service Definitions and Billing Guidelines Revision 09-0. (Service Delivery Log with Written Narrative)

Community Living Options Information Process (CLOIP)

1. Service Category: NA

Community Living Options Information Process activities related to the provision of community living options information to an adult individual residing in a State Supported Living Center (SSLC) and/or their Legally Authorized Representative (LAR). These activities are performed by the 13 DADS Contract LAs or under a subcontract by the Contract LA to a designated LA.

2. Required activities:

- a) Community Living Options Information Process –
 - i) Contact with the individual or collateral (SSLC staff, LAR) either face-to-face or by telephone (i.e., visits, meetings, telephone calls, or live video).
 - ii) Explanation of IDD Services and Supports and Long Term Services and Supports.
 - iii) Provision of community living options information.
 - iv) Attendance at the SSLC annual planning meeting in person or by teleconference unless the resident and/or their LAR has specifically requested they not participate.
 - v) This service is an Authority responsibility (i.e., the service cannot be contracted except to a designated LA).

3. Optional activities:

Offering the opportunity to visit living options available in the community and to visit with individuals/peers utilizing these options with their prior consent.

4. Prohibited activities:

None

5. Minimum frequency of service delivery:

- a) At least one time per year when providing the explanation of services and living options information to the adult residing in the SSLC and/or their LAR.
- b) At least one time per year when participating in the SSLC planning meeting in the consideration of living options per DADS Performance Contract.

6. Mutually exclusive with any other services:

Service Coordination (R014), Service Authorization and Monitoring (R017)

7. Differentiation from other similar services:

See Clarification 10.e) below

8. Location specific (e.g., at home, in an office):

N/A

9. Limited to sub-population of priority population:

Adult individuals who reside in a SSLC

10. Reference document, law, rule, policy, etc.:

- a) DADS Performance Contract
- b) Subchapter B, Chapter 531, §531.02443 Texas Government Code

11. Clarifications:

Community Living Options Information Process (CLOIP) includes:

- a) Those specific coordination activities performed by an LA regarding the provision of living options information for an adult residing in a SSLC and/or their LAR.
- b) This service is provided by the contracted LA.
- c) Contacts must be face-to-face, by telephone, or by live video.
- d) Persons should be counted during a month only if there has been active contact: (e.g., visit, telephone call, live video or meeting) during that month.
- e) CLOIP activities occur until a decision is made by the adult individual and/or their LAR that they want to pursue a community living option and this decision is made as part of the SSLC annual planning meeting discussions. Continuity of Services (R019) activities would include the activity by the designated LA to facilitate and move to the community living option and monitoring of that move.

12. Encounter Application:

- a) Appropriate Encounter Services and Grid Codes – refer to DADS Performance Contract, Attachment F, Grid Code 365, Community Living Options Information Process
- b) Critical Encounter Fields – Recipient_CD must be **1, 2, 3, 4, 5, 6, or 7**.
- c) All encounters must be reported by the contracted LA for the SSLC. If the contracted LA has subcontracted part of this activity to the designated LA, all encounters nonetheless must be reported through the contracted LA. Subcontract arrangements must provide for timely reporting simultaneously with all other encounter data.

13. Documentation necessary for verification:

- a) A progress note that verifies the service on the selected date.