

Provider Services Directory



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Behavioral Health Services - Adult



Inpatient Case Rate All-Inclusive

Service Type: Licensed or Professional

May be Provided By: Organizations

Service Code(s): 0100

Rate(s): Contact providers@integralcare.org for this rate.

Unit of Service: 1 day

Credentialing Requirement

Contact providers@integralcare.org for this credentialing requirement.

Service Definition

Contact providers@integralcare.org for this service definition.



Psychological Testing and Evaluation (PhD)

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): 28

Rate(s): \$75.00 per hour with a maximum of five (5) hours

Unit of Service: 1 hour

Credentialing Requirement

Contact <u>providers@integralcare.org</u> for this credentialing requirement.

Service Definition

Contact providers@integralcare.org for this service definition.



Behavioral Health Services – Licensed Home Health Agency



Home Health Aide

Service Type: Licensed or Professional

May be Provided By: Organizations Only

Service Code(s): Contact <u>providers@integralcare.org</u> for this service code.

Rate(s): \$40.00 per hour

Additional Rate Information: Rates apply to services received by uninsured clients

Unit of Service: 1 hour

Credentialing Requirement

Contact providers@integralcare.org for this credentialing requirement.

Service Definition

Contact <u>providers@integralcare.org</u> for this service definition.



Skilled Psychiatric Nursing (RN) Comprehensive Assessment

Service Type: Licensed or Professional

May be Provided By: Organizations Only

Service Code(s): Contact providers@integralcare.org for this service code.

Rate(s): \$130.00 per assessment

Additional Rate Information: Rates apply to services received by uninsured clients

Unit of Service: 1 assessment

Credentialing Requirement

Contact providers@integralcare.org for this credentialing requirement.

Service Definition

Contact <u>providers@integralcare.org</u> for this service definition.



Skilled Psychiatric Nursing (RN) Visit

Service Type: Licensed or Professional

May be Provided By: Organizations Only

Service Code(s): Contact providers@integralcare.org for this service code.

Rate(s): \$120.00 per visit

Additional Rate Information: Rates apply to services received by uninsured clients

Unit of Service: 1 visit

Credentialing Requirement

Contact providers@integralcare.org for this credentialing requirement.

Service Definition

Contact <u>providers@integralcare.org</u> for this service definition.



Texas Health and Human Services Commission (HHSC) Services for Adults & Children



Group Counseling CBT (Adults)

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): Contact providers@integralcare.org for this service code.

Rate(s): \$14.81 per hour per person up to a maximum of 8 covered individuals per group

Unit of Service: 1 hour

Credentialing Requirement

Counseling shall be provided by a Licensed Practitioner of the Healing Arts (LPHA), practicing within the scope of his or her own license or by an individual with a master's degree in a human services filed pursuing licensure under the direct supervision of a LPHA, if not billed to Medicaid.

Service Definition

Group therapy focused on the reduction or elimination of a client's symptoms of mental illness and increasing the individual's ability to perform activities of daily living. Cognitive-behavioral therapy is the selected treatment model for adult counseling services. This service includes treatment planning to enhance recovery and resiliency.



Group Counseling CBT (Children/Adolescents)

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): Contact providers@integralcare.org for this service code.

Rate(s): \$15.46 per hour per person up to a maximum of 8 covered individuals per group

Unit of Service: 1 hour

Credentialing Requirement

Counseling shall be provided by a Licensed Practitioner of the Healing Arts (LPHA), practicing within the scope of his or her own license or by an individual with a master's degree in a human services filed pursuing licensure under the direct supervision of a LPHA, if not billed to Medicaid.

Service Definition

Group therapy focused on the reduction or elimination of a client's symptoms of mental illness and increasing the individual's ability to perform activities of daily living. This service includes treatment planning to enhance recovery and resiliency.



Individual Counseling CBT (Adults)

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): Contact providers@integralcare.org for this service code.

Rate(s): \$41.08 per hour

Unit of Service: 1 hour

Credentialing Requirement

Counseling shall be provided by a Licensed Practitioner of the Healing Arts (LPHA), practicing within the scope of his or her own license or by an individual with a master's degree in a human services filed pursuing licensure under the direct supervision of a LPHA, if not billed to Medicaid.

Service Definition

Individual therapy focused on the reduction or elimination of a client's symptoms of mental illness and increasing the individual's ability to perform activities of daily living. Cognitive-behavioral therapy is the selected treatment model for adult counseling services. This service includes treatment planning to enhance recovery and resiliency.



Individual Counseling CBT (Children/Adolescents)

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): Contact providers@integralcare.org for this service code.

Rate(s): \$43.15 per hour

Unit of Service: 1 hour

Credentialing Requirement

Counseling shall be provided by a Licensed Practitioner of the Healing Arts (LPHA), practicing within the scope of his or her own license or by an individual with a master's degree in a human services filed pursuing licensure under the direct supervision of a LPHA, if not billed to Medicaid.

Service Definition

Individual therapy focused on the reduction or elimination of a client's symptoms of mental illness and increasing the individual's ability to perform activities of daily living. This service includes treatment planning to enhance recovery and resiliency.



Child and Family Services – CFS, Children's Partnership, Youth and Family Assessment Center, Travis County Family Drug Treatment Court



Advocacy

Service Type: Non-Traditional

May be Provided By: Individuals or Organizations

Service Code(s): 1105 for English; L6105 for Bilingual

Rate(s): \$25.00 per hour for English; \$30.00 per hour for Bilingual

Unit of Service: 1 hour

Credentialing Requirement

Minimum of a High School Diploma or GED with one year's experience with the target population and demonstrated understanding of the rights of individuals/families within service delivery systems and the larger community.

Service Definition

Services designed to support the Covered Individual/Family Member and his/her Guardian in decision making, accessing needed services, and exercising their legal rights within service delivery systems and the larger community.

- Must be provided on behalf of the Covered Individual/Family Member
- Are provided in the home, community, school, or institutional environments
- Address identified advocacy needs of the Individual/Family as determined by the Child and Family
 Team
- Cannot be billed simultaneously with another Community Support Service
- Do not include the travel time of the Service Provider to and from the location of service unless



the Covered Individual/Family Member is present in the Provider's vehicle

- Cannot be provided by someone who resides in the same residence as the Covered Individual/Family
- Do not include time waiting to provide service
- Cannot exceed more than four consecutive hours per billable event, unless preauthorized by the Care Coordinator



After School Group Supports

Service Type: Non-Traditional

May be Provided By: Individuals or Organizations

Service Code(s): 5508

Rate(s): \$15.00 per person per hour

Unit of Service: 1 hour

Credentialing Requirement

Minimum of a high school diploma or GED with at least one year of related experience with the target population

Service Definition

A structured program that bridges the gap between regularly scheduled school and home by engaging the Covered Individual/Family Member in organized group activities that promote the development of appropriate socialization, recreation, communication, problem solving, an/or life skills in a safe and supervised environment. After School Group Supports are provided only to children whose after school care needs cannot be met in a generic community after school program due to behavioral or emotional needs.

- Must be provided face-to-face with the Covered Individual/Family Member
- Can be provided in the community or in a site-based facility
- Address an identified need for after school group support services as determined by the Child and Family Team



- Are provided in groups of two to five Covered Individual/Family Members (of which at least two
 cannot be related) per staff person in a community-based program and in groups of two to six
 Covered Individuals/Family Members (of which at least two cannot be related) per staff person in
 a facility-based program
- Support, rather than supplant, the Family's natural resources and support network
- Cannot be provided when a Parent, Guardian, or Primary Caregiver is available
- Do not include the travel time of the Service Provider to and from the location of service, unless the Covered Individual/Family Member is present in the Provider's vehicle
- Cannot be provided by someone who resides in the same residence as the Covered Individual/Family
- Do not include time waiting to provide service



Animal Assisted Therapy – Equine EAGALA Certified

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): 5707E

Rate(s): \$85.00 per hour

Unit of Service: 1 hour

Credentialing Requirement

Animal-Assisted Therapy providers and their animals must be appropriately trained and obtain Equine Assisted Growth and Learning Association (EAGALA) certification. Professional liability insurance in the amount of \$1,000,000 per claim with an aggregate of \$1,000,000 for all claims is required. Must have a valid Texas Driver's License, minimum required State of Texas Vehicle Liability Insurance, and qualify under the Texas Council Risk Management Fund Safe Driving Standards if transporting Covered Individuals.

Service Definition

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.



- Must be delivered consistent with professional standards of practice
- Can be delivered in the Covered Individual's home, the Provider's facility, or in the community
- Requires face-to-face contact with the Covered Individual to conduct assessments or provide therapy
- Addresses identified individual needs as determined by assessment and in conjunction with the
 Child and Family Team
- Does not include time waiting to provide services
- Does not include the travel time of the Service Provider to and from the location of service
- Does not include supervision of services or tasks outside the scope of professional certification
- Cannot be billed simultaneously with another service with the exception of Family Support services which may be provided to the primary caregivers while the Covered Individual is receiving another service
- Must be provided as a 1:1 service
- Includes on the time spent in Wraparound Meetings during which the Animal Assisted Therapist is actually giving a report (typically no more than 15 minutes)
- An entire unit of service must be provided in order to be considered a billable event
- Includes a requisition fee



Animal Assisted Therapy – Equine PATH Certified

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): 5707P for English; L5707 for Bilingual

Rate(s): \$72.00 per hour for English; \$77.00 per hour for Bilingual

Unit of Service: 1 hour

Credentialing Requirement

Animal-Assisted Therapy providers and their animals must be appropriately trained and obtain Professional Association of Therapeutic Horsemanship International (PATH) certification. Professional liability insurance in the amount of \$1,000,000 per claim with an aggregate of \$1,000,000 for all claims is required. Must have a valid Texas Driver's License, minimum required State of Texas Vehicle Liability Insurance, and qualify under the Texas Council Risk Management Fund Safe Driving Standards if transporting Covered Individuals.

Service Definition

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.

- Must be delivered consistent with professional standards of practice
- Can be delivered in the Covered Individual's home, the Provider's facility, or in the community



- Requires face-to-face contact with the Covered Individual to conduct assessments or provide therapy
- Addresses identified individual needs as determined by assessment and in conjunction with the
 Child and Family Team
- Does not include time waiting to provide services
- Does not include the travel time of the Service Provider to and from the location of service
- Does not include supervision of services or tasks outside the scope of professional certification
- Cannot be billed simultaneously with another service with the exception of Family Support services which may be provided to the primary caregivers while the Covered Individual is receiving another service
- Must be provided as a 1:1 service
- Includes on the time spent in Wraparound Meetings during which the Animal Assisted Therapist is actually giving a report (typically no more than 15 minutes)
- An entire unit of service must be provided in order to be considered a billable event
- Includes a requisition fee



Animal Assisted Therapy – Pet Therapy

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): 5708 for English; L5708 for Bilingual; HB5708 for Home Based

Rate(s): \$50.00 per hour for English; \$55.00 per hour for Bilingual; \$55.00 per hour for

Home Based

Unit of Service: 1 hour

Credentialing Requirement

Animal-Assisted Therapy providers and their animals must be appropriately trained and obtain certification specific to the type of program and animal(s) involved. Professional liability insurance in the amount of \$1,000,000 per claim with an aggregate of \$1,000,000 for all claims is required. Must have a valid Texas Driver's License, minimum required State of Texas Vehicle Liability Insurance, and qualify under the Texas Council Risk Management Fund Safe Driving Standards if transporting Covered Individuals.

Service Definition

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.

- Must be delivered consistent with professional standards of practice
- Can be delivered in the Covered Individual's home, the Provider's facility, or in the community



- Requires face-to-face contact with the Covered Individual to conduct assessments or provide therapy
- Addresses identified individual needs as determined by assessment and in conjunction with the
 Child and Family Team
- Does not include time waiting to provide services
- Does not include the travel time of the Service Provider to and from the location of service
- Does not include supervision of services or tasks outside the scope of professional certification
- Cannot be billed simultaneously with another service with the exception of Family Support services which may be provided to the primary caregivers while the Covered Individual is receiving another service
- Must be provided as a 1:1 service
- Includes on the time spent in Wraparound Meetings during which the Animal Assisted Therapist is actually giving a report (typically no more than 15 minutes)
- An entire unit of service must be provided in order to be considered a billable event
- Includes a requisition fee



Aquatic Therapy

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): 5724 for English; L5724 for Bilingual; HB5724 for Home Based

Rate(s): \$65.00 per hour for English; \$70.00 per hour for Bilingual; \$70.00 per hour for

Home Based

Unit of Service: 1 hour

Credentialing Requirement

Contact providers@integralcare.org for this credentialing requirement.

Service Definition

Contact <u>providers@integralcare.org</u> for this service definition.



Art Therapy

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): 5709

Rate(s): \$85.00 per hour

Unit of Service: 1 hour

Credentialing Requirement

Registered as a Board Certified Art Therapist (ATR-BC) or Registered Art Therapist (ATR) by the Art Therapy Credentials Board

Service Definition

A therapeutic intervention that utilizes art media, images, the creative process, and the Covered Individual/Family Member's response to creative artworks as the primary modality of active treatment. Art Therapy is focused on individualized therapy goals and is based on a knowledge of human developmental and psychological theories which are implemented within the full spectrum of assessment and treatment, including educational, psychodynamic, cognitive, transpersonal, and other therapeutic means of reconciling emotional conflicts, fostering self-awareness, developing social skills, managing behavior, solving problems, reducing depression, reducing stress, reducing anxiety, aiding reality orientation, and increasing self-esteem.

- Must be delivered consistent with professional standards of practice
- Can be delivered in the Covered Individual/Family's home, the Provider's office, or in the community



- Requires face-to-face contact with the Covered Individual/Family Member to conduct assessments or provide therapy
- Addresses identified individual needs as determined by assessment and in conjunction with the
 Child and Family Team
- Is provided as a 1:1 service, unless specifically authorized by the Care Coordinator as a group service
- Does not include time waiting to provide services
- Does not include the travel time of the Service Provider to and from the location of service,
 unless the Covered Individual/Family Member is present in the Provider's vehicle
- Does not include supervision of services or tasks outside the scope of professional certification
- Cannot exceed more than four consecutive hours per billable event, unless preauthorized by the
 Care Coordinator



Audiology

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): Contact providers@integralcare.org for this service code.

Rate(s): \$65.00 per hour

Unit of Service: 1 hour

Credentialing Requirement

Licensed as an Audiologist or Licensed Assistant in Audiology or Licensed Intern in Audiology by the Texas State Board of Examiners for Speech-Language Pathology and Audiology

Service Definition

The assessment, evaluation, counseling, habilitation, or rehabilitation of a Covered Individual/Family Member who has, or is suspected of having, hearing disorders or vestibular function disorders by a professional licensed in Audiology. Audiologists are also licensed to dispense, sell, and manage fitting for hearing instruments.

- Must be delivered consistent with professional standards of practice
- Requires face-to-face contact with the Covered Individual/Family Member to conduct assessments or fit, dispense, and manage hearing devices
- Is typically delivered in the Practitioner's office
- Addresses identified individual needs as determined by assessment and in conjunction with the
 Child and Family Team



- Is provided as a 1:1 service
- Does not include transportation of an individual, travel time, or time waiting to provider services
- Does not include the travel time of the Service Provider to and from the location of service,
 unless the Covered Individual/Family Member is present in the Provider's vehicle
- Does not include supervision of services or tasks outside the scope of professional certification
- Cannot exceed more than two consecutive hours per billable event, unless preauthorized by the
 Care Coordinator



Behavioral Aide

Service Type: Non-Traditional

May be Provided By: Individuals or Organizations

Service Code(s): 5200

Rate(s): \$25.00 per hour

Unit of Service: 1 hour

Credentialing Requirement

Minimum of a High School Diploma or GED with a minimum of one year experience with the target population

Service Definition

Direct support services provided to a Covered individual/Family Member that specifically focus on the reduction or elimination of maladaptive behaviors in the home, school and community, thereby reducing stress within the family and/or reducing delinquent or criminal behaviors that may result in placement in a more restrictive setting. Behavioral Aide Services provide direct support and assistance to the Covered Individual/Family Member to interact appropriately within multiple environments by implementing Individual Behavior Support Programs and strategies that reinforce positive behaviors, teach socially appropriate replacement behaviors, and develop coping and anger management skills.

- Must generally be provided face-to-face with the Covered Individual/Family Member
- Can be provided over the telephone in a behavioral crisis that is more expediently handled by telephone than in person



- May be delivered in the Practitioner's office, the Covered Individual/Family Member's home, or the community
- Is generally not provided in a school setting unless specifically authorized by the Care Coordinator, pending approval or after denial of school funded behavioral supports
- Is not provided in a 24 hour residential setting
- Address identified behavioral needs of the individual as determined by the Child and Family Team
- Cannot be billed simultaneously with another Community Support Service
- Must be provided as a 1:1 service, unless authorized as a group service by the Care Coordinator
- Do not include travel time of the Service Provider to and from the location of service, unless the Covered Individual/Family Member is present in the Provider's vehicle
- Cannot be provided by someone who resides in the same residence as the Covered Individual/Family Member
- Do not include time waiting to provide service



Camp (Full-Day)

Service Type: Non-Traditional

May be Provided By: Individuals or Organizations

Service Code(s): 5202 for English; L6202 for Bilingual

Rate(s): \$90.00 per day for English; \$90.00 per day for Bilingual

Unit of Service: 1 day

Credentialing Requirement

Contact providers@integralcare.org for this credentialing requirement.

Service Definition

Contact <u>providers@integralcare.org</u> for this service definition.



Case Management

Service Type: Non-Traditional

May be Provided By: Individuals or Organizations

Service Code(s): 400 for English; L6400 for Bilingual

Rate(s): \$25.00 per hour for English; \$30.00 per hour for Bilingual

Unit of Service: 1 hour

Credentialing Requirement

Minimum of a high school diploma or GED with at least one year experience with the target population or Bachelor's degree in a Human Science field

Service Definition

Systematic, outcome focused needs-based activity that assists Covered Individuals and their Families by locating, linking, coordinating, and facilitating access to needed services. The primary focus of Case Management is on linkage and coordination of community supports and resources and not on the direct delivery of those supports and resources by the Case Manager.

- Generally must be provided face-to-face or by telephone contact with the Covered Individual and/or Family
- May include time spent by the Provider in collateral contacts
- Can be provided in the Covered Individual/Family's home, school, community, or institutional setting
- Addresses identified needs of the Individual/Family as determined by the Child and Family Team



- Activities must directly benefit the Covered Individual
- Must be provided as a 1:1 service with the Covered Individual and/or Family
- Does not include the travel time of the Service Provider to and from the location of service, unless the Covered Individual/Family Member is present in the Provider's vehicle
- Cannot be provided by someone who resides in the same residence as the Covered Individual/Family

• Does not include time waiting to provide service



Counseling (Individual/Family)

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): 29 Ind. For English; L29 for Bilingual; HB29 for Home-Based; 29 HBI for Services Provided by an Intern LPCI in the Community; 29 I for Services Provided by an Intern LPCI in an Office

Rate(s): \$70.00 per hour for English; \$75.00 per hour for Bilingual; \$75.00 per hour for Home-Based; \$65.00 per hour for Services Provided by an Intern LPCI in the Community; \$60.00 for Services Provided by an Intern LPCI in an Office

Credentialing Requirement

Licensed Medical Doctor (MD/Psychiatrist) or Licensed Doctor of Osteopathic Medicine (DO/Psychiatrist) or Licensed Psychologist (PhD) or Licensed Professional Counselor (LPC) or Licensed Clinical Social Worker (LCSW) or Licensed Marriage and Family Counselor (LMFT) or Master's Level Clinician with a graduate degree in a human services filed (psychology, social work, counseling) working toward licensure under the direct clinical supervision of one of the above licensed professionals. Outpatient substance abuse counseling may also be provided by a Licensed Chemical Dependency Counselor (LCDC)

Service Definition

The assessment, evaluation, and treatment of a Covered Individual/Family Member through the therapeutic relationship, using a combination of mental health, psychotherapeutic, and human development principles, methods, and techniques, including the sue of psychotherapy, to achieve the goal-directed development of an individual, sibling, parent/guardian, or family emotionally, socially, morally, educationally, spiritually, or vocationally. Counseling may focus on a wide range of issues based up on the assessed need of the Covered Individual/Family including problem resolution, physical and



sexual abuse, substance abuse, lack of trust, anger, depression, anxiety, fear, family interactions, personal interactions, attachment, and cognitive thinking which interferes with successful integration in family and community life.

- Must be delivered consistent with professional standards of practice
- Requires face-to-face contact with the Covered Individual or Family Member to conduct assessments or provide Counseling Services
- Includes face-to-face or telephone contact with a Licensed Psychiatrist/Psychologist regarding the behavior and/or mental health condition of a specific individual
- Addresses identified individual and family needs as determined by assessment, the Child and Family Team, and in conjunction with a Licensed Physician/Psychologist, as appropriate
- May be provided in the practitioner's office, in the community, or in the individual's home
- Is provided as a 1:1 service
- Does not include the travel time of the Service Provider to and from the location of service, unless the Covered Individual/Family Member is present in the Provider's vehicle
- Does not include time waiting to provide service
- Does not include supervision of services or tasks outside the scope of professional licensure
- Cannot exceed more than two consecutive hours per billable event, unless pre-authorized by the Care Coordinator



Counseling (Group)

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): 29 Group; 29 Group Intern

Rate(s): \$17.00 per hour per person up to a maximum of 7 covered individuals per group; \$14.00 per hour per person up to a maximum of 7 covered individuals per group for

services provided by an Intern LPCI

Unit of Service: 1 hour

Credentialing Requirement

Licensed Medical Doctor (MD/Psychiatrist) or Licensed Doctor of Osteopathic Medicine (DO/Psychiatrist) or Licensed Psychologist (PhD) or Licensed Professional Counselor (LPC) or Licensed Clinical Social Worker (LCSW) or Licensed Marriage and Family Counselor (LMFT) or Master's Level Clinician with a graduate degree in a human services filed (psychology, social work, counseling) working toward licensure under the direct clinical supervision of one of the above licensed professionals. Outpatient substance abuse counseling may also be provided by a Licensed Chemical Dependency Counselor (LCDC)

Service Definition

The assessment, evaluation, and treatment of a Covered Individual/Family Member through the therapeutic relationship, using a combination of mental health, psychotherapeutic, and human development principles, methods, and techniques, including the sue of psychotherapy, to achieve the goal-directed development of an individual, sibling, parent/guardian, or family emotionally, socially, morally, educationally, spiritually, or vocationally. Counseling may focus on a wide range of issues based up on the assessed need of the Covered Individual/Family including problem resolution, physical and



sexual abuse, substance abuse, lack of trust, anger, depression, anxiety, fear, family interactions, personal interactions, attachment, and cognitive thinking which interferes with successful integration in family and community life.

- Must be delivered consistent with professional standards of practice
- Requires face-to-face contact with the Covered Individual or Family Member to conduct assessments or provide Counseling Services
- Includes face-to-face or telephone contact with a Licensed Psychiatrist/Psychologist regarding the behavior and/or mental health condition of a specific individual
- Addresses identified individual and family needs as determined by assessment, the Child and
 Family Team, and in conjunction with a Licensed Physician/Psychologist, as appropriate
- May be provided in the practitioner's office, in the community, or in the individual's home
- Must be authorized as a group service by the Care Coordinator
- Provided in groups must consist of a minimum of two individuals and a maximum of seven individuals
- Does not include the travel time of the Service Provider to and from the location of service,
 unless the Covered Individual/Family Member is present in the Provider's vehicle
- Does not include time waiting to provide service
- Does not include supervision of services or tasks outside the scope of professional licensure
- Cannot exceed more than two consecutive hours per billable event, unless pre-authorized by the Care Coordinator



Crisis Support

Service Type: Non-Traditional

May be Provided By: Individuals or Organizations

Service Code(s): 5155 for English; L6155 for Bilingual

Rate(s): \$25.00 per hour for English; \$30.00 per hour for Bilingual

Unit of Service: 1 hour

Credentialing Requirement

Contact providers@integralcare.org for this credentialing requirement.

Service Definition

Contact <u>providers@integralcare.org</u> for this credentialing requirement.



Dance/Movement Therapy

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): 5725

Rate(s): \$85.00 per hour

Unit of Service: 1 hour

Credentialing Requirement

Certification, licensing, or registration by appropriate professional organization

Service Definition

A therapeutic intervention whose application promotes physical wellbeing and good health and facilitates healing and wellness in the physical, mental, and/or emotional aspects of a Covered Individual/Family Member thereby enabling him/her to live a more healthful, balanced, and fulfilling life.

- Must be delivered consistent with professional standards of practice
- Must be delivered in the Covered Individual/Family Member's home or Provider office
- Requires face-to-face contact with the Covered Individual or Family Member to provide therapy
- Addresses identified individual needs as determined by the Child and Family Team
- Is provided as a 1:1 service
- Does not include transportation of an individual. Travel time, or time waiting to provide services
- Does not include supervision of services or tasks outside the scope of professional licensure



- Must have Care Coordination Supervisory approval to be authorized
- Cannot exceed more one and one half hours per service event, unless pre-authorized by the Care Coordinator and approved by the Care Coordination Supervisor



Dietary Services

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): 809 for English; L809 for Bilingual; HB809 for Home-Based

Rate(s): \$55.00 per hour for English; \$60.00 per hour for Bilingual; \$60.00 per house for

Home-Based

Unit of Service: 1 hour

Credentialing Requirement

A person who is licensed as a Dietician (LD) or registered as a Dietician (RD) by the Texas State Board of Examiners of Dieticians

Service Definition

The assessment and evaluation of the nutritional status and needs of Covered Individual, including the identification of resources and constraints in dietary practices by a professional licensed to practice dietetics. Dieticians' establish priorities and goals that assist a Covered Individual in meeting his/her nutritional needs and are consistent with available resources and constraints. Dietary services include the provision of nutrition education and counseling in health and disease and the development and implementation of nutritional plans.

- Must be delivered consistent with professional standards of practice
- May be delivered in the Practitioner's office, the Covered Individual's home, or the community
- Requires face-to-face contact with the Covered Individual or Family Member to conduct assessments or provide education



- Addresses identified individual needs as determined by assessment by a Licensed Dietician, the
 Child and Family Team, and in conjunction with a Licensed Physician
- Includes interacting face-to-face by telephone with a person, except a provider of nursing, case management, or other covered counseling and therapies, regarding the Dietary services provided to the Covered Individual
- Includes participation in the Covered Individual's Child and Family Team meetings
- Includes training a service provider who is involved in serving the Covered Individual, regarding how the Dietary services will be provided, including training to document the provision of the Dietary services
- Is provided as a 1:1 service
- Does not include transportation of an individual, travel time, or time waiting to provide services
- Does not include supervision of services or tasks outside the scope of professional licensure
- Cannot be provided by someone who resides in the same residence as the Covered Individual
- Cannot be provided to the minor child by a parent of that minor child
- Does not include time spent writing or reviewing reports and other documents, time spent
 scheduling appointments, time spent training about general topics unrelated to a specific
 Covered Individual, or time spent interacting with other service providers of covered counseling
 and therapies, nursing, or case management if not during a Child and Family Team meeting



Eye Movement Desensitization and Reprocessing (EDMR) Therapy

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): 30

Rate(s): \$85.00 per hour

Unit of Service: 1 hour

Credentialing Requirement

Certification, licensing, or registration by appropriate professional organization

Service Definition

A therapeutic intervention whose application promotes physical wellbeing and good health and facilitates healing and wellness in the physical, mental, and/or emotional aspects of a Covered Individual/Family Member thereby enabling him/her to live a more healthful, balanced, and fulfilling life.

- Must be delivered consistent with professional standards of practice
- Must be delivered in the Covered Individual/Family Member's home or Provider office
- Requires face-to-face contact with the Covered Individual or Family Member to provide therapy
- Addresses identified individual needs as determined by the Child and Family Team
- Is provided as a 1:1 service
- Does not include transportation of an individual, travel time, or time waiting to provide services



- Does not include supervision of services or tasks outside the scope of professional licensure
- Must have Care Coordination Supervisory approval to be authorized
- Cannot exceed more one and one half hours per service event, unless pre-authorized by the Care Coordinator and approved by the Care Coordination Supervisor



Employment Assistance

Service Type: Non-Traditional

May be Provided By: Individuals or Organizations

Service Code(s): 798 for English; L6798 for Bilingual

Rate(s): \$22.00 per hour for English; \$27.00 per hour for Bilingual

Unit of Service: 1 hour

Credentialing Requirement

Minimum of a high school diploma or GED; Valid Texas Driver's License; experience with the target population providing similar services

Service Definition

Assistance to a Covered Individual in locating paid, individualized, competitive employment in the community including: helping the Covered Individual identify employment preferences, job skills, work requirements and conditions; and prospective employers offering employment compatible with the Covered Individual's identified preferences, skills, and work requirements and conditions

- Must be provided face-to-face with the Covered Individual
- Is provided in the Covered Individual's home or in the community
- Addresses identified needs of the Individual/Family as determined by the Child and Family Team
- Cannot be billed simultaneously with another non-traditional service, with the exception of daily respite
- Includes participation in Child and Family Team meetings



- Must be provided as a 1:1 service
- Does not include the travel time of the Service Provider to and from the location of service,
 unless the Covered Individual/Family Member is present in the Provider's vehicle
- Cannot be provided by someone who resides in the same residence as the Covered Individual/Family
- Cannot be provided to the minor child by a parent of that minor child
- Does not include time waiting to provide service



Family Mentoring

Service Type: Non-Traditional

May be Provided By: Individuals or Organizations

Service Code(s): 5532F for English; L6533 for Bilingual

Rate(s): \$30.00 per hour for English; \$35.00 per hour for Bilingual

Unit of Service: 1 hour

Credentialing Requirement

Contact providers@integralcare.org for this credentialing requirement.

Service Definition

Contact <u>providers@integralcare.org</u> for this service definition.



Family Partner

Service Type: Non-Traditional

May be Provided By: Individuals or Organizations

Service Code(s): Contact providers@integralcare.org for this service code.

Rate(s): \$25.00 per hour for English; \$30.00 per hour for Bilingual

Unit of Service: 1 hour

Credentialing Requirement

Contact providers@integralcare.org for this credentialing requirement.

Service Definition

Contact <u>providers@integralcare.org</u> for this service definition.



Individual Mentoring

Service Type: Non-Traditional

May be Provided By: Individuals or Organizations

Service Code(s): 5532 for English; L6532 for Bilingual

Rate(s): \$25.00 per hour for English; \$30.00 per hour for Bilingual

Unit of Service: 1 hour

Credentialing Requirement

Minimum of a high school diploma or GED with at least one year experience and the demonstrated ability to develop a rapport with the target population

Service Definition

A community based service in which a positive adult role model engages a Covered Individual/Family Member in a one-to-one relationship and functions as a friend, advocate, and life coach

- Must be provided face-to-face with the Covered Individual
- Is provided by a mentor who is the same gender as the Covered Individual, unless the Covered Individual's Child and Family Team determines it would be in the therapeutic interest of the Child to have a mentor of the opposite gender
- Is primarily provided in the community
- Addresses identified needs of the Individual/Family as determined by the Child and Family Team
- Cannot be billed simultaneously with another non-traditional service
- Must be provided as a 1:1 service, unless authorized as Special Event Group Mentoring by the



Care Coordinator

- Does not include the travel time of the Service Provider to and from the location of service,
 unless the Covered Individual/Family Member is present in the Provider's vehicle
- Cannot be provided by someone who resides in the same residence as the Covered Individual/Family
- Does not include time waiting to provide service
- Cannot exceed more than four consecutive hours per billable event, unless pre-authorized by the Care Coordinator



Life Skills Training

Service Type: Non-Traditional

May be Provided By: Individuals or Organizations

Service Code(s): 5119 for English; L6119 for Bilingual

Rate(s): \$25.00 per hour for English; \$30.00 per hour for Bilingual

Unit of Service: 1 hour

Credentialing Requirement

Minimum of a high school diploma or GED with demonstrated proficiency in the identified life skill area and one year experience with the target population

Service Definition

Direct support services provided to a Covered Individual/Family Member that focus on the attainment of specific life skills and the development of generic community and non-paid support systems to enable an individual sixteen years or older to function independently and successfully in the community. Life skills training may include support with employment/vocational training efforts, support for GED completion, budgeting and money management, household management, nutrition, and/or safety skills.

- Is provided in the Covered Individual/Family Member's home or in the community
- Must be provided face-to-face with the Covered Individual/Family Member
- Addresses identified life skill and transitional needs of the Individual/Family as determined by the
 Child and Family Team
- Cannot be billed simultaneously with another Community Support Service



- Must be provided as a 1:1 service, unless authorized as a group service by the Care Coordinator
- Does not include the travel time of the Service Provider to and from the location of service, unless the Covered Individual/Family Member is present in the Provider's vehicle
- Cannot be provided by someone who resides in the same residence as the Covered Individual/Family
- Does not include time waiting to provide service
- Cannot exceed more than four consecutive hours per billable event, unless pre-authorized by the Care Coordinator



Massage Therapy

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): 5552 for English; L5552 for Bilingual; HB5552 for Home-Based

Rate(s): \$65.00 per hour for English; \$70.00 per hour for Bilingual; \$70.00 per hour for

Home-Based

Unit of Service: 1 hour

Credentialing Requirement

Certification, licensing, or registration by appropriate professional organization

Service Definition

A therapeutic intervention whose application promotes physical wellbeing and good health and facilitates healing and wellness in the physical, mental, and/or emotional aspects of a Covered Individual/Family Member thereby enabling him/her to live a more healthful, balanced, and fulfilling life.

- Must be delivered consistent with professional standards of practice
- Must be delivered in the Covered Individual/Family Member's home or Provider office
- Requires face-to-face contact with the Covered Individual or Family Member to provide therapy
- Addresses identified individual needs as determined by the Child and Family Team
- Is provided as a 1:1 service
- Does not include transportation of an individual, travel time, or time waiting to provide services
- Does not include supervision of services or tasks outside the scope of professional licensure



- Must have Care Coordination Supervisory approval to be authorized
- Cannot exceed more one and one half hours per service event, unless pre-authorized by the Care Coordinator and approved by the Care Coordination Supervisor



Medication Management

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): 9023

Rate(s): \$45.00 per hour

Unit of Service: 1 hour

Credentialing Requirement

A QMHP-CS or a CSSP or a peer provider or a licensed medical personnel

Service Definition

Instruction and guidance based on curricula to assist an individual in understanding the nature of a child or adolescent's serious emotional disturbance, understanding the role of the individual's prescribed medications in reducing the symptoms and increasing or maintaining the individual's functioning, identifying and managing the individual's symptoms and potential side-effects of the individual's medication, learning the contraindications of the individual's medication, understanding the overdose precautions of the individual's medication; and learning self-administration of the individual's medication.

- Must be delivered consistent with professional standards of practice
- Must be delivered in the Covered Individual/Family Member's home or Provider office
- Requires face-to-face contact with the Covered Individual or Family Member
- Addresses identified individual needs as determined by the Child and Family Team



- Is provided as a 1:1 service except that the child or adolescent may also be present, unless otherwise authorized as a group service by a Care Coordinator
- Does not include transportation of an individual, travel time, or time waiting to provide services
- Does not include supervision of services or tasks outside the scope of professional licensure
- Must have Care Coordination Supervisory approval to be authorized



Music Therapy

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): 5712

Rate(s): \$85.00 per hour

Unit of Service: 1 hour

Credentialing Requirement

Registered as a Music Therapist Board Certified (MT-BC), Registered Music Therapist (RMT), Certified Music Therapist (CMT), or Advanced Certified Music Therapist (ACMT) by the American Music Therapy Association

Service Definition

A therapeutic intervention that utilizes music as the primary modality of active treatment. Music therapy focuses on individualized therapy goals and uses music within a therapeutic context to address physical, emotional, cognitive, communication, and socialization needs of the Covered Individual/Family Member. Music therapists use both instrumental and vocal music strategies to facilitate desired outcomes. Music therapy is based on knowledge of music theory and practice, human development, and psychological theory and is designed to effect positive changes in an individual's emotional well-being, cognition, physical functioning, and behavior.

- Must be delivered consistent with professional standards of practice
- Can be provided in the Covered Individual/Family Member's home, Provider office, or other



community location

- Requires face-to-face contact with the Covered Individual or Family Member to conduct assessments or provide therapy
- Addresses identified individual needs as determined by assessment and in conjunction with the
 Child and Family Team
- Is provided as a 1:1 service, unless specifically authorized by the Care Coordinator as a group service
- Does not include time waiting to provide services
- Does not include the travel time of the Service Provider to and from the location of service, unless the Covered Individual/Family Member is present in the Provider's vehicle
- Does not include supervision of services or tasks outside the scope of professional licensure
- Cannot exceed more than four consecutive hours per billable event, unless pre-authorized by the Care Coordinator and approved by the Care Coordination Supervisor



Nursing (RN)

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): 9023 for English; L9023 for Bilingual; HB9023 for Home-Based

Rate(s): \$60.00 per hour for English; \$65.00 per hour for Bilingual; \$65.00 per hour for

Home-Based

Unit of Service: 1 hour

Credentialing Requirement

Licensed by the Texas State Board of Nursing Examiners as a Licensed Vocational Nurse (LVN) or Registered Nurse (RN) or Licensed Nurse Practitioner (LNP)

Service Definition

The performance of health care treatments and monitoring of health care procedures that requires specialized judgment and skill as ordered by a Physician/Licensed Medical Practitioner and/or required by standards of professional practice or state law to be performed by a Registered Nurse, a Licensed Vocational Nurse, or a Licensed Nurse Practitioner. Nursing includes the observation, assessment, intervention, evaluation, rehabilitation, care, counseling, and health related education of a Covered Individual/Family Member who is ill, injured, infirm, or experiencing a change in normal health processes.

- Must be delivered consistent with professional standards of practice
- Typically requires face-to-face contact with the Covered Individual/Family Member to conduct health-related education, assessment, monitoring and/or provide treatment, including medication administration



- Addresses identified individual needs as determined by assessment and the Child and Family
 Team in coordination with a Licensed Physician/Licensed Medical Practitioner
- Takes place in a home setting, unless specifically authorized by the Care Coordinator
- Is provided as a 1:1 service
- Includes training of non-licensed personnel by a Licensed Nurse in the performance, monitoring, reporting, and documentation of health/medical interventions for a Covered Individual/Family
 Member
- Does not include transportation of an individual, travel time, or time waiting to provide services
- Does not arranging medical appointments
- Does not include providing nursing services without established and documented medical necessity
- Does not include the reordering, refilling, or delivering of medications
- Cannot exceed more than two consecutive hours per billable event, unless pre-authorized by the Care Coordinator and approved by the Care Coordination Supervisor



Occupational Therapy

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): 814 for English; L814 for Bilingual; HB814 for Home-Based

Rate(s): \$80.00 per hour for English; \$85.00 per hour for Bilingual; \$85.00 per hour for

Home-Based

Unit of Service: 1 hour

Credentialing Requirement

Licensed as an Occupational Therapist, Registered (OTR) by the Texas Board of Occupational Therapy
Examiners or licensed as an Occupational Therapist (LOT) by the Texas Board of Occupational Therapy
Examiners or licensed or certified as an Occupational Therapy Assistant (LOTA/COTA) by the Texas Board
of Occupational Therapy Examiners

Service Definition

The use of purposeful activity or intervention to facilitate the restoration of a Covered Individual/Family Member's greatest possible level of independence by a person licensed in Occupational Therapy.

Occupational Therapy provides services to individuals limited by physical injury or illness, cognitive impairment, psychosocial dysfunction, mental illness, developmental/learning disabilities or adverse environmental conditions. Occupational therapy services include the evaluation/assessment, treatment, and education of an individual directed toward developing, improving, or restoring daily living skills, play and leisure skills, and work/school performance through intervention methodologies designed to develop, restore, or maintain sensorimotor, oral-motor, perceptual or neuromuscular, joint range of



motion, and the emotional, cognitive, or psychosocial components of performance.

- Must be delivered consistent with professional standards of practice
- Requires face-to-face contact with the Covered Individual or Family Member to conduct assessments or provide therapy
- May be provided in the Covered Individual/Family Member's home, Provider office, or other community location
- Addresses identified individual needs as determined by assessment by a Licensed or Registered
 Occupational Therapist (OTR or LOT), the Child and Family Team, and a Licensed Physician
- Is provided as a 1:1 service, unless otherwise authorized by the Care Coordinator as a group service
- Does not include the travel time of the Service Provider to and from the location of service, unless the Covered Individual/Family Member is present in the Provider's vehicle
- Does not include time waiting to provide services
- Does not include supervision of services or tasks outside the scope of professional licensure
- Cannot exceed more than two consecutive hours per billable event, unless pre-authorized by the
 Care Coordinator and approved by the Care Coordination Supervisor



Parent Coaching (Bachelor's Level Curriculum Based Certification)

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): Contact <u>providers@integralcare.org</u> for this service code.

Rate(s): \$40.00 per hour for English; \$45.00 per hour for Bilingual; \$45.00 per hour if

Home-Based

Unit of Service: 1 hour

Credentialing Requirement

Contact <u>providers@integralcare.org</u> for this credentialing requirement.

Service Definition

Contact providers@integralcare.org for this service definition.



Parent Coaching (Non-Curriculum Based)

Service Type: Non-Traditional

May be Provided By: Individuals or Organizations

Service Code(s): 5117 for English; L6117 for Bilingual; HB6117 for Home-Based

Rate(s): \$25.00 per hour for English; \$30.00 per hour for Bilingual; \$30.00 per hour for

Home-Based

Unit of Service: 1 hour

Credentialing Requirement

Minimum of a high school diploma or GED with at least one year experience with the target population and demonstrated proficiency in the provision of parenting skills training

Service Definition

Services provided to the Parent of a Covered Individual to assist in the acquisition and development of effective parenting skills and techniques for management of the Covered Individual/Family Member's behavior or symptoms. Parent Coaches also assist the Parents/Guardians of a Covered Individual in accessing needed services and in navigating through service delivery systems.

- Must be provided face-to-face or by telephone contact with the Covered Individual's Parent, Guardian, or Primary Caregiver
- Is provided in the Covered Individual's home or in the community
- Addresses identified parenting skills and needs as determined by the Child and Family Team
- Cannot be billed simultaneously with another Community Support Service
- Must be provided directly to the Parent, Guardian, or Primary Caregiver of a Covered Individual



- Does not include the travel time of the Service Provider to and from the location of service, unless the Covered Individual's Parent, Guardian, or Primary Caregiver is present in the Provider's vehicle
- Cannot be provided by someone who resides in the same residence as the Covered Individual/Family
- Does not include time waiting to provide service
- Cannot exceed more than four consecutive hours per billable event, unless pre-authorized by the
 Care Coordinator



Physical Therapy

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): 815 for English; L815 for Bilingual; HB815 for Home-Based

Rate(s): \$80.00 per hour for English; \$85.00 per hour for Bilingual; \$85.00 per hour for

Home-Based

Unit of Service: 1 hour

Credentialing Requirement

Licensed as a Physical Therapist (PT) by the Texas Board of Physical Therapy Examiners or licensed as a Physical Therapy Assistant (PTA) by the Texas Board of Physical Therapy Examiners

Service Definition

The examination, assessment, evaluation, and utilization of exercises, rehabilitative procedures, massage, manipulations, and physical agents including, but not limited to, mechanical devices, heat, cold, air, light, water, electricity, and sound to assist in the diagnosis and treatment of a Covered Individual/Family Member in acute or prolonged movement dysfunction or pain of anatomic or physiologic origin by a person licensed in Physical Therapy.

- Must be delivered consistent with professional standards of practice
- Requires face-to-face contact with the Covered Individual or Family Member to conduct assessments or provide therapy
- Is typically delivered in the Practitioner's office



- Addresses identified individual needs as determined by assessment by a Licensed Physical Therapist (PT), the Child and Family Team, and a Licensed Physician
- Is provided as a 1:1 service
- Does not include the transportation of an individual, travel time, or time waiting to provide services
- Does not include supervision of services or tasks outside the scope of professional licensure
- Cannot exceed more than two consecutive hours per billable event, unless pre-authorized by the Care Coordinator and approved by the Care Coordination Supervisor



Play Therapy

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): 5726

Rate(s): \$85.00 per hour

Unit of Service: 1 hour

Credentialing Requirement

Certification, licensing, or registration by appropriate professional organization

Service Definition

A therapeutic intervention whose application promotes physical wellbeing and good health and facilitates healing and wellness in the physical, mental, and/or emotional aspects of a Covered Individual/Family Member thereby enabling him/her to live a more healthful, balanced, and fulfilling life.

- Must be delivered consistent with professional standards of practice
- Must be delivered in the Covered Individual/Family Member's home or Provider office
- Requires face-to-face contact with the Covered Individual or Family Member to provide therapy
- Addresses identified individual needs as determined by the Child and Family Team
- Is provided as a 1:1 service
- Does not include transportation of an individual, travel time, or time waiting to provide services
- Does not include supervision of services or tasks outside the scope of professional licensure



- Must have Care Coordination Supervisory approval to be authorized
- Cannot exceed more one and one half hours per service event, unless pre-authorized by the Care Coordinator and approved by the Care Coordination Supervisor



Pro-Social Skills Acquisition Group (Curriculum Based)

Service Type: Non-Traditional

May be Provided By: Individuals or Organizations

Service Code(s): 5523

Rate(s): \$22.00 per hour per person up to 6 people per group

Unit of Service: 1 hour

Credentialing Requirement

High school diploma or GED with a minimum of one year demonstrated proficiency providing similar services to the target population. Valid Texas Driver's license.

Service Definition

Direct services provided in a small group setting designed to assist covered individuals in acquiring and practicing socially valued behaviors, functional independent living skills, employment skills, and interpersonal skills in a peer-to-peer context. Pro-social skills acquisition group services are structured, organized, and curriculum-based services based on generally accepted best practices which assist covered individuals in learning to interact appropriately within multiple environments through the use of strategies that reinforce positive behaviors, teach socially appropriate replacement behaviors, develop coping and anger management skills, and build self-esteem and a positive self-image.

- Must be provided face-to-face with the Covered Individual
- Is provided in the provider's commercial facility or in the community



- Are provided in groups of two covered individuals who are not related to one another and not more than 6 covered individuals
- The ratio of covered individuals to staff cannot exceed a ratio of 6 covered individuals per 1 staff person when the service is provided in the provider's commercial facility and/or 5 covered individuals per 1 staff person when the service is provided in the community
- Addresses identified needs of the covered individual for skills acquisition and/or personal development which would best be facilitated in a peer-to-peer group setting as determined by the Child and Family Team
- Cannot be billed simultaneously with another Community Support Service
- Must be provided directly to the Parent, Guardian, or Primary Caregiver of a Covered Individual
- Does not include the travel time of the Service Provider to and from the location of service, unless the Covered Individual's Parent, Guardian, or Primary Caregiver is present in the Provider's vehicle
- Cannot be provided by someone who resides in the same residence as the Covered Individual/Family
- Does not include time waiting to provide service
- Cannot exceed more than five consecutive hours per billable event, unless pre-authorized by the Care Coordinator



Psychiatric Assessment and Evaluation

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): 9021

Rate(s): \$125.00 per hour

Unit of Service: 1 hour

Credentialing Requirement

Licensed Medical Doctor (MD/Psychiatry) or Licensed Doctor of Osteopathic Medicine (DO/Psychiatry)

Service Definition

A face-to-face evaluation of a Covered Individual/Family Member by a Licensed Psychiatrist to determine mental, emotional, or behavioral capabilities from a medical perspective. A psychiatric evaluation includes a description of presenting problems and symptoms; information about current and past physical and psychiatric illnesses treatments, and medications; family and social history; clinical impressions; diagnostic information; and treatment recommendations.

- Must be delivered consistent with professional standards of practice
- Requires face-to-face contact with the Covered Individual/Family Member to conduct assessment/evaluation
- Addresses an identified individual need for Psychiatric Assessment/Evaluation as determined by the Child and Family Team



- May include time spent obtaining information relevant to the evaluation from the Covered Individual's family members and/or other collateral contacts
- Include feedback and results interpretation to the Family, Care Coordinator, and Covered
 Individual, as appropriate
- Are conducted in the practitioner's office
- Does not include transportation of an individual, travel time, or time waiting to provide services
- Does not include supervision of services or tasks outside the scope of professional licensure



Psychological Assessment and Evaluation

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): 9021

Rate(s): \$125.00 per hour

Unit of Service: 1 hour

Credentialing Requirement

Licensed Psychologist (PhD) or Licensed Psychological Associate (LPA) by the Texas Board of Psychological Examiners

Service Definition

A face-to-face evaluation of a Covered Individual/Family Member, including the administration of psychological testing and evaluation instruments to determine a clinical diagnosis, eligibility status, optimal treatment interventions, and service needs. A written report of the assessment is provided by the Psychologist that includes DSM IV diagnosis, adaptive behavior level, clinical impressions, psychosocial history, and treatment recommendations.

- Must be delivered consistent with professional standards of practice
- Requires face-to-face contact with the Covered Individual/Family Member to conduct assessment/evaluation
- Addresses an identified individual need for Psychiatric Assessment/Evaluation as determined by the Child and Family Team



- May include time spent obtaining behavioral, adaptive, psychosocial, historical, or other relevant information from family members or other collateral contacts
- Include feedback and results interpretation to the Family, Care Coordinator, and Covered Individual, as appropriate
- Are conducted in the practitioner's office
- Are billable at a maximum of five hours per assessment
- Does not include transportation of an individual, travel time, or time waiting to provide services
- Does not include supervision of services or tasks outside the scope of professional licensure



Psychological Counseling/Therapy (PhD)

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): Contact providers@integralcare.org for this service code.

Rate(s): \$80.00 per hour for English; \$85.00 per hour for Bilingual; \$85.00 per hour if

Home-Based

Unit of Service: 1 hour

Credentialing Requirement

Contact <u>providers@integralcare.org</u> for this credentialing requirement.

Service Definition

A therapeutic intervention whose application promotes physical wellbeing and good health and facilitates healing and wellness in the physical, mental, and/or emotional aspects of a Covered Individual/Family Member thereby enabling him/her to live a more healthful, balanced, and fulfilling life.

- Must be delivered consistent with professional standards of practice
- Must be delivered in the Covered Individual/Family Member's home or Provider office
- Requires face-to-face contact with the Covered Individual or Family Member to provide therapy
- Addresses identified individual needs as determined by the Child and Family Team
- Is provided as a 1:1 service
- Does not include transportation of an individual, travel time, or time waiting to provide services
- Does not include supervision of services or tasks outside the scope of professional licensure



- Must have Care Coordination Supervisory approval to be authorized
- Cannot exceed more one and one half hours per service event, unless pre-authorized by the Care Coordinator and approved by the Care Coordination Supervisor



Recreation Therapy

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): 5714 for English; L5714 for Bilingual

Rate(s): \$65.00 per hour for English; \$70.00 per hour for Bilingual

Unit of Service: 1 hour

Credentialing Requirement

Certification as a Therapeutic Recreation Specialist (CTRS) by the National Council for Therapeutic Recreation Certification or certification as a Therapeutic Recreation Specialist/Texas Certified (TRS/TXC) or Therapeutic Recreation Associate/Texas Certified (TRA/TXC) by the Consortium for Therapeutic Recreation/Activities Certification, Inc.

Service Definition

A therapeutic intervention that utilizes recreation and leisure activities as the primary modality of active treatment for health restoration, remediation, habilitation, and/or rehabilitation for Covered Individuals/Family Members who are limited in their functional abilities due to illness, maladaptation, or disability. Recreation therapy includes structured activities that target the reduction of specific symptoms and maladaptations and/or the enhancement of specific functional skills that necessitate intervention by a professional certified in recreational therapy.

- Must be delivered consistent with professional standards of practice
- Must be delivered in the community



- Requires face-to-face contact with the Covered Individual or Family Member to conduct assessments or provide therapy
- Addresses identified individual needs as determined by assessment and in conjunction with the
 Child and Family Team
- Is provided as a 1:1 service
- Does not include time waiting to provide services
- Does not include the travel time of the Service Provider to and from the location of service, unless the Covered Individual/Family Member is present in the provider's vehicle
- Does not include supervision of services or tasks outside the scope of professional licensure
- Cannot exceed more than four consecutive hours per billable event, unless pre-authorized by the
 Care Coordinator



Respite Level 1 - Hourly

Service Type: Non-Traditional

May be Provided By: Individuals or Organizations

Service Code(s): 728 for English; L6728 for Bilingual

Rate(s): \$13.00 per hour for English

Unit of Service: 1 hour

Credentialing Requirement

Minimum of a high school diploma or GED with at least one year experience with the target population

Service Definition

A service that provides for the planned or emergency, short-term, non-routine relief of the unpaid Caregiver of a Covered Individual/Family Member. Respite Services provide supervision of the Individual to ensure their health, safety, security, nutritional, social and recreational needs are being met in the absence of the Primary Caregiver. Respite also includes habilitation and other community support activities that facilitate the individual's inclusion in the community, social interaction, participation in leisure activities, and development of socially valued behaviors, daily living, and independent living skills.

- Must be provided face-to-face with the Covered Individual/Family Member
- Can be provided in the Covered Individual's home, in the Provider's home, in the community, or in a community-based facility
- Services that are site-based can only be provided in a community-based facility or Service
 Provider's home that has been prior approved by the MSO



- Cannot be billed simultaneously with another Community Support Service
- Addresses identified needs of the covered individual's family for respite as determined by the
 Child and Family Team
- Support, rather than supplant, the Family's natural resources and support network
- Can be provided as a 1:1 service with the Covered Individual/Family or in groups
- Do not allow for more than 3 children in a Provider home-based respite site at a given time
- Do not allow a staff-to-child ratio of less than one staff to six children in Facility Based respite programs
- Do not include the travel time of the Service Provider to and from the location of service, unless the Covered Individual/Family Member is present in the Provider's vehicle
- Cannot be provided by someone who resides in the same residence as the Covered Individual/Family
- Does not include time waiting to provide service
- Cannot be provided to a Covered Individual/Family member living independently in the community



Respite Level 1 - Daily

Service Type: Non-Traditional

May be Provided By: Individuals or Organizations

Service Code(s): 729 for English; L6729 for Bilingual

Rate(s): \$130.00 per day for English; \$135.00 per day for Bilingual

Unit of Service: 1 day (i.e. 10 or more consecutive hours)

Credentialing Requirement

Minimum of a high school diploma or GED with at least one year experience with the target population

Service Definition

A service that provides for the planned or emergency, short-term, non-routine relief of the unpaid Caregiver of a Covered Individual/Family Member. Respite Services provide supervision of the Individual to ensure their health, safety, security, nutritional, social and recreational needs are being met in the absence of the Primary Caregiver. Respite also includes habilitation and other community support activities that facilitate the individual's inclusion in the community, social interaction, participation in leisure activities, and development of socially valued behaviors, daily living, and independent living skills.

- Must be provided face-to-face with the Covered Individual/Family Member
- Can be provided in the Covered Individual's home, in the Provider's home, in the community, or in a community-based facility
- Services that are site-based can only be provided in a community-based facility or Service
 Provider's home that has been prior approved by the MSO



- Cannot be billed simultaneously with another Community Support Service
- Addresses identified needs of the covered individual's family for respite as determined by the
 Child and Family Team
- Support, rather than supplant, the Family's natural resources and support network
- Can be provided as a 1:1 service with the Covered Individual/Family or in groups
- Do not allow for more than 3 children in a Provider home-based respite site at a given time
- Do not allow a staff-to-child ratio of less than one staff to six children in Facility Based respite programs
- Do not include the travel time of the Service Provider to and from the location of service, unless the Covered Individual/Family Member is present in the Provider's vehicle
- Cannot be provided by someone who resides in the same residence as the Covered Individual/Family
- Does not include time waiting to provide service
- Cannot be provided to a Covered Individual/Family member living independently in the community



Respite Level 2 - Hourly

Service Type: Non-Traditional

May be Provided By: Individuals or Organizations

Service Code(s): 730

Rate(s): \$25.00 per hour

Unit of Service: 1 hour

Credentialing Requirement

Minimum of a high school diploma or GED with at least one year experience with the target population

Service Definition

A service that provides for the planned or emergency, short-term, non-routine relief of the unpaid Caregiver of a Covered Individual/Family Member. Respite Services provide supervision of the Individual to ensure their health, safety, security, nutritional, social and recreational needs are being met in the absence of the Primary Caregiver. Respite also includes habilitation and other community support activities that facilitate the individual's inclusion in the community, social interaction, participation in leisure activities, and development of socially valued behaviors, daily living, and independent living skills.

- Must be provided face-to-face with the Covered Individual/Family Member
- Can be provided in the Covered Individual's home, in the Provider's home, in the community, or in a community-based facility
- Services that are site-based can only be provided in a community-based facility or Service Provider's home that has been prior approved by the MSO



- Cannot be billed simultaneously with another Community Support Service
- Addresses identified needs of the covered individual's family for respite as determined by the
 Child and Family Team
- Support, rather than supplant, the Family's natural resources and support network
- Can be provided as a 1:1 service with the Covered Individual/Family or in groups
- Do not allow for more than 3 children in a Provider home-based respite site at a given time
- Do not allow a staff-to-child ratio of less than one staff to six children in Facility Based respite programs
- Do not include the travel time of the Service Provider to and from the location of service, unless the Covered Individual/Family Member is present in the Provider's vehicle
- Cannot be provided by someone who resides in the same residence as the Covered Individual/Family
- Does not include time waiting to provide service
- Cannot be provided to a Covered Individual/Family member living independently in the community



Speech Therapy/Speech-Language Pathology

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): 816 for English; L816 for Bilingual; HB816 for Home-Based

Rate(s): \$65.00 per hour for English; \$70.00 per hour for Bilingual; \$70.00 per hour for

Home-Based

Unit of Service: 1 hour

Credentialing Requirement

Licensed as a Speech-Language Pathologist or licensed as an Intern in Speech-Language Pathology or Licensed as an Assistant in Speech-Language Pathology by the Texas State Board of Examiners for Speech-Language Pathology and Audiology

Service Definition

The assessment, evaluation, counseling, habilitation or rehabilitation, of a Covered Individual/Family Member who has, or is suspected of having, a disorder of speech, voice, language, oral pharyngeal function, or speech-language related cognitive processes by a professional licensed in Speech-Language Pathology.

- Must be delivered consistent with professional standards of practice
- Requires face-to-face contact with the Covered Individual or Family Member to conduct assessments or provide therapy
- Is typically delivered in the Practitioner's office



- Addresses identified individual needs as determined by assessment by a Licensed Speech
 Pathologist and in conjunction with the Child and Family Team
- Is provided as a 1:1 service
- Does not include transportation of an individual, travel time, or time waiting to provide services
- Does not include supervision of services or tasks outside the scope of professional licensure
- Cannot exceed more than two consecutive hours per billable event, unless pre-authorized by the Care Coordinator



Substance Abuse – Individual in Group (Outpatient)

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): 5942G

Rate(s): \$19.00 per hour per person up to a maximum of 7 covered individuals per group

Unit of Service: 1 hour

Credentialing Requirement

Licensed Chemical Dependency Counselor (LCDC)

Service Definition

A structured non-residential community-based program designed to assist the Covered Individual in attaining and/or maintaining chemical-free status by identifying and changing patterns of behavior that are maladaptive, destructive, or injurious to health and by restoring the individual to optimal levels physical, psychological, and social functioning. Substance abuse outpatient services are categorized based on level of need as follows: 1) Intensive Outpatient Treatment (level 3) – Ten or more hours of structured service per week; 2) Supportive Outpatient Treatment (level 4) – Two hours of structured activities per week; 3) Pharmacological Outpatient Treatment – Medically supervised services designed for persons who are opiate/narcotic addicted that may include the administration of Methadone or LAAM.

• Must be delivered consistent with professional standards of practice



- Are conducted in a community outpatient setting
- Requires face-to-face contact with the Covered Individual to provide services
- Conducted in groups
- Addresses identified individual needs as determined by assessment, the Child and Family Team, and in conjunction with a Licensed Physician, as appropriate
- Consist of a minimum of two individuals and a maximum of seven individuals when provided as a group service
- Can only be provided to covered individuals who have a DSM-IV diagnosis of Substance Abuse or Substance Dependence and the appropriate level of care
- Does not include transportation of an individual, travel time, or time waiting to provide services
- Does not include supervision of services or tasks outside the scope of professional licensure



Substance Abuse - Individual/Family (Outpatient)

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): 5942

Rate(s): \$51.00 per hour

Unit of Service: 1 hour

Credentialing Requirement

Licensed Chemical Dependency Counselor (LCDC)

Service Definition

A structured non-residential community-based program designed to assist the Covered Individual in attaining and/or maintaining chemical-free status by identifying and changing patterns of behavior that are maladaptive, destructive, or injurious to health and by restoring the individual to optimal levels physical, psychological, and social functioning. Substance abuse outpatient services are categorized based on level of need as follows: 1) Intensive Outpatient Treatment (level 3) – Ten or more hours of structured service per week; 2) Supportive Outpatient Treatment (level 4) – Two hours of structured activities per week; 3) Pharmacological Outpatient Treatment – Medically supervised services designed for persons who are opiate/narcotic addicted that may include the administration of Methadone or LAAM.

- Must be delivered consistent with professional standards of practice
- Are conducted in a community outpatient setting



- Requires face-to-face contact with the Covered Individual to provide services
- Conducted 1:1
- Addresses identified individual needs as determined by assessment, the Child and Family Team,
 and in conjunction with a Licensed Physician, as appropriate
- Consist of a minimum of two individuals and a maximum of seven individuals when provided as a group service
- Can only be provided to covered individuals who have a DSM-IV diagnosis of Substance Abuse or Substance Dependence and the appropriate level of care
- Does not include transportation of an individual, travel time, or time waiting to provide services
- Does not include supervision of services or tasks outside the scope of professional licensure



Supported Employment

Service Type: Non-Traditional

May be Provided By: Individuals or Organizations

Service Code(s): 758 for English; L6758 for Bilingual

Rate(s): \$22.00 per hour for English; \$27.00 per hour for Bilingual

Unit of Service: 1 hour

Credentialing Requirement

Minimum of a high school diploma or GED; experience with the target population providing similar services

Service Definition

Supported employment is provided to a Covered Individual who has paid, individualized, competitive employment in the community (i.e., a setting that includes non-disable workers) to help the Covered Individual sustain that employment. It includes individualized support services consistent with the Covered Individuals' plan as well as supervision and training.

- Must be provided face-to-face with the Covered Individual
- Is provided at the Covered Individual's community employment location
- Includes interacting face-to-face or by telephone with a Covered Individual's Employment
 Supervisor as necessary to sustain the Covered Individual's employment
- Addresses the identified employment intervention needs of the covered individual as determined by the Child and Family Team



- Cannot be billed simultaneously with another non-traditional service, with the exception of daily respite
- Includes participation in Child and Family Team meetings after the Covered Individual is employed
- Does not include interacting with a Covered Individual prior to the Individual's employment
- Does not include interacting with the Covered Individual when the Covered Individual is not on duty
- Must be provided as a 1:1 service
- Does not include transporting the Covered Individual
- Cannot be provided by someone who resides in the same residence as the Covered Individual/Family
- Cannot be provided to the minor child by a parent of that minor child
- Does not include time waiting to provide services



Team Meeting

Service Type: Non-Traditional

May be Provided By: Individuals or Organizations

Service Code(s): 5223 for English; L7223 for Bilingual

Rate(s): \$25.00 per hour for English; \$30.00 per hour for Bilingual

Unit of Service: 1 hour

Credentialing Requirement

Not Applicable

Service Definition

A scheduled face-to-face meeting between Child and Family Team Members for the purpose of coordinating services, developing service delivery strategies, assessing the Covered Individual/Family's response to services, and modifying the Plan of Care as needed. Team Meetings must include at a minimum the Covered Individual's Parent/Guardian/Primary Caregiver and the Care Coordinator. Meeting participants may also include the Covered Individual, Direct Service Providers, Agency/System Representatives, Family Members, Friends, and Advocates.

- Is provided in the home, school, community or institutional setting
- Cannot be billed simultaneously with another Community Support Service
- Must be provided and documented as face-to-face with the Covered Individual's Parent/Guardian/Primary Caregiver and the Care Coordinator at a minimum
- Does not include the travel time of the Service Provider to and from the location of service,



unless the Covered Individual/Family is present in the Provider's vehicle

- Does not include time waiting to provide services
- Cannot be provided simultaneously with a public school Admission, Review, and Dismissal (ARD) meeting
- Cannot exceed more than three hours per billable event, unless authorized by the Care Coordinator



Therapeutic Parent Coaching

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): 5727 for English; L5727 for Bilingual

Rate(s): \$65.00 per hour for English; \$70.00 per hour for Bilingual; \$70.00 per hour if

Home-Based

Unit of Service: 1 hour

Credentialing Requirement

Contact <u>providers@integralcare.org</u> for this credentialing requirement.

Service Definition

Contact providers@integralcare.org for this service definition.



Trauma Informed Therapy

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): Contact providers@integralcare.org for this service code.

Rate(s): \$85.00 per hour

Unit of Service: 1 hour

Credentialing Requirement

Certification, licensing, or registration by appropriate professional organization

Service Definition

A therapeutic intervention whose application promotes physical wellbeing and good health and facilitates healing and wellness in the physical, mental, and/or emotional aspects of a Covered Individual/Family Member thereby enabling him/her to live a more healthful, balanced, and fulfilling life.

- Must be delivered consistent with professional standards of practice
- Must be delivered in the Covered Individual/Family Member's home or Provider office
- Requires face-to-face contact with the Covered Individual or Family Member to provide therapy
- Addresses identified individual needs as determined by the Child and Family Team
- Is provided as a 1:1 service
- Does not include transportation of an individual, travel time, or time waiting to provide services
- Does not include supervision of services or tasks outside the scope of professional licensure



- Must have Care Coordination Supervisory approval to be authorized
- Cannot exceed more one and one half hours per service event, unless pre-authorized by the Care Coordinator and approved by the Care Coordination Supervisor



Tutoring

Service Type: Non-Traditional

May be Provided By: Individuals or Organizations

Service Code(s): 5523 for English; L6523 for Bilingual

Rate(s): \$25.00 per hour for English; \$30.00 per hour for Bilingual

Unit of Service: 1 hour

Credentialing Requirement

Minimum of a high school diploma or GED with demonstrated proficiency in the identified academic skill area and one year experience with the target population

Service Definition

Educational training, support, and remedial assistance during non-school hours to bring a covered individual up to academic grade level by a Provider with knowledge or expertise in the subject area.

Tutoring must be based on assessed academic need and does not include the instruction of non-academic skills.

- Must be provided face-to-face with the Covered Individual/Family Member
- Is provided in the Covered Individual/Family Member's home or in the community
- Addresses the identified academic needs of the covered individual as determined by assessment and the Child and Family Team
- Cannot be billed simultaneously with another Community Support Service
- Must be provided as a 1:1 service



- Does not include the travel time of the Service Provider to and from the location of service, unless the Covered Individual/Family Member is present in the Provider's vehicle
- Cannot be provided by someone who resides in the same residence as the Covered Individual/Family
- Does not include time waiting to provide service
- Cannot exceed more than three consecutive hours per billable event, unless pre-authorized by the Care Coordinator



Child and Family Services – Early Childhood Intervention



Audiology

Service Type: Licensed or Profession

May be Provided By: Individuals or Organizations

Service Code(s): Contact providers@integralcare.org for this service code.

Rate(s): \$65.00 per hour

Unit of Service: 1 hour

Credentialing Requirement

Licensed as an Audiologist or Licensed Assistant in Audiology or Licensed Intern in Audiology by the Texas State Board of Examiners for Speech-Language Pathology and Audiology

Service Definition

The assessment, evaluation, counseling, habilitation, or rehabilitation of a Covered Individual/Family Member who has, or is suspected of having, hearing disorders or vestibular function disorders by a professional licensed in Audiology. Audiologists are also licensed to dispense, sell, and manage fitting for hearing instruments.

- Must be delivered consistent with professional standards of practice
- Requires face-to-face contact with the Covered Individual/Family Member to conduct assessments or fit, dispense, and manage hearing devices
- Is typically delivered in the Practitioner's office
- Addresses identified individual needs as determined by assessment and in conjunction with the
 Child and Family Team



- Is provided as a 1:1 service
- Does not include transportation of an individual, travel time, or time waiting to provider services
- Does not include the travel time of the Service Provider to and from the location of service,
 unless the Covered Individual/Family Member is present in the Provider's vehicle
- Does not include supervision of services or tasks outside the scope of professional certification
- Cannot exceed more than two consecutive hours per billable event, unless preauthorized by the
 Care Coordinator



Behavioral Support/Therapy

Service Type: Licensed or Profession

May be Provided By: Individuals or Organizations

Service Code(s): 837

Rate(s): \$75.00 per hour

Unit of Service: 1 hour

Credentialing Requirement

Contact providers@integralcare.org for this credentialing requirement.

Service Definition

Contact <u>providers@integralcare.org</u> for this service definition.



Counseling (Individual/Family)

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): Contact providers@integralcare.org for service code.

Rate(s): \$75.00 per hour

Unit of Service: 1 hour

Credentialing Requirement

Licensed Medical Doctor (MD/Psychiatrist) or Licensed Doctor of Osteopathic Medicine (DO/Psychiatrist) or Licensed Psychologist (PhD) or Licensed Professional Counselor (LPC) or Licensed Clinical Social Worker (LCSW) or Licensed Marriage and Family Counselor (LMFT) or Master's Level Clinician with a graduate degree in a human services filed (psychology, social work, counseling) working toward licensure under the direct clinical supervision of one of the above licensed professionals. Outpatient substance abuse counseling may also be provided by a Licensed Chemical Dependency Counselor (LCDC)

Service Definition

The assessment, evaluation, and treatment of a Covered Individual/Family Member through the therapeutic relationship, using a combination of mental health, psychotherapeutic, and human development principles, methods, and techniques, including the sue of psychotherapy, to achieve the goal-directed development of an individual, sibling, parent/guardian, or family emotionally, socially, morally, educationally, spiritually, or vocationally. Counseling may focus on a wide range of issues based up on the assessed need of the Covered Individual/Family including problem resolution, physical and



sexual abuse, substance abuse, lack of trust, anger, depression, anxiety, fear, family interactions, personal interactions, attachment, and cognitive thinking which interferes with successful integration in family and community life.

- Must be delivered consistent with professional standards of practice
- Requires face-to-face contact with the Covered Individual or Family Member to conduct assessments or provide Counseling Services
- Includes face-to-face or telephone contact with a Licensed Psychiatrist/Psychologist regarding the behavior and/or mental health condition of a specific individual
- Addresses identified individual and family needs as determined by assessment, the Child and
 Family Team, and in conjunction with a Licensed Physician/Psychologist, as appropriate
- May be provided in the practitioner's office, in the community, or in the individual's home
- Is provided as a 1:1 service
- Does not include the travel time of the Service Provider to and from the location of service, unless the Covered Individual/Family Member is present in the Provider's vehicle
- Does not include time waiting to provide service
- Does not include supervision of services or tasks outside the scope of professional licensure
- Cannot exceed more than two consecutive hours per billable event, unless pre-authorized by the Care Coordinator



Dietary Services

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): 809 for Dietary Treatment; 810 for Dietary Assistant

Rate(s): \$55.00 per hour

Unit of Service: 1 hour

Credentialing Requirement

A person who is licensed as a Dietician (LD) or registered as a Dietician (RD) by the Texas State Board of Examiners of Dieticians

Service Definition

The assessment and evaluation of the nutritional status and needs of Covered Individual, including the identification of resources and constraints in dietary practices by a professional licensed to practice dietetics. Dieticians' establish priorities and goals that assist a Covered Individual in meeting his/her nutritional needs and are consistent with available resources and constraints. Dietary services include the provision of nutrition education and counseling in health and disease and the development and implementation of nutritional plans.

- Must be delivered consistent with professional standards of practice
- May be delivered in the Practitioner's office, the Covered Individual's home, or the community
- Requires face-to-face contact with the Covered Individual or Family Member to conduct assessments or provide education



- Addresses identified individual needs as determined by assessment by a Licensed Dietician, the
 Child and Family Team, and in conjunction with a Licensed Physician
- Includes interacting face-to-face by telephone with a person, except a provider of nursing, case management, or other covered counseling and therapies, regarding the Dietary services provided to the Covered Individual
- Includes participation in the Covered Individual's Child and Family Team meetings
- Includes training a service provider who is involved in serving the Covered Individual, regarding
 how the Dietary services will be provided, including training to document the provision of the
 Dietary services
- Is provided as a 1:1 service
- Does not include transportation of an individual, travel time, or time waiting to provide services
- Does not include supervision of services or tasks outside the scope of professional licensure
- Cannot be provided by someone who resides in the same residence as the Covered Individual
- Cannot be provided to the minor child by a parent of that minor child
- Does not include time spent writing or reviewing reports and other documents, time spent scheduling appointments, time spent training about general topics unrelated to a specific Covered Individual, or time spent interacting with other service providers of covered counseling and therapies, nursing, or case management if not during a Child and Family Team meeting



Non-Certified Applied Behavioral Analysis (ABA) Support

Service Type: Non-Traditional

May be Provided By: Individuals or Organizations

Service Code(s): 838

Rate(s): \$25.00 per hour

Unit of Service: 1 hour

Credentialing Requirement

Contact providers@integralcare.org for this credentialing requirement.

Service Definition

Contact providers@integralcare.org for this service definition.



Nursing (RN)

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): Contact providers@integralcare.org for this service code.

Rate(s): \$65.00 per hour

Unit of Service: 1 hour

Credentialing Requirement

Licensed by the Texas State Board of Nursing Examiners as a Licensed Vocational Nurse (LVN) or Registered Nurse (RN) or Licensed Nurse Practitioner (LNP)

Service Definition

The performance of health care treatments and monitoring of health care procedures that requires specialized judgment and skill as ordered by a Physician/Licensed Medical Practitioner and/or required by standards of professional practice or state law to be performed by a Registered Nurse, a Licensed Vocational Nurse, or a Licensed Nurse Practitioner. Nursing includes the observation, assessment, intervention, evaluation, rehabilitation, care, counseling, and health related education of a Covered Individual/Family Member who is ill, injured, infirm, or experiencing a change in normal health processes.

- Must be delivered consistent with professional standards of practice
- Typically requires face-to-face contact with the Covered Individual/Family Member to conduct health-related education, assessment, monitoring and/or provide treatment, including medication administration



- Addresses identified individual needs as determined by assessment and the Child and Family
 Team in coordination with a Licensed Physician/Licensed Medical Practitioner
- Takes place in a home setting, unless specifically authorized by the Care Coordinator
- Is provided as a 1:1 service
- Includes training of non-licensed personnel by a Licensed Nurse in the performance, monitoring, reporting, and documentation of health/medical interventions for a Covered Individual/Family
 Member
- Does not include transportation of an individual, travel time, or time waiting to provide services
- Does not arranging medical appointments
- Does not include providing nursing services without established and documented medical necessity
- Does not include the reordering, refilling, or delivering of medications
- Cannot exceed more than two consecutive hours per billable event, unless pre-authorized by the Care Coordinator and approved by the Care Coordination Supervisor



Occupational Therapy

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): Contact providers@integralcare.org for this service code.

Rate(s): \$80.00 per hour

Unit of Service: 1 hour

Credentialing Requirement

Licensed as an Occupational Therapist, Registered (OTR) by the Texas Board of Occupational Therapy
Examiners or licensed as an Occupational Therapist (LOT) by the Texas Board of Occupational Therapy
Examiners or licensed or certified as an Occupational Therapy Assistant (LOTA/COTA) by the Texas Board
of Occupational Therapy Examiners

Service Definition

The use of purposeful activity or intervention to facilitate the restoration of a Covered Individual/Family Member's greatest possible level of independence by a person licensed in Occupational Therapy.

Occupational Therapy provides services to individuals limited by physical injury or illness, cognitive impairment, psychosocial dysfunction, mental illness, developmental/learning disabilities or adverse environmental conditions. Occupational therapy services include the evaluation/assessment, treatment, and education of an individual directed toward developing, improving, or restoring daily living skills, play and leisure skills, and work/school performance through intervention methodologies designed to develop, restore, or maintain sensorimotor, oral-motor, perceptual or neuromuscular, joint range of motion, and the emotional, cognitive, or psychosocial components of performance.



- Must be delivered consistent with professional standards of practice
- Requires face-to-face contact with the Covered Individual or Family Member to conduct assessments or provide therapy
- May be provided in the Covered Individual/Family Member's home, Provider office, or other community location
- Addresses identified individual needs as determined by assessment by a Licensed or Registered
 Occupational Therapist (OTR or LOT), the Child and Family Team, and a Licensed Physician
- Is provided as a 1:1 service, unless otherwise authorized by the Care Coordinator as a group service
- Does not include the travel time of the Service Provider to and from the location of service, unless the Covered Individual/Family Member is present in the Provider's vehicle
- Does not include time waiting to provide services
- Does not include supervision of services or tasks outside the scope of professional licensure
- Cannot exceed more than two consecutive hours per billable event, unless pre-authorized by the Care Coordinator and approved by the Care Coordination Supervisor



Physical Therapy

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): Contact providers@integralcare.org for this service code.

Rate(s): \$80.00 per hour

Unit of Service: 1 hour

Credentialing Requirement

Licensed as a Physical Therapist (PT) by the Texas Board of Physical Therapy Examiners or licensed as a Physical Therapy Assistant (PTA) by the Texas Board of Physical Therapy Examiners

Service Definition

The examination, assessment, evaluation, and utilization of exercises, rehabilitative procedures, massage, manipulations, and physical agents including, but not limited to, mechanical devices, heat, cold, air, light, water, electricity, and sound to assist in the diagnosis and treatment of a Covered Individual/Family Member in acute or prolonged movement dysfunction or pain of anatomic or physiologic origin by a person licensed in Physical Therapy.

- Must be delivered consistent with professional standards of practice
- Requires face-to-face contact with the Covered Individual or Family Member to conduct assessments or provide therapy
- Is typically delivered in the Practitioner's office
- Addresses identified individual needs as determined by assessment by a Licensed Physical



Therapist (PT), the Child and Family Team, and a Licensed Physician

- Is provided as a 1:1 service
- Does not include the transportation of an individual, travel time, or time waiting to provide services
- Does not include supervision of services or tasks outside the scope of professional licensure
- Cannot exceed more than two consecutive hours per billable event, unless pre-authorized by the Care Coordinator and approved by the Care Coordination Supervisor



Speech Therapy/Speech-Language Pathology

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): Contact providers@integralcare.org for this service code.

Rate(s): \$65.00 per hour

Unit of Service: 1 hour

Credentialing Requirement

Licensed as a Speech-Language Pathologist or licensed as an Intern in Speech-Language Pathology or Licensed as an Assistant in Speech-Language Pathology by the Texas State Board of Examiners for Speech-Language Pathology and Audiology

Service Definition

The assessment, evaluation, counseling, habilitation or rehabilitation, of a Covered Individual/Family Member who has, or is suspected of having, a disorder of speech, voice, language, oral pharyngeal function, or speech-language related cognitive processes by a professional licensed in Speech-Language Pathology.

- Must be delivered consistent with professional standards of practice
- Requires face-to-face contact with the Covered Individual or Family Member to conduct assessments or provide therapy
- Is typically delivered in the Practitioner's office
- Addresses identified individual needs as determined by assessment by a Licensed Speech



Pathologist and in conjunction with the Child and Family Team

- Is provided as a 1:1 service
- Does not include transportation of an individual, travel time, or time waiting to provide services
- Does not include supervision of services or tasks outside the scope of professional licensure
- Cannot exceed more than two consecutive hours per billable event, unless pre-authorized by the Care Coordinator



Child and Family Services – Youth Empowerment Services (YES) Waiver



Adaptive Aids

Service Type: Non-Traditional

May be Provided By: Organizations Only

Service Code(s): 910

Rate(s): \$1.00

Unit of Service: \$1.00

Credentialing Requirement

Adaptive Aids and Supports may be provided by recreational and specialty equipment suppliers or specialized groups approved by the waiver provider agency, and specified in the Individual Plan of Care approved by the Texas Department of State Health Services (DSHS).

Service Definition

Devices and supports recommended by the treatment team to affect a service under the approved Individual Plan of Care. Adaptive Aids and Supports address the Waiver participant's needs that arise as a result of their severe emotional disturbance. These devices and supports contribute to the community functioning of Waiver participants and thereby assist the Waiver participants to avoid institutionalization. Adaptive aids and supports include:

1) Therapeutic Peer Support – Provides fees to facilitate the Waiver participant's involvement in age-appropriate peer support activities recommended by the treatment team as part of a treatment plan. Includes participation in specialized groups to improve socialization or deal with issues resulting from severe emotional disturbance and/or concomitant physical health issues,



such as obesity. For example, membership fees for peer support weight reduction groups recommended by a licensed dietician

2) Therapeutic equipment – items necessary to execute and/or maintain a therapeutic plan associated with services included under the approved Individual Plan of Care. May include equipment and supplies related to a professional services treatment plan.

The community mental health center case manager submits the treatment team recommendations to DSHS for approval. The waiver participant and LAR, Community Mental Health Center, and Waiver provider agency all sign off on the recommendation before it is submitted to DSHS for approval.

- Addresses identified needs for therapeutic devices/equipment and therapeutic peer supports
 that arise as a result of the Waiver Participants severe emotional disturbance as determined by
 the Child and Family Team
- Must be included on the Individual Plan of Care and have prior approval by the Department of State Health Services
- Includes a requisition fee
- Three bids must be obtained if the cost of the device/equipment or support is over \$500.00
- Adaptive Aids and Supports and Minor Home Modifications have a collective combined limit of \$5,000.00 annually
- Does not include room and board, normal household expenses, and items not related to the amelioration of the child's disability.



Animal Assisted Therapy – Equine EAGALA Certified

Service Type: Licensed or Profession

May be Provided By: Individuals or Organizations

Service Code(s): 5707 for Licensed Animal Assisted Therapy; 5708 for Certified Animal

Assisted Therapy

Rate(s): \$77.44 per hour

Unit of Service: 15 minutes

Credentialing Requirement

Animal-Assisted Therapy providers and their animals must be appropriately trained and obtain Equine Assisted Growth and Learning Association (EAGALA) certification. Professional liability insurance in the amount of \$1,000,000 per claim with an aggregate of \$1,000,000 for all claims is required. Must have a valid Texas Driver's License, minimum required State of Texas Vehicle Liability Insurance, and qualify under the Texas Council Risk Management Fund Safe Driving Standards if transporting Covered Individuals.

Service Definition

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.



- Must be delivered consistent with professional standards of practice
- Can be delivered in the Covered Individual's home, the Provider's facility, or in the community
- Requires face-to-face contact with the Covered Individual to conduct assessments or provide therapy
- Addresses identified individual needs as determined by assessment and in conjunction with the
 Child and Family Team
- Does not include time waiting to provide services
- Does not include the travel time of the Service Provider to and from the location of service
- Does not include supervision of services or tasks outside the scope of professional certification
- Cannot be billed simultaneously with another service with the exception of Family Support services which may be provided to the primary caregivers while the Covered Individual is receiving another service
- Must be provided as a 1:1 service
- Includes on the time spent in Wraparound Meetings during which the Animal Assisted Therapist is actually giving a report (typically no more than 15 minutes)
- An entire unit of service must be provided in order to be considered a billable event
- Includes a requisition fee



Animal Assisted Therapy – Equine PATH Certified

Service Type: Licensed or Profession

May be Provided By: Individuals or Organizations

Service Code(s): 5707 for Licensed Animal Assisted Therapy; 5708 for Certified Animal

Assisted Therapy

Rate(s): \$77.44 per hour

Unit of Service: 15 minutes

Credentialing Requirement

Animal-Assisted Therapy providers and their animals must be appropriately trained and obtain Professional Association of Therapeutic Horsemanship International (PATH) certification. Professional liability insurance in the amount of \$1,000,000 per claim with an aggregate of \$1,000,000 for all claims is required. Must have a valid Texas Driver's License, minimum required State of Texas Vehicle Liability Insurance, and qualify under the Texas Council Risk Management Fund Safe Driving Standards if transporting Covered Individuals.

Service Definition

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.

- Must be delivered consistent with professional standards of practice
- Can be delivered in the Covered Individual's home, the Provider's facility, or in the community



- Requires face-to-face contact with the Covered Individual to conduct assessments or provide therapy
- Addresses identified individual needs as determined by assessment and in conjunction with the
 Child and Family Team
- Does not include time waiting to provide services
- Does not include the travel time of the Service Provider to and from the location of service
- Does not include supervision of services or tasks outside the scope of professional certification
- Cannot be billed simultaneously with another service with the exception of Family Support services which may be provided to the primary caregivers while the Covered Individual is receiving another service
- Must be provided as a 1:1 service
- Includes on the time spent in Wraparound Meetings during which the Animal Assisted Therapist is actually giving a report (typically no more than 15 minutes)
- An entire unit of service must be provided in order to be considered a billable event
- Includes a requisition fee



Animal Assisted Therapy – Pet Therapy

Service Type: Licensed or Profession

May be Provided By: Individuals or Organizations

Service Code(s): 5707 for Licensed Animal Assisted Therapy; 5708 for Certified Animal

Assisted Therapy

Rate(s): \$77.44 per hour

Unit of Service: 15 minutes

Credentialing Requirement

Animal-Assisted Therapy providers and their animals must be appropriately trained and obtain certification specific to the type of program and animal(s) involved. Professional liability insurance in the amount of \$1,000,000 per claim with an aggregate of \$1,000,000 for all claims is required. Must have a valid Texas Driver's License, minimum required State of Texas Vehicle Liability Insurance, and qualify under the Texas Council Risk Management Fund Safe Driving Standards if transporting Covered Individuals.

Service Definition

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.

• Must be delivered consistent with professional standards of practice



- Can be delivered in the Covered Individual's home, the Provider's facility, or in the community
- Requires face-to-face contact with the Covered Individual to conduct assessments or provide therapy
- Addresses identified individual needs as determined by assessment and in conjunction with the
 Child and Family Team
- Does not include time waiting to provide services
- Does not include the travel time of the Service Provider to and from the location of service
- Does not include supervision of services or tasks outside the scope of professional certification
- Cannot be billed simultaneously with another service with the exception of Family Support services which may be provided to the primary caregivers while the Covered Individual is receiving another service
- Must be provided as a 1:1 service
- Includes on the time spent in Wraparound Meetings during which the Animal Assisted Therapist is actually giving a report (typically no more than 15 minutes)
- An entire unit of service must be provided in order to be considered a billable event
- Includes a requisition fee



Art Therapy

Service Type: Licensed or Profession

May be Provided By: Individuals or Organizations

Service Code(s): 5709

Rate(s): \$77.44 per hour

Unit of Service: 15 minutes

Credentialing Requirement

Registered as a Board Certified Art Therapist (ATR-BC) or Registered Art Therapist (ATR) by the Art Therapy Credentials Board

Service Definition

A therapeutic intervention that utilizes art media, images, the creative process, and the Covered Individual/Family Member's response to creative artworks as the primary modality of active treatment. Art Therapy is focused on individualized therapy goals and is based on a knowledge of human developmental and psychological theories which are implemented within the full spectrum of assessment and treatment, including educational, psychodynamic, cognitive, transpersonal, and other therapeutic means of reconciling emotional conflicts, fostering self-awareness, developing social skills, managing behavior, solving problems, reducing depression, reducing stress, reducing anxiety, aiding reality orientation, and increasing self-esteem.

- Must be delivered consistent with professional standards of practice
- Can be delivered in the Covered Individual/Family's home, the Provider's office, or in the community



- Requires face-to-face contact with the Covered Individual/Family Member to conduct assessments or provide therapy
- Addresses identified individual needs as determined by assessment and in conjunction with the
 Child and Family Team
- Is provided as a 1:1 service, unless specifically authorized by the Care Coordinator as a group service
- Does not include time waiting to provide services
- Does not include the travel time of the Service Provider to and from the location of service,
 unless the Covered Individual/Family Member is present in the Provider's vehicle
- Does not include supervision of services or tasks outside the scope of professional certification
- Cannot exceed more than four consecutive hours per billable event, unless preauthorized by the
 Care Coordinator



Community Living Supports (Bachelor's Level)

Service Type: Non-Traditional

May be Provided By: Individuals or Organizations

Service Code(s): 5700

Rate(s): \$25.00 per hour for English; \$30.00 per hour for Bilingual

Unit of Service: 15 minutes

Credentialing Requirement

Qualified Mental Health Professional – Community Services (QMHP-CS), and is defined as an individual who is credentialed to provide QMHP-CS services who: (a) has a bachelor's degree from an accredited college or university with a minimum number of ours that is equivalent to a major in psychology, social work, medicine, nursing, rehabilitation, counseling, sociology, human growth and development, physician assistant, gerontology, special education, educational psychology, early childhood education, or early childhood intervention; or b) is a registered nurse (RN). Must have a valid Texas Driver's License, minimum required State of Texas vehicle liability insurance, and qualify under the Texas Council Risk Management Fund Safe Driving Standards.

Service Definition

Community Living Supports are provided to the Waiver participant and family/LAR to facilitate the Waiver participant's achievement of his/her goals of community inclusion and remaining in their home. The supports may be provided in the Waiver participant's residence or in community settings (including but not limited to libraries, city pools, camps, etc.). Community Living Supports provide assistance to the family caregiver in the disability-related care of the Waiver participant, while facilitating the Waiver



participant's independence and integration into the community. The training in skills related to activities of daily living such as personal hygiene, household chores, and socialization may be included, if these skills are affected by the Waiver participant's disability. Community Living Supports may also promote communication, relationship-building skills, and integration into community activities. These supports must be targeted at enabling the waiver participant to attain or maintain his/her maximum potential. These supports may serve to reinforce skills or lessons taught in school, therapy, or other settings. Training may be provided to both the caregiver and the Waiver participant, dependent upon the youth's age, on the nature of the emotional disorder, the role of medications, and self-administration of medications. Training can also be provided to the Waiver participant's primary caregivers to assist the caregivers in coping with and managing the Waiver participant's emotional disturbance. This includes instruction on basic parenting skill and other forms of guidance.

- Provided in the Waiver Participant's home or in the community
- Addresses identified needs of the Individual/Family as determined by the Child and Family Team
- Must be provided face-to-face with the Waiver Participant even when the training/education is being provided to the primary caregiver(s) of the Waiver Participant unless the Treatment Team has specifically determined and documented that the presence of the Waiver Participant during training of the primary caregiver(s) is contraindicated
- Cannot be billed simultaneously with another Waiver Service except for the following: (a)
 qualified Community Living Supports, Family Supports, and Paraprofessional Service Providers
 may be present and bill for time providing service as part of the treatment planning and IPC
 development/maintenance meetings when the Waiver Participant has an identified need for the
 service; or (b) Family Support services may be provided to the primary caregivers while the
 Waiver Participant is receiving another Waiver service
- Must be provided as a 1:1 service (While group service is allowable under the YES Waiver by Medicaid, Integral Care does not contract for Group Community Living Support.)
- Includes time participating in Wraparound Meetings
- Cannot be provided by someone who resides in the same residence as the Waiver Participant
- Does not include time waiting to provide service



- Does not include the travel time of the Service Provider to and from the location of service
- An entire unit of service (15 minutes must be provided in order to be considered a billable event



Community Living Supports (Master's Level)

Service Type: Non-Traditional

May be Provided By: Individuals or Organizations

Service Code(s): 5702

Rate(s): \$33.00 per hour for English; \$38.00 per hour for Bilingual

Unit of Service: 15 minutes

Credentialing Requirement

Qualified Mental Health Professional – Community Services (QMHP-CS), and is defined as an individual who is credentialed to provide QMHP-CS services who has a Master's degree from an accredited college or university with a minimum number of hours that is equivalent to a major in psychology, social work, medicine, nursing, rehabilitation, counseling, sociology, human growth and development, physician assistant, gerontology, special education, educational psychology, early childhood education, or early childhood intervention. Must have a valid Texas Driver's License, minimum required State of Texas vehicle liability insurance, and qualify under the Texas Council Risk Management Fund Safe Driving Standards.

Service Definition

Community Living Supports are provided to the Waiver participant and family/LAR to facilitate the Waiver participant's achievement of his/her goals of community inclusion and remaining in their home. The supports may be provided in the Waiver participant's residence or in community settings (including but not limited to libraries, city pools, camps, etc.). Community Living Supports provide assistance to the family caregiver in the disability-related care of the Waiver participant, while facilitating the Waiver



participant's independence and integration into the community. The training in skills related to activities of daily living such as personal hygiene, household chores, and socialization may be included, if these skills are affected by the Waiver participant's disability. Community Living Supports may also promote communication, relationship-building skills, and integration into community activities. These supports must be targeted at enabling the waiver participant to attain or maintain his/her maximum potential. These supports may serve to reinforce skills or lessons taught in school, therapy, or other settings. Training may be provided to both the caregiver and the Waiver participant, dependent upon the youth's age, on the nature of the emotional disorder, the role of medications, and self-administration of medications. Training can also be provided to the Waiver participant's primary caregivers to assist the caregivers in coping with and managing the Waiver participant's emotional disturbance. This includes instruction on basic parenting skill and other forms of guidance.

- Provided in the Waiver Participant's home or in the community
- Addresses identified needs of the Individual/Family as determined by the Child and Family Team
- Must be provided face-to-face with the Waiver Participant even when the training/education is being provided to the primary caregiver(s) of the Waiver Participant unless the Treatment Team has specifically determined and documented that the presence of the Waiver Participant during training of the primary caregiver(s) is contraindicated
- Cannot be billed simultaneously with another Waiver Service except for the following: (a)
 qualified Community Living Supports, Family Supports, and Paraprofessional Service Providers
 may be present and bill for time providing service as part of the treatment planning and IPC
 development/maintenance meetings when the Waiver Participant has an identified need for the
 service; or (b) Family Support services may be provided to the primary caregivers while the
 Waiver Participant is receiving another Waiver service
- Must be provided as a 1:1 service (While group service is allowable under the YES Waiver by Medicaid, Integral Care does not contract for Group Community Living Support.)
- Includes time participating in Wraparound Meetings
- Cannot be provided by someone who resides in the same residence as the Waiver Participant
- Does not include time waiting to provide service



- Does not include the travel time of the Service Provider to and from the location of service
- An entire unit of service (15 minutes must be provided in order to be considered a billable event



Dietary Services (Licensed Nutritional Counseling)

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): 5729

Rate(s): \$55.28 per hour

Unit of Service: 15 minutes

Credentialing Requirement

Contact <u>providers@integralcare.org</u> for this credentialing requirement.

Service Definition

Contact providers@integralcare.org for this service definition.



Employment Assistance

Service Type: Non-Traditional

May be Provided By: Individuals or Organizations

Service Code(s): Contact providers@integralcare.org for this service code.

Rate(s): \$22.00 per hour

Unit of Service: 15 minutes

Credentialing Requirement

Contact providers@integralcare.org for this credentialing requirement.

Service Definition

Contact <u>providers@integralcare.org</u> for this service definition.



Family Supports

Service Type: Non-Traditional

May be Provided By: Individuals or Organizations

Service Code(s): 5118

Rate(s): \$24.00 per hour

Unit of Service: 15 minutes

Credentialing Requirement

Family Supports providers must be skilled and experienced in parenting children/adolescents with behavioral health challenges/serious emotional disorders like those of the population of waiver participants. A family support provider must have: 1) a high school diploma, or high school equivalency certificate issued in accordance with the law of the issuing state; 2) at least one cumulative year of receiving mental health community services for a mental health disorder or one cumulative year of experience navigating the mental health system as the parent or primary caregiver of a child/adolescent receiving mental health community services; and 3) be under the direct clinical supervision of a master's level therapist.

Service Definition

Family Supports provide peer mentoring and support to the primary caregivers; engages the family in the treatment process; models self-advocacy skills; provides information, referral, and non-clinical skills training; maintains engagement; and assists in the identification of natural/non-traditional and community support systems.

• Provided in the Waiver Participant's home or in the community



- Addresses identified needs as determined by the Child and Family Team
- Must be provided face-to-face with the Waiver Participant's primary caregiver(s)
- Cannot be billed simultaneously with another Waiver Service except for the following: (a)
 qualified Community Living Supports, Family Supports, and Paraprofessional Service Providers
 may be present and bill for time providing service as part of the treatment planning and IPC
 development/maintenance meetings when the Waiver Participant has an identified need for the
 service; (b) Family Support services may be provided to the primary caregivers while the Waiver
 Participant is receiving another Waiver service
- Must be provided as a 1:1 service (While group service is allowable under the YES Waiver by Medicaid, Integral Care does not contract for Group Family Support Service.)
- Includes time participating in Wraparound Meetings
- Cannot be provided by someone who resides in the same residence as the Waiver Participant
- Does not include time waiting to provide the service
- An entire unit of service (15 minutes) must be provided in order to be considered a billable event



In-Home Respite

Service Type: Non-Traditional

May be Provided By: Individuals or Organizations

Service Code(s): 728 for respite provided in a Waiver Participant family member's home that is not the Waiver Participant's home; 743 for respite provided in the Waiver

Participant's home

Rate(s): \$16.00 per hour

Credentialing Requirement

High school diploma or GED. 18 years of age or older. Experience with the target population. Must have a Texas Driver's License, minimum required State of Texas vehicle liability insurance, and qualify under the Texas Council Risk Management Fund Safe Driving Standards. Additional credentialing requirements for services provided in a Waiver Participant Family Member's Home that is not the Waiver's Participant's Home: 1) current annual passed fire inspection of the home by the local fire authority; 2) current annual passed site review of the home by Integral Care; 3) proof of current rabies vaccinations of all pets living in the home; 4) home owner's general liability insurance in the amount of \$100,000 per claim and \$100,000 aggregate of all claims.

Service Definition

Respite is a service that provides for the planned or emergency, short-term, non-routine relief or absence of the unpaid caregiver of a Waiver Participant. Respite services provide supervision of the Waiver Participant to ensure their health, safety, security, nutritional, social, and recreational needs are being met in the absence of the Primary Caregiver. Up to 720 consecutive or cumulative hours (30 days) of respite may be provided per individual service plan year. Temporary exceptions to the respite limit may



be considered on a case-by-case basis. Such exceptions require the written approval of the Director of the DSHS waiver section. Exceptional circumstances may include, but are not limited to: a) a parent dies or is hospitalized while the Waiver Participant is receiving respite care; or b) a catastrophic event, such as a hurricane, flood, or other disaster occurs while the Waiver Participant is receiving respite temporarily disrupting the family's ability to provide shelter and care for the Waiver Participant.

- Must be provided face-to-face with the Waiver Participant
- Can be provided in the Waiver Participant's home or in the private residence of a respite care provider, if that provider is a relative of the Waiver participant, other than the parents, spouse, legal guardian or Legally Authorized Representative (LAR)
- Addresses an identified need of the Waiver Participant for respite as determined by the Child and Family Team
- Cannot be provided when the primary caregiver(s) are present and available
- Support, rather than supplant, the Family's natural resources and support network
- Must be provided as a 1:1 service to the Waiver Participant only (i.e. does not include respite for siblings or other children/youth)
- Do not include the travel time of the Service Provider to and from the location of service, unless the Covered Individual/Family Member is present in the Provider's vehicle
- Cannot be provided by someone who resides in the same residence as the Covered Individual/Family
- Does not include time waiting to provide service
- Cannot be provided to a Waiver Participant living independently in the community
- Cannot be billed simultaneously with another Waiver Service with the exception of Family
 Support services which may be provided to the primary caregivers while the Waiver Participant is receiving another Waiver service
- An entire unit of service (15 minutes) must be provided in order to be considered a billable event.



Music Therapy

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): 5712

Rate(s): \$77.44 per hour

Unit of Service: 15 minutes

Credentialing Requirement

Registered as a Music Therapist Board Certified (MT-BC), Registered Music Therapist (RMT), Certified Music Therapist (CMT), or Advanced Certified Music Therapist (ACMT) by the American Music Therapy Association. Professional liability insurance in the amount of \$1,000,000 per claim with an aggregate of \$1,000,000 for all claims.

Service Definition

Music therapy utilizes musical or rhythmic interventions specifically selected by a registered music therapist to accomplish the restoration, maintenance, or improvement of social or emotional maintenance or improvement of social or emotional functioning, mental processing, or physical health. Music therapy is a prescribed use of music to therapeutically address physical, psychological, cognitive, or social functioning to optimize the individual's quality of life, improve functioning on all levels, enhance well-being, and foster independence. Music therapy provides an 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. Reductions are noted in maladaptive behaviors,



anxiety, and stress among disable individuals participating in music therapy. The reduction of maladaptive behaviors and improved social functioning assists an individual to integrate into the community and to be less dependent upon others to monitor and intervene in social and community settings. It also encourages the improvement of communication skills for the individual.

- Must be delivered consistent with professional standards of practice
- Can be provided in the Waiver Participant's home, Provider office, or other community location
- Requires face-to-face contact with the Waiver Participant to conduct assessments or provide therapy
- Addresses identified individual needs as determined by assessment and in conjunction with the
 Child and Family Team
- Does not include time waiting to provide services
- Does not include the travel time of the Service Provider to and from the location of service
- Does not include supervision of services or tasks outside the scope of professional licensure
- Cannot be billed simultaneously with another Waiver Service with the exception of Family
 Support services which may be provided to the primary caregivers while the Waiver Participant is receiving another Waiver Service
- Must be provided as a 1:1 service (While group service is allowable under the YES Waiver by Medicaid, Integral Care does not contract for Group Music Therapy.)
- Includes only the time spent in Wraparound Meetings during which the Music Therapist is actually giving a report (typically be no more than 15 minutes)
- An entire unit of service (15 minutes) must be provided in order to be considered a billable event
- Includes a requisition fee



Out-of-Home Respite – Accredited Full-Day Camp

Service Type: Licensed or Professional

May be Provided By: Organizations Only

Service Code(s): Contact providers@integralcare.org for this service code.

Rate(s): Not to exceed \$9.84 per hour

Unit of Service: 15 minutes

Credentialing Requirement

Contact providers@integralcare.org for this credentialing requirement.

Service Definition

Contact <u>providers@integralcare.org</u> for this service definition.



Out-of-Home Respite – DFPS Licensed General Residential Operational (GRO) Facility

Service Type: Licensed or Professional

May be Provided By: Organizations Only

Service Code(s): 5723

Rate(s): \$115.00 per day

Unit of Service: 1 day

Credentialing Requirement

Licensed by DFPS as a General Residential Operation (GRO) that provides emergency care services in accordance with 40 Texas Administrative Code §748.4261. All staff providing transportation must have a valid Texas Driver's License, minimum require State of Texas vehicle liability insurance, and qualifies under the Texas Council Risk Management Fund Safe Driving Standards. Additional credentialing requirements for GRO facilities: 1) current annual passed fire inspection of the GRO facility by the local fire authority; 2) current annual passed site review of the GRO facility by Integral Care; 3) proof of current rabies vaccinations of all pets living at the GRO facility; 4) general liability insurance in the amount of \$1,000,000 per claim and \$1,000,000 aggregate of all claims.

Service Definition

Respite is a service that provides for the planned or emergency, short-term, non-routine relief or absence of the unpaid caregiver of a Waiver Participant. Respite services provide supervision of the Waiver Participant to ensure their health, safety, security, nutritional, social, and recreational needs are being met in the absence of the Primary Caregiver. Up to 720 consecutive or cumulative hours (30 days) of



respite may be provided per individual service plan year. Temporary exceptions to the respite limit may be considered on a case-by-case basis. Such exceptions require the written approval of the Director of the DSHS waiver section. Exceptional circumstances may include, but are not limited to: a) a parent dies or is hospitalized while the Waiver Participant is receiving respite care; or b) a catastrophic event, such as a hurricane, flood, or other disaster occurs while the Waiver Participant is receiving respite temporarily disrupting the family's ability to provide shelter and care for the Waiver Participant.

- Must be provided face-to-face with the Waiver Participant
- Must be provided in a General Residential Operation (GRO) facility licensed by DFPS that provide emergency care services 40 Texas Administrative Code §748.426
- Addresses an identified need of the Waiver Participant for respite as determined by the Child and Family Team
- Cannot be provided when the primary caregiver(s) are present and available
- Support, rather than supplant, the Family's natural resources and support network
- Do not include the travel time of the Service Provider to and from the location of service
- Does not include time waiting to provide service
- Does not include time spent attending Wraparound Meetings
- Cannot be provided to a Waiver Participant living independently in the community
- Cannot be billed simultaneously with another Waiver Service with the exception of Family
 Support services which may be provided to the primary caregivers while the Waiver Participant is receiving another Waiver service
- An entire unit of service (one day) is billed when this service is provided for a 24-hour time period or any portion of time during that 24-hour period



Out-of-Home Respite – DFPS Residential Childcare – Child Placing Agency

Service Type: Licensed or Professional

May be Provided By: Organizations Only

Service Code(s): Contact providers@integralcare.org for this service code.

Rate(s): \$67.98 per day

Unit of Service: 1 day

Credentialing Requirement

Contact <u>providers@integralcare.org</u> for this credentialing requirement.

Service Definition

Contact providers@integralcare.org for this service definition.



Out-of-Home Respite – DFPS Residential Childcare – Foster Family

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): Contact providers@integralcare.org for this service code.

Rate(s): \$88.62 per day

Unit of Service: 1 day

Credentialing Requirement

Contact <u>providers@integralcare.org</u> for this credentialing requirement.

Service Definition

Contact providers@integralcare.org for this service definition.



Out-of-Home Respite – Licensed Childcare Center

Service Type: Licensed or Professional

May be Provided By: Organizations Only

Service Code(s): Contact providers@integralcare.org for this service code.

Rate(s): \$5.32 per hour (ages 3-5), \$5.17 per hour (ages 6 and older)

Unit of Service: 15 minutes

Credentialing Requirement

Contact providers@integralcare.org for this credentialing requirement.

Service Definition

Contact providers@integralcare.org for this service definition.



Out-of-Home Respite – Licensed Childcare Center (TRSP Certified)

Service Type: Licensed or Professional

May be Provided By: Organizations Only

Service Code(s): Contact providers@integralcare.org for this service code.

Rate(s): \$5.61 per hour (ages 3-5), \$5.54 per hour (ages 6 and older)

Unit of Service: 15 minutes

Credentialing Requirement

Contact <u>providers@integralcare.org</u> for this credentialing requirement.

Service Definition

Contact providers@integralcare.org for this service definition.



Out-of-Home Respite – Licensed Childcare Home

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): Contact <u>providers@integralcare.org</u> for this service code.

Rate(s): \$4.90 per hour (ages 3-5), \$4.86 per hour (ages 6 and older)

Unit of Service: 15 minutes

Credentialing Requirement

Contact providers@integralcare.org for this credentialing requirement.

Service Definition

Contact <u>providers@integralcare.org</u> for this service definition.



Out-of-Home Respite – Licensed Childcare Home (TRSP Certified)

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): Contact <u>providers@integralcare.org</u> for this service code.

Rate(s): \$5.62 per hour (ages 3-5), \$5.17 per hour (ages 6 and older)

Unit of Service: 15 minutes

Credentialing Requirement

Contact <u>providers@integralcare.org</u> for this credentialing requirement.

Service Definition

Contact providers@integralcare.org for this service definition.



Out-of-Home Respite – Registered Childcare Home

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): Contact <u>providers@integralcare.org</u> for this service code.

Rate(s): \$4.75 per hour (ages 3-5), \$3.83 per hour (ages 6 and older)

Unit of Service: 15 minutes

Credentialing Requirement

Contact providers@integralcare.org for this credentialing requirement.

Service Definition

Contact <u>providers@integralcare.org</u> for this service definition.



Out-of-Home Respite – Registered Childcare Home (TRSP Certified)

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): Contact <u>providers@integralcare.org</u> for this service code.

Rate(s): \$4.99 per hour (ages 3-5), \$4.08 per hour (ages 6 and older)

Unit of Service: 15 minutes

Credentialing Requirement

Contact <u>providers@integralcare.org</u> for this credentialing requirement.

Service Definition

Contact providers@integralcare.org for this service definition.



Paraprofessional Services

Service Type: Non-Traditional

May be Provided By: Individuals or Organizations

Service Code(s): 5705

Rate(s): \$24.00 per hour

Unit of Service: 15 minutes

Credentialing Requirement

A paraprofessional provider must meet the following qualifications: a) have received a high school diploma or a high school equivalency certificate issued in accordance with the law of the issuing state; b) have and a minimum of one year of documented full-time experience in the provision of service activities comparable to that specified under the service definition to a population served under this waiver (Life experience may be considered if the documented experience includes activities that are comparable to services specified under the service definition); and c) demonstrate competency in the provision and documentation of the specified or comparable service. Must have a valid Driver's License, minimum required State of Texas vehicle liability insurance, and qualify under the Texas Council Risk Management Fund Safe Driving Standards.

Service Definition

Paraprofessional services address the Waiver Participant's needs that arise as a result of their severe emotional disturbance. These services contribute to the community functioning of Waiver Participants and thereby assist the Waiver Participants in avoiding institutionalization. The services are essential to promote community inclusion in typical child/youth activities and exceed what would normally be



available for children adolescents in the community. Services include: 1) skilled mentoring and coaching – skilled mentoring would be provided by an individual who has had additional training/experience working with children/adolescents with mental health problems. For example, a teenager with severe behavior problems may require mentoring from a provider with behavioral management expertise; 2) paraprofessional aide – this service may be reimbursed if delivered in a setting where provision of such support is not already required or included as a matter of practice. The paraprofessional aide assists the Waiver Participant in preventing and managing behaviors stemming from emotional disturbance that create barriers to inclusion in integrated community activities such as after-school care or daycare; 3) job placement – assistance in finding employment.

- Provided in the community
- Addresses identified individual needs as determined by the Child and Family Team
- Must be provided face-to-face with the Waiver Participant
- Cannot be billed simultaneously with another Waiver Service except for the following: (a)
 qualified Community Living Supports, Family Supports, and Paraprofessional Service Providers
 may be present and bill for time providing service as part of the treatment planning and IPC
 development/maintenance meetings when the Waiver Participant has an identified need for the
 service; (b) Family Support services may be provided to the primary caregivers while the Waiver
 Participant is receiving another Waiver service
- Must be provided as a 1:1 service (While group service is allowable under the YES Waiver by Medicaid, Integral Care does not contract for Group Paraprofessional Service.)
- Includes time participating in Wraparound Meetings
- Cannot be provided by someone who resides in the same residence as the Waiver Participant
- Does not include time waiting to provide the service
- Does not include the travel time to and from the location of service
- An entire unit of service (15 minutes) must be provided in order to be considered a billable event



Recreation Therapy

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): 5714

Rate(s): \$77.44 per hour

Unit of Service: 1 hour

Credentialing Requirement

Certification as a Therapeutic Recreation Specialist (CTRS) by the National Council for Therapeutic Recreation Certification or certification as a Therapeutic Recreation Specialist/Texas Certified (TRS/TXC) or Therapeutic Recreation Associate/Texas Certified (TRA/TXC) by the Consortium for Therapeutic Recreation/Activities Certification, Inc. Professional liability insurance in the amount of \$1,000,000 per claim with an aggregate of \$1,000,000 for all claims. Must have a valid Texas driver's license, minimum required State of Texas liability insurance, and qualify under the Texas Council Risk Management Fund Safe Driving Standards.

Service Definition

Recreational therapy helps to develop leisure time in ways that enhance health, independence, and well-being. Recreational therapy is a prescribed use of recreational and other activities as a treatment intervention to improve the functional living competence of persons with physical, mental, emotional, and/or social disadvantages. Treatment is designed to restore, remediate, or habilitate improvement in functioning independence while reducing or eliminating the effects of an illness or a disability.



- Must be delivered consistent with professional standards of practice
- Can be delivered in the Waiver Participant's home, the Provider's facility, or in the community
- Requires face-to-face contact with the Waiver Participant to conduct assessments or provide therapy
- Addresses identified individual needs as determined by assessment and in conjunction with the
 Child and Family Team
- Does not include time waiting to provide services
- Does not include the travel time of the Service Provider to and from the location of service
- Does not include supervision of services or tasks outside the scope of professional licensure
- Cannot be billed simultaneously with another Waiver Service with the exception of Family
 Support services which may be provided to the primary caregivers while the Waiver Participant is receiving another Waiver service
- Must be provided as a 1:1 service (While group service is allowable under the YES Waiver by Medicaid, Integral Care does not contract for Group Recreational Therapy)
- Includes only the time spent in Wraparound Meetings during which the Recreational Therapist is actually giving a report (typically no more than 15 minutes)
- An entire unit of service (15 minutes) must be provided in order to be considered a billable unit
- Includes a requisition fee



Supported Employment

Service Type: Non-Traditional

May be Provided By: Individuals or Organizations

Service Code(s): Contact providers@integralcare.org for this service code.

Rate(s): \$22.00 per hour

Unit of Service: 15 minutes

Credentialing Requirement

Contact providers@integralcare.org for this credentialing requirement.

Service Definition

Contact <u>providers@integralcare.org</u> for this service definition.



Supported Family Based Alternatives – Child Placing Agency

Service Type: Licensed or Professional

May be Provided By: Organizations Only

Service Code(s): Contact providers@integralcare.org for this service code.

Rate(s): \$67.98 per day

Unit of Service: 1 day

Credentialing Requirement

Contact <u>providers@integralcare.org</u> for this credentialing requirement.

Service Definition

Contact providers@integralcare.org for this service definition.



Supported Family Based Alternatives – Foster Family

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): Contact providers@integralcare.org for this service code.

Rate(s): \$69.25 per day

Unit of Service: 1 day

Credentialing Requirement

Contact <u>providers@integralcare.org</u> for this credentialing requirement.

Service Definition

Contact providers@integralcare.org for this service definition.



Intellectual and Developmental Disabilities (IDD) Services



Audiology

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): 817

Rate(s): \$65.00 per hour

Unit of Service: 1 hour

Credentialing Requirement

Licensed as an Audiologist by the Texas State Board of Examiners for Speech-Language Pathology and Audiology

Service Definition

The assessment, evaluation, counseling, habilitation, or rehabilitation of a Covered Individual/Family Member who has, or is suspected of having, hearing disorders or vestibular function disorders by a professional licensed in Audiology. Audiologists are also licensed to dispense, sell, and manage fitting for hearing instruments.

- Must be delivered consistent with professional standards of practice
- Requires face-to-face contact with the Covered Individual/Family Member to conduct assessments or fit, dispense, and manage hearing devices
- Is typically delivered in the Practitioner's office or the Covered Individual's home
- Addresses identified individual needs as determined by assessment by a Licensed Audiologist, the
 Person Directed Planning Team and in conjunction with a Licensed Physician



- Includes interacting face-to-face or by telephone with a person, except a provider of nursing case management, or other covered counseling and therapies, regarding the audiology services provided to the Covered Individual
- Includes participation on the Covered Individual's Person Directed Planning meetings
- Includes training a service provider of day habilitation, respite, employment assistance, supported employment, contracted residential services, community support/supported home living, or a person other than a service provider, who is involved in serving the Covered Individual, regarding how the audiology services will be provided, including training to document the provision of audiology services
- Is provided as a 1:1 service
- Does not include transportation of an individual, travel time, or time waiting to provider services
- Does not include supervision of services or tasks outside the scope of professional certification
- Cannot be provided by someone who resides in the same residence as the Covered Individual
- Cannot be provided to the minor child by a parent of that minor child
- Does not include time spent writing or reviewing reports and other documents, time spent scheduling appointments, time spent training about general topics unrelated to a specific Covered Individual, or time spent interacting with other service providers of covered counseling and therapies, nursing, or case management, if not during a Person Directed Planning Meeting



Behavior Support/Therapy

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): 837

Rate(s): \$69.00 per hour

Unit of Service: 1 hour

Credentialing Requirement

Licensed Psychologist (PhD) or Licensed Psychological Associate (LPA) by the Texas Board of Psychological Examiners or Board Certified Behavior Analysts (BCBA) or Board Certified Associate Behavior Analyst (BCABA) by the Behavior Analyst Certification Board

Service Definition

Specialized interventions that assist a Covered Individual to increase adaptive behaviors and to replace or modify maladaptive behaviors that prevent or interfere with his/her inclusion in home and family life or community life. Behavior support includes: assessing and analyzing assessment findings to that an appropriate behavior support plan may be designed; developing an individualized behavior support plan consistent with the outcomes identified in the Covered Individual's Person Directed Plan; training and consulting with family members or other providers and, as appropriate, the client; and monitoring and evaluating the success of the behavioral support plan and modifying the plan as necessary.

- Must be delivered consistent with professional standards of practice
- Requires face-to-face contact with, or observation of the Covered Individual to conduct assessments or provide specialized interventions to increase adaptive behaviors and/or replace



or modify maladaptive or socially unacceptable behaviors

- May be delivered in the Practitioner's office, the Covered Individual's home, or the community
- Includes face-to-face or by telephone contact with a Psychiatrist regarding the behavior and/or mental health condition of a specific Covered Individual
- Addresses identified individual needs as determined by assessment, the Person Directed Planning Team, and in conjunction with a Licensed Physician/Psychologist, if appropriate
- Includes interacting face-to-face or by telephone with a person, except a provider of nursing, case management, or other covered counseling and therapies, regarding the Behavior Support services provided to the Covered Individual
- Includes participation on the Covered Individual's Person Directed Planning meetings
- Includes training a service provider of day habilitation, respite, employment assistance, supported employment, contracted residential services, community support/supported home living, or a person other than a service provider, who is involved in serving the Covered Individual, regarding how Behavioral Support services will be provided, including training to document the provision of Behavioral Support services
- Is provided as a 1:1 service
- Does not include transportation of an individual, travel time, or time waiting to provider services
- Does not include supervision of services or tasks outside the scope of professional certification
- Cannot be provided by someone who resides in the same residence as the Covered Individual
- Cannot be provided to the minor child by a parent of that minor child
- Does not include time spent writing or reviewing reports and other documents, time spent
 scheduling appointments, time spent training about general topics unrelated to a specific
 Covered Individual, or time spent interacting with other service providers of covered counseling
 and therapies, nursing, or case management, if not during a Person Directed Planning Meeting



Community Support/Supported Home Living

Service Type: Non-Traditional

May be Provided By: Individuals or Organizations

Service Code(s): 716

Rate(s): \$16.00 per hour

Unit of Service: 1 hour

Credentialing Requirement

Minimum of a High School Diploma or GED; Valid Texas driver's license; and experience with the target population providing similar services

Service Definition

Individualized activities that are consistent with the Covered Individual's Person Directed Plan and provided in the Covered Individual's home and at community locations (e.g. libraries and stores). Supports include: habilitation and support activities that foster improvement of, or facilitate a Covered Individual's ability to perform functional living skills and other daily living activities; activities for the Covered Individual's family that help preserve the family unit and prevent or limit out-of-home placement of the Covered Individual; transportation for a Covered Individual between home and the Covered Individual's community employment site or day habilitation site; and transportation to facilitate the Covered Individual's employment opportunities and participation in community activities.

- Is provided in the Covered Individual's home or in the community
- Must be provided face-to-face with the Covered Individual, with the exception of shopping for the Covered Individual; planning or preparing meals for the Covered Individual; housekeeping for



the Covered Individual; procuring or preparing the Covered Individual's medications; or securing transportation for the Covered Individual

- Includes interacting face-to-face or by telephone with an individual or an involved person regarding an incident that directly affects the Covered Individual's health and safety
- Addresses identified habilitation, skill development, community inclusion and/or transportation needs of the individual as determined by the Person Directed Planning Team
- Cannot be billed simultaneously with another non-traditional service, with the exception of daily respite
- Must be provided as a 1:1 service, except when utilized for the purpose of providing transportation to more than one Covered Individual simultaneously in the same vehicle
- Includes time participating in Person Directed Planning meetings
- Does not include the travel time to and from the location of service, unless the Covered Individual is present in the Provider's vehicle
- Cannot be provided by someone who resides in the same residence as the Covered Individual/Family Member
- Cannot be provided to the minor child by a parent of that minor child
- Does not include time waiting to provide the service



Community Support – Bill Payer

Service Type: Non-Traditional

May be Provided By: Organizations Only

Service Code(s): 744

Rate(s): \$81.00 per month

Unit of Service: 1 month

Credentialing Requirement

Contact providers@integralcare.org for this credentialing requirement.

Service Definition

Contact <u>providers@integralcare.org</u> for this service definition.



Community Support – Representative Payee

Service Type: Non-Traditional

May be Provided By: Organizations Only

Service Code(s): 745

Rate(s): \$141.00 per month

Unit of Service: 1 month

Credentialing Requirement

Contact providers@integralcare.org for this credentialing requirement.

Service Definition

Contact <u>providers@integralcare.org</u> for this service definition.



Community Support – Representative Payee and Bill Payer Combination

Service Type: Non-Traditional

May be Provided By: Organizations Only

Service Code(s): 746

Rate(s): \$175.00 per month

Unit of Service: 1 month

Credentialing Requirement

Contact <u>providers@integralcare.org</u> for this credentialing requirement.

Service Definition

Contact providers@integralcare.org for this service definition.



Contracted Residential

Service Type: Non-Traditional

May be Provided By: Organizations Only

Service Code(s): 900

Rate(s): \$162.00 per day

Unit of Service: 1 day

Credentialing Requirement

Contact <u>providers@integralcare.org</u> for this credentialing requirement.

Service Definition

Contact <u>providers@integralcare.org</u> for this service definition.



Day Habilitation LON 1

Service Type: Non-Traditional

May be Provided By: Organizations Only

Service Code(s): 695 LON 1

Rate(s): \$22.18 per day

Unit of Service: 1 day

Additional Unit of Service Information: 1 unit may be billed if a minimum of five hours are provided in a calendar day, at least two hours must be consecutive. Three-quarters day (0.75 unit) may be billed if at least three and one-half hour are provided in a calendar day, at least two hours must be consecutive. One-half day (0.5) unit may be billed if at least two consecutive hours are provided in a calendar day.

Credentialing Requirement

Minimum of a High School Diploma or GED; Valid Texas driver's license (if providing transportation); experience with the target population providing similar services. Must also meet additional credentialing requirements if facility-based in order to be approved by Integral Care.

Service Definition

Assisting a Covered Individual 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 Covered Individual's Person Directed Plan and activities are designed to reinforce therapeutic outcomes targeted by other



service components, school, or other support providers. Day habilitation is normally furnished in a group setting other than the Covered 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 Covered 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.

- Must be provided face-to-face with the Covered Individual
- Is typically provided in a location other than the Covered Individual's residence
- Addresses identified habilitation and personal assistance needs of the individual as determined by the Person Directed Planning Team
- Cannot be billed simultaneously with another non-traditional service, with the exception of daily respite
- Must be provided a minimum number of hours per day in order to be billed
- Is typically provided in groups
- If facility-based, must be provided in a location approved by Integral Care and with a staff-to-Covered Individual ratio sufficient to provide for the health, security, habilitation, and personal assistance needs of the Covered Individual
- If Community Inclusion Activity based, must be provided with a staff-to-Covered Individual ratio sufficient to provide for the health, safety, security, habilitation, and personal assistance needs of the Covered Individual
- Does not include the travel time of the Service Provider to and from the location of service,
 unless the Covered Individual is present in the Provider's vehicle
- Does not include time waiting to provide the service
- Includes travel time transporting an individual between settings at which Day Habilitation is provided
- Does not include assisting an individual for the sole purpose of meeting a vocational production goal



- Includes time participating in Person Directed Planning meetings
- Cannot be provided by someone who resides in the same residence as the Covered Individual/Family Member
- Cannot be provided to school-age individuals
- Cannot be provided on the weekends or major holidays
- Cannot be billed in excess of 260 units per Person Directed Plan/Individual Plan of Care (IPC) year



Day Habilitation LON 5

Service Type: Non-Traditional

May be Provided By: Organizations Only

Service Code(s): 695 LON 5

Rate(s): \$24.69 per day

Unit of Service: 1 day

Additional Unit of Service Information: 1 unit may be billed if a minimum of five hours are provided in a calendar day, at least two hours must be consecutive. Three-quarters day (0.75 unit) may be billed if at least three and one-half hour are provided in a calendar day, at least two hours must be consecutive. One-half day (0.5) unit may be billed if at least two consecutive hours are provided in a calendar day.

Credentialing Requirement

Minimum of a High School Diploma or GED; Valid Texas driver's license (if providing transportation); experience with the target population providing similar services. Must also meet additional credentialing requirements if facility-based in order to be approved by Integral Care.

Service Definition

Assisting a Covered Individual 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 Covered Individual's Person Directed Plan and activities are designed to reinforce therapeutic outcomes targeted by other



service components, school, or other support providers. Day habilitation is normally furnished in a group setting other than the Covered 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 Covered 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.

- Must be provided face-to-face with the Covered Individual
- Is typically provided in a location other than the Covered Individual's residence
- Addresses identified habilitation and personal assistance needs of the individual as determined by the Person Directed Planning Team
- Cannot be billed simultaneously with another non-traditional service, with the exception of daily respite
- Must be provided a minimum number of hours per day in order to be billed
- Is typically provided in groups
- If facility-based, must be provided in a location approved by Integral Care and with a staff-to-Covered Individual ratio sufficient to provide for the health, security, habilitation, and personal assistance needs of the Covered Individual
- If Community Inclusion Activity based, must be provided with a staff-to-Covered Individual ratio sufficient to provide for the health, safety, security, habilitation, and personal assistance needs of the Covered Individual
- Does not include the travel time of the Service Provider to and from the location of service,
 unless the Covered Individual is present in the Provider's vehicle
- Does not include time waiting to provide the service
- Includes travel time transporting an individual between settings at which Day Habilitation is provided
- Does not include assisting an individual for the sole purpose of meeting a vocational production goal



- Includes time participating in Person Directed Planning meetings
- Cannot be provided by someone who resides in the same residence as the Covered Individual/Family Member
- Cannot be provided to school-age individuals
- Cannot be provided on the weekends or major holidays
- Cannot be billed in excess of 260 units per Person Directed Plan/Individual Plan of Care (IPC) year



Day Habilitation LON 6

Service Type: Non-Traditional

May be Provided By: Organizations Only

Service Code(s): 695 LON 6

Rate(s): \$40.28 per day

Unit of Service: 1 day

Additional Unit of Service Information: 1 unit may be billed if a minimum of five hours are provided in a calendar day, at least two hours must be consecutive. Three-quarters day (0.75 unit) may be billed if at least three and one-half hour are provided in a calendar day, at least two hours must be consecutive. One-half day (0.5) unit may be billed if at least two consecutive hours are provided in a calendar day.

Credentialing Requirement

Minimum of a High School Diploma or GED; Valid Texas driver's license (if providing transportation); experience with the target population providing similar services. Must also meet additional credentialing requirements if facility-based in order to be approved by Integral Care.

Service Definition

Assisting a Covered Individual 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 Covered Individual's Person Directed Plan and activities are designed to reinforce therapeutic outcomes targeted by other



service components, school, or other support providers. Day habilitation is normally furnished in a group setting other than the Covered 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 Covered 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.

- Must be provided face-to-face with the Covered Individual
- Is typically provided in a location other than the Covered Individual's residence
- Addresses identified habilitation and personal assistance needs of the individual as determined by the Person Directed Planning Team
- Cannot be billed simultaneously with another non-traditional service, with the exception of daily respite
- Must be provided a minimum number of hours per day in order to be billed
- Is typically provided in groups
- If facility-based, must be provided in a location approved by Integral Care and with a staff-to-Covered Individual ratio sufficient to provide for the health, security, habilitation, and personal assistance needs of the Covered Individual
- If Community Inclusion Activity based, must be provided with a staff-to-Covered Individual ratio sufficient to provide for the health, safety, security, habilitation, and personal assistance needs of the Covered Individual
- Does not include the travel time of the Service Provider to and from the location of service,
 unless the Covered Individual is present in the Provider's vehicle
- Does not include time waiting to provide the service
- Includes travel time transporting an individual between settings at which Day Habilitation is provided
- Does not include assisting an individual for the sole purpose of meeting a vocational production goal



- Includes time participating in Person Directed Planning meetings
- Cannot be provided by someone who resides in the same residence as the Covered Individual/Family Member
- Cannot be provided to school-age individuals
- Cannot be provided on the weekends or major holidays
- Cannot be billed in excess of 260 units per Person Directed Plan/Individual Plan of Care (IPC) year



Day Habilitation LON 8

Service Type: Non-Traditional

May be Provided By: Organizations Only

Service Code(s): 695 LON 8

Rate(s): \$29.88 per day

Unit of Service: 1 day

Additional Unit of Service Information: 1 unit may be billed if a minimum of five hours are provided in a calendar day, at least two hours must be consecutive. Three-quarters day (0.75 unit) may be billed if at least three and one-half hour are provided in a calendar day, at least two hours must be consecutive. One-half day (0.5) unit may be billed if at least two consecutive hours are provided in a calendar day.

Credentialing Requirement

Minimum of a High School Diploma or GED; Valid Texas driver's license (if providing transportation); experience with the target population providing similar services. Must also meet additional credentialing requirements if facility-based in order to be approved by Integral Care.

Service Definition

Assisting a Covered Individual 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 Covered Individual's Person Directed Plan and activities are designed to reinforce therapeutic outcomes targeted by other



service components, school, or other support providers. Day habilitation is normally furnished in a group setting other than the Covered 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 Covered 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.

- Must be provided face-to-face with the Covered Individual
- Is typically provided in a location other than the Covered Individual's residence
- Addresses identified habilitation and personal assistance needs of the individual as determined by the Person Directed Planning Team
- Cannot be billed simultaneously with another non-traditional service, with the exception of daily respite
- Must be provided a minimum number of hours per day in order to be billed
- Is typically provided in groups
- If facility-based, must be provided in a location approved by Integral Care and with a staff-to-Covered Individual ratio sufficient to provide for the health, security, habilitation, and personal assistance needs of the Covered Individual
- If Community Inclusion Activity based, must be provided with a staff-to-Covered Individual ratio sufficient to provide for the health, safety, security, habilitation, and personal assistance needs of the Covered Individual
- Does not include the travel time of the Service Provider to and from the location of service,
 unless the Covered Individual is present in the Provider's vehicle
- Does not include time waiting to provide the service
- Includes travel time transporting an individual between settings at which Day Habilitation is provided
- Does not include assisting an individual for the sole purpose of meeting a vocational production goal



- Includes time participating in Person Directed Planning meetings
- Cannot be provided by someone who resides in the same residence as the Covered Individual/Family Member
- Cannot be provided to school-age individuals
- Cannot be provided on the weekends or major holidays
- Cannot be billed in excess of 260 units per Person Directed Plan/Individual Plan of Care (IPC) year



Day Habilitation LON 9

Service Type: Non-Traditional

May be Provided By: Organizations Only

Service Code(s): 695 LON 9

Rate(s): \$133.91 per day

Unit of Service: 1 day

Additional Unit of Service Information: 1 unit may be billed if a minimum of five hours are provided in a calendar day, at least two hours must be consecutive. Three-quarters day (0.75 unit) may be billed if at least three and one-half hour are provided in a calendar day, at least two hours must be consecutive. One-half day (0.5) unit may be billed if at least two consecutive hours are provided in a calendar day.

Credentialing Requirement

Minimum of a High School Diploma or GED; Valid Texas driver's license (if providing transportation); experience with the target population providing similar services. Must also meet additional credentialing requirements if facility-based in order to be approved by Integral Care.

Service Definition

Assisting a Covered Individual 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 Covered Individual's Person Directed Plan and activities are designed to reinforce therapeutic outcomes targeted by other



service components, school, or other support providers. Day habilitation is normally furnished in a group setting other than the Covered 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 Covered 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.

- Must be provided face-to-face with the Covered Individual
- Is typically provided in a location other than the Covered Individual's residence
- Addresses identified habilitation and personal assistance needs of the individual as determined by the Person Directed Planning Team
- Cannot be billed simultaneously with another non-traditional service, with the exception of daily respite
- Must be provided a minimum number of hours per day in order to be billed
- Is typically provided in groups
- If facility-based, must be provided in a location approved by Integral Care and with a staff-to-Covered Individual ratio sufficient to provide for the health, security, habilitation, and personal assistance needs of the Covered Individual
- If Community Inclusion Activity based, must be provided with a staff-to-Covered Individual ratio sufficient to provide for the health, safety, security, habilitation, and personal assistance needs of the Covered Individual
- Does not include the travel time of the Service Provider to and from the location of service,
 unless the Covered Individual is present in the Provider's vehicle
- Does not include time waiting to provide the service
- Includes travel time transporting an individual between settings at which Day Habilitation is provided
- Does not include assisting an individual for the sole purpose of meeting a vocational production goal



- Includes time participating in Person Directed Planning meetings
- Cannot be provided by someone who resides in the same residence as the Covered Individual/Family Member
- Cannot be provided to school-age individuals
- Cannot be provided on the weekends or major holidays
- Cannot be billed in excess of 260 units per Person Directed Plan/Individual Plan of Care (IPC) year



Dental Services

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): Contact providers@integralcare.org for this service code.

Rate(s): Maximum of \$1,000.00 per individual per individual plan of care year

Unit of Service: \$1.00

Credentialing Requirement

Contact providers@integralcare.org for this credentialing requirement.

Service Definition

Contact <u>providers@integralcare.org</u> for this service definition.



Dietary Services

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): 809

Rate(s): \$55.00 per hour

Unit of Service: 1 hour

Credentialing Requirement

A person who is licensed as a Dietician (LD) or Registered as a Dietician (RD) by the Texas State Board of Examiners of Dieticians

Service Definition

The assessment and evaluation of the nutritional status and needs of a Covered Individual, including the identification of resources and constraints in dietary practices, by a professional licensed to practice Dietetics. Dieticians establish priorities and goals that assist a Covered Individual in meeting his/her nutritional needs and are consistent with available resources and constraints. Dietary services include the provision of nutrition education and counseling in health and disease and the development and implementation of nutritional plans.

- Must be delivered consistent with professional standards of practice
- Requires face-to-face contact with the Covered Individual to conduct assessments or provide education
- May be delivered in the Practitioner's Office, the Covered Individual's home, or the community



- Addresses identified individual needs as determined by assessment by a Licensed Dietician, the
 Person Directed Planning Team and in conjunction with a Licensed Physician
- Includes interacting face-to-face or by telephone with a person, except a provider of nursing case management, or other covered counseling and therapies, regarding the dietary services provided to the Covered Individual
- Includes participation on the Covered Individual's Person Directed Planning meetings
- Includes training a service provider of day habilitation, respite, employment assistance, supported employment, contracted residential services, community support/supported home living, or a person other than a service provider, who is involved in serving the Covered Individual, regarding how the dietary services will be provided, including training to document the provision of dietary services
- Is provided as a 1:1 service
- Does not include transportation of an individual, travel time, or time waiting to provider services
- Does not include supervision of services or tasks outside the scope of professional certification
- Cannot be provided by someone who resides in the same residence as the Covered Individual
- Cannot be provided to the minor child by a parent of that minor child
- Does not include time spent writing or reviewing reports and other documents, time spent
 scheduling appointments, time spent training about general topics unrelated to a specific
 Covered Individual, or time spent interacting with other service providers of covered counseling
 and therapies, nursing, or case management, if not during a Person Directed Planning Meeting



Employment Assistance

Service Type: Non-Traditional

May be Provided By: Individuals or Organizations

Service Code(s): 798

Rate(s): \$22.00 per hour

Unit of Service: 1 hour

Credentialing Requirement

Minimum of a High School Diploma or GED; Valid Texas driver's license; and experience with the target population providing similar services

Service Definition

Assistance to a Covered Individual in locating paid, individualized, competitive employment in the community, including: helping the Covered Individual identify employment preferences, job skills, work requirements and conditions; prospective employers offering employment compatible with the Covered Individual's identified preferences, skills, and work requirements and conditions.

- Must be provided face-to-face with the Covered Individual
- Is provided in the Covered Individual's home or in the community
- Addresses identified employment needs of the individual as determined by the Person Directed
 Planning Team
- Cannot be billed simultaneously with another non-traditional service, with the exception of daily respite



- Includes time participating in Person Directed Planning meetings
- Must be provided as a 1:1 service
- Does not include the travel time to and from the location of service, unless the Covered Individual is present in the Provider's vehicle
- Cannot be provided by someone who resides in the same residence as the Covered Individual/Family Member
- Cannot be provided to the minor child by a parent of that minor child
- Does not include time waiting to provide the service



Occupational Therapy

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): 814

Rate(s): \$80.00 per hour

Unit of Service: 1 hour

Credentialing Requirement

Licensed as an Occupational Therapist, Registered (OTR) by the Texas Board of Occupational Therapy
Examiners or licensed as an Occupational Therapist (LOT) by the Texas Board of Occupational Therapy
Examiners or licensed or certified as an Occupational Therapy Assistant (LOTA/COTA) by the Texas Board
of Occupational Therapy Examiners

Service Definition

The use of purposeful activity or intervention to facilitate the restoration of a Covered Individual/Family Member's greatest possible level of independence by a person licensed in Occupational Therapy.

Occupational Therapy provides services to individuals limited by physical injury or illness, cognitive impairment, psychosocial dysfunction, mental illness, developmental/learning disabilities or adverse environmental conditions. Occupational therapy services include the evaluation/assessment, treatment, and education of an individual directed toward developing, improving, or restoring daily living skills, play and leisure skills, and work/school performance through intervention methodologies designed to develop, restore, or maintain sensorimotor, oral-motor, perceptual or neuromuscular, joint range of



motion, and the emotional, cognitive, or psychosocial components of performance.

- Must be delivered consistent with professional standards of practice
- Addresses identified individual needs as determined by assessment by a Licensed Occupational Therapist(LOT), the Person Directed Planning Team, and in conjunction with a Licensed Physician
- Is typically delivered in the Practitioner's Office or the Covered Individual's home
- Includes interacting face-to-face or by telephone with a person, except a provider of nursing, case management, or other covered counseling and therapies, regarding the Occupational Therapy services provided to the Covered Individual
- Includes participation in the Covered Individual's Person Directed Planning Meetings;
- Includes training a service provider of day habilitation, respite, employment assistance, supported employment, contracted residential services, community support/supported home living, or a person other than a service provider, who is involved in serving the Covered Individual, regarding how Occupational Therapy services will be provided including training to document the provision of Occupational Therapy services
- Is provided as a 1:1 service
- Does not include transportation of an individual, travel time, or waiting to provider services
- Does not include supervision of services or tasks outside the scope of professional licensure
- Cannot be provided by someone who resides in the same residence as the Covered Individual
- Cannot be provided to the minor child by a parent of that minor child
- Does not include time spent writing or reviewing reports and other documents; time spent
 scheduling appointments; time spent training about general topics unrelated to a specific
 Covered Individual; or time spent interacting with other service providers of covered counseling
 and therapies, nursing, or case management, if not during a Person Directed Planning Meeting



Physical Therapy

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): 815

Rate(s): \$80.00 per hour

Unit of Service: 1 hour

Credentialing Requirement

Licensed as a Physical Therapist (PT) by the Texas Board of Physical Therapy Examiners or licensed as a Physical Therapy Assistant (PTA) by the Texas Board of Physical Therapy Examiners

Service Definition

The examination, assessment, evaluation, and utilization of exercises, rehabilitative procedures, massage, manipulations, and physical agents including, but not limited to, mechanical devices, heat, cold, air, light, water, electricity, and sound to assist in the diagnosis and treatment of a Covered Individual/Family Member in acute or prolonged movement dysfunction or pain of anatomic or physiologic origin by a person licensed in Physical Therapy.

- Must be delivered consistent with professional standards of practice
- Requires face-to-face contact with the Covered Individual to conduct assessments or provide therapy
- Is typically delivered in the Practitioner's office or the Covered Individual's home



- Addresses identified individual needs as determined by assessment by a Licensed Physical
 Therapist (PT), the Person Directed Planning Team, and in conjunction with a Licensed Physician
- Includes interacting face-to-face or by telephone with a person, except a provider of nursing, case management, or other covered counseling and therapies, regarding the physical therapy services provided to the Covered Individual
- Includes participation in the Covered Individual's Person Directed Planning meetings
- Includes training a service provider of day habilitation, respite, employment assistance, supported employment, contracted residential services, community support/supported home living, or a person other than a service provider, who is involved in serving the Covered Individual, regarding how Physical Therapy services will be provided, including training to document the provision of the Physical Therapy services
- Is provided as a 1:1 service
- Does not include the transportation of an individual, travel time, or time waiting to provide services
- Does not include supervision of services or tasks outside the scope of professional licensure
- Cannot be provided by someone who resides in the same residence as the Covered Individual
- Cannot be provided to the minor child by a parent of that minor child
- Does not include time spent writing or reviewing reports and other documents; time spent
 scheduling appointments; time spent training about general topics unrelated to a specific
 Covered Individual; or time spent interacting with other service providers of covered counseling
 and therapies, nursing, or case management, if not during a Person Directed Planning Meeting



Psychological Counseling/Therapy (PhD)

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): Contact providers@integralcare.org for this service code.

Rate(s): \$75.00 per hour

Unit of Service: 1 hour

Credentialing Requirement

Contact <u>providers@integralcare.org</u> for this credentialing requirement.

Service Definition

Contact providers@integralcare.org for this service definition.



Psychological Testing and Evaluation (PhD)

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): Contact providers@integralcare.org for this service code.

Rate(s): \$75.00 per hour with a maximum of five (5) hours

Unit of Service: 1 hour

Credentialing Requirement

Contact providers@integralcare.org for this credentialing requirement.

Service Definition

Contact providers@integralcare.org for this service definition.



Respite, Hourly (Away from Client's Home)

Service Type: Non-Traditional

May be Provided By: Individuals or Organizations

Service Code(s): 728

Rate(s): \$8.50 per hour

Unit of Service: 1 hour (maximum of 10 hours)

Credentialing Requirement

Minimum of a high school diploma or GED; experience with the target population providing similar services, valid Texas driver's license (if transportation is provided). Must also meet additional credentialing requirements if facility-based or provider home-based, in order to be approved by Integral Care.

Service Definition

A service that provides for the planned or emergency, short-term, relief of the Covered Individual's unpaid caregiver when the caregiver is temporarily unavailable to provide supports due to non-routine circumstances. This service provides a consumer with personal assistance in daily living activities (e.g., grooming, eating, bathing, dressing and personal hygiene) and functional living tasks.

- Must be provided face-to-face with the Covered Individual, with the exception of shopping for
 the Covered Individual; planning or preparing meals for the Covered Individual; housekeeping for
 the Covered Individual; procuring or preparing the Covered Individual's medications; or securing
 transportation for the Covered Individual;
- Includes interacting face-to-face or by telephone with an individual or an involved person



regarding an incident that directly affects the Covered Individual's health and safety

- Can be provided in the Provider's certified home, in the community, or in a community-based facility
- Can only be provided in a site-based facility or provider's home that has been prior approved by Integral Care
- Cannot be billed simultaneously with another non-traditional service if billed hourly
- Addresses identified needs of the Covered Individual for respite as determined by the Person
 Directed Planning Team
- Support, rather than supplant, the Family's natural resources and support network
- Can be provided as a 1:1 service with the Covered Individual or in groups of Covered Individuals
- Do not allow for more than 3 children in a Provider home-based respite site at a given time
- Do not allow a staff-to-Covered Individual ratio of less than one staff to six Covered Individuals in Facility Based respite programs
- Do not include the travel time of the Service Provider to and from the location of service, unless the Covered Individual/Family Member is present in the Provider's vehicle
- Cannot be provided by someone who resides in the same residence as the Covered Individual/Family
- Cannot be provided to the minor child by a parent of that minor child
- Does not include time waiting to provide service
- Cannot be provided to a Covered Individual/Family member living independently in the community
- Cannot be used for routine purposes, such as childcare, adult daycare, etc. when the unpaid Caregiver is present or available to provide assistance and support to the Covered Individual



Respite, Hourly (In Client's Home)

Service Type: Non-Traditional

May be Provided By: Individuals or Organizations

Service Code(s): 743

Rate(s): \$8.50 per hour

Unit of Service: 1 hour (maximum of 10 hours)

Credentialing Requirement

Minimum of a high school diploma or GED; experience with the target population providing similar services, valid Texas driver's license (if transportation is provided). Must also meet additional credentialing requirements if facility-based or provider home-based, in order to be approved by Integral Care.

Service Definition

A service that provides for the planned or emergency, short-term, relief of the Covered Individual's unpaid caregiver when the caregiver is temporarily unavailable to provide supports due to non-routine circumstances. This service provides a consumer with personal assistance in daily living activities (e.g., grooming, eating, bathing, dressing and personal hygiene) and functional living tasks.

- Must be provided face-to-face with the Covered Individual, with the exception of shopping for
 the Covered Individual; planning or preparing meals for the Covered Individual; housekeeping for
 the Covered Individual; procuring or preparing the Covered Individual's medications; or securing
 transportation for the Covered Individual;
- Includes interacting face-to-face or by telephone with an individual or an involved person



regarding an incident that directly affects the Covered Individual's health and safety

- Can be provided in the Covered Individual's home
- Cannot be billed simultaneously with another non-traditional service if billed hourly
- Addresses identified needs of the Covered Individual for respite as determined by the Person
 Directed Planning Team
- Support, rather than supplant, the Family's natural resources and support network
- Can be provided as a 1:1 service with the Covered Individual
- Do not include the travel time of the Service Provider to and from the location of service, unless the Covered Individual/Family Member is present in the Provider's vehicle
- Cannot be provided by someone who resides in the same residence as the Covered Individual/Family
- Cannot be provided to the minor child by a parent of that minor child
- Does not include time waiting to provide service
- Cannot be provided to a Covered Individual/Family member living independently in the community
- Cannot be used for routine purposes, such as childcare, adult daycare, etc. when the unpaid Caregiver is present or available to provide assistance and support to the Covered Individual



Respite, Daily (Away from Client's Home)

Service Type: Non-Traditional

May be Provided By: Individuals or Organizations

Service Code(s): 729

Rate(s): \$85.00 per day

Unit of Service: 1 day (10.25 or more consecutive hours)

Credentialing Requirement

Minimum of a high school diploma or GED; experience with the target population providing similar services, valid Texas driver's license (if transportation is provided). Must also meet additional credentialing requirements if facility-based or provider home-based, in order to be approved by Integral Care.

Service Definition

A service that provides for the planned or emergency, short-term, relief of the Covered Individual's unpaid caregiver when the caregiver is temporarily unavailable to provide supports due to non-routine circumstances. This service provides a consumer with personal assistance in daily living activities (e.g., grooming, eating, bathing, dressing and personal hygiene) and functional living tasks.

- Must be provided face-to-face with the Covered Individual, with the exception of shopping for
 the Covered Individual; planning or preparing meals for the Covered Individual; housekeeping for
 the Covered Individual; procuring or preparing the Covered Individual's medications; or securing
 transportation for the Covered Individual;
- Includes interacting face-to-face or by telephone with an individual or an involved person



regarding an incident that directly affects the Covered Individual's health and safety

- Can be provided in the Provider's certified home, in the community, or in a community-based facility
- Can only be provided in a site-based facility or provider's home that has been prior approved by Integral Care
- Cannot be billed simultaneously with another non-traditional service if billed hourly
- Addresses identified needs of the Covered Individual for respite as determined by the Person
 Directed Planning Team
- Support, rather than supplant, the Family's natural resources and support network
- Can be provided as a 1:1 service with the Covered Individual or in groups of Covered Individuals
- Do not allow for more than 3 children in a Provider home-based respite site at a given time
- Do not allow a staff-to-Covered Individual ratio of less than one staff to six Covered Individuals in Facility Based respite programs
- Do not include the travel time of the Service Provider to and from the location of service, unless the Covered Individual/Family Member is present in the Provider's vehicle
- Cannot be provided by someone who resides in the same residence as the Covered Individual/Family
- Cannot be provided to the minor child by a parent of that minor child
- Does not include time waiting to provide service
- Cannot be provided to a Covered Individual/Family member living independently in the community
- Cannot be used for routine purposes, such as childcare, adult daycare, etc. when the unpaid Caregiver is present or available to provide assistance and support to the Covered Individual



Respite, Daily (In Client's Home)

Service Type: Non-Traditional

May be Provided By: Individuals or Organizations

Service Code(s): 742

Rate(s): \$85.00 per day

Unit of Service: 1 day (10.25 or more consecutive hours)

Credentialing Requirement

Minimum of a high school diploma or GED; experience with the target population providing similar services, valid Texas driver's license (if transportation is provided). Must also meet additional credentialing requirements if facility-based or provider home-based, in order to be approved by Integral Care.

Service Definition

A service that provides for the planned or emergency, short-term, relief of the Covered Individual's unpaid caregiver when the caregiver is temporarily unavailable to provide supports due to non-routine circumstances. This service provides a consumer with personal assistance in daily living activities (e.g., grooming, eating, bathing, dressing and personal hygiene) and functional living tasks.

- Must be provided face-to-face with the Covered Individual, with the exception of shopping for
 the Covered Individual; planning or preparing meals for the Covered Individual; housekeeping for
 the Covered Individual; procuring or preparing the Covered Individual's medications; or securing
 transportation for the Covered Individual;
- Includes interacting face-to-face or by telephone with an individual or an involved person



regarding an incident that directly affects the Covered Individual's health and safety

- Can be provided in the Covered Individual's home
- Cannot be billed simultaneously with another non-traditional service if billed hourly
- Addresses identified needs of the Covered Individual for respite as determined by the Person
 Directed Planning Team
- Support, rather than supplant, the Family's natural resources and support network
- Can be provided as a 1:1 service with the Covered Individual
- Do not include the travel time of the Service Provider to and from the location of service, unless the Covered Individual/Family Member is present in the Provider's vehicle
- Cannot be provided by someone who resides in the same residence as the Covered Individual/Family
- Cannot be provided to the minor child by a parent of that minor child
- Does not include time waiting to provide service
- Cannot be provided to a Covered Individual/Family member living independently in the community
- Cannot be used for routine purposes, such as childcare, adult daycare, etc. when the unpaid Caregiver is present or available to provide assistance and support to the Covered Individual



Speech Therapy

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): 816

Rate(s): \$70.00 per hour

Unit of Service: 1 hour

Credentialing Requirement

Licensed as a Speech-Language Pathologist or licensed as an Assistant in Speech-Language Pathology by the Texas State Board of Examiners for Speech-Language Pathology and Audiology

Service Definition

The assessment, evaluation, counseling, habilitation, or rehabilitation of a Covered Individual who has, or is suspected of having, a disorder of speech, voice, language, oral pharyngeal function, or speech-language related cognitive processes by a professional licensed in Speech-Language Pathology.

- Must be delivered consistent with professional standards of practice
- Requires face-to-face or telephone contact with the Covered Individual to conduct assessments or provide therapy
- Is typically delivered in the Practitioner's office or the Covered Individual's home
- Addresses identified individual needs as determined by assessment by a Licensed Speech
 Language Pathologist, the Person Directed Planning Team, and in conjunction with a Licensed

 Physician



- Includes interacting face-to-face or by telephone with a person, except a provider of nursing, case management, or other covered counseling and therapies, regarding the Speech-Language
 Pathology services provided to the Covered Individual
- Includes participation in the Covered Individual's Person Directed Planning Meetings
- Includes training a service provider of day habilitation, respite, employment assistance, supported employment, contracted residential services, community support/supported home living, or a person other than a service provider, who is involved in serving the Covered Individual, regarding how Speech-Language Pathology services will be provided, including training to document the provision of the Speech-Language Pathology services
- Is provided as a 1:1 service
- Does not include transportation of an individual, travel time, or time waiting to provider services
- Does not include the travel time of the Service Provider to and from the location of service,
 unless the Covered Individual/Family Member is present in the Provider's vehicle
- Does not include supervision of services or tasks outside the scope of professional certification
- Cannot be provided by someone who resides in the same residence as the Covered Individual
- Cannot be provided to the minor child by a parent of that minor child
- Does not include time spent writing or reviewing reports and other documents, time spent
 scheduling appointments, time spent training about general topics unrelated to a specific
 Covered Individual, or time spent interacting with other service providers of covered counseling
 and therapies, nursing, or case management, if not during a Person Directed Planning Meeting



Supported Employment

Service Type: Non-Traditional

May be Provided By: Individuals or Organizations

Service Code(s): 758

Rate(s): \$22.00 per hour

Unit of Service: 1 hour

Credentialing Requirement

Minimum of a high school diploma or GED; experience with the target population providing similar services

Service Definition

Supported employment is provided to a Covered Individual who has paid, individualized, competitive employment in the community (i.e., a setting that includes non-disable workers) to help the Covered Individual sustain that employment. It includes individualized support services consistent with the Covered Individuals' plan as well as supervision and training.

- Must be provided face-to-face with the Covered Individual
- Is provided at the Covered Individual's community employment location
- Includes interacting face-to-face or by telephone with a Covered Individual's Employment
 Supervisor as necessary to sustain the Covered Individual's employment
- Addresses the identified employment intervention needs of the Covered Individual as determined by assessment and the Person Directed Planning Team



- Cannot be billed simultaneously with another non-traditional service, with the exception of daily respite
- Includes participation in Person Directed Planning meetings after the Covered Individual is employed
- Does not include interacting with a Covered Individual prior to the Individual's employment
- Does not include interacting with the Covered Individual when the Covered Individual is not on duty
- Must be provided as a 1:1 service
- Does not include transporting the Covered Individual
- Cannot be provided by someone who resides in the same residence as the Covered Individual
- Cannot be provided to the minor child by a parent of that minor child
- Does not include time waiting to provide services



TXHML Transportation

Service Type: Non-Traditional

May be Provided By: Individuals or Organizations

Service Code(s): 750

Rate(s): \$16.00 per hour

Unit of Service: 1 hour

Credentialing Requirement

Contact <u>providers@integralcare.org</u> for this credentialing requirement.

Service Definition

Contact <u>providers@integralcare.org</u> for this service definition.



Substance Abuse Managed Service Organization (SAMSO)



Acudetox

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): 1127

Rate(s): \$25.00 per treatment

Unit of Service: 1 treatment

Credentialing Requirement

Contact <u>providers@integralcare.org</u> for this credentialing requirement.

Service Definition

Contact <u>providers@integralcare.org</u> for this service definition.



Case Management

Service Type: Non-Traditional

May be Provided By: Individuals or Organizations

Service Code(s): H0006

Rate(s): \$22.50 per day

Unit of Service: 1 day

Authorization Limits: 3 units weekly

Credentialing Requirement

Minimum of a High School Diploma or GED with at least one year experience with the target population or Bachelor's Degree in a Human Service field

Service Definition

Systematic, outcome focused needs-based activity that assists Covered Individuals by locating, linking, coordinating, and facilitating access to needed services. The primary focus of Case Management is on linkage and coordination of community supports and resources and not on the direct delivery of those support and resources by the Case Manager. Service is delegated by Community Court Staff to the Transitional Housing provider based upon the individual's service plan. Case Management Services are categorized based on level of need: Level 1 – General Case Management – One unit of structured case management service per week, Level 2 – Supportive Case Management – Two units of structured case management service per week, and Level 3 – Intensive Case Management – Three units of structured case management service per week. The following activities are not Case Management Services and will not be reimbursed: treatment or therapy; legal advocacy; performing a diagnostic assessment;



administration, management, or monitoring medication.

- Must be provided face-to-face with the Covered Individual
- Can be provided in the Covered Individual home, community, or institutional/office setting
- Addresses identified needs of the Individual as determined by Community Court and assist the individual in gaining access to a community resource that may address the need
- Activities must directly benefit the Covered Individual
- Does not include the travel time of the Service Provider to and from the location of service, unless the Covered Individual is present in the Provider's vehicle
- Provides crisis management and coordination of services in response to emergencies
- Documents the identified needs and the assistance given



Diagnostic Assessment (No Medical)

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): 90791

Rate(s): \$48.00 each

Unit of Service: 1 evaluation

Credentialing Requirement

Provider must be credentialed as one of the practitioners listed below and be acting within the authorized scope of the individual's license:

- Licensed Chemical Dependency Counselor (LCDC);
- Licensed Professional Counselor (LPC);
- Licensed Clinical Social Worker (LCSW);
- Licensed Marriage and Family Therapist (LMFT);
- Licensed Psychologist;
- Licensed Physician;
- Licensed Physician's Assistant;
- Certified Addictions Registered Nurse (CARN);
- Advanced Practice Registered Nurse (APRN) recognized by the Board of Nurse Examiners as a clinical nurse specialist or practitioner with a specialty in psychiatric-mental health nursing; or
- An intern under the direct supervision of one of the licensed practitioners listed above in this



paragraph.

Service Definition

Contact providers@integralcare.org for this service definition.



Diagnostic Assessment (With Medical)

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): 90792

Rate(s): \$48.00 each

Unit of Service: 1 evaluation

Credentialing Requirement

Contact <u>providers@integralcare.org</u> for this credentialing requirement.

Service Definition

Contact providers@integralcare.org for this service definition.



Group Psychotherapy

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): 90853

Rate(s): \$19.00 per person per hour

Unit of Service: 1 hour

Credentialing Requirement

Contact <u>providers@integralcare.org</u> for this credentialing requirement.

Service Definition

Contact providers@integralcare.org for this service definition.



Group Self-Help/Peer Services

Service Type: Non-Traditional

May be Provided By: Individuals or Organizations

Service Code(s): H0038:HQ

Rate(s): \$25.00 per hour

Unit of Service: 1 hour

Credentialing Requirement

Contact <u>providers@integralcare.org</u> for this credentialing requirement.

Service Definition

Contact providers@integralcare.org for this service definition.



Individual Psychotherapy (53+ Minutes)

Service Type: Licensed or Professional

May be Provided By: Individuals or Organizations

Service Code(s): 90837

Rate(s): \$51.00 each

Unit of Service: 1 session

Credentialing Requirement

Contact <u>providers@integralcare.org</u> for this credentialing requirement.

Service Definition

Contact providers@integralcare.org for this service definition.



Individual Self-Help/Peer Services

Service Type: Non-Traditional

May be Provided By: Individuals or Organizations

Service Code(s): H0038

Rate(s): \$25.00 per hour

Unit of Service: 1 hour

Credentialing Requirement

Contact <u>providers@integralcare.org</u> for this credentialing requirement.

Service Definition

Contact providers@integralcare.org for this service definition.



Level 2.1 Intensive Outpatient Services

Service Type: Licensed or Professional

May be Provided By: Organizations Only

Service Code(s): 905

Rate(s): \$119.00 per day

Unit of Service: 1 day

Credentialing Requirement

Provider must be credentialed as one of the practitioners listed below and be acting within the authorized scope of the individual's license:

- Licensed Chemical Dependency Counselor (LCDC);
- Licensed Professional Counselor (LPC);
- Licensed Clinical Social Worker (LCSW);
- Licensed Marriage and Family Therapist (LMFT);
- Licensed Psychologist;
- Licensed Physician;
- Licensed Physician's Assistant;
- Certified Addictions Registered Nurse (CARN);
- Advanced Practice Registered Nurse (APRN) recognized by the Board of Nurse Examiners as a clinical nurse specialist or practitioner with a specialty in psychiatric-mental health nursing; or
- An intern under the direct supervision of one of the licensed practitioners listed above in this



paragraph.

Service Definition

Services to be provided less than greater than or equal to nine (9) hours weekly for adults and greater than or equal to six (6) hours weekly for adolescents to treat multi-dimensional instability. Programs may occur during the day or evening, on the weekend, or after school for adolescents. Programs should have direct affiliation with other programs offering more and less intensive levels of care as well as supportive housing services. At a minimum, this level of care provides a support system including medical, psychological, psychiatric, laboratory, and toxicology services within 24 hours by telephone or within 72 hours in person. Emergency services should be available at all times. Service array includes individual and group counseling and may additionally include the following: educational groups, occupational and recreational therapy, psychotherapy, medication assisted therapy, motivational interviewing, enhancement and engagement strategies, family therapy, or other skilled treatment services.

- Must be provided face-to-face with the Covered Individual
- Must be provided in the community or in the Provider's office/facility
- Documents the identified needs and the assistance given



Level 3.1 Low-Intensity Residential

Service Type: Licensed or Professional

May be Provided By: Organizations Only

Service Code(s): 128

Rate(s): \$125.00 per day

Unit of Service: 1 day

Credentialing Requirement

Contact <u>providers@integralcare.org</u> for this credentialing requirement.

Service Definition

Services to be provided in a structured, residential setting that is staffed twenty-four (24) hours daily and is clinically managed. Clinically managed services are directed by non-physician addiction specialists rather than medical personnel. They are appropriate for individuals whose primary problems involve emotional, behavioral, cognitive, readiness to change, relapse, or recovery environment concerns. Intoxication, withdrawal, and biomedical concerns, if present, are safely manageable in a clinically managed environment. Level 3.1 requires at least five (5) hours of low-intensity treatment services per week, including medication management, recovery skills, relapse prevention, and other similar services. Clients should receive individual, group, or family therapy, or some combination thereof; medication management; and psychoeducation to develop recovery, relapse prevention, and emotional coping techniques. Treatment should promote personal responsibility and reintegrate the patient to work, school, and family environments. At a minimum, this level of care provides telephone and in-person physician and emergency services twenty-four (24) hours daily, offer direct affiliations with other levels of



care, and is able to arrange necessary lab or pharmacotherapy procedures. Level 3.1 therapies are designed to improve the patient's ability to structure and organize the tasks of daily living, stabilize and maintain the stability of the individual's substance sue disorder symptoms, and to help them develop and apply recovery skills. Service array includes individual, group, and/or family therapy and may additionally include the following: medication management and medication education; mental health evaluation and treatment; motivational enhancement and engagement strategies; recovery support services; counseling and clinical monitoring; medication assisted therapy; and intensive case management, medication management, and/or psychotherapy for individuals with co-occurring mental illness.

- Must be provided face-to-face with the Covered Individual
- Must be provided in the Provider's facility
- Documents the identified needs and the assistance given



Level 3.1 Low-Intensity Residential w/Child

Service Type: Licensed or Professional

May be Provided By: Organizations Only

Service Code(s): H2036:SK

Rate(s): Contact providers@integralcare.org for this rate.

Unit of Service: 1 day

Credentialing Requirement

Contact <u>providers@integralcare.org</u> for this credentialing requirement.

Service Definition

Services to be provided in a structured, residential setting that is staffed twenty-four (24) hours daily and is clinically managed. Clinically managed services are directed by non-physician addiction specialists rather than medical personnel. They are appropriate for individuals whose primary problems involve emotional, behavioral, cognitive, readiness to change, relapse, or recovery environment concerns. Intoxication, withdrawal, and biomedical concerns, if present, are safely manageable in a clinically managed environment. Level 3.1 requires at least five (5) hours of low-intensity treatment services per week, including medication management, recovery skills, relapse prevention, and other similar services. Clients should receive individual, group, or family therapy, or some combination thereof; medication management; and psychoeducation to develop recovery, relapse prevention, and emotional coping techniques. Treatment should promote personal responsibility and reintegrate the patient to work, school, and family environments. At a minimum, this level of care provides telephone and in-person physician and emergency services twenty-four (24) hours daily, offer direct affiliations with other levels of



care, and is able to arrange necessary lab or pharmacotherapy procedures. Level 3.1 therapies are designed to improve the patient's ability to structure and organize the tasks of daily living, stabilize and maintain the stability of the individual's substance sue disorder symptoms, and to help them develop and apply recovery skills. Service array includes individual, group, and/or family therapy and may additionally include the following: medication management and medication education; mental health evaluation and treatment; motivational enhancement and engagement strategies; recovery support services; counseling and clinical monitoring; medication assisted therapy; and intensive case management, medication management, and/or psychotherapy for individuals with co-occurring mental illness. Service additionally provides adequate and appropriate residential accommodations for child(ren) of Covered Individual. Respite or other childcare services should be included and available to child(ren) of the Covered Individual to allow for the Covered Individual's full participation in treatment services or therapies as applicable.

- Must be provided face-to-face with the Covered Individual
- Must be provided in the Provider's facility
- Documents the identified needs and the assistance given



Level 3.1 Low-Intensity Residential w/HIV

Service Type: Licensed or Professional

May be Provided By: Organizations Only

Service Code(s): Contact providers@integralcare.org for this service code.

Rate(s): Contact providers@integralcare.org for this rate.

Unit of Service: 1 day

Credentialing Requirement

Contact <u>providers@integralcare.org</u> for this credentialing requirement.

Service Definition

Services to be provided in a structured, residential setting that is staffed twenty-four (24) hours daily and is clinically managed. Clinically managed services are directed by non-physician addiction specialists rather than medical personnel. They are appropriate for individuals whose primary problems involve emotional, behavioral, cognitive, readiness to change, relapse, or recovery environment concerns. Intoxication, withdrawal, and biomedical concerns, if present, are safely manageable in a clinically managed environment. Level 3.1 requires at least five (5) hours of low-intensity treatment services per week, including medication management, recovery skills, relapse prevention, and other similar services. Clients should receive individual, group, or family therapy, or some combination thereof; medication management; and psychoeducation to develop recovery, relapse prevention, and emotional coping techniques. Treatment should promote personal responsibility and reintegrate the patient to work, school, and family environments. At a minimum, this level of care provides telephone and in-person physician and emergency services twenty-four (24) hours daily, offer direct affiliations with other levels of



care, and is able to arrange necessary lab or pharmacotherapy procedures. Level 3.1 therapies are designed to improve the patient's ability to structure and organize the tasks of daily living, stabilize and maintain the stability of the individual's substance sue disorder symptoms, and to help them develop and apply recovery skills. Service array includes individual, group, and/or family therapy and strategies to adhere to the Covered Individual's HIV treatment regimen and may additionally include the following: other medication management and medication education; mental health evaluation and treatment; motivational enhancement and engagement strategies; recovery support services; counseling and clinical monitoring; medication assisted therapy; and intensive case management, medication management, and/or psychotherapy for individuals with co-occurring mental illness. Service additionally includes comprehensive medical care for HIV symptoms and any co-infections.

- Must be provided face-to-face with the Covered Individual
- Must be provided in the Provider's facility
- Documents the identified needs and the assistance given



Level 3.5 High Intensity Residential

Service Type: Licensed or Professional

May be Provided By: Organizations Only

Service Code(s): 134

Rate(s): \$190.00 per day

Unit of Service: 1 day

Credentialing Requirement

Contact <u>providers@integralcare.org</u> for this credentialing requirement.

Service Definition

Level 3.5 residential services are appropriate for individuals who are in some imminent danger with functional imitations who cannot safely be treated outside of a 24-hour stable living environment that promotes recovery skill development and deters relapse. Patients receiving this level of care have severe social and psychological conditions. This service promotes abstinence from substance use, arrest, and other negative behaviors to effect change in the patients' lifestyle, attitudes, and values, and focuses on stabilizing current severity and preparation to continue treatment in less intensive levels of care. This service is designed to improve the patient's ability to structure and organize the tasks of daily living, stabilize and maintain the stability of the individual's substance use disorder symptoms, to help them develop and apply sufficient recovery skills, and to develop and practice prosocial behaviors such that immediate or imminent return to substance use upon transfer to a less intensive level is avoided. The skilled treatment services include an array of cognitive, behavioral, and other therapies administered on an individual and group basis; medication management and medication education; counseling and clinical



monitoring; random drug screening; planned clinical activities and professional services to develop and apply recovery skills; and may additionally include family therapy; educational groups; occupation and recreational therapies; art, music, or movement therapies; physical therapy; and related services directed exclusively toward the benefit of the Covered Individual.

- Must be provided face-to-face with the Covered Individual
- Must be provided in the Provider's licensed facility
- Documents the identified needs and the assistance given



Level 3.5 High Intensity Residential w/Child

Service Type: Licensed or Professional

May be Provided By: Organizations Only

Service Code(s): H2036:HD

Rate(s): Contact providers@integralcare.org for this rate.

Unit of Service: 1 hour

Credentialing Requirement

Contact <u>providers@integralcare.org</u> for this credentialing requirement.

Service Definition

Level 3.5 residential services are appropriate for individuals who are in some imminent danger with functional imitations who cannot safely be treated outside of a 24-hour stable living environment that promotes recovery skill development and deters relapse. Patients receiving this level of care have severe social and psychological conditions. This service promotes abstinence from substance use, arrest, and other negative behaviors to effect change in the patients' lifestyle, attitudes, and values, and focuses on stabilizing current severity and preparation to continue treatment in less intensive levels of care. This service is designed to improve the patient's ability to structure and organize the tasks of daily living, stabilize and maintain the stability of the individual's substance use disorder symptoms, to help them develop and apply sufficient recovery skills, and to develop and practice prosocial behaviors such that immediate or imminent return to substance use upon transfer to a less intensive level is avoided. The skilled treatment services include an array of cognitive, behavioral, and other therapies administered on an individual and group basis; medication management and medication education; counseling and clinical



monitoring; random drug screening; planned clinical activities and professional services to develop and apply recovery skills; and may additionally include family therapy; educational groups; occupation and recreational therapies; art, music, or movement therapies; physical therapy; and related services directed exclusively toward the benefit of the Covered Individual. Service additionally provides adequate and appropriate residential accommodations for child(ren) of Covered Individual. Respite or other childcare services should be included and available to child(ren) of the Covered Individual to allow for the Covered Individual's full participation in treatment services or therapies as applicable.

- Must be provided face-to-face with the Covered Individual
- Must be provided in the Provider's licensed facility
- Documents the identified needs and the assistance given



Level 3.7 Medically Monitored Detox

Service Type: Licensed or Professional

May be Provided By: Organizations Only

Service Code(s): 525

Rate(s): \$100.00 per day

Unit of Service: 1 day

Credentialing Requirement

Contact <u>providers@integralcare.org</u> for this credentialing requirement.

Service Definition

This level of care is appropriate for patients with biomedical, emotional, behavioral and/or cognitive conditions that require highly structured 24-hour services including direct evaluation, observation, and medically monitored addiction treatment. Medically monitored treatment is provided through a combination of direct patient contact, record review, team meetings and quality assurance programming. Therapies are daily clinical services, which may involve medical and twenty-four (24) hour nursing services, individual, group, family and activity services; pharmacological, cognitive, behavioral, or other therapies; counseling and clinical monitoring; random drug screening; health education services; evidence-based practices such as motivational enhancement strategies; medication monitoring; daily treatment services to manage acute symptoms of the medical or behavioral condition; and related services directed exclusively toward the benefit of the Covered Individual.

• Must be provided face-to-face with the Covered Individual



- Must be provided in the Provider's licensed facility
- Documents the identified needs and the assistance given



Level 4 Medically Managed Intensive Inpatient Detox

Service Type: Licensed or Professional

May be Provided By: Organizations Only

Service Code(s): 525:H

Rate(s): \$300.00 per day

Unit of Service: 1 day

Credentialing Requirement

Contact <u>providers@integralcare.org</u> for this credentialing requirement.

Service Definition

This level of care is appropriate for patients with biomedical, emotional, behavioral and/or cognitive conditions severe enough to warrant primary medical care and nursing care. Covered Individuals receive daily direct care from a licensed physician who is responsible for making shared treatment decisions with the Covered Individual. Services include medically directed acute withdrawal management provided in conjunction with intensive medical and psychiatric services to alleviate patients' acute emotional, behavioral, and cognitive distresses associated with the substance use disorder whose acute emotional, behavioral, and cognitive problems are so severe that they require primary medical and twenty-four (24) hour nursing care. The length of stay is typically sufficient only to stabilize the individual's acute signs and symptoms and the primary focus of the treatment plan is case management and coordination of care to ensure a smooth transition to continuing treatment at another level of care. Treatment includes cognitive, behavioral, motivational, pharmacologic, and other therapies provided on an individual or



group basis; physical health interventions; health education services; planned clinical interventions; and services for the patient's family, guardian, or significant others.

- Must be provided face-to-face with the Covered Individual
- Must be provided in the Provider's licensed hospital facility
- Documents the identified needs and the assistance given



Medication Assisted Therapy

Service Type: Licensed or Professional

May be Provided By: Organizations Only

Service Code(s): H0020 for Methadone Bundled Treatment; H0047 for Buprenorphine

Bundled Treatment

Rate(s): \$17.00 for Methadone Bundled Treatment; \$24.00 for Buprenorphine Bundled

Treatment

Unit of Service: 1 day

Credentialing Requirement

Contact <u>providers@integralcare.org</u> for this credentialing requirement.

Service Definition

Contact providers@integralcare.org for this service definition.



Observation Services

Service Type: Licensed or Professional

May be Provided By: Organizations Only

Service Code(s): 0762

Rate(s): \$225.00 per day

Unit of Service: 1 day

Credentialing Requirement

Contact <u>providers@integralcare.org</u> for this credentialing requirement.

Service Definition

Contact <u>providers@integralcare.org</u> for this service definition.



Preventive Medicine Group Counseling

Service Type: Licensed or Professional

May be Provided By: Organizations Only

Service Code(s): 99412

Rate(s): \$19.00 per person per hour

Unit of Service: 1 hour

Credentialing Requirement

Contact <u>providers@integralcare.org</u> for this credentialing requirement.

Service Definition

Contact providers@integralcare.org for this service definition.



Supported Transitional Housing

Service Type: Non-Traditional

May be Provided By: Individuals or Organizations

Service Code(s): H0043

Rate(s): \$31.00 per day

Unit of Service: 1 day

Credentialing Requirement

Contact <u>providers@integralcare.org</u> for this credentialing requirement.

Service Definition

Contact providers@integralcare.org for this service definition.



Supported Transitional Housing w/Child

Service Type: Non-Traditional

May be Provided By: Individuals or Organizations

Service Code(s): Contact <u>providers@integralcare.org</u> for this service code.

Rate(s): \$60.00 per day

Unit of Service: 1 day

Credentialing Requirement

Contact <u>providers@integralcare.org</u> for this credentialing requirement.

Service Definition

Contact providers@integralcare.org for this service definition.