

**FORM C**  
**Contract Amendment Request**  
**FYs 2016 and 2017 Performance Contract**

LIDDA NAME: All LIDDAs

COMPONENT CODE: ALL      DATE: June 1, 2016

**Indicate contract elements proposed for amendment: (check all that apply)**

Other (please specify)       Report III (submit via SFTP)

**Amendment Packet #1**

The Department of Aging and Disability Services (DADS) and the Local Intellectual and Developmental Disability Authority (LIDDA), parties to a Performance Contract (the "Contract"), desire to amend the Contract. DADS and the LIDDA, collectively, the "parties," each a "party."

The parties agree as follows:

**A. Amendments to Certain Attachments to the Performance Contract**

The Performance Contract Attachments identified in this section are revised as follows:

1. Amendment to Attachment C (relating to FY 16 Allocation Schedule). Attachment C to the Performance Contract is hereby deleted in its entirety and replaced with new Attachment C.
2. Amendment to Attachment F (relating to FY 16 Description of IDD Services). Attachment F to the Performance Contract is hereby deleted in its entirety and replaced with new Attachment F.
3. Amendment to Attachment G (relating to FY 16 PASSR Requirements and Enhanced Community Coordination). Attachment G to the Performance Contract is hereby deleted in its entirety and replaced with new Attachment G.
4. Amendment to Attachment I (relating to FY 16 Transition Support Teams (HUB) Only). Attachment I to the Performance Contract is hereby deleted in its entirety and replaced with new Attachment I.
5. Amendment to Attachment I (relating to FY 16 CLOIP *Alamo, Austin, Betty, Brazos, Burke, Concho, Denton, Emergence, Heart of Texas, Nueces, Starcare, Texana, Tropical*). Attachment I to the Performance Contract is hereby deleted in its entirety and replaced with new Attachment I.
6. Amendment to Attachment K (relating to FY 16 Medicaid Program Enrollment Requirements). Attachment K to the Performance Contract is hereby deleted in its entirety and replaced with new Attachment K.
7. Amendment to Attachment N (relating to FY 16 LA IDD Submission Calendar). Attachment N to the Performance Contract is hereby deleted in its entirety and replaced with new Attachment N.

8. Amendment to Attachment V (relating to FY 16 Allowable Costs). Attachment V to the Performance Contract is hereby deleted in its entirety and replaced with new Attachment V.
9. New Attachment Y (relating to Crisis Respite). Attachment Y to the Performance Contract is hereby added to the contract.
10. New Attachment Z (relating to Crisis Intervention Specialists). Attachment Z to the Performance Contract is hereby added to the contract.

The new Attachments referenced in this Section A are hereby incorporated by reference into the Performance Contract.

#### **B. Amendments to the FY 2016-2017 Performance Contract**

The Performance Contract is amended as follows:

1. **Amendment to Article II, section B (relating to General Program).** Section B.3 of the Performance Contract is hereby amended by replacing [www.hhs.state.tx.us/tirn/tirhome.shtml](http://www.hhs.state.tx.us/tirn/tirhome.shtml) with " <http://www.211texas.org/> "
2. **Amendment to Article II, section C (relating to IDD Services).** Section C.5 of the Performance Contract is hereby amended by replacing "Texas Youth Commission" with "Texas Juvenile Justice Department."
3. **Amendment to Article II, section C (relating to IDD Services).** Section C. 8 of the Performance Contract is hereby amended by deleting the word "and" at the end of the clause.
4. **Amendment to Article II, section C (relating to IDD Services).** Section C.9 of the Performance Contract is hereby amended by deleting the period at end of the clause and replacing it with a semi-colon.
5. **Amendment to Article II, section C (relating to IDD Services).** Section C of the Performance Contract is hereby amended by adding after section C.9 the following new sections C.10 and C.11:
  10. After one year following an individual's transition from an SSLC to the HCS Program:
    - a. Conduct periodic monitoring (i.e., every 90 days) of the individual for four years to address significant monitoring findings as described in Section IV. B.2.c. of Attachment Y; and
    - b. Submit to DADS written reports of the periodic monitoring, using a DADS-prescribed format; and
  11. After one year following an individual's transition from an SSLC to a setting other than the HCS Program:
    - a. Conduct periodic monitoring (i.e., every 90 days) of the individual for four years to address significant monitoring findings as described in Section IV. C.2.b. of Attachment Y; and
    - b. Submit to DADS written reports of the periodic monitoring, using a DADS-prescribed format."
6. **Amendment to Article III (relating to Requirements of DADS).** Section III. A. 1 of the Performance Contract is hereby amended as follows: DADS shall authorize the Texas Comptroller of Public Accounts Office (the "Comptroller") to release funds indicated on Attachment C (Allocation Schedule), for fiscal years 2016 and 2017 as follows: 40% at the commencement of the first quarter, 30% at

the commencement of the second quarter, and 15% at the commencement of the third and fourth quarters.

**Miscellaneous.**

- 1. Terms remain in effect.** The parties agree that the terms of the Contract shall remain in effect and continue to govern, except to the extent modified in this Amendment.
- 2. Incorporation of Amendment.** By signing this Amendment the parties expressly understand and agree this Amendment is hereby made a part of the Contract as though it were set out word for word in the Contract.
- 3. Effective date of the Amendment.** The Amendment is effective when signed by both parties.
- 4. Amendment Execution.** This Amendment may be executed in counterparts, each of which will be deemed an original, and both of which taken together will constitute one and the same document.

DADS and Contractor represent that each party has caused this Amendment to be signed and delivered by its respective authorized representative.

\_\_\_\_\_  
Signature of Authorized  
Representative of LIDDA

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
**Approved by:**  
Assistant Commissioner Access & Intake  
Department of Aging and Disability Services

\_\_\_\_\_  
Date Signed

**Mail two (2) original signed Amendment Request forms to:**

DADS  
Access and Intake, LIDDA Section  
Attn: Performance Contract Manager  
Mail Code W354  
P.O. Box 149030  
Austin, TX 78714-9030

Overnight Delivery:  
Mail Code W354  
701 W. 51<sup>st</sup> Street  
Austin, TX 78751

**AmdID: 2016-001**

**Summary of Key Changes**  
**FYs 2016-2017 LIDDA Performance Contract**  
**Amendment Packet #1**

Contract document – page CD-1, Article II.B.3

The web link is changed to <http://www.211texas.org/>

Contract document – page CD-3, Article II. C.5

The name of the agency cited is updated to the Texas Juvenile Justice Department.

Contract document – page CD-3, Article II. C.10 and 11

Two provisions are added to state that the LIDDA shall:

10. After one year following an individual’s transition from an SSLC to the HCS Program:
  - a. Conduct periodic monitoring (i.e., every 90 days) of the individual for four years to address significant monitoring findings as described in Section IV. B.2.c. of Attachment G *[Please note that Form C incorrectly cited Attachment Y]*; and
  - b. Submit to DADS written reports of the periodic monitoring, using a DADS-prescribed format; and
11. After one year following an individual’s transition from an SSLC to a setting other than the HCS Program:
  - a. Conduct periodic monitoring (i.e., every 90 days) of the individual for four years to address significant monitoring findings as described in Section IV. C.2.b. of Attachment G *[Please note that Form C incorrectly cited Attachment Y]*; and
  - b. Submit to DADS written reports of the periodic monitoring, using a DADS-prescribed format.

Note that the monitoring requirements during the first year after transition for this population are provided as Enhanced Community Coordination as described in Attachment G.

Contract document – page CD-4, Article II. D.5 and 6

Please note that Form C sent on May 26, 2016, stated the existing language in provisions 5 and 6 were replaced with the following language:

5. Comply in all respects as directed by DADS with the Uniform Grant Management Standards (UGMS), promulgated pursuant to the Uniform Grant and Contract Management Act, Texas Government Code (TGC), Chapter 783;
6. Obtain prior written approval from DADS for selected items of cost as specified in Attachment V (UGMS Allowable Costs);

However, the replacement language was the same as the existing language. Therefore, the Form C sent on June 15, 2016, does not contain instructions to revise this language.

Contract document – page CD-12, Article III. A.1

Reference to “fiscal year 2014” is changed to “fiscal years 2016 and 2017.”

### Attachment C

The allocation schedule contains additional allocations for *Enhanced Community Coordination, IDD Crisis Intervention Specialists, IDD Crisis Respite Services, and Nursing Facility PASRR Service Coordination.*

### Attachment F

- On page F-4, definitions are added for “Crisis Intervention Specialist,” Crisis Respite – Out of Home,” and “Crisis Respite – In Home.”
- On page F-7, grid codes have been added for “Crisis Intervention Specialist,” Crisis Respite Out-of-Home,” and “Crisis Respite In-Home.”

### Attachment G

The requirements contained in previous Attachment G (Requirements Related to Individuals with IDD Residing in or Transferring From Nursing Facilities) and Attachment Y (Enhanced Community Coordination Demonstration Project) are combined into a new Attachment G (PASRR Requirements and Enhanced Community Coordination). The information is organized into:

- PASRR requirements for individuals in a nursing facility (Section I);
  - Definitions (I.A.)
  - PASRR (I.B.)
  - Nursing Facility Diversion (I.C.)
  - Service Coordination (I.D.)
  - Service Planning Team (I.E.)
  - Administrative Requirements (I.F.)
- general requirements for enhanced community coordination (Section II);
  - Qualification and Duties (II.A.)
  - Use of Designated Funds (II.B.)
  - Reporting (II.C.)
  - Payments (II.D.)
- specific requirements for enhanced community coordination for individuals diverting or transitioning from a nursing facility (Section III); and
  - HCS as Diversion from NF Admission (III.A.)
  - Transition to HCS from NF (III.B.)
  - Transition to Community Medicaid Program from NF (III.C.)
- specific requirements for enhanced community coordination for individuals diverting or transitioning from a state supported living center (Section IV).
  - HCS as Diversion from SSLC Admission (IV.A.)
  - Transition to HCS from SSLC (IV.B.)
  - Transition to a Setting other than HCS (IV.C.)

On page G-3 under I.D. 1.b, DADS clarifies that the LIDDA must ensure that a nursing facility (NF) resident with IDD who refuses service coordination is provided information about the range of community living options (CLO) using DADS-developed materials during the individual’s initial meeting with a service coordinator and at least annually thereafter.

On page G-3 under I.D. 3, DADS requires the assigned service coordinator to complete the *PASRR Specialized Services Form* (PSS Form) for every SPT meetings (initial, quarterly, and

any updates) and requires the LIDDA to submit the information on the completed form via the Long-Term Care Portal.

On page G-4 under I.D. 5.a, DADS requires the CLO to be presented to NF residents with IDD annually, instead of every six months.

On page G-5 under I.F. 2, the frequency to provide or arrange for the provision of educational or informational activities is changed from quarterly to semi-annually.

On page G-6 under I.F. 5 and 6, DADS describes funding for service coordination provided to NF residents with IDD.

On page G-6 under II.A, DADS clarifies that enhanced community coordination (ECC) is provided to individuals diverting or transitioning from an NF or state supported living center (SSLC).

Beginning on page G-9 under III, DADS identifies the specific requirements related to individuals diverting or transitioning from an NF, some of which are described below.

- For an individual who is being enrolled in HCS as a diversion from NF admission (Section III.A):
  1. developing a “Diversion Plan” (DADS Form 1050);
  2. using all available assessment to develop the HCS Person-Directed Plan (PDP);
  3. conducting a pre-move site review (DADS Form 1042);
  4. conducting post-move monitoring (DADS Form 1043); and
  5. for one year after enrollment:
    - conducting quarterly service planning team meetings;
    - conducting monthly service coordination visits.
    - inquiring about any recent hospitalizations, emergency department contacts, increased physician visits, or other crises, including medical crises, and if the individual experiences such, convenes the SPT to identify all necessary revisions to the individual's HCS PDP to address additional need for services;
    - ensuring an individual receives timely assessments of behavioral, medical, nursing, specialized therapies and nutritional management needs, as necessary and as indicated on the HCS PDP;
    - recording health care status sufficient to readily identify when changes in the individual's status occurs;
    - ensuring implementation of services;
    - monitoring all services identified on the HCS PDP, including:
      - ❖ reviewing the HCS program provider’s implementation plans and provider records, as well as visiting service delivery sites, as needed to determine the individual’s needs are being met; and
      - ❖ monitoring critical incidents involving the individual and convening the service planning team to provide needed prevention or intervention services for an individual; and
    - monitoring the individual while on suspension from the HCS waiver program at least monthly and provide reports to DADS upon request.
- For an individual who is transitioning from an NF to HCS (Section III.B):
  - If the individual is 21 years of age or older, there are no changes to the LIDDA requirements that were described in previous Attachments G and Y.

- If the individual is under the age of 21 years and after the individual has enrolled in HCS:
  - the LIDDA is required to communicate with an appropriate staff of the entity that was responsible for transitioning the individual from the NF (for FYs 2016 and 2017, the entity is EveryChild, Inc.) to gather all necessary information and documents to ensure a successful transition for the individual; and
  - for one year after enrollment, the LIDDA is required to do all activities listed under 5. above.
- For an individual who is transitioning from an NF to a community Medicaid program (other than HCS or to an ICF/IID (Section III.C):
  - providing all available assessments to the selected community Medicaid program provider;
  - conducting a pre-move site review (DADS Form 1042);
  - conducting post-move monitoring (DADS Form 1043); and
  - for one year after enrollment:
    - conducting monthly service coordination visits for the first six months; and
    - quarterly visits for the second six months following the individual's move.

Beginning on page G-12 under IV, DADS identifies specific requirements related to individuals diverting or transitioning from an SSLC, some of which are described below.

- For an individual of any age who is being enrolled in HCS as a diversion from SSLC admission (Section IV.A):
  - developing a “Diversion Plan” (DADS Form 1050) in addition to the HCS Person-Directed Plan (PDP);
  - conducting a pre-move site review (DADS Form 1042);
  - conducting post-move monitoring (DADS Form 1043); and
  - for one year after enrollment:
    - conducting quarterly service planning team meetings; and
    - conducting monthly service coordination visits.
- For an individual of any age who is transitioning from an SSLC to HCS (Section IV.B):
  - participating in developing the community living discharge plan (CLDP);
  - using all available assessment to develop the HCS PDP;
  - participating in a pre-move site review conducted by SSLC staff; and
  - for one year after enrollment:
    - conducting quarterly service planning team meetings;
    - conducting monthly service coordination visits;
    - complying with the monitoring activities and agreement portions set forth in the CLDP; and
    - conducting periodic monitoring (i.e., every 90 days) using a DADS-prescribed format and submitting to DADS.
- For an individual of any age who is transitioning from an SSLC to a setting other than HCS (Section III.C):
  - participating in developing the community living discharge plan (CLDP);
  - participating in a pre-move site review conducted by SSLC staff; and
  - for one year after enrollment:
    - complying with the monitoring activities and agreement portions set forth in the CLDP; and

- conducting periodic monitoring (i.e., every 90 days) using a DADS-prescribed format and submitting to DADS.

#### Attachment K –

- Under II.A.1. on page K-1, the time frame for enrolling an NF resident into HCS or TxHmL is changed to 90 days.
- Under II.B. on page K-1, in addition to accessing the DADS Service Authorization System Online (SASO), the LIDDA is required to review the DADS Mutually Exclusive Services chart (<http://www.dads.state.tx.us/handbooks/appendix/12.htm>) to determine if a service the individual is receiving is mutually exclusive to the program that the LIDDA is offering and, if so, the attachment describes the required action.
- Under II. C. on page K-2, DADS requires Form 8665 to be used to document an individual's HCS PDP and an individual TxHmL PDP.
- Under II.K.2. on page K-7, when an applicant is completing the Verification of Freedom of Choice form and checks "other", the LIDDA must ensure the applicant's reason for declining the offer is explicitly stated on the form.
- Under II.M.4. on page K-7, DADS clarifies that when a LIDDA provides a list of HCS or TxHmL program providers to an applicant being offered HCS or TxHmL services, the list does not have to include only those program providers who have not reached their service capacity, because the LIDDA is unaware of the service capacities for private program providers. However, the LIDDA is aware of the service capacity of its own provider operation, and must redact its HCS or TxHmL program from the list if its program has reached its service capacity as identified in CARE.

#### Attachment N

Added submission dates related to Crisis Services described in Attachments Y and Z.

#### Attachment V

The formatting is updated, but no substantive changes are made.

#### Attachment Y

All of the requirements in Attachment Y are new.

#### Attachment Z

All of the requirements in Attachment Z are new.

Please note that DADS has changed the name of the Behavioral, Medical, and Psychiatric Teams to "Transition Support Teams."

**Attachment C  
Allocation Schedule  
FY 2016 Summary - Amendment #1**

Comp #	Community Center	General Revenue	Permanency Planning	CLOIP	Enhanced Community Coordination	Medical, Behavioral and Psychiatric	IDD Crisis Intervention Specialists	IDD Crisis Respite Services	Nursing Facility PASRR Service Coordination	Total FY 2016 Allocation
010	Betty Hardwick Center	\$ 632,566	\$ 21,618	\$ 382,042	\$ 15,494	\$ -	\$ 59,866	\$ 17,573	\$ 27,733.05	\$ 1,156,893
020	Texas Panhandle Centers	\$ 3,211,415	\$ 16,430	\$ -	\$ 78,661	\$ -	\$ 59,866	\$ 40,179	\$ 19,259.06	\$ 3,425,810
030	Austin Travis County Integral Care	\$ 2,655,100	\$ 28,536	\$ 322,348	\$ 65,034	\$ 308,877	\$ 119,733	\$ 111,018	\$ 96,295.32	\$ 3,706,942
040	Central Counties Center for MHMR	\$ 1,230,422	\$ 11,241		\$ 30,138	\$ -	\$ 59,866	\$ 47,364	\$ 57,777.19	\$ 1,436,808
051	Alamo Local Authority for IDD	\$ 3,411,959	\$ 66,584	\$ 208,531	\$ 83,573	\$ -	\$ 89,800	\$ 181,836	\$ 135,583.82	\$ 4,177,866
060	Center for Life Resources	\$ 481,759	\$ 6,918		\$ 11,800	\$ -	\$ 59,866	\$ 9,750	\$ 23,110.88	\$ 593,205
070	Central Plains Center	\$ 482,088	\$ -		\$ 11,808	\$ -	\$ 59,866	\$ 9,244	\$ 16,947.98	\$ 579,954
090	El Paso MHMR	\$ 1,682,830	\$ 8,647	\$ 103,470	\$ 41,219	\$ 147,818	\$ 179,599	\$ 84,276	\$ 1,540.73	\$ 2,249,401
100	Gulf Coast Center	\$ 1,793,256	\$ 25,942		\$ 43,924	\$ -	\$ 59,866	\$ 65,031	\$ 19,259.06	\$ 2,007,278
110	Gulf Bend MHMR Center	\$ 335,940	\$ 5,188		\$ 8,229	\$ -	\$ 59,866	\$ 17,443	\$ 49,303.21	\$ 475,969
130	Tropical Texas Behavioral Health	\$ 2,286,852	\$ 16,430	\$ 59,694	\$ 56,014	\$ -	\$ 119,733	\$ 131,791	\$ 41,599.58	\$ 2,712,113
140	Spindletop Center	\$ 3,238,517	\$ 16,430	\$ -	\$ 79,324	\$ -	\$ 59,866	\$ 42,491	\$ 40,829.22	\$ 3,477,457
150	Lubbock Regional MHMR Center	\$ 982,249	\$ 22,483	\$ 206,939	\$ 24,059	\$ 169,714	\$ 59,866	\$ 32,178	\$ 2,311.09	\$ 1,499,800
160	MHMR Services for the Concho Valley	\$ 516,941	\$ 18,159	\$ 211,715	\$ 12,662	\$ -	\$ 59,866	\$ 12,417	\$ 3,851.81	\$ 835,613
170	Permian Basin Community Centers	\$ 901,880	\$ 8,647	\$ -	\$ 22,091	\$ -	\$ 59,866	\$ 32,610	\$ 17,718.34	\$ 1,042,813
180	MHMR of Nueces County	\$ 501,687	\$ 10,377	\$ 269,817	\$ 12,288	\$ 199,767	\$ 59,866	\$ 34,278	\$ 3,081.45	\$ 1,091,162
190	Andrews Center	\$ 1,222,625	\$ 14,700	\$ -	\$ 29,947	\$ -	\$ 59,866	\$ 40,316	\$ 51,614.29	\$ 1,419,069
200	MHMR of Tarrant County	\$ 6,124,140	\$ 67,449	\$ -	\$ 150,005	\$ 325,155	\$ 119,733	\$ 188,824	\$ 177,183.40	\$ 7,152,489
220	Heart of Texas Region MHMR Center	\$ 1,256,867	\$ 23,348	\$ 327,123	\$ 30,786	\$ -	\$ 89,800	\$ 34,972	\$ 77,036.26	\$ 1,839,932
230	Helen Farabee Centers	\$ 1,089,519	\$ 15,565		\$ 26,687	\$ -	\$ 59,866	\$ 30,256	\$ 29,273.78	\$ 1,251,167
240	Community Healthcare	\$ 1,230,104	\$ 52,749		\$ 30,130	\$ -	\$ 119,733	\$ 45,215	\$ 136,354.18	\$ 1,614,285
250	MHMR Authority of Brazos Valley	\$ 817,193	\$ 19,024	\$ 279,368	\$ 20,016	\$ -	\$ 89,800	\$ 33,654	\$ 33,125.59	\$ 1,292,180
260	Burke Center	\$ 789,977	\$ 18,159	\$ 308,817	\$ 19,350	\$ -	\$ 89,800	\$ 38,132	\$ 83,969.52	\$ 1,348,205
280	MHMR Authority of Harris County	\$ 8,681,794	\$ 140,090		\$ 212,652	\$ -	\$ 179,599	\$ 431,514	\$ 127,880.19	\$ 9,773,530
290	MHMR of Texoma	\$ 727,894	\$ 2,594	\$ -	\$ 17,829	\$ -	\$ 59,866	\$ 19,431	\$ 26,192.33	\$ 853,807
300	Metrocare SERVICES	\$ 7,063,374	\$ 50,154	\$ -	\$ 173,010	\$ 714,820	\$ 179,599	\$ 291,869	\$ 90,902.79	\$ 8,563,729
350	Pecan Valley Centers	\$ 630,283	\$ 20,754	\$ -	\$ 15,438	\$ -	\$ 59,866	\$ 42,577	\$ 40,829.22	\$ 809,748
380	Tri-County Services	\$ 1,637,009	\$ 19,889	\$ -	\$ 40,097	\$ -	\$ 59,866	\$ 68,682	\$ 41,599.58	\$ 1,867,143
400	Denton County MHMR Center	\$ 1,291,487	\$ 13,836	\$ 492,674	\$ 31,633	\$ -	\$ 119,733	\$ 77,492	\$ 32,355.23	\$ 2,059,211
410	LifePath Systems	\$ 1,167,464	\$ 14,700		\$ 28,596	\$ -	\$ 119,733	\$ 93,567	\$ 20,799.79	\$ 1,444,859
430	Texana Center	\$ 2,428,001	\$ 31,130	\$ 382,042	\$ 59,471	\$ 527,756	\$ 89,800	\$ 89,369	\$ 30,044.14	\$ 3,637,613
440	Anderson-Cherokee Community Enrichment Services	\$ 996,545	\$ 6,053	\$ -	\$ 24,409	\$ -	\$ 59,866	\$ 10,953	\$ 25,421.97	\$ 1,123,248
450	West Texas Centers	\$ 970,844	\$ 8,647	\$ -	\$ 23,780	\$ -	\$ 89,800	\$ 21,407	\$ 28,503.42	\$ 1,142,981
460	Bluebonnet Trails Community Centers	\$ 2,550,222	\$ 18,159		\$ 62,465	\$ -	\$ 89,800	\$ 89,967	\$ 73,954.81	\$ 2,884,567
470	Hill Country MHDD Centers	\$ 1,787,386	\$ 18,159		\$ 43,780	\$ 252,320	\$ 89,800	\$ 64,212	\$ 40,058.85	\$ 2,295,715
475	Coastal Plains Community Center	\$ 1,259,876	\$ 1,729		\$ 30,859	\$ -	\$ 59,866	\$ 22,197	\$ 1,540.73	\$ 1,376,069
480	Lakes Regional MHMR Center	\$ 1,965,829	\$ 18,159		\$ 48,151	\$ -	\$ 59,866	\$ 15,970	\$ 66,251.18	\$ 2,174,226
485	Border Region MHMR Community Center	\$ 1,455,300	\$ 4,324		\$ 35,646	\$ -	\$ 89,800	\$ 35,672	\$ 7,703.63	\$ 1,628,445
490	Camino Real Community Services	\$ 1,416,321	\$ 1,729		\$ 34,691	\$ -	\$ 59,866	\$ 21,683	\$ 17,718.34	\$ 1,552,009
<b>Community Services TOTAL</b>		<b>\$ 72,905,515</b>	<b>\$ 864,730</b>	<b>\$ 3,554,580</b>	<b>\$ 1,785,746</b>	<b>\$ 2,646,227</b>	<b>\$ 3,322,588</b>	<b>\$ 2,677,412</b>	<b>\$ 1,816,515.00</b>	<b>\$ 89,573,313</b>

## ATTACHMENT F Description of IDD Services

\* Indicates that the LIDDA must establish a reasonable standard charge for this service. For those services that have multiple grid codes (as listed on the last page of this attachment), the LIDDA must establish a standard charge for each service grid code.

SERVICE CATEGORY	DESCRIPTION -- Additional requirements are contained in the Service Definition Manual, available at <a href="http://www.dads.state.tx.us">www.dads.state.tx.us</a>	Required by Law / Optional
Screening (a service that is an authority function that may be subcontracted)	Gathering information to determine a need for services. This service is performed face-to-face or by telephone contact with persons. Screening includes the process of documenting consumers' initial and updated preferences for services and the LIDDA's biennial contact of consumers on the HCS Interest List. The service does not include providing information and referrals.	Optional
Eligibility Determination (a service that is an authority function that may be subcontracted)	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.	Required This meets the requirements of §534.053(a)(3).
* Service Coordination (a service that is an authority function that may NOT be subcontracted)	Assistance in accessing medical, social, educational, and other appropriate services and supports that will help a consumer achieve a quality of life and community participation acceptable to the consumer as described in the plan of services and supports. Service coordination functions are: <ul style="list-style-type: none"> <li>▪ assessment — identifying the consumer's needs and the services and supports that address those needs as they relate to the nature of the consumer's presenting problem and disability;</li> <li>▪ 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 consumer's needs and desires;</li> <li>▪ monitoring — ensuring the consumer receives needed services, evaluating the effectiveness and adequacy of services, and determining if identified outcomes are meeting the consumer's needs and desires; and</li> <li>▪ crisis prevention and management — linking and assisting the consumer to secure services and supports that will prevent or manage a crisis.</li> </ul> The plan of services and supports is based on a person-directed process that is consistent with the DADS <i>Person Directed Planning Guidelines</i> and describes: <ul style="list-style-type: none"> <li>▪ the consumer's desired outcomes; and</li> <li>▪ the services and supports, including service coordination services, to be provided to the consumer, with specifics concerning frequency and duration.</li> </ul>	Required This meets the requirements of §534.053(a)(4),(5).

SERVICE CATEGORY	DESCRIPTION -- Additional requirements are contained in the Service Definition Manual, available at <a href="http://www.dads.state.tx.us">www.dads.state.tx.us</a>	Required by Law / Optional
	This service category includes the following:	
	<b>A. Basic Service Coordination:</b> Service Coordination performed in accordance with 40 TAC Chapter 2, Subchapter L.	
	<b>B. Continuity of Services:</b> Activities performed in accordance with: <ul style="list-style-type: none"> <li>▪ 40 TAC Chapter 2, Subchapter F, for a consumer residing in an SSLC whose movement to the community is being planned or for a consumer who formerly resided in a state facility and is on community-placement status, or</li> <li>▪ Article II. B. 4. of this Contract for a consumer enrolled in the ICF/IID program to maintain the consumer's placement or to develop another placement for the consumer.</li> </ul>	
	<b>C. Service Authorization and Monitoring:</b> Services provided to a consumer who is assessed as having a single need (provision of this service counts toward Total Served if the consumer is receiving no other general revenue-funded IDD service).	
	<b>D. Service Coordination – HCS or TxHmL Program</b> Service Coordination for consumers 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.	
* IDD Community Services (provider services that may be subcontracted)	Services provided to assist a consumer to participate in age-appropriate community activities and services. The type, frequency, and duration of services are specified in the consumer's plan of services and supports.  This service category includes:	
	<b>A. Community Support:</b> Individualized activities that are consistent with the consumer's plan of services and supports and provided in the consumer's home and at community locations (e.g., libraries and stores). Supports include: <ul style="list-style-type: none"> <li>▪ habilitation and support activities that foster improvement of, or facilitate, a consumer's ability to perform functional living skills and other daily living activities;</li> <li>▪ activities for the consumer's family that help preserve the family unit and prevent or limit out-of-home placement of the consumer;</li> <li>▪ transportation for a consumer between home and the consumer's community employment site or day habilitation site; and</li> <li>▪ transportation to facilitate the consumer's employment opportunities and participation in community activities.</li> </ul>	Optional

SERVICE CATEGORY	DESCRIPTION -- Additional requirements are contained in the Service Definition Manual, available at <a href="http://www.dads.state.tx.us">www.dads.state.tx.us</a>	Required by Law / Optional
	<p><b>B. Respite:</b> Planned or emergency short-term relief services provided to the consumer's unpaid caregiver when the caregiver is temporarily unavailable to provide supports due to non-routine circumstances. This service provides a consumer 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 consumer'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.</p>	<p>Required</p> <p>This meets the requirements of §534.053(a)(4).</p>
	<p><b>C. Employment Assistance:</b> Assistance to a consumer in locating paid, individualized, competitive employment in the community, including:</p> <ul style="list-style-type: none"> <li>▪ helping the consumer identify employment preferences, job skills, work requirements and conditions; and</li> <li>▪ identifying prospective employers offering employment compatible with the consumer's identified preferences, skills, and work requirements and conditions.</li> </ul>	<p>Optional</p>
	<p><b>D. Supported Employment:</b> Supported employment is provided to a consumer who has paid, individualized, competitive employment in the community (i.e., a setting that includes non-disabled workers) to help the consumer sustain that employment. It includes individualized support services consistent with the consumer's plan of services and supports as well as supervision and training.</p>	<p>Optional</p>
	<p><b>E. Behavioral Support:</b> Specialized interventions by professionals with required credentials to assist a consumer to increase adaptive behaviors and to replace or modify maladaptive behavior that prevent or interfere with the consumer's inclusion in home and family life or community life. Support includes:</p> <ul style="list-style-type: none"> <li>▪ assessing and analyzing assessment findings so that an appropriate behavior support plan may be designed;</li> <li>▪ developing an individualized behavior support plan consistent with the outcomes identified in the consumer's plan of services and supports;</li> <li>▪ training and consulting with family members or other providers and, as appropriate, the consumer;</li> <li>▪ and monitoring and evaluating the success of the behavioral support plan and modifying the plan as necessary.</li> </ul>	<p>Optional</p>
	<p><b>F. Nursing:</b> 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.</p>	<p>Optional</p>

SERVICE CATEGORY	DESCRIPTION -- Additional requirements are contained in the Service Definition Manual, available at <a href="http://www.dads.state.tx.us">www.dads.state.tx.us</a>	Required by Law / Optional
	<p><b>G. Specialized Therapies:</b> Specialized therapies are:</p> <ul style="list-style-type: none"> <li>▪ assessment and treatment by licensed or certified professionals for:               <ul style="list-style-type: none"> <li>• social work services;</li> <li>• counseling services;</li> <li>• occupational therapy;</li> <li>• physical therapy;</li> <li>• speech and language therapy;</li> <li>• audiology services;</li> <li>• dietary services; and</li> <li>• 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</li> </ul> </li> <li>▪ training and consulting with family members or other providers.</li> </ul>	Optional
	<p><b>H. Vocational Training:</b> Day Training Services provided to a consumer in an industrial enclave, a work crew, a sheltered workshop, or an affirmative industry, to enable the consumer to obtain employment. Contract funds are not used for the cost of production.</p>	Optional
	<p><b>I. Day Habilitation:</b> 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 consumer's plan of services and supports 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 consumer's residence for up to six (6) hours a day, five (5) days per week on a regularly scheduled basis. The service includes personal assistance for consumers 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.</p>	Optional
Crisis Intervention Specialist	<p><b>J. Lead Crisis Intervention Specialist:</b> a full-time employee or contract employee who oversees all activities required by Attachment Z and who is not assigned responsibilities, duties, or tasks other than those described in section III.E. of Attachment Z.</p>	Required by contract
	<p><b>K. Additional Staff:</b> staff who support the Lead Crisis Intervention Specialist in accordance with Attachment Z and who is prohibited from providing service coordination.</p>	Required by contract if funded

SERVICE CATEGORY	DESCRIPTION -- Additional requirements are contained in the Service Definition Manual, available at <a href="http://www.dads.state.tx.us">www.dads.state.tx.us</a>	Required by Law / Optional
Crisis Respite	<p><b>L. Crisis Respite – Out-of-Home:</b> Therapeutic support provided in a safe environment with staff on-site providing 24-hour supervision to an individual who is demonstrating a crisis that cannot be stabilized in a less intensive setting. Out of home respite is provided in a setting for which the state provides oversight (for example, an ICF, a HCS group home, a DSHS-authorized crisis respite facility or crisis residential facility).</p>	Required by contract
	<p><b>M. Crisis Respite – In-Home:</b> Therapeutic support provided to an individual, who is demonstrating a crisis, in the individual's home when it is deemed clinically appropriate for the individual to remain in his/her natural environment and it is anticipated the crisis can be stabilized within a 72-hour period.</p>	Required by contract
<p>Residential Services (provider services that may be subcontracted)</p>	<p>Twenty-four hour services provided to a consumer who does not live independently or with his or her natural family. These services are provided by employees or contractors of the LIDDA who regularly stay overnight in the consumer's home.</p> <p>This service category includes:</p> <p>A. Family Living: Residential Services provided to no more than three consumers living in a single residence that is not a Contracted Specialized Residence.</p> <p>B. Residential Living: Residential Services provided to more than three consumers living in a single residence that is not a Contracted Specialized Residence.</p> <p>C. Contracted Specialized Residences: Residential Services provided to a consumer in a general hospital, a substance abuse program, an autism program, or an AIDS hospice.</p>	Optional

Service Category	CARE Code	Grid Code	Name of Service	Report III-IDD Crosswalk
Screening	NA	311	Screening	A.1.1
Eligibility Determination	R005	321	Eligibility Determination (DID / endorsement)	A.1.1
NA	NA	323	ICAP without DID	A.1.1
Service Coordination	R014 RONF RONR	351	Basic Service Coordination (SC)	A.1.1
	R019	341	SC – Continuity of Services	A.1.1
	R017	355	SC - Service Authorization and Monitoring	A.1.1
	R014 R01A	351	SC - HCS or TxHmL Program RO14 is used to represent the service delivery and RO1A is used to identify the service coordinator. Both codes are necessary.	A.1.1
	RONF	347	SC – Pre-Move Site Review	A.1.1
	RONF	348	SC – Post-Move Monitoring Review	A.1.1
	RONF RONR	366	SC – Community Living Options (CLO)	A.1.1
	RONF	370	SC – Any NF SPT exclusive of the Development or Quarterly SPT	A.1.1
	RONF	371	SC – Initial/Renewal	A.1.1
	RONF	372	SC – Quarterly Service Planning Meeting	A.1.1
IDD Community Services	RONF	373	SC – Transition Planning for person interested in community placement from NF	A.1.1
	R021	3101	Community Support	A.4.2
	R022	3122 hourly, 3132 daily	Out-of-Home Respite	A.4.2
	R023	3123 hourly, 3133 daily	In-Home Respite	A.4.2
	R041	3401	Employment Assistance	A.4.2
	R042	3402	Supported Employment	A.4.2
	R043	3403	Vocational Training	A.4.2
	R053	3104	Day Habilitation	A.4.2
	R055	3206	Behavioral Support	A.4.2
R054	3209	Nursing	A.4.2	

## **ATTACHMENT G**

### **PASRR Requirements and Enhanced Community Coordination**

#### **I. Requirements for a LIDDA relating to Individuals Residing in a Nursing Facility**

##### **A. Definition of terms used in Section I of this Attachment G:**

1. "Individual" means an individual 21 years of age or older with an intellectual disability, related condition, or both, who is a Medicaid recipient.
2. "Individual in a nursing facility" means an individual who is admitted to and residing in a nursing facility and has been referred for a stay greater than 30 consecutive days.

##### **B. Pre Admission Screening and Resident Review (PASRR)**

The LIDDA must:

1. Comply with all PASRR requirements set forth in the LIDDA's Medicaid Provider Agreement for the Provision of Intellectual Disability Service Coordination and PASRR and 40 Texas Administrative Code (TAC), Chapter 17.
2. Within five working days after the initial interdisciplinary team (IDT) meeting, document the following information in the Long Term Services (LTS) online portal:
  - a. Confirm if representatives of the LIDDA attended the IDT meeting, either in person or by telephone; and
  - b. Either agree or disagree that the specialized services listed in the LTS online portal for an individual were those that were agreed upon during the individual's IDT meeting.

##### **C. Nursing Facility Diversion**

1. The LIDDA must designate a staff member as the Diversion Coordinator who:
  - a. is at least credentialed as a qualified intellectual disabilities professional (QIDP); and
  - b. has experience in coordinating or providing services to individuals with IDD, including those with complex medical needs, in the community.
2. The LIDDA must ensure that the Diversion Coordinator performs the following duties:
  - a. Identify available community living options, services, and supports to assist individuals to successfully live in the community;
  - b. Provide information and assistance to service coordinators and other LIDDA staff who are facilitating diversion for individuals at risk of

- admission to a nursing facility and for individuals transitioning to the community from a nursing facility;
- c. Coordinate educational activities for service coordinators and other LIDDA staff about available community services and about strategies to avoid nursing facility placement;
  - d. Within 45-75 calendar days after an individual is admitted into a nursing facility, review the individual's admission to ensure that community living options, services and supports that could provide an alternative to nursing facility placement have been explored and if not, refer the individual to his or her service coordinator for that purpose;
  - e. On a quarterly basis, as indicated in the PASRR Reporting Manual, report to DADS the number of individuals admitted to nursing facilities, diverted from nursing facilities, and residing in a nursing facility for more than 90 days; and
  - f. On a quarterly basis, as indicated in the PASRR Reporting Manual, provide DADS with information about barriers individuals have experienced in moving from a nursing facility to the community.
3. When conducting a PASRR Evaluation (PE), the LIDDA must inform the individual referred for admission to a nursing facility, their family, and the legally authorized representative (LAR) of the community options, services, and supports for which the individual may be eligible. The LIDDA, under the direction of the Diversion Coordinator, must identify, arrange, and coordinate access to these services in order to avoid admission to a nursing facility, wherever possible and consistent with an individual's informed choice.
  4. The LIDDA's initiation of enrollment in HCS as a diversion from admission to a nursing facility must occur before the individual's admission to a nursing facility when, consistent with the PE, community living options, services, and/or supports provide an appropriate alternate placement to avoid admission to a nursing facility, consistent with the individual's choice.
  5. The LIDDA must ensure no individual in a nursing facility will be served in another nursing facility or in a residential setting that serves more than four individuals, and that no individual who has transitioned from a nursing facility will be served in a residential setting that serves more than six individuals, unless the Diversion Coordinator:
    - a. In consultation with the individual's service planning team (SPT), attempted and was unable to address barriers to placement in a more integrated setting; and
    - b. Verified that the individual, family, and/or LAR made an informed decision regarding alternate living options.

#### **D. Service Coordination**

1. The LIDDA must assign a service coordinator to an individual in a nursing facility within 30 calendar days after completion of the individual's PE.
  - a. If the individual refuses service coordination, the service coordinator must use Form 1044 (Refusal of Service Coordination for Individuals Residing in Nursing Facilities) to document the refusal, obtain necessary signatures and maintain documentation copy of the completed form in the individual's record.
  - b. For an individual who refuses service coordination, the LIDDA must ensure the individual receives information about the range of community living options (CLO) using DADS developed materials during the individual's initial meeting with a service coordinator and at least annually thereafter, documenting the discussion on DADS Form 1039 (Community Living Options);
2. The LIDDA must ensure the assigned service coordinator for an individual in a nursing facility:
  - a. Meets face-to-face with the individual on a monthly basis, or more frequently, if needed;
  - b. Within 30 calendar days after the completion of the PE, facilitates the development of the individual's ISP on Form 1041 (Individual Service Plan/Transition Plan – NF) with the individual's service planning team (SPT), including documenting SPT discussions;
  - c. Facilitates revisions to the individual's ISP on Form 1041 (Individual Service Plan/Transition Plan – NF), as needed, including documenting SPT discussions;
  - d. Facilitates coordination between an individual's ISP and the nursing facility's plan of care;
  - e. Facilitates the coordination of the individual's specialized services; and
  - f. Monitors the delivery of all services and supports provided to the individual.
3. The LIDDA must ensure the assigned service coordinator for an individual in a nursing facility convenes the individual's SPT at least quarterly, or more frequently if requested by the individual or LAR, or if there is a change in service needs. Quarterly SPT meetings must take place every three months in accordance with the instructions for Form 1041 (Individual Service Plan/Transition Plan – NF).
4. The assigned service coordinator must complete the *PASRR Specialized Services Form* for every SPT meeting (initial, quarterly, and any updates). The LIDDA must submit the information on the completed form via the Long-Term Care Portal.

5. The LIDDA must ensure the assigned service coordinator for an individual in a nursing facility:
  - a. Provides information and discusses with the individual and LAR about the range of community living options (CLO) using DADS developed materials during the individual's initial meeting with the service coordinator and at least annually thereafter, documenting the discussion on DADS Form 1039 (Community Living Options);
  - b. Facilitates visits to community programs, when appropriate, and addresses concerns about community living with the SPT; and
  - c. Offers the individual and LAR opportunities for educational and informational activities described in Section I.F.2. of this attachment.
  
6. The LIDDA must ensure the assigned service coordinator completes Section 9 (Transition Plan to the Community) Phase I of the individual service plan (DADS Form 1041) for an individual in a nursing facility:
  - a. whose MDS 3.0 indicates the individual is interested in speaking with someone about transitioning to the community;
  - b. whose PASRR evaluation reflects that the individual's needs can be met in an appropriate community setting; or
  - c. who expresses an interest in transitioning to the community.

#### **E. Service Planning Team**

1. For an individual in a nursing facility for whom the LIDDA provides service coordination, the LIDDA must ensure the individual's SPT includes the following persons:
  - a. the individual being served;
  - b. his or her LAR, if any;
  - c. the service coordinator;
  - d. a nursing facility staff familiar with the individual's needs;
  - e. persons providing specialized services for the individual;
  - f. DADS contracted relocation specialist, if the individual desires to move to the community;
  - g. a representative from the community Medicaid program provider, if one has been selected; and
  - h. other participants such as:
    - i. a concerned person whose inclusion is requested by the individual or the LAR; and
    - ii. at the discretion of the LIDDA, other persons who are directly involved in the delivery of services to individuals with IDD.
  
2. The SPT must ensure an individual in a nursing facility, regardless of whether he or she has an LAR, participates in the SPT to the fullest extent possible and will receive the support necessary to do so, including, but not limited to, communication supports.

3. The LIDDA must ensure the SPT:
  - a. develops an ISP using Form 1041 (Individual Service Plan/Transition Plan – NF) that:
    - i. Is individualized and developed through a person-centered process;
    - ii. Identifies the individual's:
      - (I) strengths;
      - (II) preferences;
      - (III) psychiatric, behavioral, nutritional management, and support needs; and
      - (IV) desired outcomes;
    - iii. Identifies the specific specialized services to be provided to the individual, including the amount, intensity, and frequency of each specialized service; and
    - iv. Identifies the services and supports that are needed to meet the individual's needs, achieve the desired outcomes, and maximize the person's ability to live successfully in the most integrated setting possible;
  - b. is responsible for planning, ensuring the implementation of, and monitoring all specialized services identified in the ISP, and transition planning in coordination with the nursing facility's care planning team;
  - c. ensures the individual's ISP, including specialized services, is integrated into the nursing facility's plan of care and that specialized services are planned, provided, and monitored in a consistent manner, and integrated with the services provided by the nursing facility; and
  - d. assesses the adequacy of the services and supports that the individual is receiving; and
  - e. monitors the individual's ISP to make timely additional referrals, service changes, and amendments to the plan as needed.

#### **F. Administrative Requirements**

1. Upon notice from and in a format approved by DADS, the LIDDA must provide data and other information related to the services and requirements described in this Attachment G.
2. At least semi-annually, the LIDDA must provide or arrange for the provision of educational or informational activities addressing community living options for individuals in nursing facilities in the LIDDAs local service area and their families. These activities may include family-to-family and peer-to-peer programs, providing information about the benefits of community living options, facilitating visits in such settings, and offering opportunities to meet

- with other individuals who are living, working, and receiving services in integrated settings, with their families, and with community providers.
- a. These educational or informational activities must be provided by persons who are knowledgeable about community services and supports.
  - b. These activities must not be provided by nursing facility staff or others with a contractual relationship with nursing facilities.
  - c. The LIDDA must maintain documentation related to an offer of and attendance at educational or informational activities in the record for each individual in a nursing facility.
  - d. The LIDDA must maintain evidence of the content of and attendance at each semi-annual educational or informational activity.
3. The LIDDA must maintain a list of all individuals in a nursing facility who express an interest in transitioning to the community to any employee, contractor, or provider of specialized services. For each individual on the list, the LIDDA must notify the service coordinator to discuss community living options.
  4. For an individual in a nursing facility, the LIDDA must request reimbursement for the delivery of specialized services provided by the LIDDA in accordance with DADS instructions on DADS Form 1048 (Summary Sheet for Services to Individuals with IDD in a Nursing Facility).
  5. For an individual in a nursing facility receiving service coordination who is not transitioning to the community, the LIDDA must fund service coordination using the Nursing Facility PASRR Service Coordination allocation set forth in Attachment C (Allocation Schedule).
  6. For an individual in a nursing facility receiving service coordination who is transitioning to the community, the LIDDA must fund service coordination through Targeted Case Management.

## **II. Enhanced Community Coordination.**

### **A. Qualifications and Duties of Enhanced Community Coordinator**

For all individuals diverting or transitioning from a nursing facility (NF) or state supported living center (SSLC) as required in Sections III and IV of this Attachment G, the LIDDA shall ensure:

1. the individual is assigned an enhanced community coordinator who:
  - a. meets the qualifications of a service coordinator in accordance with 40 TAC, §2.559 (Minimum Qualifications); and
  - b. has extensive experience in providing service coordination to individuals with IDD, including those who have complex medical needs; and

2. the assigned enhanced community coordinator:
  - a. complies with the rules governing service coordination for an individual with an intellectual disability (40 TAC, Chapter 2, Local Authority Responsibilities, Subchapter L, Service Coordination for Individuals with an Intellectual Disability);
  - b. provides intensive and flexible support to achieve success in a community setting, including arranging for support needed to prevent and manage a crisis, such as a Transition Support Team or crisis respite;
  - c. provides pre- and post-transition services;
  - d. monitors the individual as required by Sections III and IV of this Attachment G for one year after transition or diversion; and
  - e. maintains a case load of no more than 30 individuals regardless of whether the community coordinator provides service coordination to other individuals who are not covered under the provisions of this Attachment G.

#### **B. Use of Designated Funds for Enhanced Community Coordination.**

The LIDDA shall utilize designated funds, as submitted and approved by DADS, to enhance an individual's natural supports and promote successful community living, such as:

1. One-time emergency assistance:
  - a. Crisis respite services;
  - b. Rental or utility assistance;
  - c. Food or nutritional supplements;
  - d. Clothing; and
  - e. Medication;
2. Items to address an individual's special needs, including minor home modifications not funded by other sources;
3. Transportation to and from trial visits with community providers; and
4. Educational tuition assistance, such as vocational programs through community colleges so an individual can develop job skills.

#### **C. Reporting**

The LIDDA shall submit quarterly reporting to the Performance Contracts mailbox by the 15<sup>th</sup> of the month that follows the previous fiscal quarter using a format prescribed by DADS. A quarterly report must contain:

1. A narrative of the results of the provision of enhanced community coordination, including positive and negative outcomes and barriers encountered during the provision of enhanced community coordination;

2. A list of the names of individuals receiving enhanced community coordination at any time during the quarter being reported and the date they began receiving enhanced community coordination; and
3. An expenditure report including but not limited to salaries, employee benefits, training, travel and other operating expenses.

#### **D. Payments**

1. Contingent on the Centers for Medicare and Medicaid approving Money Follows the Person funding, DADS will pay LIDDA an amount not to exceed the allocation provided to the LIDDA to provide enhanced community coordination as stated in this Attachment G. Funds will be paid in compliance with the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (UGG), which may be found online at: <http://www.ecfr.gov/cgi-bin/text-idx?node=2:1.1.2.2.1&rgn=div5>.
2. Under these requirements, the LIDDA may request payment be provided in advance or may submit requests for reimbursement of costs.
  - a. Under 2 CFR §200.305, Reimbursement is the preferred method when the requirements in paragraph (b) cannot be met, when the federal awarding agency sets a specific condition per §200.207 (Specific conditions), or when a non-federal entity requests payment by reimbursement. Requests for advance payment are subject to the financial management standards test and requirements established by UGG. An advance payment request must:
    - i. be limited to cash needed to meet the immediate needs of the grant project;
    - ii. minimize time between advances and payments for grants activities; and
    - iii. be deposited in a separate interest bearing account and interest earned on grant funds must be returned to the federal government.
  - b. If the LIDDA requests reimbursement for costs, the LIDDA must submit an invoice, no later than the 15<sup>th</sup> day of the month that follows the month of service delivery, on a template provided by DADS and include supporting documentation as described by DADS.

### **III. Enhanced Community Coordination for Individuals Diverting or Transitioning from an NF.**

#### **A. HCS as a diversion from NF admission**

For an individual enrolling in HCS as a diversion from NF admission, the LIDDA shall ensure the assigned enhanced community coordinator:

1. before the individual enrolls in HCS:
  - a. develops, and revises as necessary, using DADS Form 1050 (Diversion Plan) with an individual's service planning team (SPT), as defined in rules governing the HCS program in 40 TAC, §9.153 (Definitions);
  - b. using all available assessments, develops, and revises as necessary, with the individual's SPT an HCS Person-Directed Plan (PDP) Form 8665 (Person-Directed Plan), that identifies the individual's strengths and preferences, and medical, nursing, nutritional management, clinical, and support needs; and
  - c. conducts a pre-move site review using DADS Form 1042 (Pre-Move Site Review), to determine whether supports are in place and any areas of concern are being addressed.
  
2. for one year after an individual has diverted to the HCS waiver program:
  - a. conducts service planning team meetings at least quarterly, or more frequently if there is a change in an individual's needs or if requested by the individual or LAR;
  - b. revises the HCS PDP, as necessary, and coordinates the individual's services and supports;
  - c. conducts at least monthly face-to-face visits with an individual, or more frequently if determined by the SPT based on risk factors, and monitors the delivery of all services and supports;
  - d. conducts onsite visits of community service delivery sites to determine whether supports continue to be in place and any areas of concern are being addressed using DADS Form 1043 (Post-Move Monitoring);
  - e. inquires about any recent hospitalizations, emergency department contacts, increased physician visits, or other crises, including medical crises, and if the individual experiences such, convenes the SPT to identify all necessary revisions to the individual's HCS PDP to address additional need for services;
  - f. ensures an individual receives timely assessments of behavioral, medical, nursing, specialized therapies and nutritional management needs, as necessary and as indicated on the HCS PDP;
  - g. records health care status sufficient to readily identify when changes in the individual's status occurs;
  - h. conducts service planning, ensures implementation of services, and monitors all services identified on the HCS PDP, including:

- i. reviewing the HCS program provider's implementation plans and provider records, as well as visiting service delivery sites, as needed to determine the individual's needs are being met; and
- ii. monitoring critical incidents involving the individual and convening the service planning team to provide needed prevention or intervention services for an individual; and
- i. monitors an individual while on suspension from the HCS waiver program at least monthly and provide reports to DADS upon request.

## **B. Transition to HCS from NF**

1. For an individual 21 years of age or older who is transitioning to HCS from an NF, the LIDDA shall, before the individual transitions from the NF, ensure the assigned enhanced community coordinator:
  - a. develops, implements, monitors, and revises as necessary, Section 9 (Transition Plan to the Community) Phases II and III of the individual service plan, DADS Form 1041 (Individual Service Plan/Transition Plan - NF) with an individual's SPT, as defined in rules governing the HCS program in 40 TAC, §9.153 (Definitions);
  - b. provides increased coordination and interaction with an NF's care planning team and the assigned relocation specialist;
  - c. facilitates trial visits to providers in the community for the individual, including overnight visits where feasible, as requested by the individual or LAR;
  - d. using all available assessments, develops, and revises as necessary, with the individual's SPT an HCS Person-Directed Plan (PDP) Form 8665 (Person-Directed Plan), that identifies the individual's strengths and preferences, and medical, nursing, nutritional management, clinical, and support needs; and
  - e. conducts a pre-move site review using DADS Form 1042 (Pre-Move Site Review), to determine whether supports are in place and any areas of concern are being addressed and ensure all essential supports identified on the transition plan are in place before the individual transitions.
2. For an individual of any age who transitioned to HCS from an NF, the LIDDA shall, for at least one year after the individual has transitioned, ensure the assigned enhanced community coordinator:
  - a. for an individual under the age of 21 years, communicate with an appropriate staff of the entity that was responsible for transitioning the individual from the nursing facility (for FYs 2016 and 2017, the entity is EveryChild, Inc.) to gather all necessary information and documents to ensure a successful transition for the individual;
  - b. conducts service planning team meetings at least quarterly, or more frequently if there is a change in an individual's needs or if requested by the individual or LAR;

- c. revises the service plan, as necessary, on the HCS PDP and coordinates the individual's services and supports;
- d. conducts at least monthly face-to-face visits with an individual, or more frequently if determined by the SPT based on risk factors, and monitors the delivery of all services and supports;
- e. conducts onsite visits of community service delivery sites to determine whether supports continue to be in place and any areas of concern are being addressed using DADS Form 1043 (Post-Move Monitoring);
- f. Inquires about any recent hospitalizations, emergency department contacts, increased physician visits, or other crises, including medical crises, and if the individual experiences such, convenes the SPT to identify all necessary revisions to the individual's HCS PDP to address additional need for services;
- g. ensures an individual receives timely assessments of behavioral, medical, nursing, specialized therapies and nutritional management needs, as necessary and as indicated on the HCS PDP;
- h. records health care status sufficient to readily identify when changes in the individual's status occurs;
- i. conducts service planning, ensures implementation of services, and monitors all services identified on the HCS PDP, including:
  - i. reviewing the HCS program provider's implementation plans and provider records, as well as visiting service delivery sites, as needed to determine the individual's needs are being met; and
  - ii. monitoring critical incidents involving the individual and convening the service planning team to provide needed prevention or intervention services for an individual; and
- j. monitors an individual while on suspension from the HCS waiver program at least monthly and provide reports to DADS upon request.

### **C. Transition to a Community Medicaid Program from NF**

For an individual 21 years of age or older who is transitioning from an NF to a community Medicaid program (i.e., a community ICF/IID or a Medicaid waiver program other than HCS), the LIDDA shall ensure the assigned enhanced community coordinator:

- 1. before the individual transitions from the NF:
  - a. develops, implements, monitors, and revises as necessary, Section 9 (Transition Plan to the Community) Phases II and III of the individual service plan, DADS Form 1041 (Individual Service Plan/Transition Plan - NF) with an individual's SPT;
  - b. provides increased coordination and interaction with an NF's care planning team and, if the individual is transitioning to a Medicaid waiver program other than HCS, the assigned relocation specialist;
  - c. facilitates trial visits to providers in the community that offer residential services (for example, an ICF/IID, a Star+Plus waiver assisted living

- facility) for the individual, including overnight visits where feasible, as requested by the individual or LAR;
  - d. provides all available assessments to the selected community Medicaid program provider; and
  - e. conducts a pre-move site review using DADS Form 1042 (Pre-Move Site Review), to determine whether supports are in place and any areas of concern are being addressed and ensure all essential supports identified on the transition plan are in place before the individual transitions.
2. for at least one year after the individual has transitioned to a community Medicaid program:
- a. conducts post-move monitoring using DADS Form 1043 (Post-Move Monitoring) to determine whether supports are in place and any areas of concern are being addressed; and
  - b. conducts face-to-face service coordination contacts monthly during the first six months following the individual's move from the NF, and quarterly during the second six months following the individual's move.

#### **IV. Enhanced Community Coordination for Individuals Diverting or Transitioning from a State Supported Living Center**

##### **A. HCS as a Diversion from SSLC Admission**

For an individual enrolling in HCS as a diversion from SSLC admission, the LIDDA shall ensure the assigned enhanced community coordinator:

1. before the individual enrolls in HCS:
  - a. develops, and revises as necessary, using DADS Form 1050 (Diversion Plan) with an individual's service planning team (SPT);
  - b. using all available assessments develop the HCS PDP; and
  - c. conducts a pre-move site review using DADS Form 1042 (Pre-Move Site Review), to determine whether supports are in place and any areas of concern are being addressed.
2. for one year after an individual has diverted to the HCS waiver program:
  - a. conducts service planning team meetings at least quarterly, or more frequently if there is a change in the individual's needs or if requested by the individual or LAR;
  - b. conducts at least monthly face-to-face visits with the individual and monitors the delivery of all services and supports by:
    - i. conducts post-move monitoring using DADS Form 1043 (Post-Move Site Review) to determine whether supports are in place and any areas of concern are being addressed;

- ii. ensuring the individual receives timely assessments of behavioral, medical, nursing, specialized therapies and nutritional management needs, as necessary and as indicated on the HCS PDP;
- iii. reviewing the HCS program provider's implementation plans and provider records, as well as visiting service delivery sites, as needed to determine the individual's needs are being met;
- iv. monitoring critical incidents involving the individual and convening the service planning team to provide needed prevention or intervention services for an individual; and
- v. monitoring an individual while on suspension from the HCS waiver program at least monthly and provide reports to DADS upon request.

## **B. Transition to HCS from SSLC**

For an individual transitioning to HCS from an SSLC, the LIDDA shall ensure the assigned enhanced community coordinator:

1. before the individual transitions from the SSLC:
  - a. participates in developing the CLDP with SSLC staff as required by 40 TAC, §2.278 (Community Living/Discharge Plan by Alternate Living Arrangements);
  - b. using all available assessments develop the HCS PDP; and
  - c. participates in the pre-move site review conducted by SSLC staff to determine whether supports are in place and any areas of concern are being addressed;
2. for one year after the individual has transitioned to HCS:
  - a. conducts at least monthly face-to-face visits with an individual for one-year;
  - b. complies with the monitoring activities and agreement portions set forth in the CLDP;
  - c. conducts periodic monitoring (i.e., every 90 days) and, using a DADS-prescribed format, develops written reports of monitoring that addresses specific findings for any significant monitoring activity, including:
    - i. psychiatric or medical hospitalization;
    - ii. any visits to an emergency room within the period being reported;
    - iii. death;
    - iv. arrest or incarceration;
    - v. any contacts with law enforcement within the period being reported;
    - vi. unable to locate or left program;
    - vii. HCS program provider issue – change of homes;
    - viii. HCS program provider issue – closure;
    - ix. HCS program provider issue – confirmed abuse, neglect or exploitation;
    - x. HCS program provider issue – change of program provider; and
    - xi. return to the SSLC; and

- d. submits the written reports required in 2.c. above to the SSLC admission placement coordinator (APC), DADS, and the HCS program provider.

**C. Transition from SSLC to a setting other than HCS**

For an individual transitioning from an SSLC to setting other than HCS (such as a community ICF/IID or family's home), the LIDDA shall ensure the assigned enhanced community coordinator:

- 1. before the individual transitions from the SSLC:
  - a. participates in developing the CLDP with SSLC staff as required by 40 TAC, §2.278 (Community Living/Discharge Plan by Alternate Living Arrangements); and
  - b. participates in the pre-move site review conducted by SSLC staff to determine whether supports are in place and any areas of concern are being addressed;
- 2. for one year after the individual has transitioned from an SSLC:
  - a. complies with the monitoring activities and agreement portions set forth in the CLDP; and
  - b. conducts periodic monitoring (i.e., every 90 calendar days) and, using a DADS-prescribed format, develops written reports of monitoring that addresses specific findings for any significant monitoring activity, including:
    - i. psychiatric or medical hospitalization;
    - ii. any visits to an emergency room within the period being reported;
    - iii. death;
    - iv. arrest or incarceration;
    - v. any contacts with law enforcement within the period being reported;
    - vi. unable to locate, left community program, moved out-of-state;
    - vii. move to another residence;
    - viii. community program provider issue – closure;
    - ix. community program provider issue – confirmed abuse, neglect or exploitation;
    - x. community program provider issue – change of program provider; and
    - xi. return to the SSLC; and
  - c. submits written reports required in Section C. 2.b. of this Attachment G to the SSLC admission placement coordinator (APC) and DADS.

## ATTACHMENT K Medicaid Program Enrollment Requirements

### ENROLLMENT INTO THE HCS PROGRAM AND TXHML PROGRAM

- I. THE LIDDA SHALL:
  - A. Designate staff to complete enrollments for the following waiver programs:
    1. Home and Community-based Services (HCS) Program; and
    2. Texas Home Living (TxHmL) Program.
  - B. Require all designated staff to complete the online DADS enrollment training before performing enrollment activities and at least annually thereafter for as long as the staff performs enrollment activities for the LIDDA. The training can be found at:  
<http://www.dads.state.tx.us/providers/LIDDA/training/index.html>
  - C. Ensure designated enrollment staff do not perform functions for the LIDDA's provider operations.
- II. THE LIDDA SHALL:
  - A. Complete the enrollment process for each authorized consumer into the HCS Program and TxHmL Program in accordance with DADS rules and within the timeframes below (the enrollment process is complete when the consumer status in CARE screen C61 is "active" or "denied"). The LIDDA may request an extension of the timeframes and DADS will grant an extension for good cause:
    1. for a consumer residing in a nursing facility — 90 calendar days after the LIDDA was notified of the program vacancy;
    2. for a consumer residing in a community ICF/IID or being discharged from a state mental health facility — 90 calendar days after the LIDDA was notified of the program vacancy; and
    3. for a consumer residing in his or her own or family's home — 75 calendar days after the LIDDA was notified of the program vacancy.
  - B. Access the Service Authorization System Online (SASO) to determine if the consumer is currently enrolled in a DADS program or a Medicaid waiver program. The LIDDA shall review the DADS Mutually Exclusive Services chart (<http://www.dads.state.tx.us/handbooks/appendix/12.htm>) to determine if a service the consumer is receiving is mutually exclusive to the program that the LIDDA is offering. If the consumer is enrolled in a Medicaid waiver program or a service that is mutually exclusive to the program that the LIDDA is offering, the LIDDA shall:
    1. contact the consumer's case manager or service coordinator for the service or program the consumer is currently enrolled in to coordinate an explanation to the consumer and LAR about the similarities and differences between the

- service the consumer is receiving and the program that the LIDDA is offering using the program comparison information found at: [http://www.dads.state.tx.us/providers/waiver\\_comparisons/index.html](http://www.dads.state.tx.us/providers/waiver_comparisons/index.html); and
2. following the explanation as described above, inform the consumer or LAR of the requirement to choose either the program the consumer is currently enrolled in or the program that the LIDDA is offering.
- C. Use Form 8665 (Person Directed Plan), as well as the form's instructions and the information contained in the discovery tool and discovery guide in the HCS Handbook appendices, when conducting person-directed planning for a consumer enrolling in the HCS or TxHmL Program.
- D. Enter the consumer's enrollment information into the CARE Automated Enrollment and Billing System screens L01, L23 (if applicable), L02, L03, L09, and L05.
- E. Review each consumer enrolling in HCS to determine if the consumer is eligible for inclusion in the Money Follows the Person (MFP) Demonstration Project as follows.
1. A consumer is eligible for inclusion in the MFP Demonstration Project if the consumer meets all of the following criteria:
    - a. the consumer must reside continuously in an institutional setting (i.e., ICF/IID, nursing facility, hospital, or state hospital) for at least 90 days prior to the HCS enrollment date *and be enrolled in HCS from a nursing facility, a large ICF/IID (14 beds or more), or a medium ICF/IID (9-13 beds)*;
    - b. the consumer's 90-day stay in the institutional setting as required by a. above excludes any days funded by Medicare;
    - c. the consumer must be Medicaid eligible under Title XIX of the Social Security Act; and
    - d. the consumer must transition from the nursing facility or ICF/IID into a qualifying residence, which is the consumer's own home or family home, a foster companion care home, a three-person group home, or a four-person group home.
  2. A consumer is eligible for inclusion in the MFP Demonstration Project if:
    - a. the consumer is a resident of a medium ICF/IID (9-13 beds) or large ICF/IID (14 beds or more);
    - b. the facility owner has an approved plan to participate in the MFP Demonstration Voluntary Closure Pilot; and
    - c. the consumer meets the eligibility criteria described in E.1.a.-E.1.d. above.
  3. A consumer is eligible for inclusion in the MFP Demonstration Project if the consumer is under 22 years of age and:
    - a. is a resident of a small ICF/IID (1-8 beds);

- b. meets the eligibility criteria described in E.1.a.-E.1.c. above except the ICF/IID may be a small facility; and
  - c. transitions from the small ICF/IID into the consumer's own home or family home or a foster companion care home.
4. If the consumer is eligible for the MFP Demonstration Project, the LIDDA will provide the consumer or LAR with a brief explanation of the project using the information on Form 1580 (Texas Money Follows the Person Demonstration Project Informed Consent for Participation) and invite the consumer and LAR to participate in the project by signing the form. If the consumer or LAR agrees, the LIDDA will follow the instructions on the form, including completion of the "For Official Use Only" section of the form. The LIDDA must complete the form as soon as possible and fax it to DADS immediately after completion, but no later than two weeks before the consumer is discharged from the facility. NOTE: The LIDDA is not required to comply with this provision for a resident of a state supported living center (SSLC) who is eligible for the MFP Demonstration Project. SSLC staff are responsible for the explanation and completion and faxing of Form 1580 (Texas Money Follows the Person Demonstration Project Informed Consent for Participation).
  5. If the consumer or LAR signs the form, the LIDDA must enter "Y" on the CARE screen L01 for the question MFP DEMO Y\_ N\_.
  6. On a case-by-case basis, DADS may determine a consumer eligible for the MFP Demonstration Project and direct the LIDDA to comply with II.E.4. and 5. for that consumer or LAR.
- F. If the consumer being offered a program vacancy in HCS or TxHmL is enrolled in STAR+PLUS Waiver program (SPW):
1. inform the consumer that disenrollment in SPW is required in order to enroll in HCS or TxHmL;
  2. ensure the consumer's Individual Plan of Care (IPC) begins on the first day of a month;
  3. ensure the consumer's enrollment data has been entered into CARE within seven (7) days prior to the end of the month before the consumer's scheduled enrollment date; and
  4. if the LIDDA anticipates the consumer's HCS or TxHmL enrollment will not be completed within the timeframes listed in II.A. of this attachment, request that DADS approve an extension using Form 1045 (Request for HCS/TxHmL Enrollment Extension) or an Excel spreadsheet developed by DADS, to the time allowed for the enrollment.

- G. Comply with the instructions in this section when offering an HCS or TxHmL Program vacancy:
1. For a consumer whose enrollment process is not complete within the timeframes listed in II.A. of this attachment, the LIDDA must have, within the same timeframes:
    - a. submitted to DADS a Verification of Freedom of Choice form with the consumer's or LAR's signature and date declining the HCS or TxHmL Program, as appropriate;
    - b. submitted to DADS documentation that the LIDDA sent a letter of withdrawal in accordance with DADS rules; or
    - c. submitted a request to extend to the time allowed for the enrollment using Form 1045 (Request for HCS/TxHmL Enrollment Extension) or an Excel spreadsheet developed by DADS. NOTE: A Request for extension received by DADS after the 15<sup>th</sup> day of the last month of a quarter will not be approved for that quarter.
  2. If the LIDDA that is authorized to offer an HCS or TxHmL program vacancy to a consumer (the authorized LIDDA) anticipates the consumer's HCS or TxHmL enrollment will not be completed by the required date, the LIDDA must request that DADS grant an extension (using Form 1045, Request for HCS/TxHmL Enrollment Extension, or an Excel spreadsheet developed by DADS) to the time allowed for the enrollment and provide a reason for the delay.

For HCS only: If the reason for the delay is related to determination of Medicaid eligibility, the LIDDA must proceed with enrollment activities and data entry of all the enrollment screens in CARE, as required by II.D. above, prior to submitting a request for extension.

For TxHmL only: If the reason for the delay is related to determination of Medicaid eligibility, the LIDDA must proceed with enrollment activities and data entry of all the enrollment screens in CARE, as required by II.D. above, prior to submitting a request for extension *unless the LIDDA determines the individual is likely to be denied Medicaid. In which case, the LIDDA must provide a reason for such determination.*
  3. For all HCS slots and those TxHmL slots that are not refinance slots: If the authorized LIDDA attempts to contact the consumer or LAR and learns that the consumer or LAR has relocated to another local authority's local service area, the authorized LIDDA must determine the consumer's designated LIDDA using the "Guidelines for Determining and Changing Designated LIDDA" (see Attachment O). If the authorized LIDDA is the designated LIDDA, then the authorized LIDDA will continue with all enrollment activities. If the authorized LIDDA determines that another LIDDA is the designated LIDDA, then the authorized LIDDA must forward to the designated LIDDA a copy of the authorization letter, the Provider Choice form, and a copy of any extensions already obtained. The authorized LIDDA must notify the

appropriate staff at DADS LIDDA section of the transfer. Once the designated LIDDA receives the information from the authorized LIDDA, then the designated LIDDA becomes the authorized LIDDA and is responsible for meeting required timeframes for enrollment or requesting an extension.

For refinance TxHmL slots only: If the authorized LIDDA attempts to contact the consumer or LAR and learns that the consumer or LAR has relocated to another local authority's local service area, the authorized LIDDA must contact DADS for further instructions.

4. For all HCS slots and those TxHmL slots that are *not* refinance slots: If the authorized LIDDA contacts the consumer or LAR and begins the enrollment process and the applicant or LAR selects a provider in a different local authority's local service area, then the authorized LIDDA must conduct all pre-enrollment activities, such as explanation of services, obtaining signature on Verification of Freedom of Choice, conducting diagnostic activities and ID/RC, Medicaid eligibility information, initial person-directed plan (PDP), and proposed IPC. The authorized LIDDA must:
  - a. request an extension on the enrollment if the enrollment will not be completed in the originally assigned or extended timeframe;
  - b. transfer the consumer to the local authority in which the selected provider operates;
  - c. provide the initial PDP to the provider and complete the IPC negotiations with the provider; and
  - d. send hard copies of all enrollment documents, including the provider choice form and any enrollment extensions already obtained, to the receiving LIDDA.

Once the receiving LIDDA receives the information from the authorized LIDDA, then the receiving LIDDA is responsible for meeting required timeframes for enrollment.

For HCS only: The receiving LIDDA must complete the data entry of all enrollment screens in a timely manner and request an extension if enrollment is not expected to be approved by the required timeframe.

For TxHmL only: The receiving LIDDA must complete the data entry of all enrollment screens in a timely manner and request an extension if enrollment is not expected to be approved by the required timeframe. An exception to the requirement to complete data entry of all enrollment screens prior to requesting an extension is when *the LIDDA determines the individual is likely to be denied Medicaid. In which case, the LIDDA must provide a reason for such determination on Form 1045 (Request for HCS/TxHmL Enrollment Extension).*

- H. If the consumer being offered a program vacancy is currently receiving general revenue-funded services from the LIDDA, inform the consumer and LAR that if the consumer or LAR declines the offer of waiver services identified by DADS

(i.e., HCS or TxHmL) the LIDDA will terminate the general revenue services in accordance with rules governing the HCS or TxHmL Program.

- I. Prior to enrollment, ensure the consumer and LAR are provided information about the Medicaid Estate Recovery Program as described in Attachment R (Medicaid Estate Recovery Program).
- J. Prior to enrollment, determine whether the consumer is a Medicare beneficiary. If the consumer is a Medicare beneficiary, the LIDDA must comply with the following:
  1. The LIDDA must verify that the consumer:
    - a. is enrolled in a Medicare-sponsored prescription drug plan, which can be a stand-alone drugs-only insurance plan or a Medicare Advantage Prescription Drug (MA-PD) plan; and
    - b. has been deemed eligible for extra help and if not, assist the consumer in applying for extra help using the SSA-1020 form found at [www.socialsecurity.gov](http://www.socialsecurity.gov).
  2. If the consumer is not already enrolled in a drug plan, the LIDDA shall explain to the consumer and LAR that the consumer must enroll in a drug plan in order to receive prescription medications and that upon enrollment in the waiver program he or she will be auto-enrolled in a drug plan, which may or may not be the drug plan that is most beneficial. The LIDDA shall:
    - a. encourage the consumer to enroll in a drug plan before enrollment if possible; and
    - b. offer assistance, and provide assistance if requested, to the consumer and LAR with evaluating the drug plans to identify the plan that is most beneficial to the consumer.
  3. The LIDDA shall explain to the consumer and LAR that:
    - a. the consumer will get his or her prescription medications through a drug plan. Note: as a Medicaid wrap-around service, Medicaid will pay for a limited list of drugs that Medicare will not pay for, including benzodiazepines, barbiturates, and prescribed over-the-counter drugs;
    - b. the consumer will be automatically deemed eligible for the extra help, which will assist with his or her drug costs;
    - c. the consumer is not responsible for any cost sharing for his or her prescription medications;
    - d. the consumer will pay little or no premiums and no deductible;
    - e. the consumer will be responsible for paying for any prescription medications that are not covered by his or her drug plan or the Medicaid wrap-around service (as noted in a. above);
    - f. if the consumer is enrolling in TxHmL, the LIDDA service coordinator can assist him or her with changing drug plans and filing an exception, appeal, or grievance with the drug plan; and

- g. if the consumer is enrolling in HCS, the program provider can assist him or her with changing drug plans and filing an exception, appeal, or grievance with the drug plan.
4. Note: The information contained in 1.-3. above pertains to a consumer with Medicare *and* Medicaid (referred to as “full-dual eligible”). A consumer with only Medicaid is not affected by the Medicare Prescription Drug Program and will continue to receive his or her drugs through Medicaid.
- K. Explain to the consumer or LAR he or she must document the following on the *Verification of Freedom of Choice* form:
  1. that he or she chooses the TxHmL or HCS Program rather than the ICF/IID Program or other services (or program); or
  2. that he or she declines the TxHmL or HCS Program and chooses instead the ICF/IID Program or “Other”. If the consumer or LAR chooses “Other,” then the LIDDA must ensure the reason for declining is explicitly stated.
- L. For a consumer who has declined to participate in the HCS or TxHmL Program:
  1. submit to DADS a copy of the completed *Verification of Freedom of Choice* form; and
  2. enter the decline status code in CARE if the consumer's name is on the HCS or TxHmL Interest List;
- M. For a consumer who has chosen to participate in the HCS or TxHmL Program:
  1. submit to DADS a copy of the completed *Verification of Freedom of Choice* form;
  2. explain to the consumer or LAR that he or she may choose any contracted HCS or TxHmL Program provider, as appropriate to the program being offered, in the LSA that has not reached its service capacity as identified in CARE;
  3. be objective in assisting a consumer or LAR in selecting an HCS or TxHmL Program provider, and not influence the consumer’s or LAR’s decision;
  4. provide the consumer or LAR with a current list (i.e., dated within seven (7) days) from CARE (XPTR HC062096 for HCS and HC062097 for TxHmL) of all contracted TxHmL or HCS Program providers, as appropriate to the program being offered, in the LIDDA’s LSA. The list will also include local “applicant contact” information, if available, for use by the consumer or LAR; and

4. document the selection of the program provider on the *Documentation of Provider Choice* form and submit a copy of the form.
- N. If the HCS or TxHmL program operated by the LIDDA is selected by the consumer or the LAR to be the consumer's program provider, and the program is at, or over, its capacity as identified in CARE, the LIDDA may request its capacity be temporarily increased to accommodate a family-specific or consumer-specific circumstance and choice. See Texas Health and Safety Code, §533A.0355(2)(D)(iii). A request by a LIDDA for a temporary increase in its capacity must be submitted to DADS for review and approval. A request must contain:
1. a letter from the consumer or LAR who selected the LIDDA's HCS or TxHmL Program to be his/her program provider describing why he/she selected the LIDDA's program and why other program providers in the service area were not adequate or desirable; and
  2. a letter from the LIDDA requesting a temporary increase in its capacity to accommodate the named consumer's or LAR's choice.
- O. Not allow any of the LIDDA's staff from its provider operations to initiate contact with the consumer or LAR prior to the completion of the *Documentation of Provider Choice* form.
- P. For a consumer who is being enrolled in the TxHmL Program, ensure the LIDDA service coordinator facilitates the completion of Form 8586 (TxHmL Program Service Coordination Notification).
- Q. Maintain the following completed forms in the consumer's record:
1. *Verification of Freedom of Choice* form;
  2. *Documentation of Provider Choice* form; and
  3. *Texas Home Living Program Service Coordination Notification* (Form 8586), if applicable.

## **ENROLLMENT INTO THE ICF/IID PROGRAM**

### THE LA SHALL:

- A. Complete enrollment of a consumer into the ICF/IID Program in accordance with DADS rules;

- B. Prior to enrollment, ensure the consumer and LAR are provided information about the Medicaid Estate Recovery Program as described in Attachment R (Medicaid Estate Recovery Program); and
- C. Prior to enrollment, determine whether the consumer is a Medicare beneficiary. If the consumer is a Medicare beneficiary, the LIDDA must do the following:
1. The LIDDA must verify that the consumer:
    - a. is enrolled in a Medicare-sponsored prescription drug plan, which can be a stand alone drugs-only insurance plan or a Medicare Advantage Prescription Drug (MA-PD) plan; and
    - b. has been deemed eligible for extra help and if not, assist the consumer in applying for extra help using the SSA-1020 form found at [www.socialsecurity.gov](http://www.socialsecurity.gov).
  2. If the consumer is not already enrolled in a drug plan, the LIDDA shall explain to the consumer and LAR that the consumer must enroll in a drug plan in order to receive prescription medications and that upon enrollment in the ICF/IID Program he or she will be auto-enrolled in a drug plan, which may or may not be the drug plan that is most beneficial. The LIDDA shall:
    - a. encourage the consumer to enroll in a drug plan before enrollment if possible; and
    - b. offer assistance, and provide assistance if requested, to the consumer and LAR with evaluating the drug plans to identify the plan that is most beneficial to the consumer.
  3. The LIDDA shall explain to the consumer and LAR that:
    - a. the consumer will get his or her prescription medications through a drug plan. Note: as a Medicaid wrap-around service, Medicaid will pay for a limited list of drugs that Medicare will not pay for, including benzodiazepines, barbiturates, and prescribed over-the-counter drugs;
    - b. the consumer will be automatically deemed eligible for the extra help, which will assist with his or her drug costs;
    - c. the consumer will not have any cost-sharing responsibilities such as premiums, deductibles, co-payments, or co-insurance for drugs covered by the plan; and
    - d. the ICF/IID Program provider can assist the consumer or LAR with changing drug plans and filing an exception, appeal, or grievance with the drug plan.
  4. Note that the information contained in 1.-3. above pertains to a consumer with Medicare *and* Medicaid. A consumer with Medicaid only is not affected by the Medicare Prescription Drug Program and will continue to receive his or her drugs through Medicaid.

**ATTACHMENT N  
 IDD Submission Calendar**

For tracking of receipt purposes, electronic mail submissions must be sent to DADS at [performance.contracts@dads.state.tx.us](mailto:performance.contracts@dads.state.tx.us) and hard copy contract submissions must be sent to the Contract Manager. When a LIDDA submits an electronic or facsimile submission, the LIDDA must maintain original submission for their records. Performance Contracts Unit will forward electronic mail and hard copy submissions to the appropriate department. Encounter Data must be submitted using the secure file transfer protocol and CARE submissions must be submitted using CARE.

Submission Type:

“HC” – Hard Copy Submission to Contract Manager

“E” – Electronic Submission to DADS

“CARE” – Submission Using CARE

“SFTP” – File Transfer Protocol

“F” – Facsimile

“MBOW” – Intellectual & Developmental Disabilities and Behavioral Health Outpatient Data Warehouse

**September 2015**

<b>Type</b>	<b>Document</b>	<b>Due Date</b>
HC	Form D – Certification Regarding Lobbying with FYs 16 and 17 Performance Contract	9/01/15
E	Form S – Contact List with FYs 16 and 17 Performance Contract	9/01/15

**October 2015**

<b>Type</b>	<b>Document</b>	<b>Due Date</b>
SFTP	Monthly Encounter Data for September 2015	10/16/15 by 4 a.m.
CARE	Monthly IDD - Critical Incident Data for September 2015	10/30/15

**November 2015**

<b>Type</b>	<b>Document</b>	<b>Due Date</b>
HC/E/F	HCS/TxHmL Enrollment Extension (Form 1045) Request Cut-Off Date for 1 <sup>st</sup> Quarter	11/16/15
SFTP	Monthly Encounter Data for October 2015	11/16/15 by 4 a.m.
CARE	Monthly IDD - Critical Incident Data for October 2015	11/30/15

**December 2015**

<b>Type</b>	<b>Document</b>	<b>Due Date</b>
SFTP	Monthly Encounter Data for November 2015	12/16/15 by 4 a.m.
SFTP	FY 2016 Q1 IDD Financial Reporting	12/16/15
CARE	Monthly IDD - Critical Incident Data for November 2016	12/31/15

**January 2016**

<b>Type</b>	<b>Document</b>	<b>Due Date</b>
SFTP	Monthly Encounter Data for December 2015	1/15/16 by 4 a.m.
HC/E	FY 2016 Q1 Financial Statements and Certification Form G	1/15/16
CARE	Monthly IDD - Critical Incident Data for December 2016	1/29/16

**February 2016**

<b>Type</b>	<b>Document</b>	<b>Due Date</b>
HC	Financial and Compliance Audit for FY 2016	2/01/16
HC/E/F	HCS/TxHmL Enrollment Extension (Form 1045) Request Cut-Off Date for 2 <sup>nd</sup> Quarter	2/15/16
SFTP	Monthly Encounter Data for January 2016	2/16/16 by 4 a.m.
CARE	Monthly IDD - Critical Incident Data for January 2016	2/29/16

**March 2016**

<b>Type</b>	<b>Document</b>	<b>Due Date</b>
HC	Corrective Action Plan for FY 2016 Financial and Compliance Audit or a "Letter of No Findings"	3/01/16
SFTP	Monthly Encounter Data for February 2016	3/16/16 by 4 a.m.
SFTP	FY 2016 Q2 IDD Financial Reporting	3/17/16
CARE	Monthly IDD - Critical Incident Data for February 2016	3/31/16

**April 2016**

<b>Type</b>	<b>Document</b>	<b>Due Date</b>
SFTP	Monthly Encounter Data for March 2016	4/15/16 by 4 a.m.
HC	FY 2016 Q2 Financial Statements and Certification Form G	4/15/16
CARE	Monthly IDD - Critical Incident Data for March 2016	4/29/16

**May 2016**

<b>Type</b>	<b>Document</b>	<b>Due Date</b>
HC/E/F	HCS/TxHmL Enrollment Extension (Form 1045) Request Cut-Off Date for 3 <sup>rd</sup> Quarter	5/16/16
SFTP	Monthly Encounter Data for April 2016	5/16/16 by 4 a.m.
CARE	Monthly IDD - Critical Incident Data for April 2016	5/31/16

**June 2016**

<b>Type</b>	<b>Document</b>	<b>Due Date</b>
E	LIDDA Diversion Coordinator Job Description and Qualifications	6/10/16
E	PASRR Reporting Manual Q3 Report	6/10/16
E	Enhanced Community Coordination Invoice for May 2016 Expenditures	6/15/16
E	Enhanced Community Coordination Q3 Report	6/15/16
SFTP	Monthly Encounter Data for May 2016	6/16/16 by 4 a.m.
SFTP	FY2016 Q3 Report III	6/16/16
CARE	Monthly IDD - Critical Incident Data for May 2016	6/30/16

**July 2016**

<b>Type</b>	<b>Document</b>	<b>Due Date</b>
E	Enhanced Community Coordination Invoice for June 2016 Expenditures	7/15/16
SFTP	Monthly Encounter Data for June 2016	7/16/16 by 4 a.m.
HC	FY 2016 Q3 Financial Statements and Certification Form G	7/15/16
CARE	Monthly IDD - Critical Incident Data for June 2014	7/29/16

**August 2016**

<b>Type</b>	<b>Document</b>	<b>Due Date</b>
HC/E/F	HCS/TxHmL Enrollment Extension (Form 1045) Request Cut-Off Date for 4 <sup>th</sup> Quarter	8/15/16
E	Enhanced Community Coordination Invoice for July 2016 Expenditures	8/15/16
SFTP	Monthly Encounter Data for July 2014	8/16/16 by 4 a.m.
CARE	Monthly IDD - Critical Incident Data for July 2016	8/31/16
HC	Financial Auditor Engagement Letter for FY 2016	8/31/16

**September 2016**

<b>Type</b>	<b>Document</b>	<b>Due Date</b>
E	Annual Historically Underutilized Businesses (HUB) Sub-Contracting Report (Form F)	9/9/16
E	PASRR Service Coordination Caseload Annual Report	9/10/16
E	PASRR Reporting Manual Q4 Report	9/10/16
SFTP	FY 2016 Q4 IDD Financial Reporting	9/15/16
E	Crisis Services Q4 Report (Attachments Y and Z)	9/15/16
E	Enhanced Community Coordination Invoice for August 2016 Expenditures	9/15/16
E	Enhanced Community Coordination Q4 Report	9/15/16
SFTP	Monthly Encounter Data for August 2016	9/16/16 by 4 a.m.
CARE	Monthly IDD - Critical Incident Data for August 2016	9/28/16

**October 2016**

<b>Type</b>	<b>Document</b>	<b>Due Date</b>
E	Enhanced Community Coordination Invoice for September 2016 Expenditures	10/15/16
SFTP	Monthly Encounter Data for September 2016	10/16/16 by 4 a.m.
HC/E	FY 2016 Q4 Financial Statements and Certification Form G	10/17/16
CARE	Monthly IDD - Critical Incident Data for September 2016	10/31/16

**November 2016**

<b>Type</b>	<b>Document</b>	<b>Due Date</b>
HC/E/F	HCS/TxHmL Enrollment Extension (Form 1045) Request Cut-Off Date for 1st Quarter	11/15/16

E	Enhanced Community Coordination Invoice for October 2016 Expenditures	11/15/16
SFTP	Monthly Encounter Data for October 2016	11/16/16 by 4 a.m.
CARE	Monthly IDD - Critical Incident Data for October 2016	11/30/16

**December 2016**

<b>Type</b>	<b>Document</b>	<b>Due Date</b>
E	PASRR Reporting Manual Q1 Report	12/10/16
SFTP	FY 2016 Q1 Financial Reporting	12/15/16
E	Crisis Services Q1 Report (Attachments Y and Z)	12/15/16
E	Enhanced Community Coordination Invoice for November 2016 Expenditures	12/15/16
E	Enhanced Community Coordination Q1 Report	12/15/16
SFTP	Monthly Encounter Data for November 2016	12/16/16 by 4 a.m.
CARE	Monthly IDD - Critical Incident Data for November 2016	12/30/16
SFTP	FY 2016 Q4 IDD Financial Reporting (Final for FY 2016)	12/30/16 by 5 p.m.

**January 2017**

<b>Type</b>	<b>Document</b>	<b>Due Date</b>
E	LIDDA Diversion Coordinator Job Description and Qualifications	1/10/17
E	Enhanced Community Coordination Invoice for December 2016 Expenditures	1/15/17
SFTP	Monthly Encounter Data for December 2016	1/16/17 by 4 a.m.
HC/E	FY 2016 Q1 Financial Statements and Certification Form G	1/17/17
CARE	Monthly IDD - Critical Incident Data for December 2016	1/31/17

**February 2017**

<b>Type</b>	<b>Document</b>	<b>Due Date</b>
HC	Financial and Compliance Audit for FY 2017	2/01/17
HC/E/F	HCS/TxHmL Enrollment Extension (Form 1045) Request Cut-Off Date for 2 <sup>nd</sup> Quarter	2/15/17
E	Enhanced Community Coordination Invoice for January 2017 Expenditures	2/15/17
SFTP	Monthly Encounter Data for January 2017	2/16/17 by 4 a.m.
CARE	Monthly IDD - Critical Incident Data for January 2015	2/28/17

**March 2017**

<b>Type</b>	<b>Document</b>	<b>Due Date</b>
HC/E	Corrective Action Plan for FY 2017 Financial and Compliance Audit or a "Letter of No Findings"	3/01/17
E	PASRR Reporting Manual Q2 Report	3/10/17
E	Crisis Services Q2 Report (Attachments Y and Z)	3/15/17
E	Enhanced Community Coordination Invoice for February 2017 Expenditures	3/15/17
E	Enhanced Community Coordination Q2 Report	3/15/17
SFTP	Monthly Encounter Data for February 2017	3/16/17 by 4 a.m.
SFTP	FY 2017 Q2 IDD Financial Reporting	3/16/17
CARE	Monthly IDD -Critical Incident Data for February 2017	3/31/17

**April 2017**

<b>Type</b>	<b>Document</b>	<b>Due Date</b>
E	Enhanced Community Coordination Invoice for March 2017 Expenditures	4/15/17
SFTP	Monthly Encounter Data for March 2017	4/16/17 by 4 a.m.
HC/E	FY 2017 Q2 Financial Statements and Certification Form G	4/17/17
CARE	Monthly IDD -Critical Incident Data for March 2017	4/28/17

**May 2017**

<b>Type</b>	<b>Document</b>	<b>Due Date</b>
HC/E/F	HCS/TxHmL Enrollment Extension (Form 1045) Request Cut-Off Date for 3 <sup>rd</sup> Quarter	5/15/17
E	Enhanced Community Coordination Invoice for April 2017 Expenditures	5/15/17
SFTP	Monthly Encounter Data for April 2017	5/16/17 by 4 a.m.
CARE	Monthly IDD -Critical Incident Data for April 2017	5/31/17

**June 2017**

<b>Type</b>	<b>Document</b>	<b>Due Date</b>
E	LIDDA Diversion Coordinator Job Description and Qualifications	6/10/17
E	PASRR Reporting Manual Q3 Report	6/10/17
SFTP	FY 2017 Q3 IDD Financial Reporting	6/15/17
E	Crisis Services Q3 Report (Attachments Y and Z)	6/15/17
E	Enhanced Community Coordination Invoice for May 2017 Expenditures	6/15/17
E	Enhanced Community Coordination Quarterly Report	6/15/17
SFTP	Monthly Encounter Data for May 2017	6/16/17 by 4 a.m.
CARE	Monthly IDD - Critical Incident Data for May 2017	6/30/17

**July 2017**

<b>Type</b>	<b>Document</b>	<b>Due Date</b>
E	Enhanced Community Coordination Invoice for June 2017 Expenditures	7/15/17
SFTP	Monthly Encounter Data for June 2017	7/16/17 by 4 a.m.
HC/E	FY 2017 Q3 Financial Statements and Certification Form G	7/17/17
CARE	Monthly IDD - Critical Incident Data for June 2017	7/28/17

**August 2017**

<b>Type</b>	<b>Document</b>	<b>Due Date</b>
HC/E/F	HCS/TxHmL Enrollment Extension (Form 1045) Request Cut-Off Date for 4 <sup>th</sup> Quarter	8/15/17
E	Enhanced Community Coordination Invoice for July 2017 Expenditures	8/15/17
SFTP	Monthly Encounter Data for July 2017	8/16/17 by 4 a.m.
CARE	Monthly IDD - Critical Incident Data for July 2017	8/31/17
HC/E	Financial Auditor Engagement Letter for FY 2017	8/31/17

**September 2017**

<b>Type</b>	<b>Document</b>	<b>Due Date</b>
E	Annual HUB Sub-Contracting Report (Form F)	9/10/17
E	PASRR Service Coordination Caseload Annual Report	9/10/17
E	PASRR Reporting Manual Q4 Report	9/10/17
E	Enhanced Community Coordination Q4 Report	9/15/17
E	Crisis Services Q4 Report (Attachments Y and Z)	9/15/17
E	Enhanced Community Coordination Invoice for August 2017 Expenditures	9/15/17
SFTP	Monthly Encounter Data for August 2017	9/16/17 by 4 a.m.
SFTP	FY 2017 Q4 IDD Financial Reporting	9/21/17
CARE	Monthly IDD - Critical Incident Data for August 2017	9/28/17

**October 2017**

<b>Type</b>	<b>Document</b>	<b>Due Date</b>
HC/E	FY 2017 Q4 Financial Statements and Certification Form G	10/17/17

**November 2017**

<b>Type</b>	<b>Document</b>	<b>Due Date</b>
	No submissions	

**December 2017**

<b>Type</b>	<b>Document</b>	<b>Due Date</b>
SFTP	FY 2017 Q4 IDD Financial Reporting (Final for FY 2017)	12/29/17 by 5 p.m.

<b>Type Documents with No Specific Due Date</b>	
CANRS	Client Abuse & Neglect Form CANRS AN-1-A form within one business day of completion of form.
HC	Contract Amendment Request (Form C), when necessary
HC/E	Supporting reports, data, work papers, and information, upon request.
HC/E	Within five business days after request, Corrective Action Plan (CAP) that addresses the correction of any critical health, safety, rights, abuse, and neglect issues identified by DADS and a description of local oversight activities to monitor and maintain the correction of the identified problem.
HC/E	Within 30 days after request, Corrective Action Plan (CAP) that addresses the correction of an LA problem, other than one listed above, identified by DADS and a description of local oversight activities to monitor and maintain the correction of the identified problem.
HC/E	Within ten business days after request, affidavits of the LIDDA's governing body (Form A) and Executive Director (Form B).
HC/E	Within 30 days after the occurrence of any event that materially affects the accuracy of the information contained in any declaration, certification, or disclosure previously filed (Form D)
E	Update to Form S within five business days after changes become effective. All changes must be clearly identified.
E	In the event of a change in the designated Diversion Coordinator, the LIDDA must submit to DADS an updated Form S within five business days and the name of the designated interim/permanent Diversion Coordinator, along with their qualifications (resume).

**ATTACHMENT V**

Uniform Grant Management Standards and Uniform Administrative Requirements, Cost Principles, Audit Requirements for Federal Awards  
Allowable Costs

**Document Overview:** This attachment provides principles to be applied in establishing the allowability of certain items involved in determining cost, in addition to the requirements of Subtitle II. Basic Considerations of this subpart. These principles apply whether or not a particular item of cost is properly treated as direct cost or indirect (F&A) cost. Failure to mention a particular item of cost is not intended to imply that it is either allowable or unallowable; rather, determination as to allowability in each case should be based on the treatment provided for similar or related items of cost, and based on the principles described in §§200.402 Composition of costs through 200.411 Adjustment of previously negotiated indirect (F&A) cost rates containing unallowable costs. In case of a discrepancy between the provisions of a specific Federal award and the provisions below, the Federal award governs. Criteria outlined in §200.403 Factors affecting allowability of costs must be applied in determining allowability. See also §200.102 Exceptions.

Items of Cost	e-CFR	Status	Restrictions	Additional Information
Advertising and public relations.	§200.421	Allowable	The only allowable advertising costs are those which are solely for: (1) The recruitment of personnel required by the non-Federal entity for performance of a Federal award (See also §200.463 Recruiting costs); (2) The procurement of goods and services for the performance of a Federal award; (3) The disposal of scrap or surplus materials acquired in the performance of a Federal award except when non-Federal entities are reimbursed for disposal costs at a predetermined amount; or (4) Program outreach and other specific purposes necessary to meet the requirements of the Federal award. The only allowable public relations costs are: (1) Costs specifically required by the Federal award; (2) Costs of communicating with the public and press pertaining to specific activities or accomplishments which result from performance of the Federal award (these costs are considered necessary as part of the outreach effort for the Federal award); or (3) Costs of conducting general liaison with news media and government public relations officers, to the extent that such activities are limited to communication and liaison necessary to keep the public informed on matters of public concern, such as notices of funding opportunities, financial matters, etc.	Unallowable advertising and public relations costs include the following: (1) All advertising and public relations costs other than as specified in paragraphs (b) and (d) of this section; (2) Costs of meetings, conventions, convocations, or other events related to other activities of the entity (see also §200.432 Conferences), including: (i) Costs of displays, demonstrations, and exhibits; (ii) Costs of meeting rooms, hospitality suites, and other special facilities used in conjunction with shows and other special events; and (iii) Salaries and wages of employees engaged in setting up and displaying exhibits, making demonstrations, and providing briefings; (3) Costs of promotional items and memorabilia, including models, gifts, and souvenirs; (4) Costs of advertising and public relations designed solely to promote the non-Federal entity.
Advisory councils.	§200.422	Unallowable		Costs incurred by advisory councils or committees are unallowable unless authorized by statute, the Federal awarding agency or as an indirect cost where allocable to Federal awards. See §200.444 General costs of government, applicable to states, local governments and Indian tribes.
Alcoholic beverages.	§200.423	Unallowable		Costs of alcoholic beverages are unallowable.
Alumni/ae activities.	§200.424	Unallowable		Costs incurred by IHEs for, or in support of, alumni/ae activities are unallowable.
Audit services.	§200.425	Allowable	A reasonably proportionate share of the costs of audits required by, and performed in accordance with, the Single Audit Act Amendments of 1996 (31 U.S.C. 7501-7507), as implemented by requirements of this part, are allowable.	However, the following audit costs are unallowable: (1) Any costs when audits required by the Single Audit Act and Subpart F—Audit Requirements of this part have not been conducted or have been conducted but not in accordance therewith; and (2) Any costs of auditing a non-Federal entity that is exempted from having an audit conducted under the Single Audit Act and Subpart F—Audit Requirements of this part because its expenditures under Federal awards are less than \$750,000 during the non-Federal entity's fiscal year. See Section §200.425 for additional information.
Bad debts.	§200.426	Unallowable		Bad debts (debts which have been determined to be uncollectable), including losses (whether actual or estimated) arising from uncollectable accounts and other claims, are unallowable. Related collection costs, and related legal costs, arising from such debts after they have been determined to be uncollectable are also unallowable. See also §200.428 Collections of improper payments.
Bonding costs.	§200.427	Allowable	(a) Bonding costs arise when the Federal awarding agency requires assurance against financial loss to itself or others by reason of the act or default of the non-Federal entity. They arise also in instances where the non-Federal entity requires similar assurance, including: bonds as bid, performance, payment, advance payment, infringement, and fidelity bonds for employees and officials. (b) Costs of bonding required pursuant to the terms and conditions of the Federal award are allowable. (c) Costs of bonding required by the non-Federal entity in the general conduct of its operations are allowable as an indirect cost to the extent that such bonding is in accordance with sound business practice and the rates and premiums are reasonable under the circumstances.	
Collections of improper payments.	§200.428	Allowable	The costs incurred by a non-Federal entity to recover improper payments are allowable as either direct or indirect costs, as appropriate. Amounts collected may be used by the non-Federal entity in accordance with cash management standards set forth in §200.305 Payment.	
Commencement and convocation costs.	§200.429	Unallowable		For IHEs, costs incurred for commencements and convocations are unallowable, except as provided for in Appendix III to Part 200—Indirect (F&A) Costs Identification and Assignment, and Rate Determination for Institutions of Higher Education (IHEs), paragraph (B)(9) Student Administration and Services, as student activity costs.
Compensation—personal services.	§200.430	Allowable	General. Compensation for personal services includes all remuneration, paid currently or accrued, for services of employees rendered during the period of performance under the Federal award, including but not necessarily limited to wages and salaries. Compensation for personal services may also include fringe benefits which are addressed in §200.431 Compensation—fringe benefits. Costs of compensation are allowable to the extent that they satisfy the specific requirements of this part, and that the total compensation for individual employees: (1) Is reasonable for the services rendered and conforms to the established written policy of the non-Federal entity consistently applied to both Federal and non-Federal activities; 2) Follows an appointment made in accordance with a non-Federal entity's laws and/or rules or written policies and meets the requirements of Federal statute, where applicable; and (3) Is determined and supported as provided in paragraph (i) of this section, Standards for Documentation of Personnel Expenses, when applicable. See §200.430 for additional information.	Unallowable costs. (1) Costs which are unallowable under other sections of these principles must not be allowable under this section solely on the basis that they constitute personnel compensation.

**ATTACHMENT V**

Uniform Grant Management Standards and Uniform Administrative Requirements, Cost Principles, Audit Requirements for Federal Awards  
Allowable Costs

Items of Cost	e-CFR	Status	Restrictions	Additional Information
Compensation—fringe benefits.	§200.431	Allowable	Fringe benefits are allowances and services provided by employers to their employees as compensation in addition to regular salaries and wages. Fringe benefits include, but are not limited to, the costs of leave (vacation, family-related, sick or military), employee insurance, pensions, and unemployment benefit plans. Except as provided elsewhere in these principles, the costs of fringe benefits are allowable provided that the benefits are reasonable and are required by law, non-Federal entity-employee agreement, or an established policy of the non-Federal entity. See §200.431 for additional information.	Leave. The cost of fringe benefits in the form of regular compensation paid to employees during periods of authorized absences from the job, such as for annual leave, family-related leave, sick leave, holidays, court leave, military leave, administrative leave, and other similar benefits, are allowable if all of the following criteria are met: (1) They are provided under established written leave policies; (2) The costs are equitably allocated to all related activities, including Federal awards; and, (3) The accounting basis (cash or accrual) selected for costing each type of leave is consistently followed by the non-Federal entity or specified grouping of employees.
Conferences.	§200.432	Allowable	A conference is defined as a meeting, retreat, seminar, symposium, workshop or event whose primary purpose is the dissemination of technical information beyond the non-Federal entity and is necessary and reasonable for successful performance under the Federal award. Allowable conference costs paid by the non-Federal entity as a sponsor or host of the conference may include rental of facilities, speakers' fees, costs of meals and refreshments, local transportation, and other items incidental to such conferences unless further restricted by the terms and conditions of the Federal award. As needed, the costs of identifying, but not providing, locally available dependent-care resources are allowable. Conference hosts/sponsors must exercise discretion and judgment in ensuring that conference costs are appropriate, necessary and managed in a manner that minimizes costs to the Federal award. The Federal awarding agency may authorize exceptions where appropriate for programs including Indian tribes, children, and the elderly. See also §§200.438 Entertainment costs, 200.456 Participant support costs, 200.474 Travel costs, and 200.475 Trustees.	
Contingency provisions.	§200.433	Allowable	(a) Contingency is that part of a budget estimate of future costs (typically of large construction projects, IT systems, or other items as approved by the Federal awarding agency) which is associated with possible events or conditions arising from causes the precise outcome of which is indeterminable at the time of estimate, and that experience shows will likely result, in aggregate, in additional costs for the approved activity or project. Amounts for major project scope changes, unforeseen risks, or extraordinary events may not be included. b) It is permissible for contingency amounts other than those excluded in paragraph (a) of this section to be explicitly included in budget estimates, to the extent they are necessary to improve the precision of those estimates. Amounts must be estimated using broadly-accepted cost estimating methodologies, specified in the budget documentation of the Federal award, and accepted by the Federal awarding agency. As such, contingency amounts are to be included in the Federal award. In order for actual costs incurred to be allowable, they must comply with the cost principles and other requirements in this part (see also §§200.300 Statutory and national policy requirements through 200.309 Period of performance of Subpart D of this part and 200.403 Factors affecting allowability of costs); be necessary and reasonable for proper and efficient accomplishment of project or program objectives, and be verifiable from the non-Federal entity's records. (c) Payments made by the Federal awarding agency to the non-Federal entity's "contingency reserve" or any similar payment made for events the occurrence of which cannot be foretold with certainty as to the time or intensity, or with an assurance of their happening, are unallowable, except as noted in §§200.431 Compensation—fringe benefits regarding self-insurance, pensions, severance and post-retirement health costs and 200.447 Insurance and indemnification.	
Contributions and donations.	§200.434	Unallowable		(a) Costs of contributions and donations, including cash, property, and services, from the non-Federal entity to other entities, are unallowable.
Defense and prosecution of criminal and civil proceedings, claims, appeals and patent infringements.	§200.435	Unallowable		
Depreciation.	§200.436	Allowable	The allocation for depreciation must be made in accordance with Appendices III through IX.	
Employee health and welfare costs.	§200.437	Allowable	Costs incurred in accordance with the non-Federal entity's documented policies for the improvement of working conditions, employer-employee relations, employee health, and employee performance are allowable. (b) Such costs will be equitably apportioned to all activities of the non-Federal entity. Income generated from any of these activities will be credited to the cost thereof unless such income has been irrevocably sent to employee welfare organizations. (c) Losses resulting from operating food services are allowable only if the non-Federal entity's objective is to operate such services on a break-even basis. Losses sustained because of operating objectives other than the above are allowable only: (1) Where the non-Federal entity can demonstrate unusual circumstances; and (2) With the approval of the cognizant agency for indirect costs.	
Entertainment costs.	§200.438	Unallowable		Costs of entertainment, including amusement, diversion, and social activities and any associated costs are unallowable, except where specific costs that might otherwise be considered entertainment have a programmatic purpose and are authorized either in the approved budget for the Federal award or with prior written approval of the Federal awarding agency.
Equipment and other capital expenditures.	§200.439	Allowable	See §§200.13 Capital expenditures, 200.33 Equipment, 200.89 Special purpose equipment, 200.48 General purpose equipment, 200.2 Acquisition cost, and 200.12 Capital assets.	

**ATTACHMENT V**

Uniform Grant Management Standards and Uniform Administrative Requirements, Cost Principles, Audit Requirements for Federal Awards  
Allowable Costs

Items of Cost	e-CFR	Status	Restrictions	Additional Information
Exchange rates.	§200.440	Allowable	(a) Cost increases for fluctuations in exchange rates are allowable costs subject to the availability of funding. Prior approval of exchange rate fluctuations is required only when the change results in the need for additional Federal funding, or the increased costs result in the need to significantly reduce the scope of the project. The Federal awarding agency must however ensure that adequate funds are available to cover currency fluctuations in order to avoid a violation of the Anti-Deficiency Act. (b) The non-Federal entity is required to make reviews of local currency gains to determine the need for additional federal funding before the expiration date of the Federal award. Subsequent adjustments for currency increases may be allowable only when the non-Federal entity provides the Federal awarding agency with adequate source documentation from a commonly used source in effect at the time the expense was made, and to the extent that sufficient Federal funds are available.	
Fines, penalties, damages and other settlements.	§200.441	Unallowable		Costs resulting from non-Federal entity violations of, alleged violations of, or failure to comply with, Federal, state, tribal, local or foreign laws and regulations are unallowable, except when incurred as a result of compliance with specific provisions of the Federal award, or with prior written approval of the Federal awarding agency. See also §200.435 Defense and prosecution of criminal and civil proceedings, claims, appeals and patent infringements.
Fund raising and investment management costs.	§200.442	Unallowable		
Gains and losses on disposition of depreciable assets.	§200.443	Allowable	(a) Gains and losses on the sale, retirement, or other disposition of depreciable property must be included in the year in which they occur as credits or charges to the asset cost grouping(s) in which the property was included. The amount of the gain or loss to be included as a credit or charge to the appropriate asset cost grouping(s) is the difference between the amount realized on the property and the undepreciated basis of the property.	
General costs of government.	§200.444	Unallowable	(a) For states, local governments, and Indian Tribes, the general costs of government are unallowable (except as provided in §200.474 Travel costs).	
Goods or services for personal use.	§200.445	Unallowable	Costs of goods or services for personal use of the non-Federal entity's employees are unallowable regardless of whether the cost is reported as taxable income to the employees.	
Idle facilities and idle capacity.	§200.446	Unallowable		
Insurance and indemnification.	§200.447	Allowable	(a) Costs of insurance required or approved and maintained, pursuant to the Federal award, are allowable.	Actual losses which could have been covered by permissible insurance (through a self-insurance program or otherwise) are unallowable, unless expressly provided for in the Federal award. However, costs incurred because of losses not covered under nominal deductible insurance coverage provided in keeping with sound management practice, and minor losses not covered by insurance, such as spoilage, breakage, and disappearance of small hand tools, which occur in the ordinary course of operations, are allowable. 4) Costs of insurance on the lives of trustees, officers, or other employees holding positions of similar responsibilities are allowable only to the extent that the insurance represents additional compensation (see §200.431 Compensation—fringe benefits). The cost of such insurance when the non-Federal entity is identified as the beneficiary is unallowable. (5) Insurance against defects. Costs of insurance with respect to any costs incurred to correct defects in the non-Federal entity's materials or workmanship are unallowable (c) Actual losses which could have been covered by permissible insurance (through a self-insurance program or otherwise) are unallowable, unless expressly provided for in the Federal award. However, costs incurred because of losses not covered under nominal deductible insurance coverage provided in keeping with sound management practice, and minor losses not covered by insurance, such as spoilage, breakage, and disappearance of small hand tools, which occur in the ordinary course of operations, are allowable.
Intellectual property.	§200.448	Allowable	a) Patent costs. (1) The following costs related to securing patents and copyrights are allowable: (i) Costs of preparing disclosures, reports, and other documents required by the Federal award, and of searching the art to the extent necessary to make such disclosures; (ii) Costs of preparing documents and any other patent costs in connection with the filing and prosecution of a United States patent application where title or royalty-free license is required by the Federal Government to be conveyed to the Federal Government; and (iii) General counseling services relating to patent and copyright matters, such as advice on patent and copyright laws, regulations, clauses, and employee intellectual property agreements (See also §200.459 Professional service costs).	(2) The following costs related to securing patents and copyrights are unallowable: See section §200.448 for additional information.
Interest.	§200.449	Unallowable		(2) For non-Federal entity fiscal years beginning on or after January 1, 2016, intangible assets include patents and computer software. For software development projects, only interest attributable to the portion of the project costs capitalized in accordance with GAAP is allowable. Please see §200.449 for additional information.
Lobbying.	§200.450	Unallowable		
Losses on other awards or contracts.	§200.451	Unallowable		

**ATTACHMENT V**

Uniform Grant Management Standards and Uniform Administrative Requirements, Cost Principles, Audit Requirements for Federal Awards  
Allowable Costs

Items of Cost	e-CFR	Status	Restrictions	Additional Information
Maintenance and repair costs.	§200.452	Allowable	Costs incurred for utilities, insurance, security, necessary maintenance, janitorial services, repair, or upkeep of buildings and equipment (including Federal property unless otherwise provided for) which neither add to the permanent value of the property nor appreciably prolong its intended life, but keep it in an efficient operating condition, are allowable. Costs incurred for improvements which add to the permanent value of the buildings and equipment or appreciably prolong their intended life must be treated as capital expenditures (see §200.439 Equipment and other capital expenditures). These costs are only allowable to the extent not paid through rental or other agreements.	
Materials and supplies costs, including costs of computing devices.	§200.453	Allowable		
Memberships, subscriptions, and professional activity costs.	§200.454	Allowable		Costs of membership in any country club or social or dining club or organization are unallowable. Costs of membership in organizations whose primary purpose is lobbying are unallowable. See also §200.450 Lobbying.
Organization costs.	§200.455	Unallowable		Costs such as incorporation fees, brokers' fees, fees to promoters, organizers or management consultants, attorneys, accountants, or investment counselor, whether or not employees of the non-Federal entity in connection with establishment or reorganization of an organization, are unallowable except with prior approval of the Federal awarding agency.
Participant support costs.	§200.456	Allowable	Participant support costs as defined in §200.75 Participant support costs are allowable with the prior approval of the Federal awarding agency.	
Plant and security costs.	§200.457	Allowable	Necessary and reasonable expenses incurred for protection and security of facilities, personnel, and work products are allowable. Such costs include, but are not limited to, wages and uniforms of personnel engaged in security activities; equipment; barriers; protective (non-military) gear, devices, and equipment; contractual security services; and consultants. Capital expenditures for plant security purposes are subject to §200.439 Equipment and other capital expenditures.	
Pre-award costs.	§200.458	Allowable	Pre-award costs are those incurred prior to the effective date of the Federal award directly pursuant to the negotiation and in anticipation of the Federal award where such costs are necessary for efficient and timely performance of the scope of work. Such costs are allowable only to the extent that they would have been allowable if incurred after the date of the Federal award and only with the written approval of the Federal awarding agency.	
Professional service costs.	§200.459	Allowable	Costs of professional and consultant services rendered by persons who are members of a particular profession or possess a special skill, and who are not officers or employees of the non-Federal entity, are allowable, subject to paragraphs (b) and (c) when reasonable in relation to the services rendered and when not contingent upon recovery of the costs from the Federal Government. In addition, legal and related services are limited under §200.435 Defense and prosecution of criminal and civil proceedings, claims, appeals and patent infringements.	
Proposal costs.	§200.460	Allowable	Proposal costs are the costs of preparing bids, proposals, or applications on potential Federal and non-Federal awards or projects, including the development of data necessary to support the non-Federal entity's bids or proposals. Proposal costs of the current accounting period of both successful and unsuccessful bids and proposals normally should be treated as indirect (F&A) costs and allocated currently to all activities of the non-Federal entity. No proposal costs of past accounting periods will be allocable to the current period.	
Publication and printing costs.	§200.461	Allowable	Publication costs for electronic and print media, including distribution, promotion, and general handling are allowable. If these costs are not identifiable with a particular cost objective, they should be allocated as indirect costs to all benefiting activities of the non-Federal entity.	
Rearrangement and reconversion costs.	§200.462	Allowable	Costs incurred for ordinary and normal rearrangement and alteration of facilities are allowable as indirect costs. Special arrangements and alterations costs incurred specifically for a Federal award are allowable as a direct cost with the prior approval of the Federal awarding agency or pass-through entity.	
Recruiting costs.	§200.463	Allowable		Special emoluments, fringe benefits, and salary allowances incurred to attract professional personnel that do not meet the test of reasonableness or do not conform with the established practices of the non-Federal entity, are unallowable.
Relocation costs of employees.	§200.464	Allowable	Relocation costs are costs incident to the permanent change of duty assignment (for an indefinite period or for a stated period of not less than 12 months) of an existing employee or upon recruitment of a new employee. Relocation costs are allowable, subject to the limitations described in paragraphs (b), (c), and (d) of this section, provided that:	The following costs related to relocation are unallowable: (1) Fees and other costs associated with acquiring a new home. (2) A loss on the sale of a former home. (3) Continuing mortgage principal and interest payments on a home being sold. (4) Income taxes paid by an employee related to reimbursed relocation costs.

## **ATTACHMENT Y**

### **Crisis Respite**

The Local Intellectual and Developmental Disability Authority (LIDDA) shall ensure the provision of crisis respite in the LIDDA's local service area accordance with the requirements stated in this Attachment Y.

#### **A. Definitions**

1. "Crisis" means a situation in which:
  - a) the individual presents an immediate danger to self or others; or
  - b) the individual's mental or physical health is at risk of serious deterioration;  
or
  - c) an individual believes he or she presents an immediate danger to self or others or that his or her mental or physical health is at risk of serious deterioration.
  
2. "Crisis respite" means short-term (up to 14 calendar days) respite for individuals with intellectual or developmental disabilities (IDD) as follows:
  - a) Out-of-home crisis respite provides therapeutic support in a safe environment with staff on-site providing 24-hour supervision to an individual who is demonstrating a crisis that cannot be stabilized in a less intensive setting. Out-of-home crisis respite is provided in a setting for which the state provides oversight (for example, an ICF, a HCS group home, a Department of State Health Services-authorized crisis respite facility, or crisis residential facility); and
  - b) In-home crisis respite provides therapeutic support to an individual, who is demonstrating a crisis, in the individual's residence when it is deemed clinically appropriate for the individual to remain in his or her natural environment, and it is anticipated the crisis can be stabilized within a 72-hour period.
  
3. "Therapeutic support" means a flexible array of services, including behavioral support provided to individuals with IDD who require varying therapeutic and habilitative levels of intervention to holistically address the stressors that result in challenging behaviors. Support may include training in:
  - a) Activities to strengthen appropriate developmental functioning in areas of socialization, self-advocacy and rights;
  - b) Developing coping skills; and
  - c) Reducing or avoiding stressors to prevent crisis events.

#### **B. Crisis Respite Plan**

1. The LIDDA must develop a crisis respite plan (the "plan") that ensures the provision of crisis respite to individuals with IDD in the LIDDA's local service area. The plan must:

- a) How the LIDDA will ensure the continuous availability of crisis respite for individuals with IDD, including whether the LIDDA:
    - i. intends to ensure the provision of out-of-home crisis respite, in-home crisis respite, or both; and
    - ii. will be responsible for operating crisis respite directly or through subcontract(s);
  - b) State if the LIDDA will be responsible for operating or contracting for an out-of-home crisis respite location, which must be a setting for which the state provides oversight, and describe:
    - i. the intended location(s), identified by county;
    - ii. how the LIDDA will ensure the provision of therapeutic support;
    - iii. how the LIDDA will staff the location; and
    - iv. staff qualifications, which at a minimum must be consistent with 40 TAC, §2.315(h)(4), and required training for staff;
  - d) State if the LIDDA will be responsible for ensuring in-home crisis respite, and describe:
    - i. how the LIDDA will ensure the provision of therapeutic support;
    - ii. how the LIDDA will staff in-home respite; and
    - iii. staff qualifications, which at a minimum must be consistent with 40 TAC, §2.315(h)(4), and required training for staff;
  - e) Include a timeline for plan implementation after approval by DADS;
  - f) Describe how the LIDDA will address adverse trends, including recidivism; and
  - g) Describe how fiscal year 2016 funds will be used to arrange and ensure the provision of crisis respite.
2. The LIDDA must submit a crisis respite plan to DADS using a DADS-approved format within 30 calendar days after the full execution of an amendment to the Performance Contract (the "Contract") that incorporates this Attachment Y into the Contract.
  3. DADS will notify the LIDDA if the crisis respite plan is approved or if there is a need to modify or clarify the plan. The LIDDAs are required to make modifications as needed.

### **C. Revision to Approved Crisis Respite Plan**

1. Upon notification by DADS of the LIDDA's fiscal year 2017 allocation for crisis respite, the LIDDA must revise its approved crisis plan to include a description of:
  - a) how fiscal year 2017 funding for crisis respite will be used to arrange and ensure the provision of crisis respite in fiscal year 2017;
  - b) the estimated service targets for fiscal year 2017;
  - c) the timeline for implementing the revised crisis plan after approval; and
  - d) any other necessary revisions to the approved crisis plan, including plans for expanding crisis respite services.

2. The LIDDA must submit the revised crisis plan to DADS using a format approved by DADS by September 15, 2016.
3. DADS will notify the LIDDA if the crisis respite plan is approved or if there is a need to modify or clarify the plan. The LIDDAs are required to make modifications as needed.

#### **D. Notice of Plan Approval and Plan Implementation**

DADS will notify the LIDDA of approval of the crisis plan and will instruct the LIDDA to proceed with implementing the approved plan.

#### **E. Reporting**

The LIDDA will maintain documentation and report to DADS, by the 15<sup>th</sup> day of the month following each fiscal quarter, information related to crisis respite, including but not limited to individuals who received crisis services, individuals diverted from law enforcement involvement and individuals diverted from institutional settings, using a template provided by DADS.

#### **F. Payment**

DADS will pay an amount not to exceed the allocation as noted on Attachment C (Allocation Schedule) to the LIDDA. For fiscal year 2016 the LIDDA may use the allocation for startup costs prior to DADS approval of the LIDDA's crisis respite plan submitted in accordance with Section B of this attachment. The LIDDA must comply with Attachment V (Uniform Grant Management Standards and Uniform Administrative Requirements, Cost Principles, & Audit Requirements for Federal Awards Allowable Costs) of this contract related to allowable cost per the Uniform Grant Management Standards published by the Governor's Office and Planning, June 2004. DADS will pay an amount not to exceed the allocation to the LIDDA to implement the LIDDA's approved revised crisis respite plan in fiscal year 2017.

## ATTACHMENT Z

### Crisis Intervention Specialist

#### I. Background

The 84th Session of the Texas Legislature provided LIDDAs with funds to support individuals with intellectual and developmental disabilities (IDD) with significant behavioral and psychiatric challenges. These individuals often exhibit significant needs requiring additional support beyond the array of services typically provided within community programs. The funds will expand resources to address crisis situations with individuals who have IDD.

#### II. Definitions

- A. "Crisis" means a situation in which:
1. the individual presents an immediate danger to self or others; or
  2. the individual's mental or physical health is at risk of serious deterioration; or
  3. an individual believes he or she presents an immediate danger to self or others or that his or her mental or physical health is at risk of serious deterioration.
- B. "Crisis respite" means short-term (up to 14 calendar days) respite for individuals with intellectual or developmental disabilities (IDD) as follows.
1. Out-of-home crisis respite provides therapeutic support in a safe environment with staff on-site providing 24-hour supervision to an individual who is demonstrating a crisis that cannot be stabilized in a less intensive setting. Out-of-home crisis respite is provided in a setting for which the state provides oversight (for example, an ICF, a HCS group home, a Department of State Health Services (DSHS)-authorized crisis respite facility, or crisis residential facility); and
  2. In-home crisis respite provides therapeutic support to an individual who is demonstrating a crisis in the individual's home when it is deemed clinically appropriate for the individual to remain in his or her natural environment and it is anticipated the crisis can be stabilized within a 72-hour period.
- C. "MCOT" means mobile crisis outreach team funded by the Department of State Health Services pursuant to its contracts with local mental health authorities, specifically Information Item V, available at <https://wwwstage.dshs.state.tx.us/mhcontracts/FY-2016-Performance-Contract.aspx>.
- D. "Therapeutic support" means a flexible array of services, including behavioral support provided for individuals with IDD who require varying therapeutic and habilitative levels of intervention to holistically address the stressors that result in challenging behaviors. Support may include training in:

1. Activities to strengthen appropriate developmental functioning in areas of socialization, self-advocacy and rights;
2. Developing coping skills; and
3. Reducing or avoiding stressors to prevent crisis events.

E. "Transition Support Team" (formerly referred to as the "Medical, Behavioral, and Psychiatric Support Team") means a team of professionals, regionally constituted, to provide educational activities, technical assistance, and de-identified case-specific peer review support to LIDDAs and IDD providers within a region.

### **III. Responsibilities of the LIDDA**

#### **A. One staff assigned as a lead crisis intervention specialist**

Within 60 calendar days after the full execution of the amendment (the "Amendment") to the Performance Contract (the "Contract") that incorporates this Attachment Z, Crisis Intervention Specialist, into the Contract, the LIDDA shall assign one full-time employee or contract employee as a lead crisis intervention specialist to oversee all activities required by this Attachment Z. The allocated funding for a full-time equivalent crisis intervention specialist for the remainder of fiscal year 2016 is \$59,866.45. The LIDDA must ensure the lead crisis intervention specialist is not assigned responsibilities, duties, or tasks other than those described in section III.E. of this Attachment Z.

#### **B. Additional staff**

If the LIDDA is allocated funding in excess of the \$59,866.45 referenced in Section III. A. of this Attachment Z, the LIDDA must use the excess funds to assign additional staff to support the lead crisis intervention specialist within 60 calendar days after execution of the Amendment. Any additional staff assigned in accordance with this Attachment Z are prohibited from providing service coordination.

#### **C. Qualifications of a crisis intervention specialist and additional staff**

1. The LIDDA must ensure a crisis intervention specialist:
  - a) Meets the qualifications of:
    - i. a provider of behavioral support contained in DADS rules governing the role and responsibilities of a local intellectual and developmental disability authority in 40 TAC, Chapter 2, Subchapter G, §2.313(e)(1)(B);
    - ii. a Licensed Master Social Worker who is supervised by a Licensed Professional Counselor, Licensed Psychologist, Licensed Marriage and Family Therapist, Licensed Clinical Social Worker, or Psychiatrist in accordance with the definition of "supervision" in 22 Texas Administrative Code (TAC), Chapter 781, Subchapter A, §781.102 (Definitions); or
    - iii. a licensure applicant with a temporary social work license as long as

- the applicant is fully licensed within six month after hire, in accordance with 22 TAC, Chapter 781, Subchapter D, §781.441 (Temporary License) and is supervised as described in ii. above; and
- b) Has experience working with individuals with IDD in crisis.
2. The LIDDA must ensure additional staff meets the qualifications for:
    - a) A qualified intellectual disability professional as defined in 42 Code of Federal Regulations, §483.430(a); or
    - b) A Board Certified Assistant Behavior Analyst (BCaBA).
  3. The LIDDA must ensure a crisis intervention specialist and additional staff be knowledgeable about IDD programs and services in the local service area.

**D. Required training for a crisis intervention specialist and additional staff**

The LIDDA must ensure that a crisis intervention specialist completes the training modules available at <https://tango.uthscsa.edu/mhwidw> within 30 calendar days after being assigned as a crisis intervention specialist. The LIDDA must ensure a crisis intervention specialist completes additional training modules within 45 days of the posting of new modules on this site.

**E. Duties of a Crisis Intervention Specialist**

1. The LIDDA must ensure a crisis intervention specialist:
  - a) Provides information about IDD programs and services to:
    - i. individuals with IDD and their families; and
    - ii. IDD providers in the local service area;
  - b) Collaborates with appropriate LIDDA staff and Transition Support Team members to identify individuals with IDD in the LIDDA's local service area who are at risk of requiring crisis services, such as individuals who exhibit repeated and severe behavior disturbances that jeopardize the individual's safety or current living arrangement; and
  - c) For an individual identified in Section E. b. above:
    - i. collaborates with the service coordinator, other members of the service planning team, and paid provider, if any, to identify:
      - I) prevention strategies to avoid potential crisis events and to promote the individual's coping skills; and
      - II) training and supports needs that provide the greatest chance of success of living in the community, such as scheduled respite services or planned crisis respite to avoid a potential crisis event; and
    - ii. supports the service coordinator's provision of on-going follow-up and monitoring activities, including assisting the service coordinator, other members of the service planning team, and paid provider, if any, in addressing concerns and issues identified during follow-up and monitoring visits, such as involvement with law enforcement or emergency room visits.

2. The LIDDA must ensure a crisis intervention specialist:
  - a) Provides education about the manner in which to engage individuals with IDD and their unique needs to:
    - i. members of an MCOT to increase the competency of the members;
    - ii. law enforcement; and
    - iii. others as appropriate;
  - b) is available to provide consultation to an MCOT as needed or as clinically indicated regarding a crisis event involving an individual with IDD;
  - c) collaborates with an MCOT to develop criteria for referring an individual with IDD in crisis to crisis respite;
  - d) for an individual referred to crisis respite, develops a crisis respite service plan describing the therapeutic support needed by the individual;
  - e) collaborates with the service coordinator, other members of the service planning team, paid provider, if any, and natural supports regarding crisis follow-up and relapse prevention activities, including:
    - i. assisting with an individual's transition from crisis respite back to his or her home or other appropriate setting; and
    - ii. addressing concerns and issues identified during follow-up and monitoring visits, such as involvement with law enforcement or emergency room visits; and
  - f) documents all activities, collaboration, and consultation provided in accordance with this attachment.

#### **F. Reporting**

The LIDDA will maintain documentation and submit a quarterly report, in a format prescribed by DADS, by the 15<sup>th</sup> day of the month following each fiscal quarter, to include the following information:

1. Number of calls from an MCOT related to individuals with IDD and type of response provided (e.g., phone, in-person);
2. Number of calls related to individuals with IDD in crisis who were not referred by an MCOT;
3. Number of calls from MCOT related to individuals with IDD for which a crisis intervention specialist was not available and the reasons for not being available;
4. Number and type of referral(s) made on behalf of an individual with IDD in crisis or following a crisis event;
5. Number of individuals with IDD in crisis in which law enforcements was not notified;
6. Number of individuals with IDD in crisis in which law enforcement was notified;
7. Number of individuals with IDD in crisis who were transported to a hospital or jail;
8. Number of individuals with IDD reunified to their home and community settings following a crisis event;
9. Number of caregivers and paid providers to whom a crisis intervention specialist provided training and consultation;

10. Number of individuals at risk of requiring crisis services identified in accordance with Section III.E.1.b. of this Attachment Z; and
11. Number of individuals with IDD referred to crisis respite who did not transition back to their home from crisis respite within 14 calendar days.