September 6, 2019

To:  Local Mental Health Authorities
     Local Behavioral Health Authorities
     Youth Empowerment Services Waiver Providers

Subject:  Broadcast Message No. 19.046
          Youth Empowerment Services Waiver Policy Manual Updates

The Health and Human Services Commission (HHSC) has updated the Youth
Empowerment Services (YES) Waiver Policy Manual, slated to be posted on
the YES Waiver website. Most substantive changes were incorporated to
align with Texas statute, the Texas Administrative Code, Centers for
Medicare and Medicaid Services’ (CMS) guidelines, CMS’ approved waiver
document, and the evidence-based Wraparound model standards. (See
Attachment A – Policy Manual Updates.)

HHSC will discuss these revisions and conduct a Q&A session at the next YES
Waiver Best Practices meeting on October 7, 2019.

Providers can view this broadcast at https://hhs.texas.gov/doing-business-
hhs/provider-portals/behavioral-health-services-providers/youth-
empowerment-services-waiver-providers under “IDD-BH Broadcast
Messages.”

If you have questions about this broadcast please email
YESWaiver@hhsc.state.tx.us.

Sincerely,

[signature on file]

Trina K. Ita, MA, Associate Commissioner
Behavioral Health Services
Medical and Social Services Division
Attachment A – Policy Manual Updates

The revised manual includes:

- non-substantive grammatical and stylistic edits as well as updated naming conventions throughout the document;
- a total refresh of formatting due to corruption of the previous manual document. Adjustments to document labels, layout, and organization to improve readability and clarity;
- clarification of requirements related to providing notices to an individual’s legally authorized representative (LAR) to specify that in-person delivery of notices is permitted if provider collects LAR’s signature to confirm receipt;
- addition of substance use disorder services to the list of co-occurring services that should be coordinated as part of waiver care coordination activities;
- clarification of the complaints process to emphasize that complaints should be directed to the provider organization and the local mental or behavioral health authority (LMHA/LBHA) Client Rights Officer, before escalation to the HHSC Office of the Ombudsman, when possible;
- addition of a requirement for timely communication with HHSC related to fair hearings to assure state compliance with CMS’ requirements. Providers should submit information to HHSC within three business days and respond to HHSC requests for additional information;
- clarification of demographic criteria related to residence. Youth residing in a public or private hospital or residential treatment center with a discharge date within 30 days meet criteria;
- clarification of the information that should be shared by the Wraparound Facilitator with the individual completing the annual reassessment, if the annual reassessment is not being completed by the Wraparound Facilitator;
- inclusion of the YES Waiver Family Guide as a resource to be shared with families at intake;
- inclusion of expectations for children and families while enrolled in the Waiver;
- addition of the requirement that LMHAs/LBHAs assist individuals in selecting an approved Wraparound Provider Organization in the service area (currently only LMHAs/LBHAs are registered as Wraparound Provider Organizations for YES Waiver);
- clarification of requirements related to criminal history and employee registry checks in accordance with CMS’ requirements including updating frequency of registry checks to monthly. Addition of a requirement that providers have a process to ensure criminal history and registry checks are conducted at required intervals;
• addition of required timeframes for communication with HHSC related to critical incidents. Providers should respond to requests from HHSC for additional information within one business day;
• addition of information related to potential availability of system of care resources;
• addition of a requirement that YES Waiver providers train staff members in reporting critical incidents;
• clarification of timelines for responding to critical incidents in accordance with Wraparound model standards, to include follow up with families within 72 hours in accordance with Wraparound model standards.
• addition of information related to recommended training and training resources;
• clarification of training specifications to indicate that program leadership must complete required training in addition to direct service staff;
• clarification that participation in technical assistance calls; conference calls; and best practice meetings with HHSC, as well as monthly coaching calls with the National Wraparound Implementation Center related to program implementation, is required;
• clarification that Inquiry Lists should be submitted using the state approve Inquiry List template and that LMHAs/LBHAs must notify HHSC if unable to meet the demands of the Inquiry List. Addition of information related to the availability of a script for responding to calls received through the Inquiry Line;
• clarification related to engagement with individuals registered on the Inquiry List to specify that individuals must not be discouraged from pursuing services;
• clarification of actions that constitute a “good faith effort” when attempting to contact individuals/LARs. A good faith effort includes multiple attempts to make contact through more than one channel and within appropriate timelines;
• addition of information related to collaboration with the Texas Correctional Office on Offenders with Medical or Mental Health Impairments, whose case manager should be engaged as a member of the Child and Family Team (CFT) team;
• clarification that Wraparound Facilitators are responsible for notifying CFT members of changes made to the Wraparound Plan. Members must be notified within five business days;
• clarification that CFT members are responsible for communicating relevant updates to the Wraparound Facilitator in advance of CFT meetings when unable to attend CFT meetings;
• clarification of timelines and processes to facilitate transfers when an individual transfers to a new provider;
clarification of termination reasons and definitions;
clarification of information that should be available to the public through the program website;
clarification of timelines for submitting service documentation in accordance with Texas Administrative Code as well as specification of information that must be included in service documentation. Service documentation must be submitted within 48 hours;
inclusion of a requirement for supervision for family support providers to align with standard supervision requirements for peer services per Texas Administrative Code;
addition of information related to comprehensive waiver providers (CWPs) service area expansion. CWPs requesting to expand services to other locations must meet all requirements of the open enrollment;
clarification of expectations related to managing subcontractors and assuring subcontractor compliance with program requirements;
change of requirement related to providing out-of-home respite to allow LMHAs/LBHAs to provide respite without Department of Family and Protective Services licensure in accordance with statute;
clarification of billing guidelines related to participation in CFT meetings to align with CMS’ requirements.
addition of contextual information related to quality management reviews and processes;
addition of information related to the cost neutrality limit specified per the Waiver document approved by CMS. Addition of a requirement to notify HHSC when participant expenditures are nearing the cost neutrality limit to ensure HHSC complies with cost neutrality requirements;
addition of new requirements related to the use of Electronic Visit Verification in accordance with the 21st Century Cures Act (currently only required for in-home respite);
correction of billing information to accurately convey billing units for out-of-home residential child care - general residential operation. Every 15 minutes of service is submitted as one unit;
addition of a new list of acronyms; and
addition of new terms and/or updated definitions for the following terms: Wraparound, underlying needs, team mission, substitute care, strengths perspective, annual renewal, participant, natural supports, measurable target outcome, inquiry line, family vision, formal supports, good faith effort, individual, effective team process, day camp, crisis and safety plan, capacity, billable time, and action steps.