



INTELLECTUAL & DEVELOPMENTAL DISABILITIES SERVICE



LIDDA Community Services LCS (LCS)
Pre-Admission Screening
Resident Review (PASRR)

Provider Manual FY25
Effective 04/01/25
Version 2025.03



Contents

I. INTRODUCTION	3
II. THE LOCAL INTELLECTUAL & DEVELOPMENTAL DISABILITIES AUTHORITY (LIDDA)	8
III. ACCESS TO CARE	10
IV. DOCUMENTATION	14
V. CONFIDENTIALITY	18
VI. TRAINING REQUIREMENTS	21
VII. SERVICE ARRAY DESCRIPTIONS	22
VIII. SERVICE CODES	47
IX. FORMS	49



I. INTRODUCTION

Who are we?

In the Beginning

Hill Country Community Mental Health and Developmental Disabilities Centers began operation in September of 1997. Prior to that date, components of six different State Facility Community Service divisions were merged to form a State Operated Community Service organization in September of 1996. As part of the initial foundation, staff met to develop the Mission, Values and Workplace Principles as a foundation for the newly formed organization, Hill Country Mental Health and Developmental Disabilities Centers (Hill Country MHDD Centers). Hill Country serves the following counties: Bandera, Blanco, Comal, Edwards, Gillespie, Hays, Kendall, Kerr, Kimble, Kinney, Llano, Mason, Medina, Menard, Real, Schleicher, Sutton, Uvalde, & Val Verde

Today

Today, Hill Country MHDD Centers is one of 39 agencies that delivers mental health and developmental disability services in communities across Texas. Hill Country MHDD Centers has 38 locations, including 15 mental health clinics and 6 Local IDD Authority locations serving a population of approximately 816,000 within a 22,714 square mile area.

Advisory Council

The Board of Trustees and Community Advisory Council for Hill Country MHDD Centers represent population areas of the catchment region that are relatively equal. Some Board members represent one county, and others represent multiple counties, depending on the population of the counties. The Community Advisory Council takes an active role in obtaining community input into the strategic direction of the agency.

Diversity

Hill Country MHDD Centers serves a region of Texas that cannot be narrowly defined. There are pockets of the Greater Texas Hill Country Region with high rates of population growth particularly in those counties contiguous to Travis and Bexar counties, such as Hays, Comal and Kendall counties. Some of the region is sparsely populated with few, if any, alternative resources for behavioral health and intellectual and developmental disability services. A section of the region is on or close to the border of Mexico where we face the challenge of ensuring a provider network that is culturally diverse.



Challenges

Increased pressures on the financial well-being of the local authority, particularly around the expense of medications, has led to use of cost saving opportunities such as “Patient Assistance Programs”, improved access to third party pharmacy benefits and improved management of the local authority pharmacy benefit.

The overarching challenge facing Hill Country MHDD Centers is the need to be responsive and open to the needs of the hundreds of communities in the 19-county service region while ensuring an efficient and cost-effective operation with use of public funding. As the Local Mental Health Authority (LMHA) and Local Intellectual and Developmental Disability Authority (LIDDA), Hill Country remains committed to evaluating the behavioral health and intellectual developmental disability needs of communities by collaborating with community partners and developing innovative programming using available local resources.

Hill Country MHDD Centers remains committed to:

- Ensuring people who need services can exercise individual choice by helping persons decide on their services, service provider and location of services.
- Ensuring the best use of public money to create a network of service providers.
- Making recommendations on the most appropriate services available to individuals who need services.

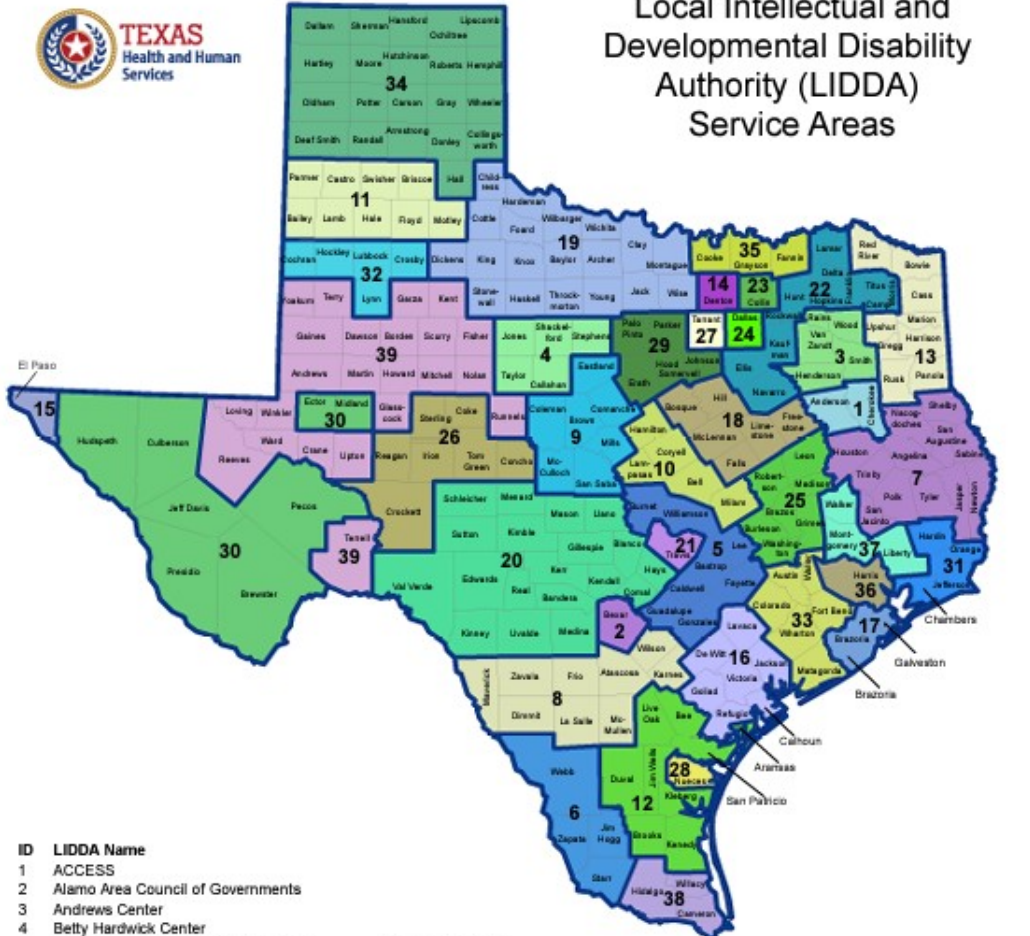
Hill Country MHDD Centers will meet this challenge with the support of our diverse staff, the Citizens’ Advisory Committee, our community providers, stakeholders, and Board of Trustees.

Shift in Care

Shifting toward a culture of evidenced-based care, corporate compliance has been the focus of Hill Country MHDD Centers’ strategic efforts. As the LMHA and LIDDA provider, Hill Country MHDDC actively uses performance-based data for decision making to provide quality services that transform access to care in the local communities. By increasing access to behavioral health and substance use treatment, expanding capacities to address the opioid crisis and establishing viable stakeholder partnership with local hospitals, law enforcement, jails, prisons and schools, Hill Country MHDD Centers’ qualified personnel have been able to provide individualized and compassionate care to the individuals served.



Local Intellectual and Developmental Disability Authority (LIDDA) Service Areas



- ID LIDDA Name**
- 1 ACCESS
 - 2 Alamo Area Council of Governments
 - 3 Andrews Center
 - 4 Betty Hardwick Center
 - 5 Bluebonnet Trails Community Services
 - 6 Border Region Behavioral Health Center
 - 7 Burke Centers
 - 8 Camino Real Community Services
 - 9 Center for Life Resources
 - 10 Central Counties Services
 - 11 Central Plains Center
 - 12 Coastal Plains Integrated Health
 - 13 Community HealthCare
 - 14 Denton County MHMR Center
 - 15 Emergence Health Network
 - 16 Gulf Bend Center
 - 17 Gulf Coast Center
 - 18 Heart of Texas Behavioral Health Network
 - 19 Helen Farabee Centers
 - 20 Hill Country MHDD Centers
 - 21 Integral Care
 - 22 Lakes Regional Community Center

- ID LIDDA Name**
- 23 Lifepath Systems
 - 24 Metrocare Services
 - 25 MHMR Authority of Brazos Valley
 - 26 MHMR Concho Valley
 - 27 MHMR of Tarrant County
 - 28 Nueces Center for Mental Health and Intellectual Disabilities
 - 29 Pecan Valley Centers for Behavioral and Developmental HealthCare
 - 30 PermianCare
 - 31 Spindletop Center
 - 32 StarCare Specialty Health System
 - 33 Texana Center
 - 34 Texas Panhandle Centers
 - 35 Texoma Community Center
 - 36 The Harris Center for Mental Health and IDD
 - 37 Tri-County Behavioral Healthcare
 - 38 Tropical Texas Behavioral Health
 - 39 West Texas Centers

Data source: <https://apps.hhs.texas.gov/contact/ma.cfm> Nov. 22, 2023



What is a LIDDA?

House Bill 3 of the 59th Legislature (1965) created the structure now known as the local intellectual and developmental disability authority (LIDDA). In the 1960s, the state moved to provide mental health and intellectual disability services in the community rather than in institutions. Community centers were created to provide community-based services and address the needs of persons returning to their communities from state supported living centers (SSLCs), Medicaid-certified nursing facilities and state hospitals. Each center has a designated local service area comprised of one or more Texas counties.

The LIDDA was developed as a means for the state to delegate its authority and responsibilities related to planning, policy development, coordination, resource allocation, resource development, and oversight of community intellectual and developmental disability (IDD) services throughout the state. The state is required to contract with the designated LIDDAs and provides funding for the delegated functions and for required community-based services to be provided in each service area.

In the Texas Health and Safety Code, Title 7, Subtitle A, Chapter 533A, §533A.0355, and in Texas Administrative Code, Title 40, Part 1, Chapter 2, Subchapter G, §2.305 (LIDDA's Role and Responsibilities), each LIDDA serves as the single point of access to certain publicly funded services and supports for the residents within the LIDDA's local service area.

A LIDDA's responsibilities include:

- providing information about IDD services and supports;
- ensuring a person's access into IDD services and supports by:
- conducting intake and eligibility activities for persons seeking services and supports; and
- enrolling or admitting an eligible person into IDD services and supports, including the following Medicaid programs:
 - Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions (ICF/IID), which includes SSLCs;
 - Home and Community-based Services (HCS);
 - Texas Home Living (TxHmL); and
 - Non-Waiver Community First Choice (CFC);
- conducting interest list management functions for HCS and TxHmL;
- performing safety net functions;
- ensuring the provision and oversight of general revenue services by:
- developing and managing a network of general revenue services providers; and
- establishing processes to monitor the performance of general revenue services providers;



- providing service coordination;
- conducting utilization management for general revenue services;
- planning for the local service area and ensuring involvement by a local advisory committee and other stakeholders;
- conducting permanency planning for certain persons under 22 years of age;
- conducting Preadmission Screening and Resident Review (PASRR) evaluations;
- protecting the health, safety and rights of a person; and
- for institutional residents:
- presenting community living options to SSLC residents; and
- providing a continuity of services for persons who are leaving an SSLC;
- for nursing facility (NF) residents, ensuring the provision of:
- specialized services;
- habilitation coordination; and
- community living options (CLOs).

HHSC LIDDA Handbook Section 1000, LIDDA Overview

Hill Country welcomes you as a provider of IDD services. This manual is made available to supplement the current contract and is officially part of your contract. As a contract provider, you and your staff are required to follow and meet all provisions of this manual. Furthermore, this manual is an educational tool for the IDD Service Delivery System.



II. THE LOCAL INTELLECTUAL & DEVELOPMENTAL DISABILITIES AUTHORITY (LIDDA)

Hill Country's MISSION

Caring People Dedicated to Quality Service.

Hill Country's VISION

Empower people, foster hope, support choice and celebrate success.

Hill Country's VALUES

Hill Country's values are:

- We respect all people at all times
- We are open to new ideas and change
- We care about people and what is important to/for them
- We act with integrity
- We are committed to quality

INDIVIDUAL CHOICE

Hill Country continually strives to offer access and choice to adults and children with intellectual and developmental disabilities and their families:

- Choice of services and supports
- Choice of providers

PROGRAM OVERVIEW

LIDDA Community Services (LCS)

Hill Country's General Revenue funded program is its LIDDA Community Services, or LCS, program. General Revenue (GR) funded services are primarily intended to help persons remain in their own home or their family's home. GR refers to state funds and GR funded services are paid by state funds and not federal funds.

Individuals receiving LCS services live in a community setting (either their own home or family's home), and may be either a Medicaid recipient or non-Medicaid. General Revenue-funded services may vary across the state, and available services are subject to the LIDDA's discretion.

An LCS recipient is assigned a Service Coordinator, who is an employee of the LIDDA. The Service Coordinator develops the Person Directed Plan (PDP) and Individual Plan of Care (IPC) which authorizes services and units.



Pre-Admission Screening and Resident Review (PASRR)

The Pre-Admission Screening and Resident Review (PASRR) program refers to services available to individuals with IDD living in Nursing Facilities. PASRR is a federal requirement documented in the Code of Federal Regulations, Title 42, Part 483, Subpart C. PASRR is a process to identify people with a mental illness (MI), intellectual disability (ID), or developmental disability (DD), which is also known as a related condition (RC), who apply to, or reside in, a Medicaid-certified nursing facility (NF) to ensure that NF admission is appropriate. PASRR is also intended to ensure that people with MI, ID or DD are receiving all the necessary specialized services. In Texas, local intellectual and developmental disability authorities (LIDDAs), local mental health authorities (LMHAs) and local behavioral health authorities (LBHAs) play key roles in the PASRR process.

Some specialized services are provided by the Nursing Facility, and some must be provided or obtained by the LIDDA. These are called IDD Habilitative Specialized Services.

Individuals receiving PASRR services reside in Nursing Facilities. A person's Service Planning Team, or SPT, makes decisions regarding which specialized services they wish to receive.

A PASRR recipient is assigned a Habilitation Coordinator, who is an employee of the LIDDA. The Habilitation Coordinator develops the Habilitative Service Plan (HSP) which identifies the specialized services the person wishes to receive.



III. ACCESS TO CARE

INTAKE ACTIVITIES (PERFORMED BY Hill Country STAFF ONLY)

Interviews, referrals for assessments and services, and initial paperwork associated with eligibility activities are necessary when a person requests services or is referred for services. Eligibility determination consists of an assessment or endorsement conducted to determine if an person has intellectual or developmental disabilities or is a member of the Texas Health and Human Services Commission (HHSC) defined intellectual and developmental disabilities priority population (which includes some related conditions).

Examples of these Eligibility activities include:

- Gathering background information for referrals or evaluations
- Preparing evaluation summaries
- Coordinating testing sessions and meetings where the need for referral to community services will be determined
- Participation in meetings in which a temporary service plan is developed
- Referring the person for community services
- Referring the person to Service Coordination for development of the Person Directed Plan

PRIORITY POPULATION

- a) The determination of eligibility for priority population must be made through the use of assessments and evaluations performed by qualified professionals. Persons who are members of the priority population are eligible to receive IDD services identified as appropriate for the persons' level of need, eligibility for a particular service, and the availability of that service.

ELIGIBILITY GUIDELINES

- b) For a person to be determined eligible for the IDD Service Array, he/she must be identified as part of the Priority Population through the Determination of Intellectual Disability (DID formerly known as DMR) and testing process. The priority population for IDD services consists of persons who meet one or more of the following descriptions:
- c) A person with an intellectual disability, as defined by Tex. Health and
 - a. Safety Code §591.003(15-a);
- d) A person with autism spectrum disorder, as defined in the Diagnostic
 - a. and Statistical Manual of Mental Disorders;



- e) A person with a related condition, listed in
 - <https://hhs.texas.gov/stites/hhs/files/documents/lawsregulations/handbooks/dbmd/res/icd10-codes-1.pdf>, who is eligible
 - for, and enrolling in services in the ICF/ID Program, Home and
 - Community-based Services (HCS) Program, or Texas Home Living (TxHML) Program
- f) A nursing facility resident who is eligible for specialized services for intellectual disability or a related condition pursuant to Section 1919(e)(7) of the Social Security Act;
- g) A child who is eligible for Early Childhood Intervention services through the System Agency; and
- h) A person diagnosed by an authorized provider as having a pervasive developmental disorder through a diagnostic assessment completed before November 15, 2015.
- i) Since resources are insufficient to meet the service needs of every person in the priority population, services should be provided to meet the most intense needs first. Intense needs are determined as follows:
 - a person is in danger or at risk of losing his or her support system, especially the living arrangement or supports needed to maintain self;
 - a person is at risk of abuse or neglect;
 - a person's basic health and safety needs not being met through current supports;
 - a person is at risk for functional loss without intervention or preventive or maintenance services; or
 - a person demonstrates repeated criminal behavior.

Determinations of IDD, pervasive developmental disorders, and related conditions must be made through use of assessments and evaluations performed by qualified professionals licensed by HHSC as Psychological Associates.

EXPECTATIONS OF THE PROVIDER

After receiving a referral with the attached plan documents (PDP,IPC or HSP), the Provider is expected to initiate service delivery within 5 business days. In situations where there are extenuating circumstances (i.e. Provider's Day Habilitation facility has reached capacity via ISS licensure) or where the Provider is otherwise unable to assume service delivery for the referred individual, the Provider is expected to communicate this information in writing to the Service Coordinator or Habilitation Coordinator. Case by case decisions will be made by Hill Country regarding exceptions to service delivery referrals.

After receiving a referral, the Provider reviews the Person Directed Plan (PDP), or Habilitative Service Plan (HSP) to develop the Implementation Plan (IP) detailing how LCS or PASRR services are used to achieve personal outcomes. The development of the IP will always be coordinated with the person, LAR and/or others may



participate if desired by the person/LAR. The IP describes and directs the delivery of services including “when, where, how and by whom” services are provided. The implementation strategies serve as justification for the number of authorized units of services. The IP must be outcome-based and quantifiable, and shall be provided to Hill Country as defined in the Documentation Requirements section of this manual. Once the IP is developed the Provider starts the services as specified in the PDP/HSP. It is incumbent upon the direct-service staff to document person’s responses to interventions by progress notes, stipulating, in quantifiable terms, the progress or lack of progress each person makes toward accomplishing targeted goal(s).

It is required that Providers have Internet capabilities, including downloading mandated software provided by Hill Country for system access, updated PC’s, printers, fax or scanning capabilities, as well as current e-mail addresses. **Hill Country does not provide IT support services. Providers must be able to address their own IT issues.** All Providers must maintain appropriate staff ratios at all times.

The Provider cannot deliver services to any person prior to receiving both the Individual Plan of Care (IPC) and a current Person Directed Plan (PDP) or Habilitative Service Plan (HSP). In urgent situations, alternative temporary approval may be obtained via e-mail by the Service Coordinator, their supervisor, or the LIDDA Director. This must be in writing for service billing to be paid.

All Provider staff must remain current on all required trainings as outlined in this manual.

SERVICE COORDINATION ACTIVITIES (PERFORMED BY Hill Country STAFF ONLY)

Service Coordination is the process of assisting persons to access social, educational, vocational, medical, and other appropriate services and supports that help a person achieve quality of life and community participation acceptable to the person.

Examples of Service Coordination activities include:

- Developing the person’s Person Directed Plan (PDP) based on the results of the service coordination assessment and the person’s wishes
- Authorizing services through the Individual Plan of Care (IPC)
- Revising the PDP and/or IPC, as appropriate
- Visiting with the person to monitor the service delivery system
- Service Coordination and reviews are conducted based on each persons need, and to document the persons progress toward the desired



EMERGENCY PLAN REQUIREMENTS

The Provider shall have an Emergency Plan that addresses specific types of emergencies and disasters that pertain to the area of the county in which the Provider is located, including natural disasters, fire, equipment failure, a pandemic, and terrorism. The Providers plan must include:

- clearly identify the roles and responsibilities of specific staff during each type of emergency addressed in the plan;
- include a process for a program site staff to contact the Hill Country IDD administrative office (Analaura McCrae, LIDDA Director at (830) 258-5446) in a timely manner with details of an emergency, action taken, and any future plans (e.g., a plan to evacuate the person to another location)
- include an evacuation plan for each type of emergency addressed by the plan, which ensures reliable and available transportation, an appropriate destination, that staff are knowledgeable about the persons' needs, and allows for person to have access to their assistive devices; and
- An exemption for the Emergency Plan requirement for a program site that is accredited/certified/licensed through a certifying body provided Hill Country has evidence that the program site has an emergency plan that has been reviewed and approved by the certifying body. The Provider must provide Hill Country with such evidence upon request by the Hill Country LIDDA Department.



IV. DOCUMENTATION

DOCUMENTATION/GENERAL REQUIREMENTS

- Services must be initiated within five (5) business days of receipt of a service referral.
- Documentation must be legible. Illegible documentation potentially will not be paid.
- The Provider is responsible for completing the Direct Service, Single Person/Single Server Progress Note (progress note) (unless prior written authorization is obtained, all direct service notes will be in the “single server/single person” format).
- The Provider will complete documentation of each encounter with or on behalf of the person on the appropriate Progress Note.
- All staff providing a service must sign each progress note. Each service Provider’s signature must include the printed name and credentials (title),
- Providers are required to submit documentation of services provided as outlined in the Claims section of this manual. No payment will be made for service documentation submitted later than five (5) business days. Providers are prohibited from billing the person for LCS/PASRR/Crisis services. Documentation should be completed by staff within 24 hours of the date of service. The date of service counts as day 1 in regards to claims being submitted in 5 business days.
- Hill Country is not authorized to accept late submissions without prior approval from the Hill Country Quality Manager, or Hill Country LIDDA Director. If a situation occurs where claim submission will be late it is imperative to notify the Hill Country Quality Manager, or Hill Country LIDDA Director.
- Hill Country staff will enter the summarized late encounter data in Hill Country’s data management system on behalf of the Provider. Hill Country will notify Providers of any change to this procedure.
- For LCS, the Provider will notify the Service Coordinator that a person’s service units have been exhausted; once the Service Coordinator has met with the family and signed the revised PDP/IPC, the Provider will be notified via Service Coordinator
- Prior to discharge, the Service Coordinator will notify the Provider of the person’s discharge from services in writing via email.
- Within three days of notification of discharge, the Provider will ensure all required documents are completed, to include the progress note of the person’s last encounter with the Provider’s staff. The original document(s) will be stored in the secured records area at the provider site for a minimum of six (6) years.
- Hill Country retains ownership and control of required information generated by the Provider on behalf of the person served. Therefore, upon discharge from services and/or termination of the Provider Agreement, all original documents (records) in the possession of Provider will be stored and available upon written request made by Hill Country to provider.
- The Hill Country Quality Manager will conduct periodic monitoring of documentation, focus reviews, utilization reviews of Provider-generated and/or-maintained files and documents to ensure compliance with all applicable requirements. Hill Country has a three (3) year audit recovery period.
- Documentation of services provided under the Hill Country Service Array must be completed prior to submission of a payment claim. Each type of service has specific documentation guidelines, that must



be followed. Each service unit requires at least minimal documentation of certain key elements, although time frames for documentation may vary from service to service.

IMPLEMENTATION PLAN (IP)

Once the program provider receives the proposed PDP or HSP, they are responsible for developing the Implementation Plan (IP) to meet the outcomes/goals identified on the PDP or HSP within the amount and type of services indicated on the IPC. In the event the provider is unable to proceed with development of the implementation strategies due to vague or inadequate development of the PDP or HSP, the provider must request in writing from the Service Coordinator, a revised/clarified PDP or HSP. Furthermore, if the Provider cannot locate/contact the person after three (3) contact attempts, they must e-mail the Service Coordinator, via Hill Country email, regarding the inability to deliver services.

Specific responsibilities for coordination of non-LCS services (e.g., , completion of applications, filing forms, etc.) will be negotiated between the Service Coordinator, the person, their family, and the program provider.

The Provider is responsible for ensuring the IP is developed, completed and provided to the Service Coordinator or Habilitation Coordinator. This is accomplished by:

1. The implementation strategies are individualized and must allow for evaluation and measurement of progress achieving each PDP personal outcome; during service coordination meetings with the person (and/or LAR), the IP is used to determine whether services are provided as planned. Every IP must have at least one implementation strategy objective. An objective is a specific goal for reaching a desired personal outcome. The IP contains one or more strategies leading to the skill acquisition.
2. Provider will follow timeline for development of the implementation strategies. When dealing with existing person (from the previous fiscal year), the implementation strategies should be developed and completed together with the Service Coordinator and the family/person. The Service Coordinator will give notice to the Provider requesting he/she attend the annual planning staffing (either in person or by phone). A copy of the completed PDP will be sent to the Provider via email .
3. Request for PDP clarification from the Provider will be directed to the Service Coordinator.

PASRR Specific Requirements

Each service planning team (SPT) member that is a provider of specialized services must:

- submit to the habilitation coordinator a copy of all assessments of the person completed by the provider;
- at least five calendar days before a quarterly or annual SPT meeting, submit to the habilitation coordinator a written report describing the person's progress or lack of progress;
- provide the habilitation coordinator with a copy of the provider's implementation plan for the person's specialized service if requested; and
- actively participate in an SPT meeting, in person or by phone, unless the habilitation coordinator determines active participation by the provider is not necessary.

SERVICE MONITORING AND UPDATING THE PDP, IPC and HSP

Changes to the IPC

- The Service Coordinator must ensure that the PDP and the IPC are current and appropriate.



- The Service Coordinator must contact the person or LAR to discuss changes and obtain approval from the person or LAR within seven (7) business days of request.
- Revisions to the IPC must be based solely on changes in the persons’ needs and, therefore, must reflect services and supports that are justified.
- Once a need has been identified, the Service Coordinator initiates a change in the IPC; provides documentation to justify the change; informs the person, LAR and the Provider of the status of the change; and revises the PDP

***Note:** Service Coordinators are responsible for notifying (via email) the Provider of any PDP revision (having an IPC or not). The PDP/IPC shall be shared with Provider within ten (10) business days of the revision.

ELEMENT	DOCUMENTATION CONTENT KEY
1	With whom the contact occurred (person and/or other person). If the contact was with a person other than the person, the note should identify for and/or with whom the contact was made.
2	Description of the service provided
3	The date the service was provided.
4	The time the service was provided. The Provider must record both start and stop times.
5	Who provided the service. This is indicated by the signature(s) of the service provider on the progress note. The signature should include the name and title of staff.
6	The setting in which the service was provided (home, shelter, job site, school, etc.)
7	The Service Plan goal or objective the intervention was designed to address.
8	Progress or lack of progress in achieving planned goals/objectives.

Service-Specific Documentation Guidelines (Elements 1 – 8 refer to the above table)

- Community Supports - A progress note, including elements 1 through 8, that verifies each instance a service was delivered during the specified month.
- Day Habilitation (Site-Based Habilitation) – A progress note, including elements 1 through 8, that verifies each day a service was delivered during the specified month.
- Respite – A progress note, including elements 1 through 8, that verifies each instance a service was delivered during the specified month for either In- or Out-of-Home Daily or Hourly Respite.
- Behavioral Support - A progress note, including elements 1 through 8, that verifies each instance a service was delivered during the specified month. Please be sure to check Behavioral Support service section for acceptable providers of this service.



*** The initial assessment must be submitted in typed form attached to the service note.**

- Speech & Language Services - A progress note, including elements 1 through 8, that verifies each instance a service was delivered during the specified month.

***The initial assessment must be submitted in typed form attached to the service note.**

- Nursing- A progress note, including elements 1 through 8, that verifies each instance a service was delivered during the specified month

Monitoring Performance

- The Quality Manager will conduct periodic monitoring of documentation, focus reviews, utilization reviews of Provider-generated and/or-maintained files and documents to ensure compliance with all applicable requirements.
- Quality Manager will perform scheduled administrative on-site audit per fiscal year with focus areas such as: fire safety, infection control, environmental hazards and cleanliness, access to services, maintenance (including vehicle maintenance), HR and training records, rights, records, policy and procedures and medication practices.
- Quality Manager will review documentation, billing, and data criteria audit. Throughout the year, random audits/visits may occur.
- Providers receive a written report detailing all findings/issues identified during the administrative on-site review.
- Providers are required to correct all non-compliance findings/issues within 30 days after issuance of the review report. A corrective action plan will be typed on official letterhead, signed by the executive director and mailed to Hill Country IDD Quality Management Review Staff for review. You will be notified of acceptance with your corrective action plan and further follow up audit. All findings may be subject to monetary sanctions.



V. CONFIDENTIALITY

As of April 20, 2005, Federal Security regulations adopted administrative, technical, and physical safeguards required to prevent unauthorized access to protected health care information. The Department of Health & Human Services has published instructions on security requirements in the Federal Register.

Any information which identifies a person is considered confidential and cannot be disclosed to anyone except for Hill Country staff without prior written consent from the person or legally authorized representative. Violation of confidentiality may subject the violator to prosecution under applicable federal and/or state laws.

Additional clinical records access and security measures will either be maintained in a designated room:

- Access to clinical records is limited to authorize personnel only. A list of names and titles authorized personnel will be posted within the record room at each provider site.
- At no time can unauthorized employees or others be left alone in any area with unsecured HIPAA information. When unauthorized persons are in an area where clinical information is accessible, every attempt will be made to cover up easily readable information (open folders will be closed, typed material covered up or turned over, etc.).
- All providers must have a procedure for transferring the clinical record to any permanent storage; with accountability mechanism built in, must be maintained and authorized by Hill Country prior to implementation.

In the course of a record transfer, safeguards will be followed to ensure that confidentiality of person's record data is maintained.

Written release of information requests will be forwarded to the Service Coordination staff at the Hill Country site.

No clinical or person identifying information will be released verbally or in writing to unauthorized persons, except in life or death/emergency situations.

Hill Country also requires all Providers and their direct-care staff to complete HIPAA training by logging on <https://www.dads.state.tx.us/providers/hipaa/privacy/index.cfm> annually and complete the on-line test. Once this is completed, the certificate of completion must be printed and filed in the staff personnel records. This requirement is subject to on-site administrative audits.



TEXAS STATE REPORTING OF ABUSE AND NEGLECT

Abuse, Neglect and Exploitation: Reporting and Investigation

The purpose of this procedure is to define abuse, neglect and exploitation of the person according to Texas Statutory Regulations and to establish procedures for reporting, investigating, and preventing such, in conformance with Texas statutes (40 TAC, Chapter 4, Subchapter L).

Abuse – Types and Classes of Abuse

- Class I
 - Sexual Abuse / Sexual Exploitation
 - Physical Abuse
- Class II
 - Exploitation
- Class III
 - Emotional / Verbal Abuse

Agent – Any person not employed by a Provider or Provider program but working under the auspices of the Provider, such as volunteers, consultants, etc.

Designee – An person immediately available, who is temporarily appointed to fulfill duties and assume responsibilities of the Provider in terms of reporting of allegations of abuse, neglect, or exploitation to proper authorities.

Exploitation – The illegal or improper act or process of a Provider, an employee or agent, using the resources of a person for monetary or personal benefit, profit, or gain.

Person – A person receiving services from the Provider network and his family if a minor.

Negligence – To do something that a person of ordinary prudence would not do under the same or similar circumstances, or the failure to do something that a person of ordinary prudence would do under the same or similar circumstances.

If you have seen or been notified of Abuse, Neglect or Exploitation contact the Department of Family Protective Services (DFPS) by calling Toll Free 1-800-252-5400 within one (1) hour, complete an incident report and notify:

Client Rights Office

Phone: 1-888-393-3609 Office: 1-830-258-5441

Email: bolden@hillcountry.org



Texas Health and Human Services Commission

IDD Ombudsman

Toll Free 1-800-458-9858

Monday through Friday 8:00 am – 5:00 pm

www.txabusehotline.org

Abuse in MH/MR Facility

Toll Free 1-800-647-7418

Abuse/Neglect Hotline

Toll Free 1-800-252-5400

Monday through Friday 8:00 – 5:00 pm

Hill Country INCIDENT REPORTING

All Providers and their staff are obligated to report all incidents involving any person served under the Contract. The Hill Country Incident Report Form is provided below. Failure to report an incident may result in contract sanctions. All Hill Country incident report forms must be emailed directly to the IncidentReport@hillcountry.org

Within 5 business days of an Incident occurring, each Provider must submit their Critical Incident Reporting Form (CIR) via e-mail, . Compliance with the procedure is subject to audits.



VI. TRAINING REQUIREMENTS

Providers will complete training sessions and keep signed records of all training for audit/review purposes. Staff must have the necessary training and demonstrate the necessary skills to ensure persons' health, safety, and support needs are met. The Training Matrix is outlined below for Direct Services Staff and In-Direct Staff.

G §2.315 (h)(4)(A)(B)	Qualifications/Education/Credentials	<ul style="list-style-type: none"> Evidence of GED, diploma, or transcript
(TAC Title 40, Part 1)–C §4.121 (1)	Rights	<ul style="list-style-type: none"> Evidence of training roster or HR training log specifying each area of training
(TAC Title 40, Part 1) –L §4.560 (a)(1)–(7)	Abuse and Neglect	
(TAC Title 40, Part 1) – L §4.560 (b)	Safe Management of Verbally and Physically Aggressive Behavior	
G §2.315(h)(5)(A) & (B)	Training Related to Disability (<i>e.g., seizure disorder, diabetes</i>)	
G §2.315(h)(5)(A) & (B)	Supervision of Self-Administration of Medication (<i>only if provides SAM</i>)	
G §2.315(h)(5)(A) & (B)	Infection Control	
G §2.315(h)(5)(A) & (B)	CPR	
G §2.315(h)(5)(A) & (B)	First Aid	<ul style="list-style-type: none"> Evidence checks were completed
(TAC Title 40, Part 1) K §4.505 & 4.507; G §2.315 (h)(1); C §49.304(b)	Criminal History	
(TAC Title 40, Part 1) K §4.505 & 4.507; G §2.315 (h)(1); C §49.304(c)(5)	Misconduct Registry	
(TAC Title 40, Part 1) K §4.505 & 4.507; G §2.315 (h)(1); C §49.304(c)(5)	Nurses Aid Registry	<ul style="list-style-type: none"> Evidence should reflect <ul style="list-style-type: none"> the date of an LEIE review printed name & signature of the person conducting the LEIE review first & last name & date of birth of the individual or entity that was subject of the review
(TAC Title 40 Part 1)- C §49.304(f)	Federal and State of Texas LEIE Compliance	



VII. SERVICE ARRAY DESCRIPTIONS

LIDDA Community Services (LCS)

Community Support - 530

Individualized activities that are consistent with the individual's plan of services and supports and provided in the individual's home and at community locations, (e.g., libraries and stores). Supports include:

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

Required activities:

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

Optional activities:

- a) Crisis intervention.
- b) Participation in service planning team meetings.
- c) Providing transportation for an individual to/from home directly to the individual's community employment site or day habilitation/vocational training site and transportation to facilitate the individual's employment opportunities and participate in community activities as specified in the plan of services and supports (e.g., individual will receive Supported Employment services once a week with transportation provided daily to the job site).



- d) Telephone contact with the individual or family member when an emergency arises that directly affects the individual (for example, seizure, injury or other major crises) and that is more expediently handled by telephone than in person.
- e) Providing assistance with medications and the performance of tasks delegated by a registered nurse in accordance with state law.

Prohibited activities:

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

Clarifications:

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



and implementation of programs to develop appropriate social behaviors, as identified in the person-directed plan.

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

Required Documentation Elements

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



- d) When documenting transportation, a billing log may be substituted for a written narrative. A sample of a transportation log can be found in the Forms section of the Texas Home Living Program Service Definitions and Billing Guidelines Revision 09-0.

Respite – Out-of-Home 904, 905

In-Home 902,903

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

Required activities:

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

Optional activities:

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

Prohibited activities:

- a) Continuous out of home placement for more than 30 consecutive days.
- b) Respite Care provided to individuals who live independently.



- c) Hourly Respite (3122) may not be reported for the same time that Day Habilitation, Vocational Training, Community Support, Supported Employment or Employment Assistance are reported.
- d) The service provider may not have the same residence as the individual receiving the service.

Clarifications:

- a) Out-of-Home Respite provides care to and supervision of individuals out of their usual residence. This service is intended to relieve family members or other primary unpaid care providers of their responsibilities for providing care on a planned or emergency short-term basis. It may be provided at a variety of locations, e.g., the home of a relative or a family friend, a home specifically for respite, a location usually considered a Residential Service, or a private facility, e.g., a hospital. Duration of this service may be for a part of one day or for several consecutive days, but it is intended that it be temporary and brief. Continuous out of home overnight placement in a Respite situation for more than 30 consecutive days usually requires assignment to a Residential Service. Appropriate standards for an out-of-home situation (e.g., Respite, Residential) will apply.
- b) In-Home Respite provides care to and supervision of individuals based at their usual residence. This service is intended to relieve family members or other primary unpaid care providers of their responsibilities for providing care on a planned or emergency short term basis. Duration of this service may be for a part of one day or for several consecutive days, but it is intended that it be temporary and brief. Continuous overnight placement in a Respite situation for more than 30 consecutive days usually requires assignment to a Residential Service. Appropriate standards for an out-of- home situation (e.g., Respite, Residential) will apply.
- c) “Non-routine” is intended to allow for regularly scheduled respite services. Respite may be provided regularly but is not intended to provide caregiver relief during routine caregiver working hours (e.g., Day Care).

Required Documentation Elements

- a) A written narrative for each service event that describes the respite service and, when appropriate, includes information pertaining to the individual’s progress toward goals or outcomes. The written narrative must include:
 - i) Name of individual;
 - ii) Local case number
 - iii) Type of service;
 - iv) Date of service (month, day, year);
 - v) Place of service;
 - vi) Actual begin and end time of service event;
 - vii) Detailed description of the service provided;
 - viii) Name and title of the service provider; and
 - ix) Signature of service provider (including credentials or job title as appropriate).
- b) Elements noted above do not necessarily have to be contained within the narrative describing the service event so long as they are contained within the progress note that also contains the narrative (e.g., billing strip).



- b) A service delivery log may be used for documentation purposes, providing it contains all the required elements in 13. a) above. An example can be found in the Forms section of the TxHmL Program Service Definitions and Billing Guidelines Revision 09-0. (Service Delivery Log with Written Narrative/Written Summary).

Employment Assistance – 535

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

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

Required activities:

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

Optional Activities:

Participation in service planning team meetings.

Prohibited Activities:

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



- g) Reviewing records or any other documentation regarding the individual.

Clarifications:

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

Required Documentation Elements

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



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

Supported Employment – 536

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

Required activities:

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

Optional Activities:

Participating in service planning team meetings.



Prohibited Activities:

- a) Providing services to an individual who does not require such services to continue employment.
- b) Activities conducted prior to the individual's employment such as employment interest assessments or interviews conducted with the individual. Employment interest assessments are captured under R041-Employment Assistance.
- c) Community job development activities such as job searches or completing job applications. These activities are captured and reported under R041-Employment Assistance.
- d) Supported Employment services provided by someone other than Supported Employment program provider staff or contractors.
- e) Activities provided to an individual who is eligible for Supported Employment through the public school system.
- f) Staff time spent providing transportation to an individual between the individual's home and the employment site. This is reported under R021 - Community Support.
- g) Volunteer work performed by the individual to determine if they like or are qualified for a job.

Clarifications:

- a) Any Supported Employment services provided to the school age population must be jointly developed in the individual's transition plan, delivered in coordination with the school district, and provided outside of the school day. Supported Employment services provided to a person who is home-schooled must be delivered outside of the regular school day. The intent is to not use GR funds to provide something the school district is obligated to provide.
- b) Individuals living in Nursing Facilities are reported as PASRR Supported Employment.
- c) For individuals receiving General Revenue funded services, the LIDDAs have the option to refer the individuals with an outcome to maintain competitive employment in the community to the Texas Workforce Solutions Vocational Rehabilitation Services for employment services. Waiver providers are required to refer individuals to TWC before assisting those individuals with employment.
- d) This service code may be used to count services provided to an individual who is self-employed, provided services to that individual are clearly documented.
- e) Supported Employment includes services and supports, including supervision and training, essential to sustain paid work by an individual.
- f) Supported Employment is provided away from the individual's place of residence and does not include payment for the supervisory activities rendered as a normal part of the business setting.
- g) Supported Employment is not merely checking on an individual for whom no problems or needs are evident in record documentation.
- h) Supported Employment does not include transportation to or from the job site.
- i) i) While employed, if an individual wishes to secure a different or an additional job, job development in assisting the person to secure that employment is reported under R041 - Employment Assistance.
- j) j) Attendance in a group/job club does not count as Supported Employment.
- k) k) Assisting an employed individual in completing and filing reports for Social Security (such as wage reports) does not constitute R042.



- l) l) Volunteer work to determine if an individual like or is qualified for a job is not allowed.

Required Documentation Elements:

- a) A written narrative for each service event that describes the service and includes information pertaining to the individual’s progress toward goals or outcomes. The written narrative must include:
 - i. Name of individual;
 - ii. Local case number
 - iii. Type of service;
 - iv. Date of service (month, day, year);
 - v. Place of service;
 - vi. Actual begin and end time of each reported service event;
 - vii. Detailed description of the service event;
 - viii. Name and title of the service provider; and
 - ix. Signature of service provider (including credentials or job title as appropriate).
- b) A service delivery log may be used for documentation purposes, providing it contains all the required information in 13.a) above. An example can be found in the Forms section of the TxHmL Program Service Definitions and Billing Guidelines Revision 09-0. (Service Delivery Log with Witten Narrative)

Day Habilitation – 537L (1-9)

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

Required activities:



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

Optional activities:

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

Prohibited activities:

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

Clarifications:

- a) Day Habilitation activities are consistent with achieving the outcomes identified in the individual's plan of services and supports and activities are designed to reinforce therapeutic outcomes targeted by other service components, school or other support providers (e.g., reinforce speech therapy, Behavioral Support interventions, etc.).
- b) Included in this category are group activities that provide structured day services designed to improve skills such as attending to tasks, purposeful manipulation of objects, using leisure time appropriately, self-help skills, and other skills not included in a vocational category. These structured day services should produce outcomes that are meaningful to the individual and result in increased participation by the individual in the community.



- c) This may provide an alternative for individuals not participating in Employment Assistance, Supported Employment or Vocational Training.
- d) For individuals attending public school, R053 services must be delivered outside the individual's public school day. The intent is to not use GR funds to provide something the school district is obligated to provide.
- e) Day Habilitation may not be reported when an individual refuse to participate in a Day Habilitation activity unless documentation supports the individual was offered alternative activities throughout the day.
- f) Time spent addressing outcomes to increase or retain vocational skills is not considered Day Habilitation.
- g) Time spent by an individual receiving other services that do not allow the individual to participate in the Day Habilitation activity (e.g., doctor appointments, consultations with or treatments by therapist, etc.) are not captured and reported under R053-Day Habilitation. If during the Day Habilitation activity another service is provided to the individual that prevents the individual's participation in the Day Habilitation activity, the amount of time the individual receives the other service must not be considered as time spent in the Day Habilitation activity. The individual must be "logged out" and then "logged back in" for the time spent involved in the other activity.
- h) Productive activities consistent with the individual's Day Habilitation goals may be a part of this service.

Required Documentation Elements

- a) Daily Basis - A written narrative for each service event that describes the service and when appropriate includes information pertaining to the individual's progress toward goals or outcomes. The written narrative must include:
 - i. Name of individual;
 - ii. Local case number;
 - iii. Type of service;
 - iv. Date of service (month, day, year);
 - v. Place of service;
 - vi. Actual begin and end time of each reported service event, including any times the individual; signed out to receive other services;
 - vii. Detailed description of the activities the individual participated in;
 - viii. Name and title of the service provider; and
 - ix. Signature of service provider (including credentials or job title as appropriate).
- b) Weekly basis – To document on a weekly basis, the program provider must maintain a weekly summary and a daily service log. The weekly summary describes the services provided during the week and includes statements regarding the individual's progress toward the goals and outcomes for Day Habilitation in the plan of services and supports.
 - i. Each weekly summary includes:



- Name of individual;
 - Type of service provided;
 - Week of service (must identify the calendar week of service – Sunday through Saturday and the year);
 - Place of service;
 - Description of the activity(s) the individual participated in to address their Day Habilitation outcomes;
 - Name and title of service provider; and
 - Signature of service provider.
- ii. Each daily log must include:
- Date of service (month, day, year);
 - Begin and end time of service event – must include any times the individual signed out to receive other services; and
 - Signature of the service provider for each day of attendance.
 - Elements noted above do not necessarily have to be contained within the narrative describing the service event so long as they are contained within the progress note that also contains the narrative (e.g., billing strip).

Nursing – 539RN, 539LVN

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.

Required activities:

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



Optional activities:

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

Prohibited Activities:

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

Clarifications:

- a) Documenting the provision of services and medication/treatment administration (e.g., such as written narratives, Medication Administration Record, etc.); preparing treatments or medication for administration (non-direct services); controlling medications (storage, counting, etc.); reviewing



individual records; and reordering, refilling, or delivering medications are not captured and reported under R054-Nursing.

- b) Activities conducted in conjunction with a Behavioral Health service, such as an LVN taking vital signs prior to a clinic visit, should not be reported as separate encounters but the time should be included in the encounter for the Behavioral Health service done by the credentialed provider as outlined in the Behavioral Health Service template 2.
- c) Nursing services provided independent of Behavioral Health Service events, such as giving injections between clinic visits, should be authorized on the plan of services and supports and reported in Nursing (3209) encounters.

Required Documentation Elements:

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

Specialized Therapies

Specialized therapies are:

assessment and treatment by licensed or certified professionals for:

- social work services;
- counseling services;
- occupational therapy;



- physical therapy;
- speech and language therapy;
- audiology services;
- dietary services;
- behavioral health services, other than those provided by a local mental health authority pursuant to its contract with the Health and Human Services Commission (HHSC); and
- training and consulting with family members or other providers.

Required activities:

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

Optional activities:

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

Prohibited Activities:

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

Clarifications:

- a) Non-traditional therapies are not captured and reported under Specialized Therapies.



- b) The purchase of adaptive equipment is not captured and reported under Specialized Therapies.

Required Documentation Elements

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

Behavioral Support - 538

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

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

Required activities:

- a) Specialized therapy assessment or intervention as specified in the individual's plan of services and supports (which is the plan in place at the time the service was delivered) with an exception allowed in a crisis situation with unplanned behavioral support needs;
- b) Provider's scope of practice must be within that authorized by the licensing or certification body.



- c) The provider of Behavioral Support must be:
 - i. Licensed as a psychologist in accordance with Texas Occupations Code, Chapter 501;
 - ii. Licensed as psychological associate in accordance with Texas Occupations Code, Chapter 501;
 - iii. Certified as a behavior analyst by the Behavior Analyst Certification Board, Inc.
 - iv. Provisionally licensed to practice psychology in accordance with Texas Occupations Code, Chapter 501
 - v. A TDMHMR/DADS/HHSC-certified authorized provider in accordance with 40 TAC §5.161.
 - vi. Licensed as a licensed clinical social worker in accordance with Texas Occupations Code, Chapter 505; or
 - vii. Licensed as a licensed professional counselor in accordance with Texas Occupations Code, Chapter 503.
- d) Face-to-face, telemedicine, or telephone contact (**Telephone contact only allowable if Crisis Indicator is Y**) with individuals, their family members or other service providers (excluding licensed/certified staff employed by or contracted by the program provider and service coordinators) necessary for the provision of a specific service to a specific individual. This includes: i) Face-to-face contact with an individual to conduct assessment or provide specialized interventions to increase adaptive behaviors or replace or modify maladaptive or socially unacceptable behaviors.
 - i. Training provided to direct service providers or family members responsible for performing, monitoring, reporting and documenting a specific individual Behavioral Support Plan for a specific individual.

Optional activities:

- a) Medication review and counseling as an adjunct to development or review of a Behavioral Support Plan.
- b) Face-to-face or telephone contact with a physician (including a psychiatrist) regarding the Behavioral Support provided to the individual. This physician may be an employee or contract staff with the LIDDA or an external physician.
- c) Participation in service planning team meetings.
- d) Writing a behavior support plan.
- e) Reviewing documents, except for a written narrative or written summary of a service to evaluate the quality and effectiveness of an individual's behavior support.
- f) Provider's scope of practice must be within that authorized by the licensing or certification body.

Prohibited activities:

- a) Providing transportation for an individual. This should be captured and reported under Community Support – R021.
- b) Travel time or time spent waiting to provide services.
- c) Providing training for other service providers related to general procedures or topics (e.g., training in the general principles of behavioral intervention or therapy).

Clarifications:



- a) Behavioral Support Services are only delivered by those with the credentials noted in #2 c) above. This does not include Physicians and Psychiatrists.
- b) Counseling is an allowable service if performed by those with the credential noted under #2 c) above. Goals and outcomes for counseling should refer to a change in a behavior that would prevent or interfere with the individual’s inclusion in home or family life, or life in the community.
- c) Implementation of Behavior Plans developed by those qualified (see credentials #2 c) is captured under R021 - Community Support Services.

Required Documentation Elements:

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

Crisis Respite – Out of Home

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).

Required activities:

- a) Therapeutic support includes 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:
 - i. activities to strengthen appropriate developmental functioning in areas of socialization, self-advocacy and rights;



- ii. developing coping skills; and
 - iii. reducing or avoiding stressors to prevent crisis events.
- b) 24-hour care and supervision.

Prohibited activities:

Respite provided to an individual who is not demonstrating a crisis.

Differentiation from other similar services:

Crisis Respite Out-of-Home is provided away from the individual's residence while Crisis Respite In-Home is provided at the individual's residence.

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

- a) Away from the individual's residence.
- b) In a setting for which the state provides oversight (for example, an ICF, a HCS group home, a DSHS-authorized crisis respites facility or crisis residential facility).

Documentation necessary for verification:

A progress note that verifies the service on the selected date.

Crisis Respite – In Home

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.

Required activities:

- a) Therapeutic support includes 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:

- i. Activities to strengthen appropriate developmental functioning in areas of socialization, self-advocacy and rights;
 - ii. Developing coping skills; and
 - iii. Reducing or avoiding stressors to prevent crisis events.
- b) 24-hour supervision.



Prohibited activities:

Respite provided to an individual who is not demonstrating a crisis.

Differentiation from other similar services:

Crisis Respite In-Home is provided at the individual's residence while Crisis Respite Out-of-Home is provided away from the individual's residence.

Documentation necessary for verification:

A progress note that verifies the service on the selected date.

Pre-Admission Screening and Resident Review (PASRR) Services

PASRR Employment Assistance - 540

Assistance provided to an individual, who is residing in a nursing facility, to help the individual locate competitive employment in the community.

Required activities:

- a) Identifying an individual's employment preferences, job skills and requirements for a work setting and work conditions;
- b) Locating prospective employers offering employment compatible with an individual's identified preferences, skills and requirements;
- c) Contacting a prospective employer on behalf of an individual and negotiating the individual's employment;
- d) Transporting the individual to help the individual locate competitive employment in the community;
- e) Participating in Service Planning Team (SPT) meetings; and
- f) Face-to face time spent in evaluation/assessments with the individual related to provision of Employment Assistance.

Prohibited activities:

- a) a) Employment Assistance provided when an individual is independently employed in the community, unless the SPT has identified outcomes for the individual to find additional or more suitable employment;
- b) b) Habilitation activities provided and billed as part of Day Habilitation;
- c) c) Time spent waiting to provide a service; and
- d) d) Face-to-face contact with an individual to provide Employment Assistance services simultaneously with Day Habilitation or Supported Employment.



Documentation necessary for verification:

A progress note that verifies the service on the selected date.

PASRR Supported Employment – 541

Assistance to sustain competitive employment provided to an individual residing in a nursing facility, who, because of a disability, requires intensive, ongoing support to be self-employed, work from the person’s residence, or perform in a work setting at which individuals without disabilities are employed.

Required activities:

- a) Making employment adaptations, supervision, and training related to the individual’s assessed needs;
- b) Transportation of the individual to support the individual to be self-employed, work from the individual’s residence, or perform in a work setting;
- c) Participation in Service Planning Team (SPT) meetings; and
- d) Face-to-face time spent in evaluation/assessments with the individual related to the provision of Supported Employment.

Optional activities:

- a) Training or consulting with employers, coworkers or advocates to maximize natural supports;
- b) Monitoring job performance;
- c) Communicating with managers and supervisors to gather input and plan training; and
- d) Communicating with company personnel or support systems to ensure job retention.

Prohibited activities:

- a) a) Providing services to an individual who does not require such services to sustain employment;
- b) b) Habilitation activities provided and billed as part of Day Habilitation;
- c) c) Time spent waiting to provide a service;
- d) d) Face-to-face contact with an individual to provide Supported Employment services simultaneously with PASRR Day Habilitation or PASRR Employment Assistance; and
- e) e) Transportation of the individual to and from the employment site. Transportation may be reported under Independent Living Skills Training (R021, Grid Code 377).

Documentation necessary for verification:

A progress note that verifies the service on the selected date.



PASRR Independent Living Skills Training 542

Individualized activities for individuals residing in a nursing facility that are consistent with the habilitation service plan and provided in an individual's residence and at community locations (e.g., libraries and stores).

Required activities:

- a) a) Habilitation and support activities that foster or facilitate improvement or maintenance of the individual's ability to perform functional living skills and other daily living activities;
- b) b) Participation in Service Planning team (SPT) meetings;
- c) c) Activities for the individual's family that help preserve the family unit and prevent or limit out-of-home placement of the individual;
- d) d) Transportation to facilitate the individual's employment opportunities and participation in community activities, and between the individual's residence and Day Habilitation site; and
- e) e) Functional living skills assessment completed face-to-face with an individual to determine tasks requiring Independent Living Skills Training.

Prohibited activities:

- a) Habilitation activities provided and reported as PASRR Day Habilitation;
- b) Transportation for individuals from one PASRR Day Habilitation/Supported Employment site to another; and
- c) ADL and IADL activities that can be accomplished with the assistance of the staff in a Day Habilitation setting.

Documentation necessary for verification:

A progress note that verifies the service on the selected date.

PASRR Day Habilitation – 543, 544

Assistance to an individual who is residing in a nursing facility to acquire, retain, or improve self-help, socialization, and adaptive skills necessary to live successfully in the community and to participate in home and community life.

Required activities:

- a) Individualized activities consistent with achieving the outcomes identified in the individual's habilitation service plan;
- b) Activities necessary to reinforce therapeutic outcomes targeted by other support providers and other specialized services;
- c) Services in a group setting, other than the individual's residence for typically up to five days a week, six hours per day on a regularly scheduled basis;



- d) Personal assistance for a person who cannot manage personal care needs during the day habilitation activities;
- e) Transportation during the day habilitation activity necessary for an individual's participation in the day habilitation activities;
- f) Participation in Service Planning Team (SPT) meetings; and
- g) Face-to-face time spent in evaluations/assessments with the individual related to provision of Day Habilitation.

Prohibited activities:

Cannot be provided in the nursing facility.

Differentiation from other similar services:

PASRR Independent Living Skills Training provides transportation to and from the Day Habilitation site; Day Habilitation includes transportation while participating in Day Habilitation activities.

Documentation necessary for verification:

A progress note that verifies the service on the selected date.

PASRR Behavioral Support – 545

Specialized interventions by a qualified service provider to assist an individual who is residing in a nursing facility to increase adaptive behaviors and to replace or modify maladaptive behaviors that prevent or interfere with the individual's inclusion in home and family life or community life.

Required activities:

- a) Assessing and analyzing assessment findings so that an appropriate behavior support plan may be designed;
- b) Developing an individualized behavior support plan consistent with the outcomes identified in the individual's HSP;
- c) Training and consulting with family members or other providers and, as appropriate, the individual; and
- d) Monitoring and evaluating the success of the behavior support plan and modifying the behavior support plan as necessary.
- e) A qualified provider of Behavioral Support must be:
 - i. A psychologist licensed in accordance with Chapter 501 of the Texas Occupations Code;
 - ii. A provisional license holder to practice psychology in accordance with Chapter 501 of the Texas Occupations Code;
 - iii. A psychological associate licensed in accordance with Chapter 501 of the Texas Occupations Code;
 - iv. A licensed clinical social worker in accordance with Chapter 505 of the Texas Occupations Code;



- v. A licensed professional counselor in accordance with Chapter 503 of the Texas Occupations Code;
 - vi. A certified authorized provider as described in 40 TAC §5.161; or
 - vii. A behavior analyst licensed
- f) Participating in Service Planning Team (SPT) meetings.

Prohibited activities:

- a) Providing services outside the scope of the service provider’s practice;
- b) Transporting an individual;
- c) Traveling or waiting to provide a service;
- d) Providing services that are performed by a service coordinator or were performed by a former case manager;
 - i. Scheduling an appointment;
 - ii. Creating written documentation;
 - iii. Reviewing a written narrative or written summary of a service; and
 - iv. Interacting with a staff person who is not a service provider, or a service provider of any nursing service component (registered nursing, licensed vocational nursing, specialized registered nursing or specialized licensed vocational nursing) or professional therapies, if not during a Service Planning Team meeting or during the development of an ISP or an implementation plan.

Documentation necessary for verification:

A progress note that verifies the service on the selected date.



VIII. SERVICE CODES

LIDDA Community Services (LCS)

Service	Comments	Code
Community Support	Community Support (includes transportation)	530
Day Habilitation	Site Based/Day Habilitation	537L (1-7)
Respite	Hourly – Out of Home Less than 10 hours	531
	Daily – Out of Home More than 10 hours	532
	Hourly – In Home Less than 10 hours	533
	Daily – In Home More than 10 hours	534
Behavioral Support	Behavioral Support Services	538
Nursing	Nursing RN	539RN
	Nursing LVN	539LVN
Supported Employment		536
Employment Assistance		535



Pre-Admission Screening and Resident Review (PASRR) Services

Service	Comments	Code
PASRR Behavioral Support	PASRR Only	545
PASRR Day Habilitation	PASRR Only 1-2.9 hours	543
PASRR Day Habilitation	PASRR Only 3 + hours	544
PASRR Employment Assistance	PASRR Only	540
PASRR Independent Living Skills Training	PASRR Only	542
PASRR Supported Employment	PASRR Only	541



IX. FORMS

Additional Forms are available upon written request. At any time Hill Country implements a new form, the LIDDA Director will make the form electronically available to the providers.

1. Hill Country Contract Provider Service Delivery Log
2. Incident Report

Hill Country Contract Provider Service Delivery Log

Detailed Instructions

Individual Name — Enter the individual's name.

Level of Need — Enter the individual's level of need.

Provider - Enter the name of the Provider Agency/Service Provider

LCS Services - If receiving LCS services, select the service that is being provided.

PASRR Services - If receiving PASRR services, select the service that is being provided.

County/Location - Enter the county and location the person resides in/service was provided in

Date - Enter the date (month, day, year) when the billable activity occurred.

Start Time — Enter the time when the billable activity started.

Stop Time — Enter the time when the billable activity ended.

Initial all areas in which you assisted the person — Initial the box that corresponds to activities provided by the service provider. The services initialed must justify amount of time spent providing services. A minimum of one activity must be marked for a billable service claim to have occurred

Implementation Strategy - Document if implementation strategy per PDP/IP was addressed.

Addressed - If Implementation strategy was addressed initial under correct date.

Activities/Outings — This field is to identify the location(s) and outings and may be used to document special events or occurrences under the date they occurred. Write location of outing/activity under correct date and initial date.

Comments - Additional section to document any special occurrences.

Name of Service Provider — The legibly printed name of the service provider who provided the service.



Service Provider Signature — At least one service provider who provided the service event for on-site or off-site individualized skills and socialization must sign the form.

Title — Enter the title of the service provider(s) providing billable activities to the individual.

HCMHDD Contract Provider Service Delivery Log

Individual Name:	LON (LCS Only):	Provider:
Instructions: Locate which program the individual receives and circle the service that was provided. Write in the county and the location. Fill in the date and time. Initial any/each assistance that was provided. Write in the implementation strategy (this can be located on PDP/IP), and initial if it was addressed. List any activities/outings that they completed. State any special occurrences that occurred. Print Name, Signature, and Title of the staff providing the service.		
LCS Services (Circle One) : <ul style="list-style-type: none"> • Day Habilitation: DH • Community Supports: CS • Respite • Supported Employment: SE • Employment Assistance: EA 	PASRR Services (Circle One): <ul style="list-style-type: none"> • Day Habilitation: DH • Independent Living Skills: ILS • Respite • Supported Employment: SE • Employment Assistance: EA 	County: Location:

Enter Date and Time service was provided.

DATE	START TIME	STOP TIME

Initial all areas in which you provided assistance to the person:

Activities in Daily Living	Monday	Tuesday	Wednesday	Thursday	Friday
Personal Hygiene					
Eating					
Meal Preparation					
Meal Planning					
Housekeeping					
Bathing					
Dressing					



Assisting With:	Monday	Tuesday	Wednesday	Thursday	Friday
Ambulation and Mobility					
Reinforce Therapies					
Transportation					
Supervision Safety and Security					
Other					

Habilitation	Monday	Tuesday	Wednesday	Thursday	Friday
Improve Independent Living Skills					
Community Integration					
Develop Socially Valued Behaviors					
Use of Natural Supports					
Participate in Leisure Activities					
IP Skill Development					

Implementation Strategy (write/type strategy):	Monday	Tuesday	Wednesday	Thursday	Friday
Addressed:					

ACTIVITIES/OUTINGS				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Initials:	Initials:	Initials:	Initials:	Initials:

Comments (Special Events/Occurrences)

Date	Initials	Comments



Employee Signature		
_____	_____	_____
Printed Name	Signature	Title



Incident Reporting Form and Procedures

Detailed Instructions

Individual Name - Enter individual's name

Provider - Enter the Provider name

County - Enter the county where incident occurred

Date Incident/Injury Occurred - Enter date

Time Incident/Injury Occurred - Enter time if known.

Section I - Check all that applied during incident/injury.

- There may be multiple items checked per incident/injury.
- Make sure you are only selecting items that occurred.
- If Other: Just input one/two-word descriptions.

Section II

- Circle what service was being provided when incident/injury occurred.
- Write the specific location that incident/injury occurred.
 - For example, "Service Being Provided" was DayHab, then "Specific location" might be bathroom.

Section III - Explain what happened.

- This can be completed in the allotted space or attach a written statement.
- If visible bruising, you will need to include measurements of injured area.
- When writing statement, you need to include
 - What happened before incident/injury occurred?
 - Include: Who was around, what was said, and what was done?
 - What happened during the incident/injury?
 - What happened after the incident/injury occurred?
 - Include: How did others (you) react/respond? What was said or done after the behavior occurred?
 - Avoid giving personal opinions.
 - Avoid mentioning another consumer's name or initials in report due to HIPAA.

If an incident happens between two consumers. There will need to be two different reports written for each consumer.



If an incident is unwitnessed by you, state just what information was told to you by that consumer and what you observed. This allows for you to not make assumptions about what occurred

Section IV – Director/Supervisor/Manager of Provider will fill out this section.

Section V- If applicable, Nursing will fill out this section.

- If individual was taken to ER/Hospital be sure to include outcome of visit.
- If visible bruising, make sure the measurement is included in the written statement or in the nursing section.

Section VI - All parties sign

- Fill in if family/guardian were contacted.

Type of Injury/Source of Injury - Select all that apply.

Remainder portion of report to be filled out by nursing, if applicable.

Instructions for Submitting Form:

Once completed email form to IncidentReport@hillcountry.org within 5 days of incident/injury occurring.



**INCIDENT/INJURY REPORT
LCS/PASRR Provider Services**

INDIVIDUAL NAME:	Provider:	County:
Date Incident/Injury Occurred:	Time Incident/Injury Occurred:	Program (Circle One): LCS PASRR

**Section I
(Check all that apply)**

Injuries	911 Calls and Hospitalizations	Incidents/Accidents
<input type="checkbox"/> Visible Injury <input type="checkbox"/> Witnessed <input type="checkbox"/> Non-Witnessed <input type="checkbox"/> Slip/Trip/Fall <input type="checkbox"/> Head Injury <input type="checkbox"/> Auto Accident (personal vehicle) <input type="checkbox"/> Auto Accident (center vehicle) <input type="checkbox"/> Restraint <input type="checkbox"/> If Other Explain:	<input type="checkbox"/> 911 Call for Medical <input type="checkbox"/> 911 Call for Psychiatric <input type="checkbox"/> 911 Call for Both Psych and Medical <input type="checkbox"/> Admission to Emergency Room <input type="checkbox"/> Admission to Hospital <input type="checkbox"/> Law Enforcement Involvement	<input type="checkbox"/> Aggressive Behavior <input type="checkbox"/> Self-Injurious Behavior <input type="checkbox"/> Missing or Damaged Property <input type="checkbox"/> Elopement <input type="checkbox"/> Dropped Medication: Medication dropped but not administered. <input type="checkbox"/> If Other Explain:

**Section II:
Location of Incident/Injury Occurred:**

Service Being Provided when Incident/Injury Occurred: (Circle One)	Specific Location when Incident/Injury Occurred:
:DayHab :Community Supports :Independent Living Skills :Respite :Supported Employment/Employment Assistance :Other	

**Section III:
Describe What Happened *Include Measurements of Any Visible Markings* (Or Attach Written Statement):**



LICABLE REGULATIONS, ADMINISTRATIVE

CODES, AND STATUTES WEBSITES

Provider must comply with all applicable federal, state, and local laws. He/she must comply with all THHSC rules, current and future, which are applicable to local authorities and their contractors. The web links below can be used for guidance and clarification.

Texas Health and Safety Code accessible at the following website:

<http://www.capitol.state.tx.us/statutes>

Texas Administrative Codes (TAC) accessible at the following website:

[http://info.sos.state.tx.us/pls/pub/readtac\\$ext.ViewTAC?tac_view=2&ti=40](http://info.sos.state.tx.us/pls/pub/readtac$ext.ViewTAC?tac_view=2&ti=40)

Occupational Safety & Health Administration (OSHA) accessible at the following website:

<http://www.osha.gov>

HHSC “Your Rights In Local Authority Services” Handbook (English/Spanish)

<https://hhs.texas.gov/sites/default/files/documents/services/disability/local-authority-rights-handbook.pdf>

HHSC HIPAA Training:

<https://apps.hhs.texas.gov/providers/hipaa/privacy/index.cfm>

HHSC Employability Status Check (Nurse Aide/ Medication Aide / Employee Misconduct Registry):

<https://hhs.texas.gov/doing-business-hhs/provider-portals/employability-checks>