MHMR TARRANT
Mental Health Child and Youth Services

OPEN ENROLLMENT APPLICATION

The Texas Department State Health Services (DSHS) has authorized MHMR Tarrant (MHMR) to assemble a network of service providers to provide mental health services to children and youth in Tarrant County.

The goals of this network are:

1. To provide a comprehensive community system of services and supports.
2. To identify, implement, and evaluate successful programs based on client outcomes so that these efforts can be replicated.
3. To create meaningful cooperative relationships between MHMR and providers in the community.
4. To increase client access and allow client choice in the selection of qualified providers.
5. To provide quality services and achieve the desired outcomes at the most efficient cost possible.

This document requests participation from applicants for the purpose of providing mental health services as described in Attachment B to individuals described in Attachment A who reside in Tarrant County.

There is no guarantee of referral volume to any provider. It is expected that contracted programs/services will address issues of consumer choice, quality, access, price, and ultimate cost-benefit while assuring adherence to standards of care and service requirements.

Target Population

The target population recipients are individuals determined eligible in accordance with the definitions established by DSHS. (See Attachment A – Covered Individual Definition.) Designation of an individual as eligible for services must be made by MHMR and documented in each individual's record maintained by MHMR.

Eligible Applicants

Applicants must be registered with the Secretary of State in Texas and have a Tax Identification Number. Individuals providing professional services must hold valid Texas licenses and/or certifications as required by state law. In any situation where a consortium of providers is applying, a single entity responsible for services delivered must be identified and the financial agent must be an organization with a demonstrated ability to manage funds. Applicants may not subcontract responsibilities for these services. All service providers must be eighteen (18) years of age or older. Applicants may not have been convicted of a crime relevant to a person's duties including any sexual offense, drug-related offense, homicide, theft, assault, battery, or any other crime involving personal injury or threat to another person.

Contractor Citizenship and Immigration Status

Each applicant must submit the following documentation according to the following categories:

1. **S**ole-proprietor or self-employed contractors (no employees) must submit documentation that establishes both the contractor's identity and eligibility to work in the United States. Such documentation as can be found in the "Lists of Acceptable Documents" from the I-9 form.
2. Those contractors which are incorporated or have employees and are contracted to provide services must submit a copy of the "Maintain Company" page from U.S. Citizenship and Immigration E-Verify website to prove enrollment. Agency may request screenshot of contractor's 3 most recent new hires as indicated by a State auditor.

MHMR Responsibilities

MHMR will be responsible for making referrals, authorizing services, reviewing claims, and paying for appropriate, authorized services rendered by the Applicant. MHMR is also responsible for utilization management and quality assurance. The length and type of service will be determined in collaboration with the individual, his/her family (when appropriate), the provider, and MHMR. All services contracted by MHMR are reviewed for effectiveness and continued value to the individual (and when appropriate, the family) Reauthorization of any service is based on that review. MHMR ensures that contracted services addressing the needs of Covered Individuals are provided as required by the Texas Department of State Health Services and comply with the rules and standards adopted under Section 534.052 of the Texas Health and Safety Code. MHMR does not guarantee any referral volume to any Network Provider.

Provider Responsibilities

The Provider will be responsible for providing services as authorized by MHMR and specified in the individual's plan of care. Provider must maintain all records regarding services rendered to individuals referred by MHMR for a period of five (5) years, and must allow MHMR immediate access during regular business hours to such records upon request. The Provider is required to comply with all state and federal laws regarding the confidentiality of consumers' records and nondiscrimination. The Provider must perform criminal history checks on employees to ensure that individuals convicted of crimes against persons are not allowed to work with MHMR consumers. The Provider will obtain prior authorization, provide acceptable levels of care, maintain acceptable levels of liability insurance and appropriate licenses and accreditations. The Provider also agrees that its name may be used, along with a description of its facilities, care, and services in any information distributed by MHMR listing its providers. The Provider must comply with the rules and standards adopted under Section 534.052 of the Texas Health and Safety Code and applicable local, state, and federal laws, rules and regulations.

Application Instructions

Applicants must follow the attached outline for submissions (see below) to facilitate objective review. MHMR reserves the right to reject any and all applications, to waive technicalities, and to accept any advantages deemed beneficial to MHMR and its clients.

Please be sure to answer every question. If the question does not apply to you or your organization, simply and clearly document "N/A." All supporting documentation should be attached, including the "Texas Standardized Credentialing Application" which must be completed for each licensed individual providing services to Covered Individuals.

MHMR reserves the right to not evaluate incomplete enrollment Applications. False statements by any Applicant may disqualify the Application. Interviews or site visits may be conducted to further evaluate applications.

Applications must be sent to:
Kevin McClean, Director of Contracts Management/Provider Relations
MHMR of Tarrant County
P.O. Box 2603
Fort Worth, Texas 76113

Applications may be sent by regular mail or special carrier. **Applications may not be faxed**.
Send two (2) copies of the Application with original signatures and two (2) signed Assurances signature pages.

The contents of all applications may be made available upon written request. Therefore, any information contained in the Application that is deemed to be proprietary or confidential in nature must clearly be so designated in the Application. Such information may still be subject to disclosure under the Public Information Act depending on opinions from the Attorney General's office.

Questions regarding this Application should be directed to Kevin McClean at Provider.Relations@mhmrtc.org

- APPLICATION –

Please indicate service(s) you are applying for by checking in the box(es) below.
Refer to Attachment B for descriptions of services and rates.

Community Services

☐ Crisis Respite
☐ Camp
☐ Partial Hospitalization
☐ Intensive Out-Patient

YES Waiver Services

☐ Specialized Therapies*
☐ Nutritional Counseling*
☐ In Home Respite
☐ Camp
☐ DFPS Residential Child Care Facility
☐ Licensed Child Care Center

* Services require completion of the "Texas Standardized Credentialing Application" for licensed providers: http://www.mhmrtarrant.org/Business-Opportunities/Credentialing

I. BUSINESS DEMOGRAPHICS

Legal Name: _____ Social Security # and/or Tax ID #:_____

DBA: _____

Address: _____ City: _____

Zip Code:_____ Business Phone: _____ Fax #: _____

Contact Person: _____ Title: _____ Phone: _____

Billing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Business locations in this market area:

	Street	City	County	Zip Code
1.				
2.				
3.				
4.				

Indicate if you provide any of the following:

1. TTY/TTD (Hearing Impaired Services/Capabilities	□ Yes □ No
2. American Sign Language	□ Yes □ No
3. Handicap Accessible	□ Yes □ No
4. Public Transportation Access	□ Yes □ No
5. Bilingual Services (please list below)	□ Yes □ No

_____

Owners/Partners:

Name	% Ownership	If corporate, list organization
1. _____		
2. _____		
3. _____		
4. _____		

Certification Number if a Historically Underutilized Business: _____ Years in Operation: _____

No employee of MHMR or DSHS, and no member of MHMR's Board of Trustees can directly or indirectly receive any pecuniary interest from an award of the proposed contract. If such a situation exists, please explain in detail:

_____

_____

_____

II. QUALITY MANAGEMENT/UTILIZATION MANAGEMENT

A. Provide copies of all licenses, credentials, certifications, and/or accreditations the organization or provider currently holds relative to this Application. ***Label as II.A.***

B. Provide a summary of the most recent consumer satisfaction surveys or other on-going efforts to obtain and evaluate consumer satisfaction. Describe how this information was obtained and how it is used to improve quality:

_____

_____

_____

_____

C. Describe or attach your process to track, monitor and investigate critical incidents (e.g. serious injuries, serious medication errors):

III. SERVICES

A. Identify the services that the organization/provider will provide (Attach additional sheets for each service type if applying to provide more than one service): _____

B. Will the organization/provider have qualified staff available to administer medications or to supervise individuals in the self-administration of medication? _____

C. What times of day and what days of the week are services available? (Complete for each service being applied for):

Service Type: _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
hrs:_____	Hrs:_____	hrs:_____	hrs:_____	hrs:_____	hrs:_____	hrs:_____

Service Type: _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
hrs:_____	Hrs:_____	hrs:_____	hrs:_____	hrs:_____	hrs:_____	hrs:_____

D. How many individuals can the organization/provider serve?:_____

E. How long do people currently wait to get into the organization's/provider's services?: _____

F. Detail the specific population the organization/provider would serve. Include ages and level of severity and concurrent diagnoses: _____

G. Are there any restrictions on who the organization/provider will serve? _____
If yes, please explain: _____

H. Describe the organization's/provider's experience in working with persons with mental illness, over the last five (5) years: _____

I. Describe the organization's/provider's ability to work with persons who are hearing impaired, persons who have limited language skills, and persons who speak a language other than English:

J. Describe the organization's/provider's experience in working with persons with physical impairments and adaptive equipment: _____

K. Describe any specialized services you provide (ability to assist with eating, supervision, or self-medication, etc.): _____

L. Describe any "after hours" system for responding to client needs: _____

M. Can MHMR clients access services outside usual business hours? _____

N. Describe or attach ***(Label as III.N.)*** the organization's/provider's in-service training requirements for employees: _____

IV. FINANCIAL

A. Is the organization/provider incorporated as "Profit," "Not-for-profit," or "Other?"_____
If "Other," please explain: _____

B. Does the organization/provider have sufficient reserves or line of credit to operate during the time period between billing and receiving reimbursement from third party payors? _____
If not, please explain: _____

C. Has the organization/provider declared any type of bankruptcy in the prior seven (7) years? _____
If yes, please explain: _____

D. Has the organization/provider received a "qualified" opinion on a financial statement in the past three (3) years? _____ If yes, please explain: _____

Does the most recent audit report have any material instance of non-compliance with standard accounting practices? _____ If yes, please explain: _____

E. Describe any arrangements to subcontract part or all of these services. Name all subcontractors and attach ***(Label as IV.E.)*** information on their staff credentials, licenses and certifications: _____

F. Is the organization/provider currently under investigation, or had a license or accreditation revoked by any state/federal/MHMR or licensure agency, within the last five (5) years? _____
If yes, please explain: _____

G. Has the organization/provider had any judgments or settlements against it within the last ten (10) years? _____ If yes, please explain: _____

H. Has the organization/provider been placed on "vendor hold" by any agency or government entity in the past three (3) years? _____ If yes, please explain: _____

I. Does the organization/provider have a "Letter of Good Standing" which verifies that it is not delinquent in State Franchise Tax? _____ Corporations that are non-profit or exempt from Franchise Tax are not required to have this letter, but will have a 501C IRS Exemption form from the Comptroller's Office. Attach the letter or exception form. ***Label as IV.I.***

J. Is the organization/provider delinquent in the payment of any court-ordered Child Support Payments? _____ If yes, explain: _____

K. Is the organization/provider currently held in abeyance or barred from the award of a federal or state contract? _____ If yes, has this occurred in the last five (5) years? _____ If yes, explain: _____

L. Describe any contracts, Memoranda of Understanding, or employment relationship the organization or provider has with other state, city or county agencies in the Tarrant County community. _____

V. RISK ASSESSMENT

A. Does anyone working for the organization/provider providing direct care or in management have any felony convictions? _____ If yes, explain. _____

Describe the process, if any, the organization/provider uses to check on previous convictions of employees. Describe or attach ***(Label as V.A.)*** any policies and procedures regarding the hiring and retention of persons with criminal histories: _____

_____

_____

_____

B. Has the organization/provider or its employees had any validated client abuse, client neglect, or rights violations claims in the last three (3) years? _____ If yes, explain in detail: _____

_____

_____

_____

Describe or attach ***(Label as V.B.)*** any current policies and procedures regarding client abuse, client neglect, or rights violations and the training of staff on these issues: _____

_____

_____

_____

C. Provide a Certificate of Insurance showing liability insurance coverage (property and vehicles, including riders) and include directors' and officers' professional liability, errors and omissions, and general liability insurance. ***Label as V.C.***

D. Provide the name of Workers' Compensation carrier if the organization/provider has Workers' Compensation coverage, or self-funding documents if self-funded. ***Label as V.D.***

E. Does the organization/provider currently have any malpractice claims pending or closed during the past five (5) years? _____ If yes, please supply the following information: ***Label as V.E***.

1. Letter from your attorney explaining the facts of the case
2. Copies of the complaint and judgment
3. Name of malpractice carrier that handled the claim and firm representing the carrier

VI. INFORMATION SYSTEMS

Can the organization/provider report data by the following categories?:

1. Client name
2. Client's MHMR identification number
3. Date, number, type, and duration of services rendered
4. Authorization number
5. Amount to be paid
6. If medications are administered or supervised, number, type, and severity of medication errors and adverse drug reactions for MHMR clients
7. Elopements or unauthorized departures from the program site
8. Confirmed abuse, neglect, or exploitation of MHMR clients.

9. Death or serious injury to MHMR clients occurring at program site

VII. RATE SCHEDULE

Applicant agrees to accept the fees listed in Attachment B as payment in full for approved Covered Services. The Applicant will not submit a claim or bill or collect compensation from MHMR for any non-covered service. Applicant agrees that compensation for providing non-covered services will be solely between the client and the Applicant. The Covered Individual must be informed in writing, before any non-covered services are provided, that MHMR is not responsible for payment for such services. Clients are responsible for payment for non-covered services only if the Covered Individual consents in writing to the provision of such non-covered services. MHMR is the payor of last resort. If the services authorized for a Covered Individual are currently paid for by a third party payor, applicant may not bill both entities for the same service.

ASSURANCES DOCUMENT

Applicant assures the following:

1. That all addenda and attachments to the Application as distributed by MHMR have been received.
2. No attempt will be made by the Applicant to induce any person or firm to submit or not to submit an Application, unless so described in the response document.
3. The Applicant does not discriminate in its services or employment practices on the basis of race, color, religion, sex, national origin, ethnicity, disability, veteran status, or age.
4. That no employee of MHMR or DSHS, and no member of MHMR's Board of Trustees will directly or indirectly receive any pecuniary interest from an award of the proposed contract. If the applicant is unable to make the affirmation, then the applicant must disclose any knowledge of such interests.
5. All cost and pricing information is reflected in the Application response document or attachments.
6. Applicant accepts the terms, conditions, criteria, and requirements set forth in the Application.
7. Applicant accepts MHMR's right to cancel the Application at any time prior to contract award.
8. Applicant accepts MHMR's right to alter the timetables for procurement as set forth in the Application.
9. The application submitted by the Applicant has been arrived at independently without consultation, communication, or agreement for the purpose of restricting competition.
10. Unless otherwise required by law, the information in the application submitted by the Applicant has not been knowingly disclosed by the Applicant to any other Applicant prior to the notice of intent to award.
11. No claim will be made for payment to cover costs incurred in the preparation of the submission of the application or any other associated costs.
12. MHMR has the right to complete background checks and verify information.
13. The individual signing this document and the contract is authorized to legally bind the Applicant.
14. The address submitted by the Applicant to be used for all notices sent by MHMR is current and correct.

Signature Authority for the Applicant	*Title*	*Date*

ATTACHMENT A

Covered Individual Definition

1. Community Services Participant - Child and Youth Mental Health (MH) Priority Population – children/youth ages 3 through 17 with a diagnosis of mental illness (excluding a single diagnosis of substance abuse, Intellectual and Developmental Disabilities (IDD), or autism spectrum disorders) who exhibit serious emotional, behavioral or mental health disorders and who:
    a. Have a serious functional impairment; or
    b. Are at risk of disruption of a preferred living or child care environment due to psychiatric symptoms; or
    c. Are enrolled in a school system's special education program because of serious emotional disturbance.
    d. Age Limitations:
        i. Children under the age of three who have a diagnosed physical or mental health condition are to be served through the Early Childhood Intervention (ECI) program; and
        ii. Youth 17 years old and younger must be screened for Children's Mental Health (CMH) services. Youth receiving CMH services who are approaching their 18th birthday and continue to need mental health services shall either be transferred to Adult Mental Health (AMH) Services on their 18th birthday or referred to another community provider, dependent upon the individual's needs. Individuals reaching 18 years of age who continue to need mental health services may be transferred to AMH services without meeting the adult priority population criteria and served for up to one additional year. Individuals who are 18 years of age or older and have previously received CMH services must be screened for AMH services using DSHS-approved Uniform Assessment (UA).
        iii. For purposes of this contract definitions of "child" and "youth" are as follows:
            1. Child: An individual who is at least three years of age, but younger than 13 years of age.
            2. Youth: An individual who is at least 13 years of age, but younger than 18 years of age.
    e. Service Determination:
        i. In determining services and supports to be provided to the child/youth and family, the choice of and admission to medically necessary services and supports are determined jointly by the child/youth and family seeking services and supports and by Contractor;
        ii. Criteria used to make these determinations are from the recommended Level of Care (LOC) (LOC-Recommended) of the individual as derived from the UA, the needs of the individual, Texas Resilience and Recovery Utilization Management Guidelines and the availability of resources;
        iii. The Global Assessment of Functioning (GAF) is not used to determine eligibility for CMH services; and
        iv. Children/Youth authorized for care by Contractor through a clinical override are eligible for the duration of the authorization. A clinical override for ineligible children/youth may not exceed a maximum of two consecutive authorizations.
2. Youth Empowerment Services (YES) Waiver Participant - In accordance with 25 TAC §419.3, to participate in the YES Waiver, a child or youth shall meet the following criteria:
    a. Be eligible to receive Medicaid, under a Medicaid Eligibility Group included in the Waiver;
    b. Live in a county included in the Waiver;

c. Be reasonably expected to qualify for inpatient care under the Texas Medicaid inpatient psychiatric admissions guidelines, in the absence of Waiver services;
d. Reside in:
    i. A non-institutional setting with the child or youth's legally authorized representative (LAR); or
    ii. The child or youth's own home or apartment, if legally emancipated; and
e. Choose, or have the LAR choose, the Waiver as an alternative to care in an inpatient psychiatric facility.
f. The approved age range for a Waiver participant is three to 18 years of age, up to the youth's 19th birthday.

ATTACHMENT B

Service Definitions and Rates

Community Services

Crisis Respite

$146.00 per day

Crisis Respite is short-term, community-based residential, crisis treatment to persons who have no risk of harm to self or others and may have some functional impairment who require direct supervision and care but do not require hospitalization. Treatment involves 24-hour care that is usually short-term and offered to youth ages 10-17 who are at risk of psychiatric crises due to a housing challenge and/or severe stressors in the family, but are not at a risk of harm to self or others. Facility-based crisis respite units meet licensing regulations of the Texas Department of Family and Protective Services.

Day Treatment

1. PHP Child $355 per day
2. PHP Youth $275 per day
3. IOP $135 per day
4. Camp $70 per child per day
5. Camp Transportation $10 per child per day

Partial Hospitalization for Children and Youth -- A hospital affiliated day program with medical supervision which focuses on short-term acute treatment of children and youth in the Priority Population who are experiencing acute psychiatric symptoms and are at risk for hospitalization unless they receive intensive intervention, or as a step-down from Inpatient Services. Services are provided in a highly structured and safe environment with constant supervision. A multidisciplinary treatment approach is used to achieve maximum symptom control and stabilization. Contacts with staff are frequent, and services are constantly available. Developmental and social supports are encouraged and facilitated. This service is inclusive of charges for psychiatric assessment, treatment, and case oversight and professional services including therapy and counseling, routine laboratory, ancillary services and physician fees.

Intensive Outpatient Services -- A hospital based evening outpatient program which focuses on short-term acute treatment of children and youth in the Priority Population who are experiencing acute psychiatric symptoms and are at risk for hospitalization unless they receive intensive intervention, or as a step-down from Inpatient or Partial Hospitalization services. Services are provided in a highly structured and safe environment with constant supervision. A multidisciplinary treatment approach is used to achieve maximum symptom control and stabilization. Contacts with staff are frequent and services constantly available. Development and social supports are encouraged and facilitated. This service is inclusive of charges for psychiatric assessment, treatment, and case oversight and professional services including therapy and counseling, routine laboratory, ancillary services and physician fees.

Camp – A hospital affiliated program that includes, recreational activities, daily skills groups and other therapeutic activities deemed appropriate for camp. The service includes transportation of the Covered Individual to and from the Camp provided by the Provider.

Youth Empowerment Services (YES) Waiver Services

Specialized Therapies and Nutritional Counseling

Rate:

1.	Art Therapy	$19.36 per 15 minute unit
2.	Music Therapy	$19.36 per 15 minute unit
3.	Animal-assisted Therapy	$19.36 per 15 minute unit
4.	Recreational Therapy	$19.36 per 15 minute unit
5.	Nutritional Counseling	$13.82 per 15 minute unit

The unit designation for each specialized therapy is 15-minutes. One 15-minute increment shall be billed as one unit. In order to bill for a unit, the entire unit shall be provided to the participant, face-to-face.

Service Definition:
Services to Covered Individuals are to assist them in meeting recovery goals. The intent of these services is to maintain or improve health, welfare, and/or effective functioning in the community.

Art Therapy - Through the use of art media, the creative process, and the resulting artwork, art therapy assists the Covered Individual in exploring feelings, reconciling emotional conflicts, fostering self-awareness, managing behavior, developing social skills, improving reality orientation, reducing anxiety, and increasing self-esteem.
An art therapy provider must be:

1. A licensed professional with documented training and experience relative to Art Therapy. This may include a: clinical social worker; professional counselor; marriage and family therapist; registered nurse; vocational nurse; physical therapist; occupational therapist; or dietitian; or
2. Certified by the Art Therapy Credentials Board (AT-BC).

Music Therapy - Musical or rhythmic interventions are utilized to assist the Covered Individual in accomplishing the restoration, maintenance, or improvement of social or emotional functioning, mental processing, or physical health. Music therapy provides a Covered Individual the opportunity to move from isolation into active participation through an increase in verbal and nonverbal communication, social expression, behavioral and social functioning, and self-awareness. A music therapy provider must be:

1. A licensed professional with documented training and experience relative to Music Therapy. This may include a: clinical social worker; professional counselor; marriage and family therapist; registered nurse; vocational nurse; physical therapist; occupational therapist; or dietitian; or
2. Certified by the Certification Board for Music Therapists (MT-BC).

Animal-Assisted Therapy - In Animal Assisted Therapy, animals are utilized in goal directed treatment sessions, as a modality, to facilitate optimal physical, cognitive, social and emotional outcomes of an individual such as increasing self-esteem and motivation, and reducing stress. Animal-Assisted Therapy is delivered in a variety of settings by specifically trained individuals in association with animals that meet specific criteria and in accordance with guidelines established by the American Veterinary Medical Association and either:

1. A licensed professional with documented training and experience relative to Animal Assisted Therapy. This may include a: clinical social worker; professional counselor; marriage and family therapist; registered nurse; vocational nurse; physical therapist; occupational therapist; or dietitian; or
2. Obtain certification specific to the type of program and animal(s) involved.

Recreational Therapy - The prescribed use of recreational and other activities as a treatment intervention is designed to restore, remediate, or habilitate improvement in a participant's functioning and independence, while reducing or eliminating the effects of the Covered Individual's serious emotional disturbance.
A recreational therapy provider must be:

1. A licensed professional with documented training and experience relative to Recreational Therapy. This may include a: clinical social worker; professional counselor; marriage and family therapist; registered nurse; vocational nurse; physical therapist; occupational therapist; or dietitian; or
2. Certified by the National Council of Therapeutic Recreation Certification (CTRS); or
3. Certified as a Texas Certified Therapeutic Recreation Specialist (TRS/TXC).

Nutritional Counseling - Nutritional counseling assists the Covered Individual in meeting basic and/or special therapeutic nutritional needs, including, but not limited to, counseling in nutrition principles, dietary plans, and food selection and economics.

Nutritional counseling must be provided by a person who is a registered, licensed, or provisionally licensed dietitian by the Texas Board of Examiners. Licensed professionals, with documented training and experience relative to the specific service, may include a: clinical social worker; professional counselor; marriage and family therapist; registered nurse; vocational nurse; physical therapist; occupational therapist; or dietitian.

Respite Services

Rate:

1. In-Home Respite $20.88 per hour
2. Camp $9.84 per hour
3. Licensed Child Care Center
    a. Preschool (ages 3 - 5) $5.32 per hour
    b. School Age (ages 6-18) $5.17 per hour

The unit designation is one hour. One hour shall be billed as one unit. In order to bill for a unit, the entire unit shall be provided to the participant, face-to-face.

1. Department of Family and Protective Services (DFPS) Residential Child Care $115.44 per day

The unit designation is daily. Any portion of a 24-hour period shall be permitted to be billed as one unit.

Service Definition:
Respite is furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the Covered Individual.

Respite Types / Locations:
All settings must be located within the State of Texas.

In-Home Respite - In-home respite service is provided on a short-term basis because of the absence of, or need for relief for, the legally authorized representative (LAR) or other primary caregiver of a Covered Individual.

- Provided in the Covered Individual's home or place of residence; or
- Private residence of a respite care provider, if that provider is a relative of the Covered Individual, other than the parents, spouse, legal guardian, or Legally Authorized Representative (LAR).

Camp - Out-of-home respite service at a camp is provided on a short-term basis because of the absence of, or need for relief for, the legally authorized representative or other primary caregiver of a Covered Individual.

- Day or overnight camps accredited by the American Camping Association or;
- Day or overnight camps licensed by DSHS – 25 Tex. Admin. Code §§265.11 – 265.24

Licensed Child Care Center - Out-of-home respite service at a licensed child care center (LCCC) is provided on a short-term basis because of the absence of, or need for relief for, the legally authorized representative or other primary caregiver of a Covered Individual.

- Preschool (ages 3 - 5) or School Age (ages 6-18)
- Child-care center must be licensed by DFPS – 40 Tex. Admin. Code Ch. 746

DFPS Residential Child Care Residential Care Facility - Out-of-home respite service at a residential child care is provided on a short-term basis because of the absence of, or need for relief for, the legally authorized representative or other primary caregiver of a Covered Individual.

- Respite service provider must be a General Residential Operation (GRO) licensed with the Department of Family and Protective Services, in accordance with – 40 Tex. Admin. Code §748.4261

Other Standards:

1. Respite care providers must be at least 18 years of age, have a current driver's license, and pass the criminal history and abuse registry checks.
2. Respite services may be provided by a relative of the waiver recipient other than the parents, spouse, legal guardian, or Legally Authorized Representative (LAR).
3. The MHMR of Tarrant County must approve and provide ongoing oversight of respite settings to ensure the safety and appropriateness of the setting.
4. Respite care providers must complete training as required by DSHS.
5. The out-of-home respite provider must have a functional landline phone on the premises.