



Provider Manual

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INTEGRAL CARE

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Table of Contents

INTRODUCTION	4
ABOUT INTEGRAL CARE.....	4
Vision, Mission, Values.....	4
Integral Care Service Divisions	5
PROVIDER LINGO	6
GENERAL GUIDELINES FOR THE DELIVERY OF CONTRACTED SERVICES	6
Communication	6
Residences of Clients/Families	8
Transportation	8
School	9
Medical	9
Court/Legal Advocacy	10
Clothing.....	10
Activities.....	10
Cultural Diversity.....	11
Transition from Provider Services	11
Gifts.....	12
INTAKE, ELIGIBILITY AND ACCESS TO COVERED SERVICES	12
GENERAL GUIDELINES FOR AUTHORIZATIONS	13
Ongoing Review for Authorizations	14
Triage of Patients: Guiding Principles.....	14
Transfer to Another Integral Care Contracted Provider	15
Emergency Contract.....	15
GENERAL GUIDELINES FOR DOCUMENTATION OF SERVICE DELIVERY.....	15
Provider Service Delivery Record (PSDR)	15
GENERAL GUIDELINES FOR BILLING OF SERVICES	16
Corrections and Adjustments to Payments.....	17
Appeals of Denied Claims.....	17
PROVIDER REQUIREMENTS FOR REPORTING/DOCUMENTING SERIOUS INCIDENTS.....	17
Serious Incidents	18
Reporting of Abuse, Neglect and Exploitation	18
Reporting Covered Individuals Rights Violations.....	19
Injury To, or Death Of, a Covered Individual.....	19
Reporting Medication Errors	19
Media Protocols	19
CONFIDENTIALITY.....	19
RIGHTS OF COVERED INDIVIDUALS	21
Covered Individual Complaint/Appeal Process	21
Allegations, Investigations, and Reporting of Covered Individual Abuse, Neglect, or Exploitation.....	21
Investigations of Alleged Provider Abuse, Neglect, or Exploitation	21
Receipt of DFPS Findings.....	22
Investigation of Alleged Abuse, Neglect, or Exploitation in Substance Abuse Services	22

Nursing and Medical Peer Review.....	22
Confidentiality of Covered Individual Abuse, Neglect or Exploitation Reports.....	23
Allegations, Investigation and Reporting of Covered Individual Rights Violations.....	23
COVERED INDIVIDUAL RECORDS AND DOCUMENTATION	23
Creating and Maintaining Records and Documentation	23
Connecting to the Integral Care Client Data/Electronic Health Record System, Avatar.....	24
Service Delivery Records	24
Substance Abuse Records and Documentation	25
HIV/AIDS Records and Documentation.....	25
CLAIM/INVOICE SUBMISSION, REQUEST, PROCESSING AND PAYMENT	25
Fee for Service Billing Process.....	25
Third Party Payer Billing Process	25
Cost Reimbursement Billing Process.....	25
Claim/Invoice Processing for Payment of In-Person or By Mail Claims.....	26
Claim/Invoice Payment Terms	27
Corrections and Adjustments to Payments.....	27
CREDENTIALING/RECREREDENTIALING.....	28
Credentialing Reqs. for Continuation of Active Network Provider Status and Contract Renewal	28
Change in Provider Status.....	31
PROVIDER TRAINING	31
CPR/First Aid	32
Non-violent Verbal and Physical De-Escalation	32
Refresher Training.....	32
OMBUDSMAN	34
Provider Complaint/Appeals Process.....	34
CONTRACT COMPLIANCE	34
Contract Monitoring	34
Provider Qualifications and Training.....	35
Service Delivery.....	36
Billing Practices	36
Sanctions.....	36
Contract Monitoring Response to Findings.....	36
Health, Safety and Rights of Covered Individuals.....	37
Client Satisfaction	37
DEFINITIONS.....	37
ACRONYMS.....	41
REQUIRED FORMS.....	42
Form: Resolutions of Concerns (English/Spanish)	43
Form: Integral Care Provider Manual Acknowledgement	45
Form: Provider Service Delivery Record (PSDR)	46
Form: Provider Invoice	48
ATTACHMENT A - KEY PERSONS LIST	49
ATTACHMENT B – Instructions: Use of PSDR & Provider Invoice Form.....	51
ATTACHMENT C – Instructions: HCFA 1500	80
ATTACHMENT D – Instructions: Incident Reports Training Guide	83



Introduction

In order to ensure choice for the people served (“Covered Individuals”) and an effective and comprehensive system of care, Austin Travis County Mental Health and Mental Retardation Center dba Integral Care (referred to throughout this Provider Manual as “Integral Care”) has developed an integrated network of providers (“Provider Network”, and each member of the Provider Network, a “Provider”). We are very pleased that you have become a member of Integral Care’s Provider Network.

The purpose of this Provider Manual is to give you information you will need in order to provide services under your provider contract with Integral Care. Your provider contract incorporates the contents of this Provider Manual (both in its current version and as it is updated from time to time) as part of the terms that govern your relationship as a Provider with Integral Care.

All Providers must sign and return the "Integral Care Provider Manual Acknowledgement" before they will receive a final contract with Integral Care to provide services to Covered Individuals (“Covered Services”). If you have questions about any section of this Provider Manual, contact the Integral Care Contract Manager, as shown in the Key Contacts list contained in this Provider Manual. The most recent version of the Provider Manual can be found online at www.IntegralCare.org, under “Current Providers” in the “Provider Portal.”

About Integral Care

Founded in 1967, Integral Care has evolved from a small presence on Red River Street to an organization of more than 900 employees working in more than 45 locations and through mobile teams to deliver direct care to more than 27,000 individuals across the community. Support is provided to thousands more through connection to our network of contract providers and our 24/7 crisis helpline.

As the designated Local Mental Health Authority (LMHA) and Local Intellectual and Developmental Disability Authority (LIDDA) for Travis County, Integral Care evaluates the needs of the community and plans, develops policy, coordinates services, and uses resources to address those needs. Local planning, community, consumer and family input are utilized in Provider Network development and management, and in determining best value processes.

Vision

Healthy living for everyone

Mission

Integral Care’s mission is to improve the lives of adults and children living with mental illness, substance use disorder, and intellectual and/or developmental disabilities in Travis County.

Values

People: Integral Care’s greatest strength is people – our clients, their families, our staff and the community. We promote a culture built on trust, respect, teamwork, communication, creativity and



collaboration in an environment that fosters equal opportunity for everyone.

Integrity: Integral Care delivers on its promises and is accountable for its performance by working towards open and honest dialogue with clients and staff, while cooperating within and across organizations to deliver the most positive outcomes.

Excellence: Integral Care is committed to continuous improvement in our systems and service delivery.

Leadership: Integral Care collaborates, advocates, educates, and trains across systems and the community to build support for people living with behavioral health and IDD needs.

Transparency: Integral Care seeks to strengthen collaboration and trust with our stakeholders, collaborators, funders, and clients by listening, hearing feedback, and communicating clearly.

Integral Care Service Divisions

Adult Services Division (also known as Behavioral Health Services, "BHS")

Integral Care helps adults living with mental illness and substance use disorder rebuild and maintain their mental and physical health. Adult services include: Medications; Drug & Alcohol Treatment; Counseling & Case Management; Help Quitting Tobacco; Job Training & Employment Support; Housing & Homeless Services; Veteran, Military & Family Services; Wellness Services; Suicide Prevention; Medical Services; Self-Care & Daily Living Skills; HIV Services; and Help Applying for Social Security Benefits.

Crisis Services Division ("CSD")

Integral Care offers mental health crisis support 24 hours a day, 7 days a week on the phone and in the community. Our crisis services help people recovery from a mental health crisis and rebuild their well-being. The Crisis Services Division is comprised of the following: 24/7 Crisis Helpline; Mental Health Urgent Care; Mental Health Crisis Care; Counseling & Case Management; Emotional Support in Disasters; Suicide Prevention; Mental Health First Aids; Drug & Alcohol Treatment; and Community Referrals.

Intellectual and Developmental Disabilities Division ("IDD")

Integral Care works with children and adults living with intellectual and/or developmental disabilities to make sure they have the tools they need to thrive. We create opportunities for people to form healthy relationships, live in the community, and lead meaningful lives. Our IDD services include: Service Coordination & Community Referrals; Crisis Support; IQ Testing; Social & Daily Living Skills; Medical Services; Community Living Support; Employment Services; and Family Education & Support.

Child and Family Services Division ("CFS")

Integral Care's experts make sure families have the skills and resources they need to thrive. Integral Care helps families build their health and well-being so they can meet their everyday needs at all stages of life. The CFS division is comprised of the following services: Counseling Services & Case Management; Suicide Prevention; Medical Services; Housing; Family Education & Support; Medications; Support for Children on Probation; Self-Care & Social Skills; and Intellectual & Developmental Disabilities.



Provider Lingo

Care Coordinator/Service Coordinator/Coordinator/Intensive Case Manager/Resource Authorizer: A Bachelor's level individual who authorizes, manages and coordinates resources consistent with the Wraparound or Person-Directed Planning service delivery models.

Client/Consumer/Covered Individual: A person who receives services from Integral Care may be referred to as a Client, a Consumer, or a Covered Individual.

Contractors/Network Providers/Providers: All people who provide services to Integral Care clients under a contract with Integral Care may be referred to as Contractors, Network Providers, or Providers.

Covered Service/Encounter/Service Event: Each discrete service with a start and stop time may be referred to as a covered service, an encounter, or a service event.

Group Member Provider/Organization Provider: A person who provides services to Integral Care clients as an employee of an organization under contract with Integral Care may be referred to as an Organization Provider or a Group Member Provider.

Individual Provider/Solo Provider: An individual who provides services to Integral Care clients under a contract with Integral Care may be referred to as an individual provider or a solo provider.

Integral Care: Integral Care is the local mental health authority. The organization has had several name changes over the years. Some documents that providers may receive or some people that providers may communicate with may refer to Integral Care by using an outdated name. Old names or acronyms that may be used for the agency are: Austin Travis County Integral Care (ATCIC) and Austin Travis County MHMR. Please note that Integral Care is the correct way to refer to the agency.

Utilization Manager: A licensed RN, RN-APN, PA, PhD psychologist, LCSW, LPC, LMFT, or MD who approves authorization requests submitted by Providers, as defined by Texas Department of Insurance (TDI) regulations.

General Guidelines for the Delivery of Contracted Provider Services

These guidelines are considered best practice in the delivery of contracted services and should be adhered to by all contracted Providers within the Integral Care Provider Network.

Communication

Communication should be the cornerstone of the services provided within the Provider Network. Providers should set high standards for the delivery of services and ensure flexibility is built in to their



system of service delivery in order to adjust services and participation as the needs of the covered individual/family change.

Services and corresponding documents should be provided to the Covered Individual/Family in their primary language. "People first" language should always be used when communicating with, or referring to, individuals with a diagnosed emotional disturbance or intellectual or developmental disability.

Providers should notify Parents/Guardians/Primary Care Givers of all contacts with covered individuals that are children and youth. Parents/Guardians/Primary Care Givers of children and youth should be aware of schedules, times, dates, and locations of services. Providers should notify Parents/Guardians/Primary Care Givers of children and youth if they will be engaging in activities or going to locations not previously agreed to by the Parent/Guardian/Primary Care Giver and/or if they will be returning the covered individual to the care of the Parent/Guardian/Primary Care Giver earlier or later than previously agreed upon. Covered individuals with intellectual or developmental disabilities may or may not have a guardian. In cases, where a covered individual with an intellectual or developmental disability has a guardian, the guardian should be notified of all contacts and any changes to scheduled provision of services.

The Provider should regularly update their Service Coordinator about the services they are providing to the Covered Individual/Family. Brief summaries of progress toward goals, current issues, and needs of the Covered Individual/Family should be included in these updates. The Provider is responsible for notifying the Coordinator if services cannot be delivered as authorized.

Provider Service Delivery Records, invoices, or other documents or correspondence containing client identifying information cannot be sent via fax, email, or text message to Integral Care. All documents containing client identifying information must be submitted via Sharepoint or mailed or hand-delivered to Integral Care in a sealed envelope with the Integral Care receivers name on the outside of the envelope. To get access to Sharepoint, please contact Integral Care at msocontracting@integralcare.org.

Critical incidents occurring, or made known, at the time of service delivery must be reported to the Covered Individual's authorizing Coordinator and to Integral Care within 24 hours of a critical incident using the Incident Reporting system. The incident reporting system may be accessed through the Provider Portal on the Integral Care website or at <https://atcic.useast1.cipreporting.com/login.php>. Providers should indicate that they are an Integral Care network provider and not an Integral Care employee when submitting an incident report.

All alleged instances of abuse, neglect, and/or exploitation must be reported immediately to the Department of Family and Protective Services (DFPS) at 1-800-252-5400 and documented on through Integral Care's Incident Reporting System. Providers should indicate to DFPS that they are an Integral Care contracted provider when reporting an allegation of abuse, neglect, or exploitation.

Contracted Providers should notify Integral Care at providers@integralcare.org when there is any change in Provider contact information, including, but not limited to a change of Provider name, mailing address,



telephone number, and/or email address.

Residences of Clients/Families

Providers should be respectful of the homes and property of Covered Individuals and Families. Because Providers assume risks when they are with a Covered Individual or Family Member in a private residence, precautions should be taken to minimize these risks. Providers should always knock before entering a residence of a Covered Individual or Family. Providers should not enter a bedroom or bathroom in a Covered Individual's or Family's residence without a valid reason, without the permission of the Covered Individual and the Parent, Guardian or Primary Care Giver, and without knocking. Doors should always be left open when the Provider is in a bedroom or bathroom alone with a Covered Individual, except in situations where it would compromise the individual's privacy or dignity such as when assisting with toileting, bathing, or dressing.

Environmental issues such as cleanliness, health, and safety should be dealt with in professional tones and with cautious understanding of different value systems.

Environmental issues that could seriously affect the health, safety, or welfare of the Covered Individual should be immediately reported to the authorizing Coordinator, to the Department of Family and Protective Services (DFPS) at 1-800-252-5400, and to Integral Care through the Incident Reporting System.

Transportation

Providers must be 21 years of age, have a valid Texas Driver's License, and no less than the minimum amount of liability insurance required by state law if transporting Covered Individuals and/or their Family Members in a Provider owned vehicle or Provider Staff owned vehicle. Providers should never drive covered individuals in a vehicle belonging to the Covered Individual/Family.

Providers should ensure that all safety belts are fastened prior to starting the vehicle.

Providers are required to transport children and youth in car seats appropriate to the height, weight, and age of the child. Providers should not transport children in car seats unless the Provider has direct knowledge that the car seat is the appropriate size for the child and has been trained in its correct usage by a Parent/Guardian or other knowledgeable party. If a Covered Individual's family does not have a car seat appropriate to the height, weight, and age of the child, the Provider should notify the Covered Individual's Coordinator immediately.

Providers should never leave Covered Individuals unattended in vehicles for more than 5 minutes. Covered Individuals under twelve and/or those requiring line-of-site, one-to-one, or constant supervision should never be left unattended regardless of age. Providers should never leave Covered Individuals/Family Members unattended in running vehicles. Providers should never give Covered Individuals/Family Members their car keys.



Providers should obey all traffic laws and drive cautiously and defensively when transporting Covered Individuals/Family Members.

Providers should avoid distractions while driving, such as talking on cell phones, eating in the vehicle, and listening to music at a high volume. Only music that is appropriate for the age of the Covered Individual/Family Member should be listened to during transport and service delivery. Providers are not allowed to smoke while transporting covered individuals/families or during service delivery to Covered Individuals/Families. Providers should not be under the influence of alcohol or drugs. Providers should not be under the influence of any prescription or over-the counter medication that may cause a reaction making it unsafe to drive.

School

Providers should make every effort to support a child's school attendance and participation. Unless deemed necessary by the Child and Family Team or Person Directed Planning Team, Providers should attempt to schedule visits, activities, and appointments with Children outside of school hours.

Providers should be respectful of school property, teachers, administration and staff and obey all school policies, rules, and regulations while on campus. Providers should sign in at the school office upon arrival for school visits. The school should have written permission from the Parent/Guardian for the Provider to visit or take the Child off campus during school hours. Providers should inform school personnel of their identity, the purpose of the visit, and the organizations with which they are affiliated. A copy of the Provider's driver's license/badge/ID card should also be given to the school.

Contracted Behavioral Aide/Community Support services should only be provided during school hours after a request for school resources to control the behavior(s) has been denied or is pending approval. During times of escalating behavior at school, Providers should offer support but follow the lead of school personnel. Providers should not participate in restraints or intervene in physical altercations they encounter on campus.

Mentoring on school campus should be rare and used only as a time to check in about schedules and participation, attend school functions, or bring lunch as a reward for positive behavior.

Child and youth serving providers may be requested and authorized to attend Attendance, Review, and Dismissal meetings (ARDs) as an advocacy service. In these cases, Providers should offer suggestions for interventions, ask questions on behalf of Covered Individual/Family, and offer support when appropriate. Providers should advocate for the least restrictive interventions possible for the Covered Individual unless safety concerns dictate otherwise. Providers should make every effort to ensure that the Covered Individual and Parents/Guardian are aware of, and understand the actions of the ARD Committee and the available appeals processes.

Medical

Only medical professionals licensed or certified by the State of Texas or individuals otherwise documented as delegated in accordance with the requirements of the Nursing Practice Act are allowed



to take possession of, handle, distribute, or administer client medications. Do not hold or dispense client medications even if a family member requests that you do so.

Providers should be able to provide objective observations of the Covered Individual/ Family Member's physical appearance, symptoms, behaviors, actions, mannerisms, and statements to the appropriate medical personnel to assist in the delivery of psychiatric and other medical services.

Providers should notify the Coordinator and/or Parent Liaison whenever medical or dental care is needed, or suspected to be needed, by the Covered Individual/Family. In the event of a medical emergency, Providers should ensure appropriate emergency medical care is obtained for the Covered Individual/Family Member.

Court/Legal Advocacy

Providers should attend court or provide written reports to the court as requested and authorized to advocate on behalf of the Covered Individual/Family Member, including providing information about the individual's progress and cooperation with court mandates. Providers should attend court if mandated by the judicial system.

Providers should advise Covered Individuals/Families to seek legal advice from qualified professionals whenever legal issues arise. Providers should be familiar with free legal services within the community.

Prior authorization by the Coordinator must be obtained in order for the Provider to bill for the supervision of Community Service Restitution and such supervision must relate directly to one or more Plan of Care/Person Directed Plan goals.

Clothing

Providers should wear appropriate clothing while providing services in the community and in the homes of Covered Individuals. Clothing that is suggestive, ridiculing, offensive, or makes references to drugs, alcohol, gang affiliation, or violence should not be worn by Providers while providing services.

Providers can set basic expectations of dress for Covered Individuals/Family Members while they are participating in services. This should be discussed in team meeting or in an individual meeting with the Covered Individual, his/her Family, and the Coordinator.

Activities

Providers should provide activities that are fun and educational. Activities should promote a positive self-image, reinforce positive values, support skill development, and be consistent with the Covered Individual/Family's goals and objectives as stated in the Child and Family Plan/Person Directed Plan. Covered individuals/Family Members should be encouraged to try new activities and participate in activities that promote empathy for others. Activities should be conducted in a wide variety of safe community environments and include outings which are respectful of, and relevant to, the Covered Individual/Family Member's age, preferences, culture, and special needs.



Providers should not deliver services after 10:00 pm to a Covered Individual/Family Member without prior approval from the Coordinator.

Mentoring/Community Support activities should not exceed four hours per day, unless previously approved by the Coordinator and documented on the *Provider Service Delivery Record*.

Examples of appropriate activities include parks, hike and bike trails, museums, galleries, libraries, swimming pools, recreation centers, animal shelters, music shops, community fairs, or citywide family oriented events.

Inappropriate activities include violent video games, paint ball, and war games. Movies would not be an appropriate activity unless it takes place during respite or as a specific reward for positive behavior

Providers should not take Covered Individuals/Families to a Provider's home with the exceptions of Foster Care, Shelter Care, and Respite Care delivered in a certified Provider residence.

Providers cannot take Covered Individual's swimming unless there is a certified lifeguard on duty at the pool or other swimming location.

Providers may participate with Covered Individuals/ Family Members in church and church related activities/functions with approval of the Covered Individual/Family Member, his/her Parent/Guardian/Primary Care Giver, and the Coordinator, as long as the activity relates directly to one or more of the Covered Individual/Family Member's Plan of Care/Person Directed Plan Goals.

Providers cannot take Covered Individuals/Family Members on activities or engage in activities that are for the benefit or convenience of the Provider and/or are inconsistent with the Covered Individual/Family's individualized goals.

Providers are prohibited from taking family members, friends, acquaintances, and/or other unauthorized third parties on activities for which they are being paid through their contract with Integral Care as this constitutes a confidentiality violation.

Cultural Diversity

Providers should promote cultural awareness and look for opportunities in the community that will teach Covered Individuals/Family Members about their heritage. Providers should be respectful of the specific culture and background of Covered Individuals/ Families and provide services within a culturally relevant context.

Transition from Provider Services

Providers should be available to provide safe and nurturing support when Covered Individuals/Families

are transitioned to or out of programs. Providers should assist covered Individuals/Families in linking to available generic community resources during transition. Providers should advocate for the Covered Individual/Family during transition periods and ensure that the Covered Individual/Family is aware of the resources available to them during and after transition.

Gifts

Providers should not give or accept gifts from Covered Individuals/Families. Small trinkets with a monetary value of \$10.00 or less may be given to a Covered Individual as a reinforcer for positive behavior with the written approval of the Covered Individual's Child and Family Team/Person Directed Planning Team and as part of a behavioral strategy documented in the Child and Family Plan/Person Directed Plan.

Intake, Eligibility and Access to Covered Services

Determinations of eligibility for service are established via an intake assessment, and resources are allocated through a managed care delivery system using internal staff and Providers credentialed to provide evaluation, treatment and intervention services.

Most clients served through the CFS and IDD divisions will be referred to Providers directly by Integral Care staff or resource allocators from partner organizations. Service provision for clients is guided and directed by a plan developed by UM/RA or another designated clinician. CFS clients have a Plan of Care and IDD clients have a Person-Directed Plan. Providers should obtain a copy of a client's plan which will include the following information:

- Needs of the Covered Individual and family, if relevant
- Delivery schedules for authorized Covered Services (frequency and duration of service delivery)
- Specific objectives or goals toward which the Provider should direct Covered Services
- Activities beneficial and/or not approved during the provision of the authorized Covered Services
- Other relevant service provision guidelines

For SAMSO or hospital services, an organization may be able to request an authorization for a client that appears to be eligible for services. In these cases, an Eligibility and Consent form must be completed and sent to Utilization Management (UM) along with an Authorization Request Form. SAMSO or hospital services clients may or may not be existing Integral Care clients. Integral Care clients that are currently being served under the BHS or CSD divisions will have either a Treatment Plan or a Service Plan that guides and directs their service provision.



General Guidelines for Authorizations

Each Provider must receive prior written authorization before providing a covered contracted service.

Upon authorization, the Provider will be provided with an authorization verification letter from Integral Care.

The Provider should review the verification letter for accuracy to ensure that the type of covered service, service code, number of units, and begin and end dates for the covered service are accurate. The Provider should notify the Coordinator of any discrepancies on the authorization letter. It is the Provider's responsibility to ensure that an authorization letter has been received verifying the authorization of each covered service prior to the service being delivered.

A Provider should obtain verbal authorization, if possible, from a Coordinator or Utilization Management prior to the delivery of covered services provided as a result of a crisis or emergency situation. The Provider must request a written authorization from the appropriate UM/RA no later than the following business day after the emergency. A written authorization will be sent to the Provider retroactively, pending Coordinator/Utilization Management approval. A "crisis" is defined as an emergency situation requiring immediate intervention in which a Covered Individual/Family Member is at risk of harm to self or other; and/or exhibits acute onset of psychosis or severe thought disorganization; and/or is rendered unmanageable as a result of significant deterioration in a chronic behavioral condition. If Integral Care provides crisis intervention to a Covered Individual who is currently receiving or scheduled to receive authorized Covered Services from a Provider, Integral Care will notify the Provider of the intervention within twenty-four (24) hours of the intervention.

Services cannot:

- Be provided past the end date of the authorization unless a new authorization is issued
- Exceed the total amount authorized for that service for the authorization period
- Exceed any limit specified on the authorization form

If an authorization is terminated prior to the end date specified in the authorization letter, the Provider will be notified by the Consumer's coordinator/Utilization Management of the date services should end. The Provider will not be paid if they continue to provide services past the new termination date.

Providers are expected to provide, without reimbursement, covered services that are available to an eligible individual as a community resource prior to submitting a claim for reimbursement to Integral Care. Services will be authorized for payment by Integral Care only as the payer of last resort.

Services will not be reimbursed without prior authorization, however authorization is not a guarantee of payment.

Providers should direct all service authorization issues to the Covered Individual's Coordinator or to Utilization Management.

Authorization letters may look different depending on which service type is being authorized.

Ongoing Review for Authorizations

Authorizations for continuing care are given by UM/RA after a brief review of the Covered Individual's Plan or interaction with the Provider regarding the Covered Individual's response to Covered Services, justification for continuation of Covered Services and Plan modifications and/or recommendations. Together, the UM/RA and the Provider will agree upon an Individualized Plan that is consistent with the UM Plan or Service Delivery Model, although the actual name of the Plan may differ depending on which Covered Services are provided.

It is the Provider's responsibility to obtain written authorization from the appropriate UM/RA for any Covered Service prior to the provision of that Covered Service, except for situations defined as an Emergency in this Provider Manual. The Provider must deliver Covered Services according to the schedule, duration and frequency specified in the Covered Individual's Plan or other documentation issued by the UM/RA.

Triage of Psychiatric Patients: Guiding Principles

Patients experiencing psychiatric emergencies in Travis County are often first seen in hospital emergency departments, having either come in on their own or via law enforcement. In many cases, the individual can be stabilized in that setting with follow-up care provided in the community. In other cases, it is determined that the individual is in need of psychiatric services in an inpatient setting.

In order to ensure the most effective and efficient use of resources and to optimize response to individual needs, the community has undertaken the creation of a triage system to guide decisions about referrals to inpatient care. The guiding principles of this triage system are:

1. The patient's best interests are served by receiving care in a facility that knows him/her as opposed to one that does not.
2. The advantages of waiting for an available bed in the optimal inpatient facility must be balanced by the need to avoid excessive waits in emergency departments; therefore, waiting time should generally not exceed 24 hours.
3. None of the psychiatric crisis stabilization inpatient settings in Travis County are able to accept psychiatric patients with complex medical needs. Given the current lack of more appropriate resources, individuals with both psychiatric and complex medical needs are served in general medical hospitals. Triage of individuals with a criminal history that involves violence should be addressed on a case-by-case basis with designated psychiatric hospital personnel, taking into account such things as recent violent behavior within the psychiatric hospital setting and time elapsed since any criminal behavior.
4. The resources of certain inpatient facilities to address special needs populations will be considered in making triage decisions.
5. Individuals who have had repeated stays in a particular facility without apparent benefit should be considered for referral to an alternative facility and/or be discussed in Integral Care's peer



review system (see “Rights of Covered Individuals” section, below).

Transfer to Another Integral Care Contracted Provider

Transfer of a Covered Individual to another Integral Care Provider requires authorization from the UM/RA. Requests by a Provider to transfer a Covered Individual to another Provider are authorized by the UM/RA when there is clear justification for the transfer. Failure to obtain approval will result in non-authorization/non-payment for those unapproved services.

A Covered Individual may request a change of Provider at any time. The Covered Individual's UM/RA is responsible for determining whether the transfer will be authorized, and for facilitating any authorized transfer. Providers must assist in, and cooperate with any transfer of a Covered Individual to a different Provider.

Emergency Contract

An emergency contract may be requested if emergent care is necessary or if services cannot be provided by a current Provider due to special clinical or geographical needs. To initiate the emergency contract process, contact Integral Care’s Utilization Management Department.

It is also important to have the Covered Individual remain physically with the Provider, if possible, while the transition occurs. Any Provider encountering a barrier in the emergency contract process should call Integral Care’s Ombudsman.

General Guidelines for Documentation of Service Delivery

This section describes minimum requirements for documenting the delivery of contracted Provider Services. The provider must document the delivery of all contracted services to a Covered Individual/Family in order for a claim to be processed.

The Provider Service Delivery Record (PSDR) is used for documentation of service delivery by CFS, FWV, IDD, and YES Waiver Providers.

BHS and SAMSO Providers are expected to maintain their own service documentation files. Providers maintaining their own service documentation files are expected to make service documentation available upon request by Integral Care.

Provider Service Delivery Record (PSDR)

There are minimum documentation requirements for each service event in order to file a claim for reimbursement.

The PSDR must include client goals or objectives. Providers should obtain the goals/objectives from the Covered Individual’s authorizing Coordinator. The Provider will not be paid for any services on a PSDR if that PSDR does not have the Covered Individual’s goals/objectives for the service documented. Goals/objectives



should be measurable and recorded on the PSDR exactly as they are written in the Child and Family Plan/Person Directed Plan.

Service delivery notes on the PSDR should relate back to the Covered Individual's goals or objectives. The notes should explain why or how progress was made, not made, or maintained. The notes should specify which service was being provided and should describe activities appropriate to the service that was authorized/billed. In addition to statements about what the Provider did during service provision and where the Provider may have taken the client, describe what the Covered Individual/Family Member did during provision of service. State how the Covered Individual/Family Member reacted or responded to the service delivered. Activities described should be sufficient to justify the amount of time being billed by the Provider. Each service delivery note should be individualized for the service event and should not be identical to any other notes.

General Guidelines for Billing of Services

The provider reimbursement process is handled through the Claims Department of Integral Care. Billing invoices must include only authorized services provided, not exceeding the authorized amount. Invoices must be correctly completed and have corresponding service delivery notes completed on a PSDR if applicable. Invoices must only reflect services provided by credentialed personnel and they must be original documentation (not copies). Duplicate service billings will be denied. Invoices must be submitted by the third business day of the month following the month in which services were provided unless a different billing deadline is otherwise specified in the Provider's contract. Billing may be denied if a credible source reports that the Covered Individual/Family did not receive the service billed. Billed services must have been provided in an eligible location as per the Provider's contract.

Billing invoices must not include time for:

- Provider travel (when a Covered Individual is not physically present in the provider vehicle) or transportation, unless otherwise specified as allowable in the provider's contract;
- Professional training, staff development activities, continuing education, or professional conferences unless otherwise specified as allowable in the provider's contract;
- Making collateral contacts, unless otherwise specified in the service definition.
- Telephone, mail, or email contact with the Covered Individual/Family unless otherwise specified in the service definition or unless expressly approved by Integral Care in writing
- Documenting service delivery, processing paperwork, invoicing claims, reviewing records, and/or entering data.
- Waiting to provide services or time for "no shows."

Billing should be submitted to Integral Care via ProviderConnect or Sharepoint. Providers will be trained accordingly on which method to use for billing submission during the contract onboarding process.



Providers needing to request a reasonable accommodation related to billing submission should contact Integral Care at msocontracting@integralcare.org.

Corrections and Adjustments to Payments

Providers will receive payment and/or an explanation of benefits (EOB) for all claims within 30 days of Integral Care's receipt of a complete, accurate, and timely invoice from the Provider unless the claims are for The Children's Partnership. Providers with Children's Partnership claims will receive a payment and/or an adjustment letter within 30 days of Integral Care's receipt of a complete, accurate, and timely invoice from the Provider. The adjustment letter will indicate any denials, adjustments, and/or recoupments of payments by Integral Care for claimed services on the invoice.

All Provider resubmissions of denied claims must be received by the appropriate Integral Care billing office within 30 days of the date on the explanation of benefits (EOB) or the adjustment/denial letter. Integral Care will not process or pay any resubmitted claims beyond this deadline without written approval of the Network Provider & Authority Officer and/or his/her Designee.

When resubmitting, a Provider should only include on the resubmission invoice services which were denied from the original claim. Providers should print the word "resubmit" at the top of the resubmitted invoice. Resubmissions may or may not be accepted by Integral Care depending on the reason for denial.

Resubmission of a denied claim does not guarantee the claim will be paid by Integral Care. If the resubmission of a claim is also denied in part or in full, any additional resubmissions of a corrected claim must also be received by Integral Care within 30 days of the date of the initial denial letter for the original claim.

Appeals of Denied Claims

Providers have the right to formally appeal the denial of an invoiced service by contacting the Integral Care Ombudsman at (512) 440-4086 within 15 days of the date of the denial letter. Prior to initiating a formal appeal, Providers are encouraged, but not required, to contact the person whose name is on the denial letter to discuss options for correcting and resubmitting the denied claim.

Provider Requirements for Reporting/Documenting Serious Incidents

All serious incidents (as defined below) involving a Covered Individual which occur during service provision or that the Provider otherwise learns of must be documented in the required incident reporting system and must be submitted electronically via this database to Integral Care's Quality Management Department, and/or any other entities, departments required by law and/or specified in the Integral Care Incident Reports Training Guide (Attachment C) and Provider Manual, within 24 hours of Provider's first knowledge of the Serious Incident. Incident Reports may not be faxed under any circumstances.

Serious Incidents

Serious incidents that must be reported include, but are not limited to:

- A serious physical attack on or by a Covered Individual.
- Physical or other restraint of a Covered Individual necessary during the course of service delivery to that Covered Individual.
- A Covered Individual's injury or death. (See "Injury To, Or Death Of, A Covered Individual" below in this section)
- Allegations of abuse, neglect or rights violations including, but not limited to:
 - Breach of confidentiality.
 - Non-consensual sexual contact involving a Covered Individual.
 - Any sexual contact involving a Covered Individual and a Provider.
 - Any sexual contact involving a Covered Individual under age 18.
 - Physical abuse involving a Covered Individual.
 - Verbal/emotional abuse involving a Covered Individual.
 - Exploitation
 - Neglect of a Covered Individual
- Unauthorized departure from Covered Services by a Covered Individual under age 18.
- Other examples as listed in the Incident Report Training Guide.

Reporting of Abuse, Neglect and Exploitation

See additional detail and information in the "Rights of Covered Individuals" section, below). If the incident involves an allegation of abuse or neglect, in addition to submitting an Incident Report to Integral Care's Quality Management Department, the Provider must contact DFPS at 800-252-5400 immediately, obtain a report number, and enter that report number on the Incident Report. Integral Care's Ombudsman must also be notified via e-mail at Phyllis.wolf@integralcare.org or by phone at 512-440-4086.



Reporting Covered Individual Rights Violations

All Covered Individual rights violations including, but not limited to, breach of confidentiality, informed consent, the right to participate in Individualized services and the right to the least restrictive environment must be reported by submitting an Incident Report as described in this Provider Manual. Integral Care's Ombudsman must also be notified via e-mail at Phyllis.wolf@integralcare.org or by phone at 512-440-4086. No employee or affiliate of Integral Care shall engage in any retaliatory action against any Provider and/or Covered Individual who reports a possible rights violation.

Injury To, Or Death Of, a Covered Individual

In the event of an injury to a Covered Individual, appropriate medical intervention must be obtained immediately. Upon ensuring Covered Individual safety, initiate incident reporting protocols as described above. Integral Care's Medical Director or others may initiate a Medical Peer Review. In cases of Covered Individual death during service delivery or at the service delivery location, for any reason, a copy of the Covered Individual's record must be forwarded immediately to Integral Care's Medical Records Department at 1430 Collier Street, Austin, Texas 78704. All records or relevant documentation must be delivered in a sealed enveloped marked "CONFIDENTIAL." Death Review and subsequent Administrative Review, as appropriate, will be initiated. The Provider will continue to forward any new information and appropriate documentation to Integral Care's Death Review Coordinator. The Death Review will be completed only after the Medical Examiner's determination of all facts and of the cause of death.

Integral Care's Clinical Quality Committee (CQC) and Medical Peer Review Committee, Infection Prevention and Control Committee, and Health and Safety Committee review high severity-rated incidents. Ways to decrease actual and potential risk factors will be discussed. Unresolved issues or suggestions will be forwarded to Integral Care's Quality Leadership Team (QLT).

All data are summarized and reported to appropriate oversight entities.

Reporting Medication Errors

Any kind of medication errors should be reported via Integral Care's Incident Report form.

Media Protocols

As soon as a Provider becomes aware of any event that could cause negative media attention to the Provider or Integral Care, they are to immediately contact the Communications Manager (see the Key Contacts List section of this Provider Manual). Providers may not communicate directly with the public or the media on Integral Care's behalf about such an event. All communication to the public or the media on Integral Care's behalf must originate from Integral Care's Chief Strategy Officer.

Confidentiality

Before any identifying information regarding any Covered Individual can be released, either verbally or in writing, the Covered Individual or legal guardian must complete and sign an Integral Care Authorization for



Release of Protected Health Information which can be found at: <https://integralcare.org/en/medical-records-request/>. Verbal authorization is not sufficient.

Unless calling 9-1-1 for cases of medical emergency or imminent danger (i.e. the Covered Individual is in danger of hurting himself/herself or someone else within 24 hours), or when the Covered Individual is the alleged victim of a DSHS rights abuse investigation, the Covered Individual or legal guardian must complete and sign an Authorization for Release of Protected Health Information.

Information that identifies a Covered Individual can be released to other Texas community mental health centers or Texas state hospitals without an authorization. This does not include substance abuse or HIV information, which almost always requires a completed and signed authorization prior to its release to any third party.

Information that identifies a Covered Individual should be shared only with Provider staff with a need to know.

Take the following measures to avoid violating a Covered Individual's privacy:

- Talk to Covered Individuals about personal information in a private area away from others.
- Make sure all identifying information regarding Covered Individuals is stored in a confidential area that is inaccessible to persons who are not authorized to have it, and not left on desktops, chairs, unlocked cabinets, etc.
- Make sure all phone conversations involving Covered Individuals take place in a private area where conversations cannot be overheard.

Providers should not identify Covered Individuals as service recipients when interacting with others in the community. The Covered Individual is allowed to give any information about himself/herself that he/she chooses.

In order to release substance abuse or HIV/AIDS information, the Authorization for Release of Protected Health Information form must have been completed by the Covered Individual or their legal guardian. The form extends to communicating information about substance abuse and HIV/AIDS unless the Covered Individual or legal guardian has checked a box indicating that they do not want that information released.

Providers who will receive access to Integral Care's Electronic Medical Records will be required to present a picture ID to a representative of Integral Care's Management Information Systems (MIS) staff and sign a confidentiality agreement prior to receiving access to the Electronic Medical Records.

E-mailing protected health information over the internet is prohibited unless an Integral Care-approved encryption software program is installed on Provider's computer.

Rights of Covered Individuals

Covered Individual Complaint/Appeal Process

Covered Individuals who are dissatisfied with any aspect of Covered Services may complain to Integral Care by calling Integral Care's Ombudsman at (512) 440-4086. Complaints may also be made to the Ombudsman by e-mail at Phyllis.Wolf@integralcare.org or by mail at P.O. Box 3548, Austin, TX, 78764-3548.

Providers must inform Covered Individuals of Integral Care's Complaint and appeal processes. Providers must assist a Covered Individual in complaining or appealing Adverse Determinations/appeals at no charge, if requested to do so by the Covered Individual. Providers must cooperate fully with Integral Care in the investigation of Covered Individual Complaints or appeals.

Providers must display in a prominent location at the service site (unless the service site is the Provider's home) a notice ("Resolution of Concerns") informing Covered Individuals of their right to make Complaints about Providers, and how to make a Complaint. A copy of this notice is included in the "Required Forms" section of this Provider Manual. The notice is also available from the Ombudsman.

Allegations, Investigations, and Reporting of Covered Individual Abuse, Neglect, or Exploitation

A Provider who knows or suspects that a Covered Individual is being or has been abused, neglected, or exploited must:

- Report such knowledge or suspicion to DFPS immediately, if possible, but in no case more than one hour after knowledge or suspicion by calling 1-800-252-5400 or reporting via the website <https://www.txabusehotline.org/>.
- Preserve and protect any evidence related to the allegation in accordance with instructions from DFPS. For allegations of sexual abuse or if physical injury has occurred it is most likely DFPS will request that the Covered Individual receive a medical examination if the Covered Individual consents; and
- Cooperate with the DFPS investigator during the investigation.

Failure to report Covered Individual abuse, neglect or exploitation could result in disciplinary action such as termination of the Provider's contract.

A Provider or Covered Individual who reports abuse, neglect or exploitation shall not be subjected to retaliatory actions by any employee or affiliate of Integral Care.

Investigations of Alleged Provider Abuse, Neglect, or Exploitation

Investigations of abuse, neglect or exploitation at Integral Care and/or its affiliate and Provider sites are conducted by the DFPS personnel.

When DFPS notifies Integral Care of an allegation of Provider abuse, neglect or exploitation by a Provider, the Ombudsman will notify Integral Care's Contract Monitor so that appropriate action can be taken. Law prohibits an alleged perpetrator/Provider from providing services to the alleged victim during an



open investigation. Other actions may include, but are not necessarily limited to, a medical exam with the Covered Individual's consent, and/or steps to protect the Covered Individual from harm. No Group Member of an accused Organization Provider, and no accused Individual Provider shall discuss the allegation with anyone other than DFPS investigatory staff during the DFPS investigation. The alleged perpetrator/Provider will be informed of the allegation and of his/her obligation to cooperate fully with the DFPS investigation.

To avoid conflict of interest, Providers must not conduct any part of the investigation, such as interviewing staff or Covered Individuals, but are expected to assist the investigator as requested, by making time and space available for interviews, locating records as requested, and/or preserving physical evidence. DFPS generally does not need the Covered Individual's consent to view records; however, federal law protects any documentation of HIV status or substance abuse as discussed in the "Confidentiality" section, above, and elsewhere in this Provider Manual.

Providers must be honest and forthcoming and work cooperatively with the investigator. Refusal to cooperate is a violation of Texas law and may result in disciplinary action, such as termination of the Provider's contract.

Receipt of DFPS Findings

Once the DFPS investigation is completed, the DFPS investigation report will be reviewed by Integral Care's Chief Executive Officer, who determines whether to accept the DFPS finding(s) or to request that DFPS review its finding(s).

Once the finding(s) is final, the Ombudsman notifies the Covered Individual and Integral Care's Contract Monitor. The Contract Monitor provides written notification to the Provider against whom the findings were made. The Contract Monitor may require the Provider to submit a plan of improvement based on the investigative findings. If the final finding is confirmed and the harm is severe enough, the Provider will be prohibited from further interaction with Covered Individuals and/or the Provider's contract with Integral Care will be terminated.

Investigation of Alleged Abuse, Neglect, or Exploitation in Substance Abuse Services

Providers of substance abuse programs who know or suspect that a Covered Individual is being or has been abused, neglected, or exploited must immediately call the Ombudsman or, if the Covered Services provided to the Covered Individual are DSHS-funded, DSHS at 1-800-252-5400 or reporting via the web site <https://www.txabusehotline.org/>. The Provider must also submit a written Incident Report form within 24 hours to the Quality Management Director via Integral Care's incident reporting system. The Incident Reporting Training Guide is attached to this Provider Manual.

Allegations of Covered Individual abuse or neglect in substance abuse services are investigated by the Ombudsman and reviewed by Integral Care's Investigation Review Committee (IRC). The IRC, based on preponderance of evidence, recommends to the Executive Director whether the allegation should be confirmed, not confirmed, or found inconclusive.

Nursing and Medical Peer Review

If an incident involves clinical practice issues, the situation is reviewed by the appropriate Integral Care peer review committee or referred directly to the appropriate licensing board. If there is an allegation of



abuse, neglect or exploitation, it will be investigated and reviewed using the above procedures. If confirmed upon investigation, the allegation will be forwarded to Integral Care's Medical Peer Review Committee or the Professional Nursing Peer Review Committee if the actions involved were those of a physician, or of an RN or LVN, respectively.

Confidentiality of Covered Individual Abuse, Neglect or Exploitation Reports

Covered Individual abuse, neglect or exploitation investigation reports are confidential. Integral Care's copy of the DFPS report (or the Ombudsman's report of a substance abuse investigation) is kept on file by the Ombudsman only, and is not released to other parties either inside or outside Integral Care (other than the Covered Individual, as described in the following paragraph). Contract Managers who are responsible for addressing issues raised by the report may arrange with the Ombudsman to review the report, but may not copy it. Requests for copies of a DFPS report will be referred to the regional office of the DFPS.

Copies of an investigative report of abuse, neglect or exploitation involving substance abuse services shall be released upon request to the involved Covered Individual or his/her LAR (if applicable). The names of other Covered Individuals in the report shall be rendered unreadable.

Allegations, Investigation and Reporting of Covered Individual Rights Violations (non-clinical medical issues)

All Covered Individual rights violations including but not limited to breach of confidentiality, informed consent, the right to participate in Individualized services and the right to the least restrictive environment, must be reported by submitting an Incident Report form as described in this Provider Manual. No employee or affiliate of Integral Care shall subject any Provider and/or Covered Individual who reports a possible rights violation to any retaliatory action.

The Ombudsman conducts an investigation of alleged rights violations; Providers must assist and cooperate in the investigation. Refusal to cooperate may result in disciplinary action such as termination of the Provider's contract.

Investigation reports are reviewed by Integral Care's Investigative Review Committee (IRC) which, based on preponderance of evidence, recommends to the Chief Executive Officer whether the allegation should be confirmed, not confirmed, or found inconclusive.

If a rights violation by a physician, RN, or LVN is confirmed under the above procedures, the investigation report shall be forwarded to the Medical Peer Review Committee or the Professional Nursing Peer Review Committee, as appropriate.

Covered Individual Records and Documentation

Creating and Maintaining Records and Documentation

Each Provider must create and maintain both complete and thorough documentation of the Covered Services provided to each Covered Individual, and any other documentation that Provider would normally be expected to provide in accordance with any applicable professional standards.

Integral Care uses Avatar, confidential and propriety software from Netsmart, for its client data and electronic health record (EHR). Use of any EHR information including, but not limited to, on-line



information and any printed reports, documents, screen prints, etc., must be limited to providing Covered Services under the Provider's contract. In order to access the EHR, if determined necessary for service provision, the Provider must execute a confidentiality and licensing agreement form(s).

Connecting to the Integral Care Client Data/Electronic Health Record System, Avatar: Using Avatar via the Internet requires:

1. A computer workstation;
2. An Internet connection; and
3. Installation of Citrix.

Maintenance of the computers, software, and Internet connection used to access the EHR system is the responsibility of the Provider and will not be provided by Integral Care.

Service Delivery Records

Each Covered Service provided must be documented in Integral Care's EHR or the appropriate form and/or a service delivery record (Instructions: Attachment A). Service delivery records, at a minimum, must include:

1. Type of service being provided (e.g. BHS, CFS, IDD, etc.)
2. Name of the Covered Individual to whom the Covered Service was provided or authorized;
3. Covered Individual's client ID #;
4. Organization Name (if applicable);
5. Organization ID # (if applicable);
6. Provider's Name;
7. Provider's ID #;
8. Name of the Coordinator (also known as the Care Coordinator or Resource Authorizer);
9. Date the Covered Service was provided;
10. Service code for the Covered Service that was provided;
11. Start and stop time for the Covered Service;
12. Total time for the Covered Service;
13. Person contacted during the service event (e.g. client, parent/guardian, etc.);
14. Place of service for the service event (e.g. Office/Facility, Client's Home, etc.);
15. location where the Covered Service was provided;
16. summary of the activities that occurred;
17. modality of the Covered Service provision (e.g., individual, group);
18. method of Covered Service provision (e.g., face-to-face, phone, telemedicine);
19. training methods used, if applicable (e.g., instructions, modeling, role play, feedback, repetition);
20. title of the curriculum being used, if applicable;
21. Plan objective(s) that was the focus of the Covered Service;
22. progress or lack of progress in achieving Plan goals;
23. signature of the Individual Provider or Group Member, as applicable, providing the Covered Service and a notation as to whether that person is an LPHA, a QMHP-CS, a pharmacist, a CSSP, an LVN, a peer Provider or otherwise, as required for that Covered Service;
24. any pertinent event or behavior relating to the Covered Individual's intervention which occurs during the provision of the Covered Service;



25. appointment type (face to face, telephone or collateral);
26. intensity of Covered Service; and
27. other information required by applicable law, rules, regulations or any applicable Prime Contract.

The Covered Service narrative description must match the Covered Service authorized and its definition included in the specific service training manuals that are available on Integral Care's website at: <https://integralcare.org/en/provider-portal/>.

Substance Abuse Records and Documentation (including records for youth and adults)

Records of a Covered Individual who has requested, or is receiving treatment for substance abuse must be documented on a separate service delivery record, and maintained separately from that Covered Individual's other records.

HIV/AIDS Records and Documentation

Records of a Covered Individual's diagnosis of and/or treatment for HIV and/or AIDS must be documented on a separate service delivery record, and maintained separately from that Covered Individual's other records.

Claim/Invoice Submission, Request, Processing and Payment

Fee for Service Billing Process

Providers obtain authorizations and bill in accordance with an established fee for unit of service billing. Depending upon the Covered Service, the units can be increments of minutes, hours, days, weeks or months, or can be on a per service basis.

A Provider who has provided Covered Services to a Covered Individual must obtain authorization and request payment from Integral Care as specified below.

Third Party Payer Billing Process

Third party payer billing is a situation in which a Provider bills for Covered Services funded or reimbursed by a third party benefit plan administrator other than Integral Care including, but not limited to: Medicaid, STAR Medicaid, CHIP, private insurance or other third party insurance billing.

Providers must obtain authorization and bill designated benefit plan administrators for third party payer Covered Services by submitting Claims/Invoices directly to the insurance payers or benefit plan administrators for Medicaid, STAR, CHIP or private insurance company. A Claim/Invoice submitted for third party billing is due by the 3rd business day of the month immediately following the month in which Covered Services were provided, unless Provider's contract with Integral Care contains different requirements. (Instructions: Attachment B) For inpatient Covered Services, the claim is due within 30 days of the Covered Individual's discharge date.

Cost Reimbursement Billing Process

A billing situation in which a Provider bills for cost incurred to operate the program and/or deliver Covered Services, consistent with the budget submitted by the Provider and documented in the contract



between Provider and Integral Care.

Providers will submit a Claim/Invoice on an Integral Care-approved Claim/Invoice form via the approved online submission system or to the designated Integral Care office. The deadline for submission is the 3rd business day of the month following the month in which Covered Services were provided.

Claim/Invoice Processing for Payment of In-Person or By Mail Claims

Complete Claims/Invoices that are submitted in person or by mail must be received by Integral Care by the submittal date, as follows:

- Claims/Invoices (CMS1500 and UB04 Claims Forms) for BHS and CSD: 1430 Collier Street, Austin, TX, 78704, or by mail to P.O. Box 3548, Austin, TX, 78764
- IDD Claims: 5225 North Lamar, Austin, Texas 78751
- CFS Claims: 1430 Collier Street, Austin, TX, 78704, or by mail to P.O. Box 3548, Austin, TX 78764

All other Claims/Invoices are submitted to the claims adjudication office at the location specified on the appropriate Claim/Invoice form.

Please review the Provider Billing Training in Relias for detailed Claim/Invoice instructions.

Integral Care's approved online submission system for claims will date stamp all Claims/Invoices upon receipt. Claims/Invoices that are submitted in person or by mail will be date stamped upon receipt. Integral Care will review and adjudicate each Claim/Invoice presented for payment, and will verify the following information before a submitted Claim/Invoice is paid:

- Service Authorization matches the Claim/Invoice in all respects (including, but not limited to, procedure or service codes, number of units charged, and unit type).
- Individual Provider or Group Member providing the Covered Services was approved by Integral Care's Credentialing Department at the time the Covered Services were provided.
- Current contract with Integral Care that includes the Covered Services for which payment is sought at the time the Covered Services were provided.
- Provider is in compliance with all Integral Care contract terms applicable to Provider.
- Rate of payment requested for each Covered Service match the Integral Care contract terms applicable to the Provider at the time Covered Services were provided.
- Provider service delivery records must be verified for each Covered Service submitted on the Claim/Invoice.
- Covered Individual name or identification number, when applicable.
- Dates on which Covered Services were provided.
- Indication of whether Claim/Invoice is for Provider's final Covered Services to Covered Individual.
- Total Claim/Invoice amount.
- Name of Provider and, if applicable, of Group Member providing Covered Services.
- Provider's Integral Care-assigned ID number.
- Claim/Invoice is submitted correctly and completely.
- Covered Individual's date of birth or social security number, as required by the funder.
- Goals/objectives are identified for each Covered Service provided and billed.



Claims/Invoices submitted will be processed for payment or denied. Denial of claim(s) will be reflected on the Explanation of Benefits (EOB).

Claim/Invoice Payment Terms

All Claims/Invoices must be received by 5:00 p.m. at Integral Care on the third (3rd) business day of the month immediately following the month in which Covered Services were provided. For the purpose of this requirement, a "business day" is defined as any calendar day in which Integral Care is open to the public for business. The contract between Integral Care and a Provider may specify alternate due dates for Claims/Invoices. For situations in which the Provider has chosen semi-monthly billing, the mid-month deadline specified in the Invoice Instructions (Instructions: Attachment A) must also be followed.

Failure to comply with these deadlines may result in non-payment or denial of the Claim/Invoice at Integral Care's sole discretion.

Integral Care will date stamp all Claims/Invoices when received. Claims will be processed for payment within thirty (30) days of Integral Care's receipt of a complete and accurate Claim/Invoice packet. Payment will be denied for any Claim/Invoice that is originally submitted to Integral Care either incomplete or past the due date, as specified above.

Corrections and Adjustments to Payments

Within 30 days of Integral Care's receipt of a complete, timely Claim/Invoice, Provider will receive either payment, or an Adjustment Letter/EOB indicating denials, adjustments or recoupment of the Claim/Invoice, or portions of the Claim/Invoice.

All resubmissions of original Claims/Invoices, or portions of Claims/Invoices, must be submitted by the Provider within 30 days of the date on the Provider's Adjustment Letter/EOB for the applicable Covered Services. Integral Care will not process or pay any Claims/Invoices, or parts of Claims/Invoices, resubmitted beyond this deadline.

Conditions that may result in billing denials, adjustments or recoupment include (but are not limited to):

- UM/RA did not authorize all, or part of the Covered Services invoiced.
- Covered Services billed exceeded authorizations for the month.
- Covered Services billed were submitted past the Claim/Invoice submission due date for the service billing month.
- The Covered Individual's Monthly Ability to Pay, Co-payment was equal to or more than the invoiced amount.
- Documentation on the Provider's service delivery record did not exist for each billable event.
- For CFS and IDD Covered Services only: there was no Provider service delivery record submitted with the Claim/Invoice.
- Service delivery records or Claims/Invoices forms had incorrect or blank start and stop times or dates.
- The Claim/Invoice submitted was not signed and/or dated.
- Billable time on Claim/Invoice did not correspond with start and stop time on the Service Delivery Record.

- Incorrect Claim/Invoice Forms and/or Provider Service Delivery Records were used.
- Two or more Covered Services were billed for the same Covered Individual during the same date/time period.
- According to the individual, family, Care Coordinator, or some other credible source, the Covered Individual/family did not receive the Covered Services billed.
- Provider was not authorized/credentialed/licensed/contracted to provide the Covered Services at the time they were provided.
- The person documenting the Covered Service is not the person who provided the Covered Service to the Covered Individual/family.
- Documentation of Covered Services did not meet required standard of accuracy and comprehensiveness.
- Covered Service delivery did not correspond with stated Outcomes, goals, and/or objectives.
- Covered Services delivered did not meet the definition of the Covered Services authorized, as per the authorization letter.
- Covered Services were not delivered as required by the contract between Integral Care and Provider.
- Covered Services were not delivered at the duration or frequency delineated in the Plan, authorization letter or other Integral Care staff documentation (i.e. Provider Activity Sheet for CP and YFAC only).

If Integral Care overpays a Provider, Integral Care will either, in its sole discretion, require immediate repayment from the Provider or adjust future payments to the Provider accordingly, to the extent permitted by applicable law. If Integral Care underpays a Provider, Integral Care will either pay the Provider immediately, or adjust future payments to the Provider accordingly, to the extent permitted by applicable law.

Credentialing/Re-credentialing

Credentialing Requirements for Continuation of Active Provider Network Status and Renewal of Contracts

Providers are required to provide time-sensitive documents to Integral Care's Credentialing Department as they are requested on an ongoing basis. At time of re-credentialing and/or renewal of contract, Providers will be contacted by the Credentialing Department regarding the required documents. The following table lists required documents and time lines for submission to the Credentialing Department. Responsibility for some items depends on whether Provider is an Individual Provider, an Organization Provider, or Group Member, as follows:

Organization Provider: The Organization Provider is responsible for submitting proof of training, risk management checks and other requirements being met for each of its Group Members prior to delivery of Covered Services by such Group Member.

Individual Provider: Integral Care will perform all required risk management checks.

Credentialing Requirements for Re-credentialing and/or Renewal of Contract		
SERVICES PROVIDED	DOCUMENTATION REQUIRED	REQUIRED RENEWAL SCHEDULE
Professional or Licensed /Certified Covered Services (regardless of location in which provided)	<ol style="list-style-type: none"> 1. Re-credentialing Application (Texas Standardized Credentialing Application) 2. License and/or Certification 3. Professional Liability Insurance in Integral Care-established amounts 	<ol style="list-style-type: none"> 1. Every 2 years 2. Prior to expiration 3. Prior to expiration
Covered Services provided in the Provider's home	<ol style="list-style-type: none"> 1. Homeowner's or Renter's Insurance in Integral Care-established amounts 2. Fire Inspection 3. Site Review 	<ol style="list-style-type: none"> 1. Prior to expiration and, when new service site, prior to delivery of Covered Services at new service site 2. Prior to expiration annually, and, when new service site, prior to service delivery of Covered Services at new service site 3. Every 2 yrs. or for each new service site-conducted by Integral Care
Covered Services provided in an office, facility or other site-based location	<ol style="list-style-type: none"> 1. General Liability Insurance in Integral Care-established amounts 2. Fire Inspection 3. Site Review 	<ol style="list-style-type: none"> 1. Prior to expiration and, when new service site, prior to delivery of Covered Services at new service site 2. Every 2 yrs. and, when new service site, prior to delivery of Covered Services at new service site 3. Every 2 years or for each new service site-conducted by Integral
Transportation of Covered Individuals (or their family members) when provided as a reimbursable Covered Service, or incidental to another Covered Service being provided (such as mentoring, respite, etc.)	<ol style="list-style-type: none"> 1. Texas Driver's License 2. Texas DPS 3-year Drivers Record 3. Auto Insurance Policy 	<ol style="list-style-type: none"> 1. Prior to expiration 2. Every two years 3. Prior to expiration

<p>Risk Management Checks All Covered Services</p>	<ol style="list-style-type: none"> 1. CANRS 2. Criminal Background 3. Employee Misconduct Registry /Nurse's Aide Registry 4. USDHHS Office of Inspector General (OIG) 5. Texas Office of Inspector General 6. System for Award Management (formerly 	<ol style="list-style-type: none"> 1. Annually-conducted by Integral Care for Group Members 2. Annually-conducted by Organization Provider for Group Members, or by Integral Care for Individual Providers 3. Annually-conducted by Organization Provider for Group Members or by Integral Care for Individual Providers
	<p>General Administration Services Excluded Parties List System</p>	<ol style="list-style-type: none"> 4. Annually-conducted by Organization Provider for Group Members or by Integral Care for Individual Providers 5. Annually-conducted by Organization Provider for Group Members or by Integral Care for Individual Providers 6. Annually-conducted by Organization Provider for Group Members or by Integral Care for Individual Providers
<p>Risk Management All Covered Services</p>	<p>Changes in criminal background status, Nurse's Aide Registry or Employee Misconduct Registry</p>	<p>Changes in status to any of the referenced risk management checks/documents must be reported to the appropriate Contract Manager as soon as they occur or, for an Organization Provider, as soon as the annual checks for Group Members are repeated or Organization Provider discovers the change of status, whichever is sooner.</p> <p>Persons with criminal convictions as listed in Title 25 TAC Chapter 414, Subchapter K, Section 414.504 (d), are not eligible to provide Covered Services to Covered Individuals.</p>



Change in Provider Status

All Providers must immediately report changes to Provider information such as name, address, email address, phone, fax, tax ID number, etc. in writing by mail, email or fax to Integral Care's Credentialing Department. Providers must immediately report any changes in licensure/certification status that affect the Provider's ability to provide Covered Services, or any investigation into licensure or arrest for or conviction of any crime, to Integral Care's Credentialing Department. All Providers must immediately report changes in Group Member information such as employment start and end dates, by mail, email or fax to Integral Care's Credentialing Department.

An approved Organization Provider adding an employee or subcontractor who will provide Covered Services must submit a Verification Checklist for Contract Organization Group Member Providers and, if the additional person is licensed, must also submit a Texas Standardized Credentialing Application to Integral Care's Credentialing Department. The employee or subcontractor to be added must be approved by Integral Care's Credentialing Department before that person provides any Covered Service.

A Provider who wishes to add to or remove any Covered Service from its contract must contact the Contract Manager to request a contract amendment. Additional documentation, as appropriate to the Covered Services that might be added, may be required.

A Provider who wishes to change its status as either an Individual or Organization Provider must submit the appropriate application(s) via the Provider Portal on Integral Care's website. Current copies of the Provider's licensure/certification and insurance must be on file in Integral Care's Credentialing Department, or included with the appropriate application for the status change to be considered.

A Provider who no longer wishes to participate in Integral Care's Provider Network must submit written notification of intent to terminate the contract, within the timeframe required in that Provider's contract with Integral Care.

When an Organization Provider learns that a Group Member will no longer provide Covered Services (i.e. leaving employment or subcontracting status) the Organization Provider must immediately report that to Integral Care's Credentialing Department in writing, by mail, email, or fax, and provide the Group Member's name, the Organization Provider's name and the effective date of the Group Member's discontinuation of provision of Covered Services.

Provider Training

All Providers must, at their own expense, complete trainings required by their contracts with Integral Care. Integral Care provides certain training for a fee. Providers may also need to ensure that persons providing Covered Services under the Provider's contract with Integral Care have completed additional specialized trainings and service modalities, as specified either in that Provider's contract with Integral Care, or by the assigned Contract Manager as special Covered Individual-specific disabilities, funder requirements, circumstances and/or needs dictate. For further assistance, use the Provider Help Ticket form (<https://www.cognitofrms.com/IntegralCare/ProviderHelpTicket>) on the Integral Care website or contact the Contract Manager.



Providers with access to Integral Care’s Electronic Health Records will be required to attend Integral Care’s training on the use of the Electronic Health Records software. Additional clinical training may be required prior to the Provider being authorized to provide Covered Services. Additional trainings for provider’s using the EHR may include: resiliency and disease management program, Texas Recommended Authorization Guidelines (TRAG) assessment, Texas Medication Algorithms, co-occurring Psychiatric substance use disorders competencies, cognitive behavioral therapy (as appropriate), Wraparound, Person-Directed Planning and documentation of assessments, services and treatment planning in the electronic medical record.

CPR/First Aid

Many community programs offer CPR and Standard First Aid training, and Integral Care is happy to accept their certifications. Providers may attend any CPR/Standard First Aid course that is either an American Red Cross or American Heart Association approved course, taught by a certified instructor. Classes that are completed strictly online are not accepted. Upon completion of an approved course, email or fax a copy of the course certification card(s) front and back to the Contract Manager.

Non-Violent Verbal and Physical De-Escalation

Integral Care offers and, for some providers, requires non-violent verbal and physical de-escalation training. Training recommended and offered by Integral Care is Safety-Care. Integral Care will accept SATORI, SAMA and will evaluate other comparable training for acceptance in lieu of Safety-Care upon request. All non-violent verbal and physical de-escalation trainings require annual refreshers unless otherwise approved in advance by Integral Care.

Refresher Training

All providers must complete assigned training requirements on an annual basis. Trainings assigned to providers may be accessed by logging into Relias, Integral Care’s learning management system. For technical assistance accessing Relias, submit a Provider Help Ticket form (<https://www.cognitofrms.com/IntegralCare/ProviderHelpTicket>) or contact the Contract Manager.

Listed below are general training requirements:

Provider Training	Type of Training	Length of Training	Required For	Must Be Completed	Renewals
Integral Care Standards of Conduct	Online	0.25 hours	All Providers	Pre-Service	Annually
Client/Patient Rights	Online	2 hours	All Providers	Pre-Service	Annually
Corporate Compliance and Ethics	Online	1 hour	All Providers	Pre-Service	Annually
Corporate Compliance: The Basics	Online	0.5 hours	All Providers	Pre-Service	Annually
CPR/AED and Basic First Aid	Online/In-Person	4 hours	All Providers	Pre-Service	Bi-Annually
Care for Culture	Online	1 hour	All	Pre-	Annually

			Providers	Service	
HIPAA/Confidentiality	Online	0.5 hours	All Providers	Pre-Service	Annually
Safety-Care Part 1: De-escalation and Physical Safety	In-Person or Online	8 hours	All Providers	Pre-Service	Annually
Infection Control	Online	0.25 hours	All Providers	Pre-Service	Annually
DADS HCS & TXHmL Behavioral Support Services Provider Policy Training	Online	1 hour	IDD Providers	Pre-Service	Tri-Annually
Mental Health First Aid	In-Person	8 hours	HCC Providers	Within 6 months of credentialing	Tri-Annually
Definitions/Documentation/Invoicing Training	In-Person or Online	3 hours	All Providers	Pre-Service	Initial Training Only; Refreshers as Needed
Safety-Care: Holds and Restraints	In-Person	4 hours	IDD and YES Providers	Pre-Service	Annually
What's This Thing Called Wraparound?	Online	1 hour	CFS, FWV, and YES Providers	Within 3 months of credentialing	Initial Training Only
Team Roles in Wraparound	Online	1 hour	CFS, FWV, and YES Providers	Within 3 months of credentialing	Initial Training Only
Overview of the Youth Empowerment Services (YES) Waiver: YES Waiver 101	Online	1 hour	YES Providers	Within 3 months of credentialing	Initial Training Only
YES Waiver Orientation Training	In-Person	3 hours	YES Providers	Pre-Service	Initial Training Only
How to Implement Wraparound	Online	1 hour	FWV Providers	Within 3 months of credentialing	Initial Training Only

Ombudsman

The Integral Care Ombudsman processes complaints made by Covered Individuals about Providers as well as



complaints made by Providers.

Providers with complaints are encouraged to contact the Ombudsman at Phyllis.Wolf@integralcare.org or at (512) 440-4086. Every effort will be made to resolve all complaints informally within a short period of time.

If a complaint is not resolved to the Provider's satisfaction in five (5) days after the Provider notifies the Ombudsman, Integral Care will ask the Provider to submit the Complaint to the Ombudsman in writing, and the Ombudsman will give the Provider written acknowledgement upon receipt of the Complaint.

If a written Complaint is not resolved to the Provider's satisfaction within thirty (30) days after the Ombudsman receives it, the Provider may submit a written request for an appeal of the unsatisfactory resolution to the Ombudsman within ten (10) days after either receipt of the unsatisfactory resolution or thirty (30) days after the Ombudsman receives the written Complaint, whichever is earlier.

An Appeals Committee will be convened to rule on any adverse determinations that were not informally resolved. Any determination by the Appeals Committee is final.

Integral Care's procedure for Adverse Determinations other than those related to Utilization Management/Resource Allocation (service denials) is the mechanism for facilitating a review and reconsideration of the following types of decisions:

- Credentialing/ re-credentialing
- Privileging
- Provider Network enrollment/ disenrollment
- Billing and/or payment issues
- Other administrative issues

A written copy of the procedure is provided to any Provider's with claims denials or adjustments and is also available to Providers upon request.

Contract Compliance

Contract Monitoring

Integral Care may conduct contract monitoring activities on a routine basis, in which case, a minimum of ten days prior notice will generally be given to the Provider. Unannounced monitoring reviews may occur at any time in response to a complaint, concern, problematic service delivery, billing documentation issue, or any other reason determined necessary by Integral Care in its sole discretion.

Contracts may be monitored through one or any combination of the following:

- Site visit
- Record review
- Billing desk review
- Covered Individual/family interviews
- Provider staff interviews

- Interviews with UM/RAs

All contract monitoring must include at least one of the following methods:

- Billing audits and validation of data submitted by provider
- Clinically focused chart reviews
- Contractual compliance
- Environmental/ special reviews (if appropriate)
- Verification of training and credentials
- Performance profiling
- Covered Individual, Provider staff interviews
- Observation of service delivery

All contract monitoring must sufficiently determine:

- Provider's compliance with the contract terms for service delivery;
- Whether Covered Individual health/safety is being adequately protected;
- Provider's qualifications;
- Whether administrative requirements (such as billing compliance, program certifications/licensures and insurance requirements) have been met; and
- Satisfaction of Covered Individuals and their family members with the Covered Services received from the Provider.

Providers will be notified in writing of the results of all formal contract monitoring activities. A Provider may be required to submit a written plan of correction to address non-compliance and/or quality improvement issues. Written plans of correction must be approved by the Contract Monitor or his/her designee. The Contract Monitor will provide a reasonable amount of technical assistance to bring the Provider into compliance.

The Contract Monitor will review records to ensure that licensures and certifications, health and safety inspections, and Provider training and other credentialing requirements are up to date; that Covered Services are provided and billed for as specified in the Provider's contract and the then-current Provider Manual; and that the health, safety, rights and privacy needs of Covered Individuals are being met. Specifically, some of the documents and the elements the Contract Monitor will review are listed below.

Termination of a Provider's contract may be initiated if the Provider does not respond to technical assistance provided or fails to implement the approved plan of correction to the satisfaction of the Contract Monitor, or if Provider's performance is significantly below Integral Care's standards, as determined by Integral Care in its sole discretion.

Provider Qualifications and Training

Provider qualifications and training requirements must be renewed as specific licensing or certification standards dictate. Relevant insurance such as professional liability insurance, or auto insurance if a Provider transports Covered Individuals, or homeowner's insurance if a Provider provides Covered Services in his/her residence, will also be reviewed.

Organizational Providers must submit Verification Checklists and Background Check Forms for each



Group Member who will provide Covered Services to Covered Individuals under the Provider's contract to ensure that they meet all relevant qualifications and training requirements.

Service Delivery

The Contract Monitor may review progress notes to ensure that the Plan objectives are written on the service delivery records, and that service documentation addresses these objectives.

Billing Practices

Covered Services must be delivered, and billed for, as authorized. The Contract Monitor will monitor Claims/Invoices for completion and correctness, and may review the Provider's billing practices by comparing a Claim/Invoice with the related service delivery note documentation and service authorizations. The Contract Monitor may review specific billing issues and documents, as follows.

- A service delivery note must exist for each billable Covered Service delivery event.
- Claims/Invoices should include only Covered Services provided up to the amount of service units authorized by Integral Care in writing.
- Overlapping service billings (Covered Services provided to two different Covered Individuals by the same Individual Provider or Group Member at the same or overlapping times, and billed as a one-on-one service provided to each Covered Individual). This billing situation is disallowed.
- Group or multiple Covered Services: All Covered Services, unless otherwise authorized in writing or otherwise implied by the service type, are to be provided one-on-one (by either one Individual Provider or Group Member, as applicable, to one Covered Individual). An example of a Covered Service that is a group service type is Camp. A Covered Service must specifically be authorized and billed as a group service if the Coordinator intends for the Covered Service to be delivered in a group setting, or provided to more than one Covered Individual at the same time. Group Covered Services generally carry a lower rate per Covered Individual than one-on-one Covered Services.
- A typical service delivery schedule.
- Insufficient service documentation to substantiate service billing.

Contract Monitoring Response to Findings

Depending on the type of finding or severity of finding by a Contract Monitor, actions may be requested by the provider such as completing additional training, providing a signed statement acknowledging that corrective action has been taken, and or completing a corrective action plan. Non-response to requests from the Contract Monitor will result in the issue being escalated to the Contract Action & Review Committee where the issue will be evaluated for determination of whether additional sanctions including and up to contractual termination are appropriate.

Sanctions

In addition to trainings, signed statements, and/or corrective action plans, the following sanctions may be implemented by the Contract Monitor/Managers at the Provider Network & Authority Officer's discretion:

- Suspension of authorizations
- Withdrawal of previously issued authorizations
- Request for recoupment of funds
- Offsets against future payments
- Suspension of outstanding payments, in whole or part

Health, Safety and Rights of Covered Individuals

The Contract Monitor will review for compliance in the following areas:

- Allegations or suspicions of abuse, neglect or exploitation of Covered Individuals are reported to DFPS, as directed by law. All Provider staff must have knowledge of what constitutes abuse, neglect or exploitation.
- Incident Reports are completed when serious or non-routine events occur. Incident Reports are not to be filed in the Covered Individual's record, but should be maintained in a separate file.
- Environmental safety and use of universal precautions at site-based programs.
- Medication administration and storage.
- Covered Individuals are informed of their rights and any rights violations are reported in a timely manner to Integral Care's Consumer Rights Officer/Ombudsman.
- Covered Individuals are properly notified of Integral Care's Complaint process.
- Providers protect Covered Individual confidentiality and privacy.

Client Satisfaction

As requested, Providers must participate with Integral Care in evaluating satisfaction of Covered Individuals with Covered Services from Provider at an agreed-upon frequency. Integral Care's Quality Management Department provides training on administering and collecting data for Client Satisfaction surveys as appropriate.

Definitions

Adverse Determination: Determination made by a health care plan or by a utilization review program, that a health care service is not a Medical Necessity. It also refers to the decision taken by the Office of Personnel Management barring health care service providers or suppliers from participating in the health care program. Any health care services provider or supplier subject to an adverse determination by the Office under 5 USCS§ 8902a (h)(1) shall be entitled to reasonable notice, an opportunity to request a hearing of record, and to judicial review after the Office renders a final decision.

At-Risk: Children and adolescents who are at higher risk for developing mental health problems because certain factors have occurred in their lives or environments. Some of these factors are physical abuse, emotional abuse or neglect, harmful stress, discrimination, poverty, loss of loved one, frequent moving, alcohol and other drug use, trauma and exposure to violence.

CANRS (Client Abuse and Neglect Reporting System): The governmental database used in Texas to track abuse, neglect and exploitation allegations and Outcomes.

Care Coordination: An intensive form of Service Coordination used in a Wraparound approach to service delivery.

Care Coordinator: An individual who organizes and coordinates services and supports for children and adolescents with mental health and/or psychosocial needs, and their families using the Wraparound approach to service delivery (Alternate terms: Service Coordinator, advocate, and facilitator.)



Clinical Quality Committee (CQC): A group of Provider and Integral Care representatives who review actual and potential risk factors and make recommendations for decreasing those risks.

Complaint: A complaint by either a provider or a Covered Individual, as applicable.

Contract Manager: Various Integral Care staff responsible for developing, managing and monitoring Provider contracts.

Co-payment: A payment made to a Provider by a Covered Individual for Covered Services, in accordance with the terms of a health plan agreement, Medicaid regulations or Integral Care's financial assessment.

Cost Reimbursement: A contractual arrangement in which the Provider bills for the cost of providing a service or program on a monthly basis, based on the actual allowable cost incurred during the billing period.

Covered Services: Behavioral health, psychosocial support, intellectual/developmental disabilities, and/or substance abuse services which are purchased from Providers for provision to Covered Individuals.

Cultural Competence: Sensitivity and responsiveness to cultural differences. Providers must be aware of the impact of their own cultures and possess skills that help them provide services that are culturally appropriate in responding to a Covered Individual's and his/her family's unique cultural differences, such as race and ethnicity, national origin, religion, age, gender, sexual orientation, physical disability, values and customs.

DSM (Diagnostic and Statistical Manual of Mental Disorders, the most current edition): The then-current version of the official manual of mental health problems developed by the American Psychiatric Association. Psychiatrists, psychologists, social workers, and other health and mental health care providers use this reference book to understand and diagnose a mental health problem. Insurance companies and health care providers also use the terms and explanations in this book when they discuss mental health problems.

Emergency:

A situation in which a Covered Individual is:

- At risk of harm to self or others; and/or
- Exhibits acute onset of psychosis or severe thought disorganization; and/or
- Rendered unmanageable, or where a child's mental, emotional or physical safety is At-Risk, as a result of significant emotional, behavioral, mental and/or social conditions.

Emergent: A situation in which a Covered Individual is at risk of immediate harm to self or others (within 23 hours or less) and requires intervention within one hour.

Fee for Service: A contractual arrangement in which a Provider bills for services according to an established rate structure based on a measured unit of either time or service provision.

Group Member: Individual Provider performing Covered Services under a contract between an Organization Provider and Integral Care.



Individual Provider: An individual person who may perform Covered Services (non-traditional or traditional) under a direct contract between that person and Integral Care.

Individualized: Covered Services designed to meet the unique needs of each Covered Individual and his/her family. Covered Services are Individualized when, in delivering them, the Provider considers the needs, strengths, ages, stages of development, cultures, capacities and/or motivations of the Covered Individual and his/her family.

Internal Contract Provider: Network Providers who provide a contracted service at an Integral Care facility or office.

Level of Care (or Level of Need) Guidelines: Criteria that may include diagnosis, symptomology, level of functioning, behaviors, situations and/or life domain circumstances that define the Level of Need and/or intensity of service required to effectively meet the needs of the Covered Individual. Level of Care or Level of Need may define the service type, mix and quantity of services warranted according to designated criteria.

Medical Necessity:

Those mental health and or substance abuse services that:

- Are essential for the treatment of a disease, condition or illness, as defined by standard diagnostic nomenclatures (ICD9-CM, DSM);
- Can reasonably be expected to improve a Covered Individual's condition or level of functioning to a usual and customary level of functioning for that individual;
- Are in keeping with national standards of mental health professional practice;
- Are rendered at the most cost effective and safe Level of Care and are necessary to help the Covered Individual to return to his or her usual and customary level of functioning; and
- Could not have been omitted without adversely affecting the Covered Individual's mental and/or physical health or the quality of care rendered.

Ombudsman: Integral Care's staff person who mediates Complaints.

Organization Provider: A party to a contract with Integral Care to provide Covered Services where that party is either not an Individual Provider, or is an Individual Provider with at least one other person performing Covered Services under that contract. A federal Employer Identifier Number (EIN) is required.

Outcome: A measurement of the impact of services provided. Examples include: Covered Individual satisfaction with Covered Services; changes in scores of standardized instruments which show change in functioning or symptoms (i.e. Ohio Scales); and Covered Individual's employment status.

Person-Directed Planning: Approaches to life planning which promote self-determination and require commitment and partnership by participants to coordinate services around the requests, desires, and needs of the Covered Individual rather than around programs and professionals. This term is used to describe the service planning and service delivery approach used within Integral Care's Intellectual and Developmental Disabilities Division.

Plan (or Plan of Care): A generic term, which refers to the written service or care Plan designed to address a



Covered Individual's Individualized needs and abilities. The Plan identifies the needs, strengths, goals and interventions. The Plan is developed by the coordinator, clinician, Provider and/or "care team", which includes, but is not limited to, the Covered Individual, guardian and/or family, if family is involved.

Prime Contract: Any contract between Integral Care and any third party including, without limitation, the City of Austin, Travis County Health and Human Services, the Texas Department of Assistive and Rehabilitative Services, and the Texas Department of State Health Services, under which Integral Care provides or otherwise arranges for any or all of the Covered Services.

Provider: Any Individual Provider or Organization Provider.

Quality Leadership Team (QLT): Comprised of Integral Care's executive management and other key individuals, this group reviews recommendations of the CQC and provides additional direction to ensure continuous quality improvement.

Resource Allocation: The process of allocating resources (by the Resource Allocator) to implement a Wraparound Plan or Person-Directed Planning that matches a Covered Individual's identified choices, resources, and needs with available resources. This function encompasses authorization of services and management of budgets. Resource Allocation determinations are based upon the Covered Individual's Level of Need, intensity of support needed/requested, psychosocial or Medical Necessity, relationship to the Covered Individual's disability, and other relevant assessment information. The person providing Resource Allocation services ("Resource Allocator") or single identified Care Coordinator assesses the Level of Need and/or intensity of service required, develops the Plan of Care, monitors the effectiveness of the Plan of Care, and quality of service provision, and modifies the Plan of Care as needed to meet the identified goals and objectives. This term is used in Person-Directed Planning and Wraparound models of service delivery, and is synonymous with the term Utilization Management (used in traditional managed care service authorization models).

Service Coordination: Involves identifying individual desires, capacities, and needs and assisting Covered Individuals in locating, obtaining, and negotiating supports and services identified as wanted and needed by Covered Individuals and by other involved persons as deemed appropriate and necessary. Service Coordination includes monitoring, consulting, and coordinating services with other agencies, service providers, and persons involved with the Covered Individual in a Wraparound service delivery model (Care Coordination refers to a more intensive form of Service Coordination).

Service Coordinator: A person designated by Integral Care to organize services and supports for Covered Individuals with multiple needs.

START Services: START (Systemic, Therapeutic, Assessment, Resources & Treatment) is a person-centered approach that strengthens efficiencies and service outcomes for individuals with intellectual/developmental disabilities and behavioral health needs using an evidence-informed best practice system of care approach. START engages with individuals through specialized case consultation, assessment, education and outreach.

Wraparound: This is a "full-service" approach to developing a Plan with services and supports that meets the holistic needs in ten life domains of individual children and their families. Children and families may need a range of professional and community support services to help them fully benefit from traditional behavioral



health services or other professional services such as individual, group and family therapy, psychiatric evaluation and medication management. Non-traditional services used frequently in this service delivery model include mentoring, respite, and intensive home and community-based services.

Acronyms

BHS: Behavioral Health Services: Adult Mental Health, Substance Abuse and Specialized Services, a division of Integral Care

CANRS: Client Abuse and Neglect Reporting System

CFS: Child and Family Services, a division of Integral Care

CP: The Children's Partnership, an interagency Wraparound program

CSD: Crisis Services Division, a division of Integral Care

DADS: The Texas Department of Aging and Disability Services

DARS: The Texas Department of Assistive and Rehabilitative Services

IDD: Intellectual and Developmental Disabilities Services, a division of Integral Care

DFPS: The Texas Department of Family and Protective Services (formerly, the Texas Department of Protective and Regulatory Services)

DSHS: The Texas Department of State Health Services

DSM: Diagnostic and Statistical Manual of Mental Disorders, the most current edition

EOB: Explanation of Benefits

ICD9-CM: International Classification of Diseases—Ninth revision, Clinical Modification

SED: Severe Emotional Disturbance

UM/RA: Integral Care's Utilization Manager/Resource Allocator

YFAC: Youth and Family Assessment Center, a single point of entry for assessments and service delivery using the Wraparound process for At-Risk youth and their families.



Required Forms*

- Resolutions of Concerns (English and Spanish)
- Integral Care Provider Manual Acknowledgement
- Provider Service Delivery Record (PSDR)
- Provider Invoice

*This list is not exhaustive

Resolution of Concerns

If you have a suggestion or concern about Integral Care's services or believe your rights have been violated, please contact any of the following:

Integral Care Ombudsman Office

Phyllis Wolf, Ombudsman

(512) 440-4086

P.O. Box 3548 | Austin 78764-3564

Deborah Ratliff, Peer Support

(512) 440-4087

**Texas Department of Aging &
Disability Services Consumer Rights**

(800) 458-9858

P.O. Box 149030 | Austin 78714-9030

**Texas Health and Human Services
Commission Office of Consumer
Services & Rights Protection**

(800) 252-8154

P.O. Box 12688 | Austin 78711-2668

The Joint Commission

https://www.jointcommission.org/report_a_complaint.aspx

Fax: (630)792-5636

Office of Quality and Patient Safety

One Renaissance Boulevard

Oakbrook Terrace, Illinois 60181

Disability Rights Texas, Inc.

(512) 454-4816 or (800) 252-9108

American Sign Language Video Phone:

(866) 362-2851

**Texas Abuse, Neglect and Exploitation
Hotline**

(800) 252-5400

Resolución de Dudas

Si usted tiene alguna sugerencia o duda sobre los servicios de Integral Care o si cree que se han violado sus derechos, por favor comuníquese con uno de los siguientes:

Oficina del Ombudsman, Integral Care

(Defensora del consumidor)

Phyllis Wolf, Ombudsman

(512) 440-4086

P.O. Box 3548 | Austin 78764-3564

Deborah Ratliff, Especialista en Apoyo

Mutuo

(512) 440-4087

The Joint Commission (Comisión de acreditación de organizaciones de salud)

https://www.jointcommission.org/report_a_complaint.aspx

Fax: (630) 792-5636

Correo: Office of Quality and Patient Safety

One Renaissance Boulevard

Oakbrook Terrace, Illinois 60181

Derechos del Consumidor de Servicios para Adultos Mayores y Personas

Discapacitadas de Texas (DADS)

(800) 458-9858

P.O. Box 149030 | Austin 78714-9030

Comisión de Salud y Servicios Humanos de Texas Oficina de Servicios al Consumidor y Protección de Derechos

(800) 252-8154

P.O. Box 12688 | Austin 78711-2668

Disability Rights Texas, Inc.

(Derechos de los Discapacitados de Texas)

(512) 454-4816 or (800) 252-9108

Lenguaje de Señas Americano por Video

Llamada:

(866) 362-2851

Línea directa para reportar abuso, negligencia y explotación de Texas

(800) 252-5400

Integral Care Provider Manual Acknowledgement

I, _____, acknowledge that I have received a copy of Integral Care's
(Print Provider's Name Here)

Provider Manual and that I have read this Provider Manual. I understand that I am encouraged to ask any

questions that I have about this Provider Manual at any time, and I attest that I understand this Provider

Manual. I also understand that this Provider Manual may be revised at any time without direct notice to me,

and that I am obligated at all times to comply with the terms of this Provider Manual as it is then in effect.

Provider's Signature

Date of Signature

Provider Service Delivery Record Form

PROVIDER SERVICE DELIVERY RECORD

☐ BHS SERVICES
 ☐ IDD SERVICES
 ☐ PASRR SERVICES
 ☐ ECI
 ☐ FAMILY DRUG TREATMENT COURT
☐ THE CHILDREN'S PARTNERSHIP & YFAC
 ☐ INTEGRAL CARE-CFS
 ☐ YES WAIVER
 ☐ FAMILIES WITH VOICES

CONSUMER NAME: _____ DOB: _____ CONSUMER ID #: _____

ORGANIZATION NAME: _____ ID #: _____

PROVIDER NAME: _____ ID#: _____

COORDINATOR: _____

Ref	Service Date MM/DD/YY	Service Code	Start Time	Stop Time	Total Time	Person Contacted C=Client F=Family w/client G=Parent/Guardian O=Collateral N=Family w/o client	Place of Service H=Client Home M=Community S=School D=Detention P=Provider Home C=Office facility	Contact F=Face T=Phone	Intensity R=Routine U=Urgent E=Emergency	Appt. Code 1=seen as scheduled 3=canceled (by client) 4=no show (client) 7=canceled (by provider)	Progress P= Progress NP= No Progress M= Maintenance R= Regression
1.											
2.											
3.											
4.											
5.											
6.											
7.											

Plan of Care Goal or Person Directed Plan Objective (you must indicate the goal(s) for each service provided):

Goal/objective A: _____

Goal/objective B: _____

Goal/objective C: _____

REF #	DATE MM/DD/YY	SERVICE DELIVERY NOTES: Provide reference #, goal of service, signature and date for each entry. Include statement of progress, no progress, maintenance, or regression. Include credentials after signature, if applicable.

[illegible]

Provider Invoice Form

To access the most current version of each of the Provider Invoice Forms, please visit the following web links:

- IDD Provider Invoice Form
https://www.integralcare.org/sites/default/files/provider_invoice_form_idd_updated_20140415.xlsx
- YES Waiver Provider Invoice Form
https://www.integralcare.org/sites/default/files/provider_invoice_form_yes_updated_20140415.xlsx
- Other (Children's Partnership, Children's Continuum, YAFAC) Provider Invoice Form
https://www.integralcare.org/sites/default/files/provider_invoice_form_tcp_yafac_updated_20140415.xlsx

ATTACHMENT A

Key Persons List – October 28, 2020

NAME	TITLE	BUSINESS ADDRESS
Tracy Abzug	Practice Administrator	6600 E Ben White Blvd., Austin, TX 78741
Ruth Ahearn	Practice Manager – Healthy Community Collaborative	3000 Oak Springs Dr., Austin, TX 78702
Rene Alli	Senior Accountant	1700 S Lamar Blvd., Austin, TX 78704
Russell Bach, MD	Associate Medical Director	5015 S. IH-35, Austin, TX 78744
Mesha Barnes	Executive Manager	1430 Collier St., Austin, TX 78704
Marlene Buchanan	Director of Child and Family Services	1430 Collier St., Austin, TX 78704
Sherry Blyth	Director of Practice Management	1430 Collier St., Austin, TX 78704
Lesa Brown-Valades	Associate Director of Utilization Management	1700 S Lamar Blvd., Austin, TX 78704
Dianne Burditt	Business Manager	5225 N. Lamar Blvd., Austin, TX 78751
Brian Callanan	Facilities Manager	1700 S. Lamar, Austin, TX 78704
Darilyn Cardona-Beiler	Director of Practice Management	1430 Collier St., Austin, TX 78704
Kathleen Casey	Director of Clinical Innovation and Development	1430 Collier St., Austin, TX 78704
Patricia Corrigan-Strickland	Director of Pharmacy	5015 S. IH-35, Austin, TX 78744
Luke Daniels	Medical Staff Coordinator	1430 Collier St., Austin, TX 78704
Jodie Eldridge	Director of Resource Development	1700 S. Lamar Blvd., Ste. 330 Austin, TX 78704
David L. Evans	Chief Executive Officer	1430 Collier St., Austin, TX 78704
Craig Franke, MD	Chief Medical Officer	1430 Collier St., Austin, TX 78704
Rodney Guinn	Director of Human Resources	1430 Collier St., Austin, TX 78704
Dawn Handley	Chief Operations Officer	1430 Collier St., Austin, TX 78704
Kali Holyfield	Practice Manager – Housing Administration	3000 Oak Springs Dr., Austin, TX 78702
Nancy Jones	Credentialing Coordinator	1700 S. Lamar Blvd., Austin, TX 78704
Lisa Ott Laky	General Counsel	1430 Collier St., Austin, TX 78704
Sunila Levi	Chief Technology Officer	1430 Collier St., Austin, TX 78704
Louise F. Lynch	Provider Network & Authority Officer	1430 Collier St., Austin, TX 78704
Brooke Martin	Director of Operations	1430 Collier St., Austin, TX 78704
Betsy Messelt	Relief Financial Analyst	1700 S. Lamar, Austin, TX 78704
Melody Moscal	Quality Mgmt. Program Mgr.	1700 S. Lamar, Austin, TX 78704
Jacqueline Mosley	Director of Medical Analytics	1430 Collier St., Austin, TX 78704

John Nguyen, MD	Associate Medical Director	1430 Collier St., Austin, TX 78704
Melody Palmer-Arizola	Practice Administrator	1430 Collier St., Austin, TX 78704
Ellen V. Richards	Chief Strategy Officer	1430 Collier St., Austin, TX 78704
Hans Riedel	Director of Facilities	1700 S. Lamar, Austin, TX 78704
Michelle Riffle	Budget Analyst	1700 S. Lamar, Austin, TX 78704
Emilio Salinas	Health Informatics Coordinator	1430 Collier St., Austin, TX 78704
Della M. Thompson	Director of Budget and Financial Analysis	1700 S. Lamar Blvd., Austin, TX 78704
Mark Watson	Accounting Services Director	1700 S. Lamar Blvd., Austin, TX 78704
David Weden	Chief Administrative Officer/Chief Financial Officer	1430 Collier St., Austin, TX 78704
Teresa Williams	Chronic Disease Management Practice Manager	1430 Collier St., Austin, TX 78704
Ken Winston	Director of IDD	5225 N. Lamar Blvd., Austin, TX 78751
Phyllis Wolf	Ombudsman	1430 Collier St., Austin, TX 78704
H. Ed Calahan	Board Member	P.O. Box 3548, Austin, TX 78764-3548
Emmitt Hayes	Board Member	P.O. Box 3548, Austin, TX 78764-3548
Sally Hernandez	Ex-Officio Board Member	P.O. Box 3548, Austin, TX 78764-3548
Hal Katz	Board Chair	P.O. Box 3548, Austin, TX 78764-3548
Sarah Churchill Llamas	Board Secretary/Treasurer	P.O. Box 3548, Austin, TX 78764-3548
Cynthia Ramos	Board Member	P.O. Box 3548, Austin, TX 78764-3548
Luanne Southern	Board Vice Chair	P.O. Box 3548, Austin, TX 78764-3548
David Springer	Board Member	P.O. Box 3548, Austin, TX 78764-3548
Trish Young Brown	Board Member	P.O. Box 3548, Austin, TX 78764-3548
Guadalupe Zamora, MD	Board Member	P.O. Box 3548, Austin, TX 78764-3548



ATTACHMENT B
INSTRUCTIONS ON USE OF PROVIDER SERVICE DELIVERY RECORD

The Provider Service Delivery Record (PSDR) is used for documentation of service delivery. There are minimum documentation requirements for each service event in order to file a claim for reimbursement.

PROVIDER SERVICE DELIVERY RECORD

<input type="checkbox"/> BHS SERVICES <input type="checkbox"/> IDD SERVICES <input type="checkbox"/> PASRR SERVICES <input type="checkbox"/> ECI <input type="checkbox"/> FAMILY DRUG TREATMENT COURT <input type="checkbox"/> THE CHILDREN'S PARTNERSHIP & YFAC <input type="checkbox"/> INTEGRAL CARE-CFS <input type="checkbox"/> YES WAIVER <input type="checkbox"/> FAMILIES WITH VOICES
--

CONSUMER NAME: _____ DOB: _____ CONSUMER ID #: _____

ORGANIZATION NAME: _____ ID # _____

PROVIDER NAME: _____ ID# _____

COORDINATOR: _____

Ref	Service Date MM/DD/YY	Service Code	Start Time	Stop Time	Total Time	Person Contacted C=Client F=Family w/client G=Parent/Guardian O=Collateral X=Family w/o client	Place of Service H=Client Home M=Community S=School D=Detention P=Provider Home C=Office facility	Contact F=Face T=Phone	Intensity R=Routine U=Urgent E=Emergent	Appt. Code 1=seen as scheduled 3=cancelled (by client) 4=no show (client) 7=cancelled (by provider)	Progress P= Progress NP= No Progress M= Maintenance R= Regression
1.											
2.											
3.											
4.											
5.											
6.											
7.											

Plan of Care Goal or Person Directed Plan Objective (you must indicate the goal(s) for each service provided):

Goal/objective A: Client will have zero incidents of negative statements about themselves.

Goal/objective B: Client will have zero panic attacks.

Goal/objective C:

REF #	DATE MM/DD/YY	SERVICE DELIVERY NOTES: Provide reference #, goal of service, signature and date for each entry. Include statement of progress, no progress, maintenance, or regression. Include credentials after signature, if applicable.



The first step to completing the PSDR is to indicate the service type. The service types that may be selected are Behavioral Health Services (BHS Services), Intellectual & Developmental Disability (IDD) Services, Preadmission Screening and Resident Review Services (PASRR Services), Early Childhood Intervention Services (ECI), Family Drug Treatment Court, The Children's Partnership & the Youth and Family Assessment Center (YFAC), Integral Care Child and Family Services (Integral Care-CFS), the Youth Empowerment Services Waiver (YES Waiver), or Families with Voices. In this example Integral Care Child and Family Services, which is listed on the form as Integral Care-CFS, is selected.

PROVIDER SERVICE DELIVERY RECORD		
<input type="checkbox"/> BHS SERVICES <input type="checkbox"/> IDD SERVICES <input type="checkbox"/> PASRR SERVICES <input type="checkbox"/> ECI <input type="checkbox"/> FAMILY DRUG TREATMENT COURT <input type="checkbox"/> THE CHILDREN'S PARTNERSHIP & YFAC <input checked="" type="checkbox"/> INTEGRAL CARE-CFS <input type="checkbox"/> YES WAIVER <input type="checkbox"/> FAMILIES WITH VOICES		
CONSUMER NAME: _____	DOB: _____	CONSUMER ID #: _____
ORGANIZATION NAME: _____	ID # _____	
PROVIDER NAME: _____	ID# _____	
COORDINATOR: _____		
Service Type		

The next required field is "consumer name." This is where providers should fill in the name of the client, also known as the "Covered Individual."

PROVIDER SERVICE DELIVERY RECORD		
<input type="checkbox"/> BHS SERVICES <input type="checkbox"/> IDD SERVICES <input type="checkbox"/> PASRR SERVICES <input type="checkbox"/> ECI <input type="checkbox"/> FAMILY DRUG TREATMENT COURT <input type="checkbox"/> THE CHILDREN'S PARTNERSHIP & YFAC <input checked="" type="checkbox"/> INTEGRAL CARE-CFS <input type="checkbox"/> YES WAIVER <input type="checkbox"/> FAMILIES WITH VOICES		
CONSUMER NAME: <u>Client, John</u>	DOB: _____	CONSUMER ID #: _____
ORGANIZATION NAME: _____	ID # _____	
PROVIDER NAME: _____	ID# _____	
COORDINATOR: _____		
Name of Covered Individual (Last Name, First Name)		



Next, enter the client's date of birth using the MM/DD/YYYY format.

PROVIDER SERVICE DELIVERY RECORD

<input type="checkbox"/> BHS SERVICES <input type="checkbox"/> IDD SERVICES <input type="checkbox"/> PASRR SERVICES <input type="checkbox"/> ECI <input type="checkbox"/> FAMILY DRUG TREATMENT COURT <input type="checkbox"/> THE CHILDREN'S PARTNERSHIP & YFAC <input checked="" type="checkbox"/> INTEGRAL CARE-CFS <input type="checkbox"/> YES WAIVER <input type="checkbox"/> FAMILIES WITH VOICES	
---	--

CONSUMER NAME: Client, John **DOB:** 01/01/2011 CONSUMER ID #: _____

ORGANIZATION NAME: _____ ID # _____

PROVIDER NAME: _____ ID# _____

COORDINATOR: _____

Birth Date of Covered Individual
(MM/DD/YYYY)

The next required element is the Consumer ID number. All enrolled covered individuals with an Integral Care Coordinator will have a consumer ID number. Providers may obtain a covered individual's Consumer ID number from the Coordinator. Consumers receiving Children's Partnership services, Youth and Family Assessment Center (YFAC) services, or Family Drug Treatment Court services will not have a Consumer ID number. In those cases, you may leave this field blank.

PROVIDER SERVICE DELIVERY RECORD

<input type="checkbox"/> BHS SERVICES <input type="checkbox"/> IDD SERVICES <input type="checkbox"/> PASRR SERVICES <input type="checkbox"/> ECI <input type="checkbox"/> FAMILY DRUG TREATMENT COURT <input type="checkbox"/> THE CHILDREN'S PARTNERSHIP & YFAC <input checked="" type="checkbox"/> INTEGRAL CARE-CFS <input type="checkbox"/> YES WAIVER <input type="checkbox"/> FAMILIES WITH VOICES	
---	--

CONSUMER NAME: Client, John **DOB:** 01/01/2011 **CONSUMER ID #:** 99999

ORGANIZATION NAME: _____ ID # _____

PROVIDER NAME: _____ ID# _____

COORDINATOR: _____

Integral Care Consumer ID #



If you are a provider with a contracted organization, then enter the organization name here. If you are an individual provider, then you may leave this field blank. In this example, an organization name is entered in this space.

PROVIDER SERVICE DELIVERY RECORD

<input type="checkbox"/> BHS SERVICES <input type="checkbox"/> IDD SERVICES <input type="checkbox"/> PASRR SERVICES <input type="checkbox"/> ECI <input type="checkbox"/> FAMILY DRUG TREATMENT COURT <input type="checkbox"/> THE CHILDREN'S PARTNERSHIP & YFAC <input checked="" type="checkbox"/> INTEGRAL CARE-CFS <input type="checkbox"/> YES WAIVER <input type="checkbox"/> FAMILIES WITH VOICES	
---	--

CONSUMER NAME:	<u>Client, John</u>	DOB:	<u>01/01/2011</u>	CONSUMER ID #:	<u>99999</u>
ORGANIZATION NAME:	<u>Network Providers, Inc.</u>	ID #			
PROVIDER NAME:		ID#			
COORDINATOR:					

Name of organization that holds the provider contract with Integral Care
(if other than an individual provider)

If you are a provider with a contracted organization, then enter the organization ID number here. If you are an individual provider, then you may leave this field blank. In this example, an organization ID number is entered in this space.

PROVIDER SERVICE DELIVERY RECORD

<input type="checkbox"/> BHS SERVICES <input type="checkbox"/> IDD SERVICES <input type="checkbox"/> PASRR SERVICES <input type="checkbox"/> ECI <input type="checkbox"/> FAMILY DRUG TREATMENT COURT <input type="checkbox"/> THE CHILDREN'S PARTNERSHIP & YFAC <input checked="" type="checkbox"/> INTEGRAL CARE-CFS <input type="checkbox"/> YES WAIVER <input type="checkbox"/> FAMILIES WITH VOICES	
---	--

CONSUMER NAME:	<u>Client, John</u>	DOB:	<u>01/01/2011</u>	CONSUMER ID #:	<u>99999</u>
ORGANIZATION NAME:	<u>Network Providers, Inc.</u>	ID #	<u>1000000</u>		
PROVIDER NAME:		ID#			
COORDINATOR:					

ID # of organization that holds the provider contract with Integral Care
(if other than an individual provider)



The provider name is the name of the person who provided the service. If you are an individual provider, this is where you will enter your name on the form. Organizations have several providers, but only one provider name should be listed for each PSDR.

PROVIDER SERVICE DELIVERY RECORD

<input type="checkbox"/> BHS SERVICES <input type="checkbox"/> IDD SERVICES <input type="checkbox"/> PASRR SERVICES <input type="checkbox"/> ECI <input type="checkbox"/> FAMILY DRUG TREATMENT COURT <input type="checkbox"/> THE CHILDREN'S PARTNERSHIP & YFAC <input type="checkbox"/> INTEGRAL CARE-CFS <input type="checkbox"/> YES WAIVER <input type="checkbox"/> FAMILIES WITH VOICES
--

CONSUMER NAME: Client, John DOB: 01/01/2011 CONSUMER ID #: 99999

ORGANIZATION NAME: Network Providers, Inc. ID # 1000000

PROVIDER NAME: Jane Provider ID# _____

COORDINATOR: _____

Name of the person that provided the service

Next, enter the provider identification number. This should have been provided to you or your organization following credentialing approval.

PROVIDER SERVICE DELIVERY RECORD

<input type="checkbox"/> BHS SERVICES <input type="checkbox"/> IDD SERVICES <input type="checkbox"/> PASRR SERVICES <input type="checkbox"/> ECI <input type="checkbox"/> FAMILY DRUG TREATMENT COURT <input type="checkbox"/> THE CHILDREN'S PARTNERSHIP & YFAC <input type="checkbox"/> INTEGRAL CARE-CFS <input type="checkbox"/> YES WAIVER <input type="checkbox"/> FAMILIES WITH VOICES
--

CONSUMER NAME: Client, John DOB: 01/01/2011 CONSUMER ID #: 99999

ORGANIZATION NAME: Network Providers, Inc. ID # 1000000

PROVIDER NAME: Jane Provider ID# 1000001

COORDINATOR: _____

Contract identification number of the person who provided the service



On the coordinator line, enter the name of the coordinator who authorized services for this client. The coordinator may also be referred to as the “Care Coordinator” or the “Resource Authorizer.”

PROVIDER SERVICE DELIVERY RECORD

<input type="checkbox"/> BHS SERVICES <input type="checkbox"/> IDD SERVICES <input type="checkbox"/> PASRR SERVICES <input type="checkbox"/> ECI <input type="checkbox"/> FAMILY DRUG TREATMENT COURT <input type="checkbox"/> THE CHILDREN'S PARTNERSHIP & YFAC <input type="checkbox"/> INTEGRAL CARE-CFS <input type="checkbox"/> YES WAIVER <input type="checkbox"/> FAMILIES WITH VOICES
--

CONSUMER NAME: Client, John DOB: 01/01/2011 CONSUMER ID #: 99999

ORGANIZATION NAME: Network Providers, Inc. ID # 1000000

PROVIDER NAME: Jane Provider ID# 1000001

COORDINATOR: Susie Coordinator

Name of the Coordinator who authorized services
for this client

Scrolling down the PSDR, one line must be completed for every service event for this client within the billing period. For example, if mentoring services were provided to John Client four times in the month of October, then four lines would be completed on the PSDR. To start, enter the date of each service event in the MM/DD/YY format.

Ref	Service Date MM/DD/YY	Service Code	Start Time	Stop Time	Total Time	Person Contacted C=Client F=Family w/client G=Parent/Guardian O=Collateral X=Family w/o client	Place of Service H=Client Home M=Community S=School D=Detention P=Provider Home C=Office/facility	Contact F=Face T=Phone	Intensity R=Routine U=Urgent E=Emergent	Appt. Code 1=seen as scheduled 3=cancelled (by client) 4=no show (client) 7=cancelled (by provider)	Progress P= Progress NP= No Progress M= Maintenance R= Regression
1.	10/02/18										
2.											
3.											
4.											
5.											
6.											
7.											

Date of each service event



Now enter the service code for the event. In this example, 5532 is entered to indicate that a CFS mentoring service was provided. Service codes can be found on the provider's service authorization letters. Service codes are also listed in the Provider Service Directory along with rates, service definitions, and other pertinent information. The Provider Service Directory is located on the Integral Care website: www.integralcare.org. On the website, click on Provider Portal, Current Providers, and then Provider Service Directory.

Ref	Service Date MM/DD/YY	Service Code	Start Time	Stop Time	Total Time	Person Contacted C=Client F=Family w/client G=Parent/Guardian O=Collateral X=Family w/o client	Place of Service H=Client Home M=Community S=School D=Detention P=Provider Home C=Office/facility	Contact F=Face T=Phone	Intensity R=Routine U=Urgent E=Emergent	Appt. Code 1=seen as scheduled 3=cancelled (by client) 4=no show (client) 7=cancelled (by provider)	Progress P= Progress NP= No Progress M= Maintenance R= Regression
1.	10/02/18	5532									
2.											
3.											
4.											
5.											
6.											
7.											

Type of each service event (service code)

Enter the start and stop time for each service event in 15 minute increments. Then enter the total service time for the event. Event times should be rounded to the nearest 15 minutes. For example, 8 to 22 minutes of actual direct service time would equate to 15 minutes of service, 23 to 37 minutes of actual direct service time would equate to 30 minutes of service, and so forth. In this example the service start time was 2:15 p.m. and the service end time was 5:45 p.m. This service event was for three and a half hours, so 14 is entered under the total time.

Ref	Service Date MM/DD/YY	Service Code	Start Time	Stop Time	Total Time	Person Contacted C=Client F=Family w/client G=Parent/Guardian O=Collateral X=Family w/o client	Diagnosis	Service	Context	Intensity	Asst. Code	Progress P= Progress NP= No Progress M= Maintenance R= Regression
1.	10/02/18	5532	2:15 p.m.	5:45 p.m.	14							
2.												
3.												
4.												
5.												
6.												
7.												

Begin and end time of each service event
(rounded to the nearest 15 minutes)

- 1 total time = 8 minutes to 22 minutes of actual direct service time
- 2 total time = 23 minutes to 37 minutes of actual direct service time
- 3 total time = 38 minutes to 52 minutes of actual direct service time
- 4 total time = 53 minutes to 67 minutes of actual direct service time

Indicate on the note who was contacted during this service event. There are several code options for "Person Contacted." Code C for Client should be entered if the primary contact was a person receiving services from Integral Care or the Contracted Provider. Code F for Family with Client Present should be entered if the primary contact was the family of the Covered Individual and the Covered Individual was present. Family members would include a client's mother, father, brother, sister, etc. Code X for Family without Client Present should be entered if the primary contact was the family of the client while the client was not present. Code G for Parent/Guardian should be entered if the primary contact was the legal guardian of the Covered Individual. Code O for Collateral should be entered if the primary contact was any other person related to the Covered Individual such as teachers, caseworkers, parole officers, or landlords. Please be aware that most collateral contacts are not billable. If a collateral contact is billable, this will be indicated in the service definition. Service definitions can be found in the Provider Service Directory along with rates and other pertinent information. The Provider Service Directory is located on the Integral Care website: www.integralcare.org. On the website, click on Provider Portal, Current Providers, and then Provider Service Directory. If two or more codes apply to the service event, record the code that applies to the majority of time for that service event. In this example "C" for client is entered indicating that the majority of mentoring time was spent with just the client present.

Ref	Service	Service	Start	Stop	Total Time	Person Contacted C=Client F=Family w/client G=Parent/Guardian O=Collateral X=Family w/o client	Place of Service H=Client Home M=Community S=School D=Detention P=Provider Home C=Office/f	Contact F=Face T=Phone	Intensity R=Routine U=Urgent E=Emergent	Appt. Code 1=seen as scheduled 3=cancelled (by client) 4=no show (client)	Progress P= Progress NP= No Progress M= Maintenance R= Regression
<p>Person contacted (only one code can be entered per service event)</p> <ul style="list-style-type: none"> C – Client – A person receiving services from the Center or Contracted Provider F – Family w/Client Present – The family (mother, father, brother, sister, etc.) of the Covered Individual w/the Covered Individual present X – Family w/o Client Present – The family (mother, father, brother, sister, etc.) of the Covered Individual w/o the Covered Individual present 						C					

Person contacted (cont.'d)

- G** – Parent/Guardian - The legal guardian of the Covered Individual
- O** – Collateral – All other persons related to the Covered Individual (e.g. teachers, caseworkers, parole officers, landlords, etc.)



Enter one code for the place of service for the service event. There are several code options for “Place of Service.” Code C for Office/Facility should be entered if the service primarily took place at an Integral Care or Contracted Provider location. Code D for Detention Facility should be entered if the service primarily took place in a place such as a jail, juvenile detention facility, or leadership academy. Code H for Client’s Home should be entered if the service primarily took place in the home or residence of the Covered Individual/Family. Code M for Community should be entered for any location in the community such as a grocery store, bank, daycare, or recreation center. Code P for Service Provider’s Home should be entered if the service primarily took place at a certified provider residence. Code S for School should be entered if the service primarily took place in an educational facility. Again, if two or more codes apply, record the code that applies to the majority of time for that service event. In this example, the client was taken to the park for the service event so “M” for “Community” will be recorded on the PSDR.

[illegible]



Enter the type of contact for the service event. The codes that may be entered in this field are: F for Face-to-Face contact or T for Voice-to-Voice contact via telephone. Please note that telephone contact is not billable for most services. If voice-to-voice contact via telephone is billable, this will be indicated in the service definition. Service definitions can be found in the Provider Service Directory along with rates and other pertinent information. The Provider Service Directory is located on the Integral Care website: www.integralcare.org. On the website, click on Provider Portal, Current Providers, and then Provider Service Directory. Because mentoring is a face-to-face service, in this example the code “F” is entered in the documentation.

Ref	Service Date MM/DD/YY	Service Code	Start Time	Stop Time	Total Time	Person Contacted C=Client F=Family w/client G=Parent/Guardian	Place of Service H=Client Home M=Community S=School D=Detention Facility	Contact F=Face T=Phone	Intensity R=Routine U=Urgent E=Emergent	Appt. Code 1=seen as scheduled 3=cancelled (by client) 4=no show (client) 7=cancelled (by provider)	Progress P= Progress NP= No Progress M= Maintenance R= Regression
1.	10/02/18	5532	2:15	5:45				F			
2.											
3.											
4.											
5.											
6.											
7.											

Type of contact
(only one code can be
entered per service event)

- F – Face-to-Face – Face to Face contact
- T – Telephone– Voice to Voice contact via telephone

Enter a code for intensity of contact. A routine contact is a scheduled delivery of authorized plan services. An urgent contact occurs when there is a situation or condition that requires immediate attention within 24 hours and the Covered Individual/Family is not in immediate danger to themselves or others and is able to cooperate. An emergent contact occurs when there is a situation or condition that requires immediate attention within 4 hours or in which the Covered Individual/Family Member is at risk of harm to themselves or others; and/or exhibits acute onset of psychosis or severe thought disorganization; and/or is rendered unmanageable as a result of significant deterioration in a chronic behavioral condition. In this example, "R" is entered because the mentoring service provided was routine.

Ref	Service	Service	Start	Stop	Total	Person Contacted	Place of Service	Contact Face Phone	Intensity R=Routine U=Urgent E=Emergent	Appt. Code 1=seen as scheduled 3=cancelled (by client) 4=no show (client) 7=cancelled (by provider)	Progress P= Progress NP= No Progress M= Maintenance R= Regression
1									R		
2											
3											
4											
5											
6											
7											

Intensity of contact
(only one code can be entered per service event)

- R – Routine** – The scheduled delivery of authorized Plan services
- U – Urgent** – A situation or condition that requires immediate attention w/in 24 hours and the Covered Individual/Family Member is not in immediate danger to self or others and is able to cooperate
- E – Emergent** – A situation or condition that requires immediate attention within 4 hours or in which the Covered Individual/Family Member is at risk of harm to self or others; and/or exhibits acute onset of psychosis or severe thought disorganization; and/or is rendered unmanageable as a result of significant deterioration in a chronic behavioral condition

Enter one code for the type of appointment for the service event. There are several code options for “Type of Appointment.” Code 1 for Scheduled should be entered if the Covered Individual/Family Member was seen as scheduled. Code 3 for Cancelled by Consumer should be entered if the service was cancelled by the Covered Individual/Family Member. Code 7 for Cancelled by Provider should be entered for any service that was cancelled by the Contracted Provider. In these situations, the Contracted Provider must offer to make up the cancelled appointment with the Covered Individual/Family Member. Code 4 for No Show should be entered if the Covered Individual/Family Member did not show up for scheduled service provision. Please note that “No Shows” are not a billable service. In this example, the client was seen as scheduled so “1” for “Scheduled” will be recorded on the PSDR.

Ref	Service	Service	Start	Stop	Total	Person Contacted	Place of Service	Contact	Intensity	Appt. Code	Progress
									outine rgent urgent	1=seen as scheduled 3=cancelled (by client) 4=no show (client) 7=cancelled (by provider)	P= Progress NP= No Progress M= Maintenance R= Regression
										1	

Type of appointment
(only one code can be entered per service event)

- **1 – Scheduled – Covered Individual/Family Member was seen as scheduled**
- **3 – Cancelled by Consumer – Service that was cancelled by the Covered Individual/Family Member**
- **7 – Cancelled by Provider – Service that was cancelled by the Contracted Provider (The Contracted Provider must offer to make up the cancelled appointment with the Covered Individual/Family Member)**
- **4 – No Show – Covered Individual/Family Member did not show up for scheduled service provision**

Enter one code for the type of progress made during the service event. There are several code options for “Progress.” Code P for Progress should be entered if the Covered Individual/Family Member is improving his/her current level of behavior, skills, functioning, knowledge, or competency and is advancing toward the achievement of an identified plan goal/objective. Code NP for No Progress should be entered if the Covered Individual/Family Member is not improving his/her current level of behavior, skill, functioning, knowledge, or competency and is not advancing toward the achievement of the identified goal/objective. Code M for Maintenance should be entered if the Covered Individual is retaining his/her current level of behavior, skill, functioning, knowledge, or competency as specified by the identified plan goal/objective. Code R for Regression should be entered if the Covered Individual/Family Member is declining in his/her current level of behavior, skill, functioning, knowledge, or competency and is moving further away from the achievement of the identified plan goal/objective. In this example, the client demonstrated progress during the service event so “P” for “Progress” will be recorded on the PSDR.

Ref	Service	Service	Start	Stop	Total	Person Contacted	Place of Service	Contact	Intensity	Anpt Code			
<div><div><div>Progress (only one code can be entered per service event)</div><div><ul style="list-style-type: none">P – Progress – Covered Individual/Family Member is improving his/her current level of behavior/skill/functioning/knowledge/competency and is advancing toward the achievement of the identified plan goal/objectiveNP – No Progress – Covered Individual/Family member is not improving his/her current level of behavior/skill/functioning/knowledge/competency and is not advancing toward the achievement of the identified plan goal/objective</div></div><div><ul style="list-style-type: none">M – Maintenance – Covered individual is retaining his/her current level of behavior/skill/functioning/knowledge/competency as specified by the identified plan goal/objectiveR – Regression – Covered Individual/Family Member is declining in his/her current level of behavior/skill/functioning/knowledge/competency and is moving further away from the achievement of the identified plan goal/objective</div></div>												cluded	Progress P= Progress NP= No Progress M= Maintenance R= Regression
												P	

Here you can see a fully completed line for a service event on the PSDR from the example.

Ref	Service Date MM/DD/YY	Service Code	Start Time	Stop Time	Total Time	Person Contacted C=Client F=Family w/client G=Parent/Guardian O=Collateral X=Family w/o client	Place of Service H=Client Home M=Community S=School D=Detention P=Provider Home C=Office/facility	Contact F=Face T=Phone	Intensity R=Routine U=Urgent E=Emergent	Appt. Code 1=seen as scheduled 3=cancelled (by client) 4=no show (client) 7=cancelled (by provider)	Progress P= Progress NP= No Progress M= Maintenance R= Regression
1.	10/02/18	5532	2:15 p.m.	5:45 p.m.	14	C	M	F	R	1	P
2.											
3.											
4.											
5.											
6.											
7.											

Scrolling further down the PSDR, there are client goals or objectives that must be entered. Providers should obtain the goals/objectives from the Covered Individual's authorizing Coordinator. The Provider will not be paid for any services on a PSDR if that PSDR does not have the Covered Individual's goals/objectives for the service documented. Goals/objectives should be measureable and recorded on the PSDR exactly as they are written in the Child and Family Plan/Person Directed Plan. If more than three goals/objectives exist for a service, then the provider may record them on an additional sheet of paper and attach them to the PSDR. In this example, the Covered Individual has two goals for mentoring services. The first goal reads, "Client will have zero incidents of negative statements about themselves." The second goal reads, "Client will have zero panic attacks."

Plan of Care Goal or Person Directed Plan Objective (you must indicate the goal(s) for each service provided):

Goal/objective A:

Goal/objective B:

Goal/objective C:

- Obtain goals/objectives from authorizing coordinator
- Provider will not be paid for services on PSDR if goals/objectives are not documented
 - Goals/objectives should be measureable
- Goals/objectives should be recorded on PSDR as they are written in the client's plan.
- If there are more than 3 goals/objectives, record them on an additional piece of paper and attach it to the PSDR.

Next on the PSDR, there must be a descriptive narrative of each service event. Written narratives developed by the Provider are used to document the delivery of each service event. For billing purposes, the written narrative verifies the delivery of the service event. The written narrative is a record of the contact with the Covered Individual/Family and how the activities that were provided relate to the service goals/objectives. Notes should summarize the activities that occurred and the Covered Individual/Family's reaction to those activities. Activities documented should support the amount of time billed by the Provider. Each written narrative should indicate the Covered Individual's/Family's progress toward identified goal/objectives. The written narrative should also include any information about unique or significant circumstances that may have occurred during the service event and the actions taken by the Provider. For example, narratives should record the injury or illness of a Covered Individual/Family Member, events disrupting service delivery, or other events which affect service delivery or the health, safety, and welfare of a Covered Individual/Family Member. Narratives should be typed in black ink, should not include the use of ditto marks, should not be identical to previously submitted documentation, and include a wet signature for each service entry. To ensure that your service delivery narrative reflects a billable service, please reference the service definitions located in the Provider Service Directory on the Integral Care website.

REF #	DATE MM/DD/YY	SERVICE DELIVERY NOTES: <i>Provide reference #, goal of service, signature and date for each entry. Include statement of progress, no progress, maintenance, or regression. Include credentials after signature, if applicable.</i>	
		<ul style="list-style-type: none"> • Document each service event and how it relates to goals/objectives • Notes should include activities that occurred and client/family's reaction to the activities • Indicate any progress toward goals/objectives • Include info about any unique or significant circumstances that occurred 	<ul style="list-style-type: none"> • Notes should not include the use of ditto marks • Notes must not be identical to any previously submitted documentation • Each service entry must be signed

In this example, a “1” is entered under the Reference Number column indicating that this narrative corresponds to the Reference Number 1 service event listed previously on the PSDR. Next, a date is entered in the MM/DD/YY format. This date will also correspond to the service date indicated for the Reference Number 1 service event listed previously on the PSDR. Next a service delivery note is entered. Notice that the narrative describes where the service event took place, how the client responded to service provision, and how any progress was made on goals/objectives through the service event. The narrative also has the provider’s signature.

REF #	DATE MM/DD/YY	SERVICE DELIVERY NOTES: <i>Provide reference #, goal of service, signature and date for each entry. Include statement of progress, no progress, maintenance, or regression. Include credentials after signature, if applicable.</i>
1	10/02/18	<p>John and I drove to <u>Zilker</u> Park. We talked about his week during the drive. John told me that he got upset at school and had a panic attack. We discussed different techniques for staying calm when you're upset. At the park we played Frisbee and tag. John met a couple of other children and played tag with them. On our way back to the car, John and I talked about his experience playing with the other children. John told me that he is a “really slow runner and not very good at tag,” but continued on to say that he was proud that he was able to tag an older child. I told John that it sounded like he might not be so such a slow runner if he was able to tag an older child. John agreed that he must be improving at playing tag. He was pleased and told me that he had fun at the park. Progress on Goal A as evidenced by John’s ability to recognize an improvement in his own skills after making a negative statement.</p> <p style="text-align: right;"><i>Jane Provider</i></p>

Here's a second example of a service event. Again, start by entering the service date in the MM/DD/YY format. Next, enter the service code for the service event. In this example, another mentoring service was provided so the code 5532 is entered. Now enter the service start time and the service stop time. Then, enter the total time for the service event. In this example, the total time for the service event was 3 hours and 45 minutes so 15 is entered in the field for total time. Again, the majority of this service event took place with just the client present so "C" for Client is entered in the Person Contacted field. In this example the client was taken to a festival for the service event, so M for Community will be entered into the Place of Service field. Again, mentoring is face-to-face service "F" for face-to-face is entered in the Contact field. The mentoring service was a routine service event "R" for Routine is entered in the Intensity field. The client was seen as scheduled so "1" for Seen as Scheduled is entered as the appointment code. The client showed progress toward at least one identified goal so "P" for Progress is entered in the last field.

Ref	Service Date MM/DD/YY	Service Code	Start Time	Stop Time	Total Time	Person Contacted C=Client F=Family w/client G=Parent/Guardian O=Collateral X=Family w/o client	Place of Service H=Client Home M=Community S=School D=Detention P=Provider Home C=Office/facility	Contact F=Face T=Phone	Intensity R=Routine U=Urgent E=Emergent	Appt. Code 1=seen as scheduled 3=cancelled (by client) 4=no show (client) 7=cancelled (by provider)	Progress P= Progress NP= No Progress M= Maintenance R= Regression
1.	10/02/18	5532	2:15 p.m.	5:45 p.m.	14	C	M	F	R	1	P
2.	10/09/18	5532	2:15 p.m.	6:00 p.m.	15	C	M	F	R	1	P
3.											
4.											
5.											
6.											
7.											

Scrolling further down the PSDR, the client goals and objectives have already been entered so continue to descriptive narrative of the service event.

Plan of Care Goal or Person Directed Plan Objective (you must indicate the goal(s) for each service provided):

Goal/objective A: Client will have zero incidents of negative statements about themselves.

Goal/objective B: Client will have zero panic attacks.

Goal/objective C:

See the Reference Number Two service event as entered below.

REF #	DATE MM/DD/YY	SERVICE DELIVERY NOTES: Provide reference #, goal of service, signature and date for each entry. Include statement of progress, no progress, maintenance, or regression. Include credentials after signature, if applicable.
1	10/02/18	<p>John and I drove to <u>Zilker</u> Park. We talked about his week during the drive. John told me that he got upset at school and had a panic attack. We discussed different techniques for staying calm when you're upset. At the park we played Frisbee and tag. John met a couple of other children and played tag with them. On our way back to the car, John and I talked about his experience playing with the other children. John told me that he is a "really slow runner and not very good at tag," but continued on to say that he was proud that he was able to tag an older child. I told John that it sounded like he might not be so much a slow runner if he was able to tag an older child. John agreed that he must be improving at playing tag. He was pleased and told me that he had fun at the park. Progress on Goal A as evidenced by John's ability to recognize an improvement in his own skills after making a negative statement.</p> <p style="text-align: right;"><i>Jane Provider</i></p>
2	10/09/18	<p>John and I went to an Asian-American Family Festival. During the drive, John was very excited and had difficulty sitting still. When we got to the festival, John and I tried some new foods and watched various performers. John said that he liked to dance and tried to mimic the performers. We went outside and saw that there were some rides. John asked to go on some of the rides. While exiting the Ferris wheel, John tripped and fell on the ground. I inspected John and found a scrape on his knee. We located the first aid booth and cleaned and bandaged the area. I called John's mother to notify her of what had happened. On the way home, John told me, "I was so stupid to fall in front of the Ferris wheel like that...I mean, not stupid but I guess I should have been more careful." I agreed with John that it is important to be careful when getting on and off of rides. Progress on Goal A as evidenced by John rethinking his negative statement about himself and framing it in a different way. An incident report was submitted following this service event. <i>Jane Provider</i></p>

Here is one more example of a service event. Again, start by entering the service date in the MM/DD/YY format. Next, enter the service code for the service event. In this example, a team meeting service was provided so the code 5223 is entered. Now enter the service start time and the service stop time. Then, enter the total time for the service event. In this example, the total time for the service event was 1 hour and 15 minutes so 5 is entered in the field for total time. This service event took place with the client and the client's family present so "F" for Family with Client is entered in the Person Contacted field. In this example the team meeting took place in the client's home, so H for Client Home will be entered into the Place of Service field. Again, a team meeting is a face-to-face service so "F" for face-to-face is entered in the Contact field. The team meeting service was a routine service event so "R" for Routine is entered in the Intensity field. The client was seen as scheduled so "1" for Seen as Scheduled is entered as the appointment code. Because this service event was a team meeting, "M" for Maintenance is entered in the Progress field. Progress at team meeting service events should always be recorded as M for Maintenance on the PSDR.

Ref	Service Date MM/DD/YY	Service Code	Start Time	Stop Time	Total Time	Person Contacted C=Client F=Family w/client G=Parent/Guardian O=Collateral X=Family w/o client	Place of Service H=Client Home M=Community S=School D=Detention P=Provider Home C=Office/facility	Contact F=Face T=Phone	Intensity R=Routine U=Urgent E=Emergent	Appt. Code 1=seen as scheduled 3=cancelled (by client) 4=no show (client) 7=cancelled (by provider)	Progress P= Progress NP= No Progress M= Maintenance R= Regression
1.	10/02/18	5532	2:15 p.m.	5:45 p.m.	14	C	M	F	R	1	P
2.	10/09/18	5532	2:15 p.m.	6:00 p.m.	15	C	M	F	R	1	P
3.	10/16/18	5223	2:15 p.m.	3:30 p.m.	5	F	H	F	R	1	M
4.											
5.											
6.											
7.											

Again, scrolling further down the PSDR, the client goals and objectives have already been entered so we can continue to descriptive narrative of the service event.

Plan of Care Goal or Person Directed Plan Objective (you must indicate the goal(s) for each service provided):

Goal/objective A: **Client will have zero incidents of negative statements about themselves.**

Goal/objective B: **Client will have zero panic attacks.**

Goal/objective C:

See the Reference Number Three service event as entered below.

REF #	DATE MM/DD/YY	SERVICE DELIVERY NOTES: Provide reference #, goal of service, signature and date for each entry. Include statement of progress, no progress, maintenance, or regression. Include credentials after signature, if applicable.
2	10/09/18	John and I went to an Asian-American Family Festival. During the drive, John was very excited and had difficulty sitting still. When we got to the festival, John and I tried some new foods and watched various performers. John said that he liked to dance and tried to mimic the performers. We went outside and saw that there were some rides. John asked to go on some of the rides. While exiting the Ferris wheel, John tripped and fell on the ground. I inspected John and found a scrape on his knee. We located the first aid booth and cleaned and bandaged the area. I called John's mother to notify her of what had happened. On the way home, John told me, "I was so stupid to fall in front of the Ferris wheel like that...I mean, not stupid but I guess I should have been more careful." I agreed with John that it is important to be careful when getting on and off of rides. Progress on Goal A as evidenced by John rethinking his negative statement about himself and framing it in a different way. An incident report was submitted following this service event. <i>Jane Burdette</i>
3	10/16/18	I went to John's house for a team meeting. John, John's mom, and the Coordinator were present at the meeting. <i>Jane Burdette</i>



INSTRUCTIONS FOR PROVIDER INVOICE FORM

Provider Invoice First Page

(Use a separate invoice form for each program area checked below)

<input type="checkbox"/> BHS Services	<input type="checkbox"/> IDD SERVICES	<input type="checkbox"/> PASSRR SERVICES	<input type="checkbox"/> ECI	<input type="checkbox"/> FAMILY DRUG TREATMENT COURT	<input type="checkbox"/> THE CHILDREN'S PARTNERSHIP & TFAC	<input checked="" type="checkbox"/> Integral Care-CFS	<input type="checkbox"/> YES WAIVER	<input type="checkbox"/> Families with Voices
---------------------------------------	---------------------------------------	--	------------------------------	--	--	---	-------------------------------------	---

VENDOR INFORMATION:

Type of Provider - ☒ Organization ☐ Individual

ID Number/Name: _____

Email Address: _____

Address: _____

Telephone Number: _____

Tax ID # or Social Security #: _____

If Mailing Please Mail To:

SUBMIT TO:

Julia Hoffer

Integral Care

P.O. Box 3548

Austin, TX 78764

If Delivering in Person:

SUBMIT TO:

Julia Hoffer

Integral Care

1430 Collier St.

Austin, TX 78702

(512) 804-3174

Line No.	Auth #	Service Date	Client Name	ATCIC Case #	Service Code	Coordinator	Person Providing Service	# Units	Unit Rate	Line Total	FOR INTEGRAL CARE OFFICE USE ONLY			
											GL Acct. No.	Auth #	Unit #	Adjust.
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														

Authorized Provider Signature: _____

(Individual Provider, or Director of Provider Organization)

Date: _____

Integral Care Staff Signature: _____

Date: _____

Revised 4/12/10 Julia Hoffer

Page Subtotal	\$0.00
Less Co-pay (if applicable)	
Provider Page Total	\$0.00
Total All Pages	\$0.00
INVOICE TOTAL	\$0.00
Total Adjustments	
GRAND TOTAL PAID	\$0.00
Unit # _____ Fund # _____ Total _____	
Unit # _____ Fund # _____ Total _____	
Unit # _____ Fund # _____ Total _____	

Integral Care Office Use Only	
Pg. 1 Total	\$0.00
Pg. 2 Total	\$0.00
Pg. 3 Total	\$0.00
Pg. 4 Total	\$0.00
Pg. 5 Total	\$0.00

There are different invoice forms for each service division or program. Services must be billed on the correct invoice form as indicated at the top of the form. In this example, the invoice form is for Integral Care Child and Family Services.

Provider Invoice First Page

(Use a separate invoice form for each program area checked below)

<input type="checkbox"/> BHS Services	<input type="checkbox"/> IDD SERVICES	<input type="checkbox"/> PASSRR SERVICES	<input type="checkbox"/> ECI	<input type="checkbox"/> FAMILY DRUG TREATMENT COURT	<input type="checkbox"/> THE CHILDREN'S PARTNERSHIP & TFAC	<input checked="" type="checkbox"/> Integral Care-CFS	<input type="checkbox"/> YES WAIVER	<input type="checkbox"/> Families with Voices
---------------------------------------	---------------------------------------	--	------------------------------	--	--	---	-------------------------------------	---

VENDOR INFORMATION:

Type of Provider - ☒ Organization ☐ Individual

ID Number/Name: 1000000Network Providers, Inc.

Email Address: networkproviders@integralcare.com

Address: 3555 Provider Lane

Austin, TX 78701

Telephone Number: 512-555-5555

Tax ID # or Social Security #: 99-9999999

If Mailing Please Mail To:

SUBMIT TO:

Julia Hoffer

Integral Care

P.O. Box 3548

Austin, TX 78764

If Delivering in Person:

SUBMIT TO:

Julia Hoffer

Integral Care

1430 Collier St.

Austin, TX 78704

(512) 804-3174

Services must be billed on the correct invoice form.



Include all Provider identifying information requested at the top of the invoice including, whether the provider works with an organization or as an individual, Provider name, Provider ID number, email address, address, telephone number, tax ID # and social security #. In this example, the “vendor information” section of the invoice is fully completed.

Provider Invoice First Page

(Use a separate invoice form for each program area checked below)

<input type="checkbox"/> BH&S Services		<input type="checkbox"/> IDD SERVICES		<input type="checkbox"/> PASPR SERVICES		<input type="checkbox"/> ECI		<input type="checkbox"/> FAMILY DRUG TREATMENT COURT		<input type="checkbox"/> THE CHILDREN'S PARTNERSHIP & YFAC		<input checked="" type="checkbox"/> Integral Care-CPS		<input type="checkbox"/> YES WAIVER		<input type="checkbox"/> Families with Voices	
--	--	---------------------------------------	--	---	--	------------------------------	--	--	--	--	--	---	--	-------------------------------------	--	---	--

VENDOR INFORMATION: Type of Provider - <input checked="" type="checkbox"/> Organization <input type="checkbox"/> Individual ID Number Name: 1000000 Network Providers, Inc. Email Address: networkproviders@lakeemail.com Address: 889 Provider Lane Austin, TX 78701 Telephone Number: 512-555-5555 Tax ID # or Social Security #: 99-9999999				If Mailing Please Mail To: SUBMIT TO: Julia Heffer Integral Care P.O. Box 3548 Austin, TX 78764				If Delivering in Person: SUBMIT TO: Julia Heffer Integral Care 1430 Collier St. Austin, TX 78704 (512) 804-3074			
--	--	--	--	---	--	--	--	--	--	--	--

Include all Provider identifying information requested at the top of the invoice.

All questions regarding a claim should be directed to the Integral Care staff listed on the invoice. Claims must be submitted via Sharepoint or delivered in a sealed envelope to the correct Integral Care office responsible for processing that division’s claims. If delivering an invoice in person, there are secure outside drop boxes located at the front of the buildings listed on the invoice where billing can be turned in after hours. Billing must be submitted no later than the 3rd working day of the month following the month in which the services were provided. Billing mailed to Integral Care must be received at the appropriate Integral Care billing office by the 3rd working day of the month following the month in which services were provided. On this sample invoice, you can see that there is one address listed for invoice mailing and a different address listed for delivering an invoice in person.

Provider Invoice First Page

(Use a separate invoice form for each program area checked below)

<input type="checkbox"/> BH&S Services		<input type="checkbox"/> IDD SERVICES		<input type="checkbox"/> PASPR SERVICES		<input type="checkbox"/> ECI		<input type="checkbox"/> FAMILY DRUG TREATMENT COURT		<input type="checkbox"/> THE CHILDREN'S PARTNERSHIP & YFAC		<input checked="" type="checkbox"/> Integral Care-CPS		<input type="checkbox"/> YES WAIVER		<input type="checkbox"/> Families with Voices	
--	--	---------------------------------------	--	---	--	------------------------------	--	--	--	--	--	---	--	-------------------------------------	--	---	--

VENDOR INFORMATION: Type of Provider - <input checked="" type="checkbox"/> Organization <input type="checkbox"/> Individual ID Number Name: 1000000 Network Providers, Inc. Email Address: networkproviders@lakeemail.com Address: 889 Provider Lane Austin, TX 78701 Telephone Number: 512-555-5555 Tax ID # or Social Security #: 99-9999999				If Mailing Please Mail To: SUBMIT TO: Julia Heffer Integral Care P.O. Box 3548 Austin, TX 78764				If Delivering in Person: SUBMIT TO: Julia Heffer Integral Care 1430 Collier St. Austin, TX 78704 (512) 804-3074			
--	--	--	--	---	--	--	--	--	--	--	--

All questions regarding a claim should be directed to the Integral Care staff listed on the invoice.



Moving down the invoice, enter service dates and client names on the billing strip. The clients should be sorted alphabetically by last name.

Line No.	Auth #	Service Date	Consumer Name	ATCIC Case #	Service Code	Coordinator	Person Providing Service	# Units	Unit Rate	Line Total
1			Client, John							
2			Client, John							
3			Client, John							
4			Consumer, Jose							
5			Consumer, Jose							
6			Consumer, Jose							

Sort clients alphabetically by last name on the invoice.

Then each of the client's services should be sorted chronologically from the earliest date to the latest.

Line No.	Auth #	Service Date	Consumer Name	ATCIC Case #	Service Code	Coordinator	Person Providing Service	# Units	Unit Rate	Line Total
1		10/2/18	Client, John							
2		10/9/18	Client, John							
3		10/16/18	Client, John							
4		10/3/18	Consumer, Jose							
5		10/17/18	Consumer, Jose							
6		10/31/18	Consumer, Jose							

Then sort each client's services by chronological date from earliest to latest



Include an authorization number for each line of billed service. The authorization numbers on the invoice form must be the authorization numbers that cover the dates and service codes billed for.

Line No.	Auth #	Service Date	Consumer Name	ATCIC Case #	Service Code	Coordinator	Person Providing Service	# Units	Unit Rate	Line Total
1	99901	10/2/18	Client, John							
2	99901	10/9/18	Client, John							
3	99901	10/16/18	Client, John							
4	99902	10/3/18	Consumer, Jose							
5	99902	10/17/18	Consumer, Jose							
6	99902	10/31/18	Consumer, Jose							

Include authorization numbers for each line of billed service.

On the billing strip, under ATCIC Case #, enter the Client IDs for the client's served.

Line No.	Auth #	Service Date	Consumer Name	ATCIC Case #	Service Code	Coordinator	Person Providing Service	# Units	Unit Rate	Line Total
1	99901	10/2/18	Client, John	99999						
2	99901	10/9/18	Client, John	99999						
3	99901	10/16/18	Client, John	99999						
4	99902	10/3/18	Consumer, Jose	11111						
5	99902	10/17/18	Consumer, Jose	11111						
6	99902	10/31/18	Consumer, Jose	11111						

Enter the Client ID #s



Enter a service code for each service performed or select a service code from the dropdown menu on the billing spreadsheet. Service codes may be found on your authorization letters. Service codes are also listed in the Provider Service Directory along with rates, service definitions, and other pertinent information. The Provider Service Directory is located on the Integral Care website: www.integralcare.org. On the website, click on Provider Portal, Current Providers, and then Provider Service Directory. In this example, the service codes 5532 for individual mentoring and 5223 for team meetings have been entered.

Line No.	Auth #	Service Date	Consumer Name	ATCIC Case #	Service Code	Coordinator	Person Providing Service	# Units	Unit Rate	Line Total
1	99901	10/2/18	Client, John	99999	5532					
2	99901	10/9/18	Client, John	99999	5532					
3	99901	10/16/18	Client, John	99999	5223					
4	99902	10/3/18	Consumer, Jose	11111	5532					
5	99902	10/17/18	Consumer, Jose	11111	5532					
6	99902	10/31/18	Consumer, Jose	11111	5223					

Enter service codes for each service performed.

Next enter the name of the authorizing coordinator for each service event.

Line No.	Auth #	Service Date	Consumer Name	ATCIC Case #	Service Code	Coordinator	Person Providing Service	# Units	Unit Rate	Line Total
1	99901	10/2/18	Client, John	99999		Susie Coordinator				
2	99901	10/9/18	Client, John	99999		Susie Coordinator				
3	99901	10/16/18	Client, John	99999		Susie Coordinator				
4	99902	10/3/18	Consumer, Jose	11111		Ann Authorizer				
5	99902	10/17/18	Consumer, Jose	11111		Ann Authorizer				
6	99902	10/31/18	Consumer, Jose	11111		Ann Authorizer				

Enter the name of the authorizing coordinator for each service event.



Now enter the name of the person providing service for each service event. In this example, the invoice is completed for an organization. An organization has multiple network providers. In this case, more than one provider is listed as performing service events. An individual network provider would list their own name for each service event in this column.

Line No.	Auth #	Service Date	Consumer Name	ATCIC Case #	Service Code	Coordinator	Person Providing Service	# Units	Unit Rate	Line Total
1	99901	10/2/18	Client, John	99999	5532	Susie Coordinator	Jane Provider			
2	99901	10/9/18	Client, John	99999	5532	Susie Coordinator	Jane Provider			
3	99901	10/16/18	Client, John	99999	5223	Susie Coordinator	Jane Provider			
4	99902	10/3/18	Consumer, Jose	11111	5532	Ann Authorizer	Johnny Network			
5	99902	10/17/18	Consumer, Jose	11111	5532	Ann Authorizer	Johnny Network			
6	99902	10/31/18	Consumer, Jose	11111	5223	Ann Authorizer	Johnny Network			

Enter the name of the person providing service for each service event.

Record units as appropriate. The number of units for each service event should correspond to the total time recorded on the PSDR or PSDRs. In this example, each service unit is one (1) hour. Four (4) units or four (4) hours of time were spent on each mentoring event and one (1) unit or one (1) hour of time was spent in each team meeting event. Because the invoice forms are excel spreadsheets, when you enter the number of units into the billing spreadsheet, the rate and total will be automatically calculated based on the service code for the service event. For most services, one (1) unit will equal 15 minutes.. For services such as full-day respite or camp, one (1) unit will equal one (1) day. Units for each service code are listed in the Provider Service Directory along with rates, service definitions, and other pertinent information. The Provider Service Directory is located on the Integral Care website: www.integralcare.org. On the website, click on Provider Portal, Current Providers, and then Provider Service Directory. You may also contact providers@integralcare.org if you have any questions about service units.

Line No.	Auth #	Service Date	Client Name	ATCIC Case #	Service Code	Coordinator	Person Providing Service	# Units	Unit Rate	Line Total
1	99901	10/2/2018	Client, John	999999	5532	Susie Coordinator	Jane Provider	14	\$ 6.25	\$ 87.50
2	99901	10/9/2018	Client, John	999999	5532	Susie Coordinator	Jane Provider	15	\$ 6.25	\$ 93.75
3	99901	10/16/2018	Client, John	999999	5223	Susie Coordinator	Jane Provider	5	\$ 6.25	\$ 31.25
4	99902	10/3/2018	Consumer, Jose	111111	5532	Ann Authorizer	Johnny Network	16	\$ 6.25	\$ 100.00
5	99902	10/17/2018	Consumer, Jose	111111	5532	Ann Authorizer	Johnny Network	16	\$ 6.25	\$ 100.00
6	99902	10/31/2018	Consumer, Jose	111111	5223	Ann Authorizer	Johnny Network	4	\$ 6.25	\$ 25.00

Record units in increments as appropriate



At the bottom of the invoice spreadsheet, the page total and total of all pages (if the invoice has multiple pages) will be automatically calculated.

Authorized Provider Signature: (Individual Provider, or Director of Provider Organization)	Page Subtotal	\$437.50
Date:	Less Co-pays (if applicable)	
Integral Care Staff Signature:	Provider Page Total	\$437.50
Date:	Total All Pages	\$437.50
Revised 4/12/18 Julia Hoffer	INVOICE TOTAL	\$437.50
	Total Adjustments	
	GRAND TOTAL PAID	
	Unit # Fund # Total	
	Unit # Fund # Total	
	Unit # Fund # Total	
	Unit # Fund # Total	

Invoice totals will automatically calculate.

The individual provider or director of the provider organization must sign and date the bottom of the invoice. The invoice should be signed on or after the last day of service billed on the invoice.

Authorized Provider Signature: <i>Mary E. Hoffer</i>	Page Subtotal	\$437.50
Date: 11/1/2018	Less Co-pays (if applicable)	
Integral Care Staff Signature:	Provider Page Total	\$437.50
Date:	Total All Pages	\$437.50
Revised 4/12/18 Julia Hoffer	INVOICE TOTAL	\$437.50
	Total Adjustments	
	GRAND TOTAL PAID	
	Unit # Fund # Total	
	Unit # Fund # Total	
	Unit # Fund # Total	
	Unit # Fund # Total	

Sign and date the invoice.

ATTACHMENT C
HCFA 1500 INSTRUCTIONS

All claims must be received by the 5th working day of the month immediately following the month in which covered services were provided. Late claims are at risk of denial. If the claim form is not typed, please make sure each box is legible.

Please complete each box as follows:

- 1A Insured Identification Number
 - Enter the Consumer's Social Security number
- 2 Patient's Name
 - Enter the Consumer's last name, first name and middle initial
- 3 Patient's Birth Date
 - Enter the Consumer's date of birth and sex
- 5 Patient's Address
 - Enter the Consumer's permanent mailing address (telephone number, optional)
 - If the person is in a residential facility use that address
- 6 Patient's Relationship to Insured
 - Check the appropriate box to reflect Consumer relationship to insured
- 12 Consumer's Authorized Signature
 - The Consumer or authorized representative may sign this block. If a signed Consumer authorization form is kept on file in the provider's office, "Signature on File" may be entered.
- 21 Diagnosis (must be completed)
 - List the primary diagnosis on line 1 and secondary diagnosis on line 2, additional diagnoses are optional and may be listed on lines 3 and 4.
- 23 Prior Authorization Number
 - Enter Authorization number given by utilization manager for services provided (reference authorization letter)

24A Dates of Services

- Enter each separate date of services as six (6) digit numeric date (e.g. 09/01/11) under the “From” heading.
 - a. For inpatient services it can be for the total stay if consecutive: From: 09/01/11
To: 09/12/11.
 - b. For outpatient services the “To” date will be the same as the “From” date and it should be listed on a separate line.

24B Place of Service

- 11: Office
- 12: Home - Location other than a hospital or other facility, where the patient received care in a private residence (Transitional Housing)
- 55: Residential Substance Abuse Treatment Facility

24D Procedures

- Enter the appropriate procedure code. Please reference your authorization letter.

24F Charges

- Enter the charge for each service
- If there is more than one unit of service on a line, the charge for that line should be the total for all units.

24G Units or days

24J Rendering Provider

- Provider rendering the service (number provided by Credentialing).

25 Federal Tax ID Number

- Enter the Federal tax ID number of the individual, group or facility to who payment is to be made

28 Total Charge

- Enter the sum of the charges shown on all lines of Block 24F

32 Signature of Physician or Supplier

- Enter the signature of the provider

33 Address/Facility where service was rendered

- List the name of the facility or location where the services were rendered

34 Billing Provider Info & Phone

- Enter the name, address and telephone number of the group or facility to who payment is to be made.
- Name should correspond to the name associated with the Federal Tax ID number entered in Block 25



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

RCA										RCA									
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA <input type="checkbox"/> BLU/CRUISE <input type="checkbox"/> OTHER <input type="checkbox"/> <small>(Medicare) (Medicaid) (DoD) (Member DoD) (N/A) (N/A) (N/A)</small>										14. INSURED'S I.D. NUMBER <small>(For Programs in Item 1)</small> 									
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) 										3. PATIENT'S BIRTH DATE MM/DD/YYYY SEX <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O									
5. PATIENT'S ADDRESS (No. Street) 										4. INSURED'S NAME (Last Name, First Name, Middle Initial) 									
6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>										7. INSURED'S ADDRESS (No. Street) 									
CITY STATE ZIP CODE TELEPHONE (Include Area Code)										8. RESERVED FOR NUCC USE									
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 										10. IS PATIENT'S CONDITION RELATED TO a. EMPLOYMENT (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO b. AUTO ACCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO PLACE <input type="checkbox"/> YES <input type="checkbox"/> NO c. OTHER ACCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO									
11. INSURED'S POLICY GROUP OR FECA NUMBER 										12. INSURED'S DATE OF BIRTH MM/DD/YYYY SEX <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O									
13. INSURED'S POLICY PLAN NAME OR PROGRAM NAME 										14. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>If yes, complete items 9, 10, and 11.</small>									
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM. 15. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (Include full name, date of birth, address on back of form, and address for mail.) 16. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (Include full name, date of birth, address on back of form, and address for mail.)																			
SIGNED DATE										SIGNED DATE									
17. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (EMP) 18. OTHER DATE										19. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION									
20. NAME OF REFERRING PROVIDER OR OTHER SOURCE										21. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES									
22. ADDITIONAL CLINICAL INFORMATION (Describe condition, NUCC)										23. OUTSIDE LAB <input type="checkbox"/> YES <input type="checkbox"/> NO CHARGES									
24. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Write A-L to version 10/01/04) ICD-9										25. RESUBMISSION CODE ORIGINAL RPT. NO.									
26. PRIOR AUTHORIZATION NUMBER																			
27. A. DATE OF SERVICE B. PLACE OF SERVICE C. PROCEDURE D. SUPPLIER E. DIAGNOSIS F. CHARGES G. AMOUNT PAID H. PROVIDER'S PROVIDER ID																			
1 10/1/18 10/1/18 H0020 17.00 1 NPI																			
2																			
3																			
4																			
5																			
6																			
28. FEDERAL TAX I.D. NUMBER SSN EIN 29. PATIENT'S ACCOUNT NO. 30. ACCEPT ASSIGNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO 31. TOTAL CHARGE 32. AMOUNT PAID 33. Rptd for NUCC Use																			
34. SIGNATURE OF PHYSICIAN OR SUPPLIER (Including degrees or credentials) 35. SERVICE FACILITY LOCATION INFORMATION 36. BILLING PROVIDER INFO & PH																			
SIGNED DATE																			

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE CR061653 APPROVED OMB-C938-1197 FORM 1500 (02-12)

ATTACHMENT D



Incident Report Training Manual

An Explanation of How to Use the System

Quality Management/ CQC Committee

Contents

INTRODUCTION

<u>INCIDENT REPORT ACCESS</u>	62
<u>Integral Care STAFF INSTRUCTIONS</u>	62
<u>OTHER IMPORTANT NOTES</u>	63
<u>Integral Care STAFF SIGN-IN PROCESS</u>	63
<u>NETWORK PROVIDER SIGN IN PROCESS</u>	64
<u>POSSIBLE SIGN IN ISSUES</u>	66
<u>401 Unauthorized: Access is denied Error</u>	66
<u>FILING AN INCIDENT REPORT</u>	67
<u>VARIOUS EXPLANATIONS</u>	67
<u>OPENING A NEW INCIDENT REPORT</u>	68
<u>FOR INCIDENTS INVOLVING EMPLOYEES</u>	68
<u>FOR INCIDENTS INVOLVING CONSUMERS/OTHERS</u>	69
<u>TIME AND DATE INFORMATION</u>	70
<u>SELECTION OF TYPES OF INCIDENTS</u>	70
<u>CONSUMERS</u>	71
<u>EMPLOYEES</u>	72
<u>LEGAL</u>	73
<u>ENVIRONMENT OF CARE</u>	75
<u>HEALTH AND WELLNESS</u>	76
<u>CONTRACTORS AND VENDORS</u>	78
<u>YOUR INFORMATION</u>	78
<u>INCIDENT INFORMATION</u>	78
<u>PROGRAM IMPACTED</u>	78
<u>INCIDENT ADDRESS</u>	79
<u>LOCATION DETAILS</u>	79
<u>INCIDENT SPECIFICS</u>	80
<u>SPECIAL NOTE</u>	80
<u>INSIDE ASSISTANCE</u>	80

<u>OUTSIDE ASSISTANCE</u>	81
---------------------------------	----

<u>REPORT INFORMATION</u>	81
<u>INFORMATION FOR “OTHER”</u>	81
<u>ATTACHMENTS</u>	82
<u>ADDITIONAL IMPORTANT CLIENT INFORMATION</u>	82
<u>AUTOMATIC INFORMATION</u>	83
<u>DRAFT AND SAVE INCIDENT REPORTS</u>	83
<u>SAVING YOUR REPORT</u>	84
<u>MISSING REQUIRED INFORMATION</u>	84
<u>INCIDENT REPORT FOLLOW UP</u>	85
<u>EMAIL NOTIFICATIONS</u>	85
<u>INCIDENT REPORT FOLLOW UP</u>	86
<u>FREQUENTLY ASKED QUESTIONS</u>	88



Introduction

Incident Reports are an essential part of the daily operations at Integral Care. All Staff, Interns, Volunteers and Network Providers are required to submit Incident Reports about events or actions that occur that could adversely impact the agency, you, a client, contractor, external provider or visitor. Each Incident type is also a key indicator of how well we respond and prevent future occurrences of similar events.

The submission of the Incident Report creates a stream of activities by other staff members to take action. Ultimately each Incident Report becomes an important start point for the continuous review of our daily work life at Integral Care. Incident Reports are studied within the agency to verify our processes are robust or require improvements, to note trends and to provide opportunities for continuous improvement.

Well-written Incident Reports and Follow up are records we present to our agency accreditor Joint Commission and other auditors or investigators. These records are proof of our due diligence and commitment to document events which occur in the agency and actions taken.

The following Incident Reporting system was designed by your fellow Integral Care members to provide clear and meaningful required information. This system is also a work in progress and will continue to evolve as the agency evolves as part of Integral Care's Continuous Quality Improvement Commitment. Suggestions for improvements are always encouraged and welcome.



Incident Report Access

Integral Care STAFF INSTRUCTIONS

For Integral Care staff two options exist for signing in to the Incident Reporting System:

Via the Integral Care Application Launcher:



Select this Icon:

OR:

If you are accessing the system from home or outside of an Integral Care facility, you must go to the integralcare.org website, choose STAFF LOGIN.



Staff Login

Select this Icon:



Browse until you locate these selections:

INCIDENT REPORTING
File an Incident Report
For Integral Care staff, you'll need your Integral Care login information.
[FILE INCIDENT REPORT](#)

OTHER IMPORTANT NOTES

- Please note that the Incident Report program requires Internet Explorer to ensure smooth operation of the program. Firefox and Chrome do not work correctly, and your best choice is Internet Explorer which is the official web browser for Integral Care.
- If you change your password and your password is saved on the Incident Report program you must retype in your new password or you may receive a credentialing error and must start over and input our Integral Care identification information and your current system password.

Integral Care STAFF SIGN-IN PROCESS

As Integral Care Staff no matter if you are inputting an Incident Report, or simply accessing the system for follow-up or to review your reports, your user information is the same for logging into the Integral Care system. ALL Integral Care staff including volunteers must sign-in to the Incident Software system to ensure all the work groups are complete for follow-up and notification.



STAFF [CLICK](#) Integral Care Log- In

A screenshot of the Integral Care login page. On the left, a sidebar contains a "Please log in" section with a "ATCIC Log-In" button and a "Show Service Login" button. A green arrow points to the "ATCIC Log-In" button, and a yellow arrow points to the "Show Service Login" button. The main content area features the Austin Travis County Integral Care logo, contact information (1430 Collier St, Austin, TX 78704, (512) 447-4141 - www.integralcare.org), and a "CIP Reporting v6.3.204" header. Below this is a "CIP Reporting News" section with two articles: "08/04/2014 11:42:40 - Create Your Own Custom Help Pages" and "07/31/2014 22:03:42 - Who Classifies Your Incidents and Occurrences and Do You Trust Them".

Note: Do not click Show Provider Log In. This login is for Network Providers.

Your Sign In form appears:

A screenshot of the "Sign In" form. The form is titled "Sign In" and features the Austin Travis County Integral Care logo. Below the logo is the URL "cloud.atcic.org". The form contains a "Type your user name and password." section with two input fields: "User name:" and "Password:". The "User name:" field contains the text "MLMOSCAL" and has an "Example: Domain\username" label. The "Password:" field is masked with dots. A "Sign In" button is located to the right of the password field. A red arrow points to the "Sign In" button.

Fill-in Information (Same as your Integral Care log-in) and [CLICK](#) Sign In

NETWORK PROVIDER SIGN IN PROCESS

ALL Network Providers are required to submit Incident Reports for all events with Integral Care clients that occur at your residence or facility or the facility that you are working within. In order to submit Incident Reports you must have a user sign-in and password. This information is available from the Managed Care Database Administrator at (512) 440-4085 or the Quality Manager at (512) 440-4049.

Once you have the required sign-in information, you will take the following steps:

On your computer screen browser type: <http://www.integralcare.org/>



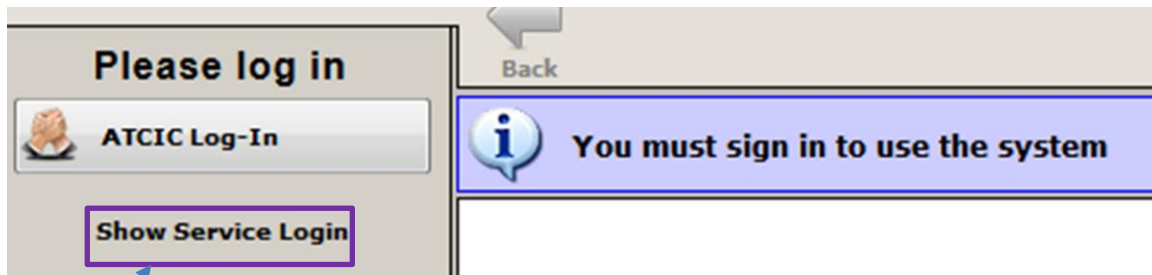
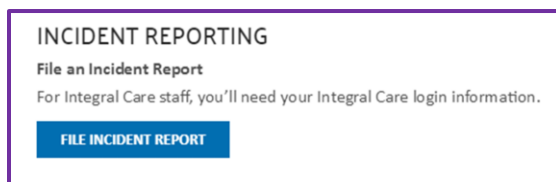
When you click Enter you will have the Integral Care website. Locate the Staff Login Icon at the bottom of the page.



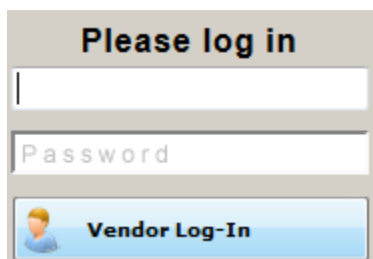
CLICK STAFF LOGIN

Locate the Section for *Individual Logins for Web-Based Software Using an Internet Brower* section and scroll down until you locate the *Incident Reporting* Section.

Locate:



CLICK Show Service Log-In



Fill in your User Name and Password and **Click Vendor Log-in**. The rest of the following information is applicable on filling out this Incident Report.

POSSIBLE SIGN IN ISSUES

401 Unauthorized: Access is denied Error

Server Error

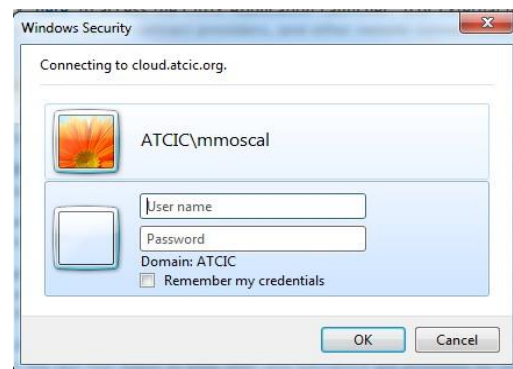
401 - Unauthorized: Access is denied due to invalid credentials.

You do not have permission to view this directory or page using the credentials that you supplied.

This Error Message will occur when a staff member's Integral Care network password has expired. Staff must reset their network (computer) password and use the new password to log into CIP system. Often a computer has to be rebooted (please save all your work before you reboot your computer) before the Incident Report program will allow access.



Screen #1



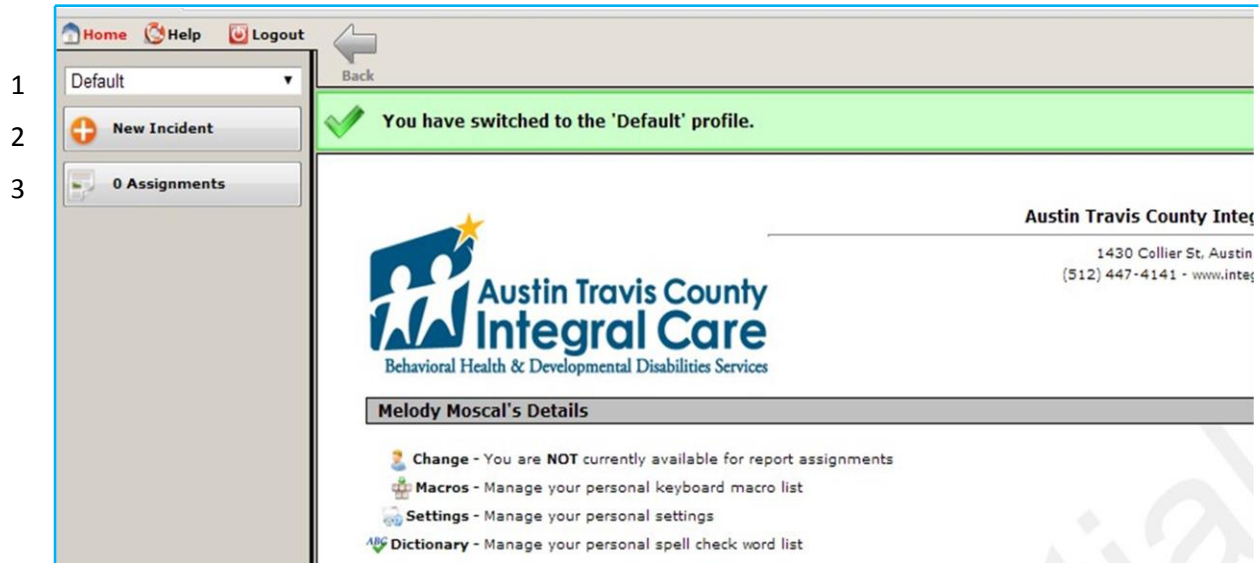
Screen #2

When this screen appears you must click [Use another account](#) and type in your sign-in information used for accessing your email and Integral Care system or for Network Providers the user ID and password assigned.

Please make sure you are using Microsoft Explorer as your web browser because the Incident Report Software is not completely compatible with Firefox or Chrome and may give you error messages and deny access to the Incident Report Program.

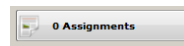
FILING AN INCIDENT REPORT

After Sign-In the following screen appears:



VARIOUS EXPLANATIONS

- 1: Default: The profile you are currently accessing in the Incident Software. All Integral Care staff and Network Providers have access and will be placed automatically in the Default mode. If your position is supervisory you may have assignments because of incident reports filed by staff members.
- 2: New Incident: The option pressed to input a New Incident into the system.
- 3: Assignments: The number of Incident Reports assigned to you for action (Default users have normally do not have assignments, but if further information on your incident report is required, you could have an assignment).



Please Be Advised:

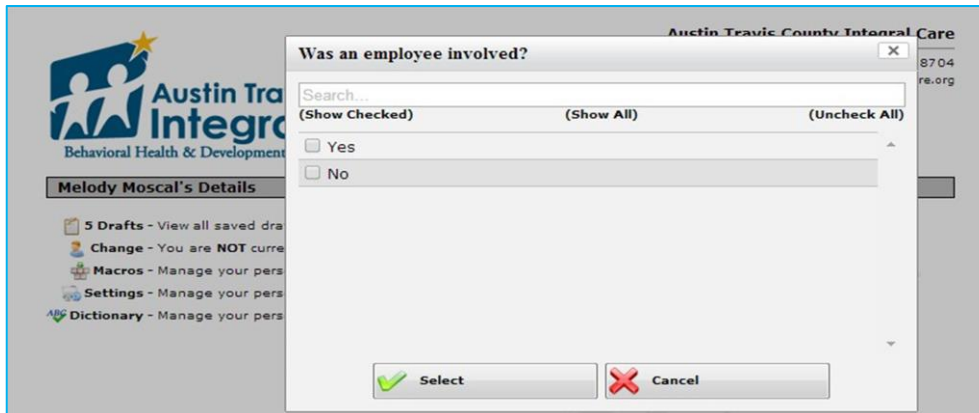
All Incident Report information is confidential and privileged and must meet the requirements of HIPAA. Printing is not allowed due to the nature of these documents. Violations in confidentiality from the misuse of this confidential information will be reported to the Integral Care HIPAA Representative for review and action.

OPENING A NEW INCIDENT REPORT

To start a new Incident the System will ask you about two groups of people: Employee or Non-Employee, in order to add identifying information about the people involved in the incident. Response to the questions yes or no will determine which screens appear for Employees or Non-Employees. When more than one person is involved staff or non-employee, you have the ability to add more people later in the process.

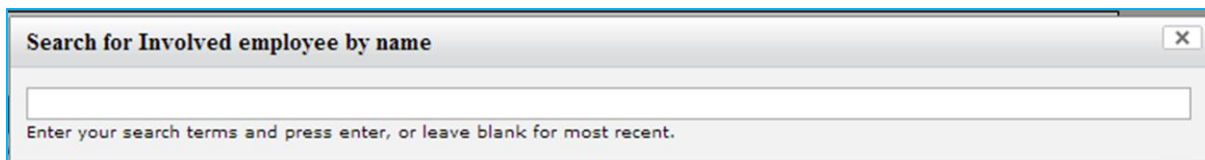
FOR INCIDENTS INVOLVING EMPLOYEES

This is the first screen that appears requiring a yes or no answer.



The screenshot shows a web application interface for 'Austin Travis County Integral Care'. A modal dialog box titled 'Was an employee involved?' is open. The dialog has a search bar at the top, followed by '(Show Checked)' and '(Show All)' links, and '(Uncheck All)' at the bottom right. Below these are two checkboxes: 'Yes' and 'No'. At the bottom of the dialog are 'Select' and 'Cancel' buttons. The background interface shows the Integral Care logo, the text 'Behavioral Health & Development', and a sidebar menu with items like 'Melody Moscal's Details', '5 Drafts', 'Change', 'Macros', 'Settings', and 'Dictionary'.

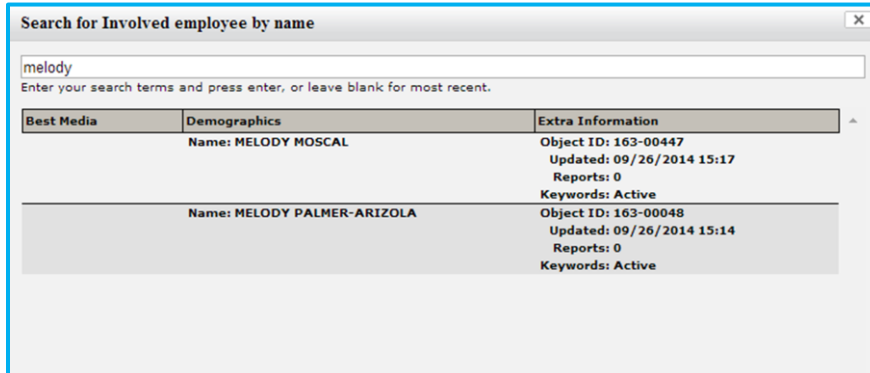
CLICK YES if an Integral Care Employee is involved (including yourself if you are writing an incident report about yourself). The Integral Care Employee or you **MUST** be the reason for the Incident such as “You had a vehicle accident”, or “Integral Care Employee fell”, you would click yes. If you simply witnessed or assisted in an Incident the answer would be **NO**.



The screenshot shows a dialog box titled 'Search for Involved employee by name'. It has a search bar and a prompt below it that says 'Enter your search terms and press enter, or leave blank for most recent.' There is a close button in the top right corner.

If you **Click YES** this screen appears.

Type in the whole name, first name or last name to search for the staff member. You must type the name correctly or the system will not recognize the name. If you are unsure on spelling Outlook has a directory of names when you hit new email.

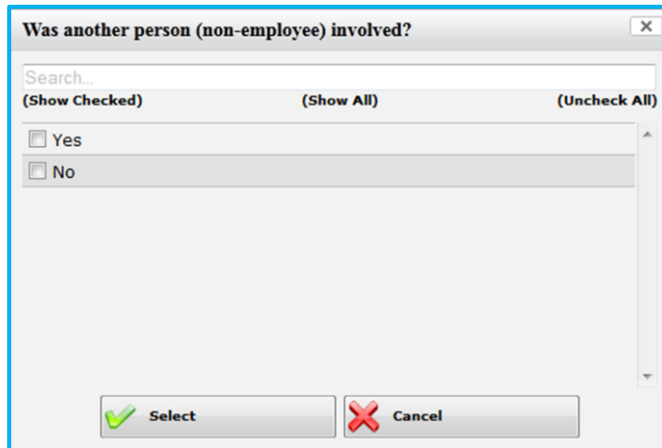


Best Media	Demographics	Extra Information
	Name: MELODY MOSCAL	Object ID: 163-00447 Updated: 09/26/2014 15:17 Reports: 0 Keywords: Active
	Name: MELODY PALMER-ARIZOLA	Object ID: 163-00048 Updated: 09/26/2014 15:14 Reports: 0 Keywords: Active

When a name is highlighted and clicked, the Incident form is automatically filled in with the name. If more than one staff member is directly involved you can add additional names later in the body of the incident report.

FOR INCIDENTS INVOLVING CONSUMERS/OTHERS

When you Click NO to the question of was an Employee involved or if you click yes and select an employee name, the following screen appears:





Was another person (non-employee) involved?

Search...

(Show Checked) (Show All) (Uncheck All)

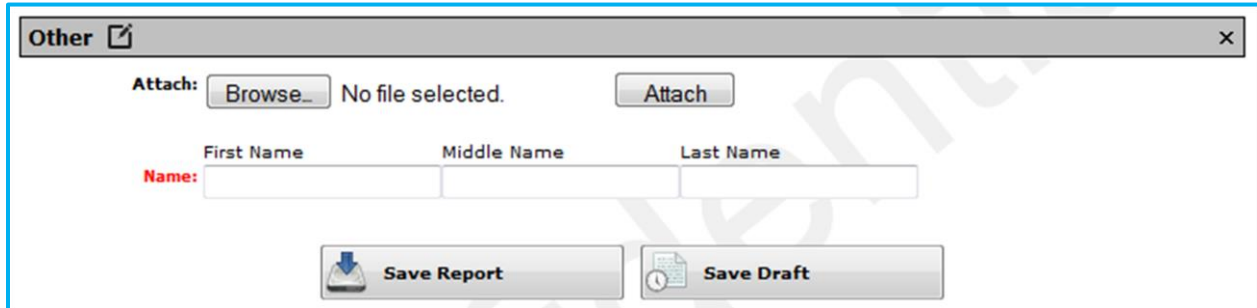
☐ Yes

☐ No

 **Select**  **Cancel**

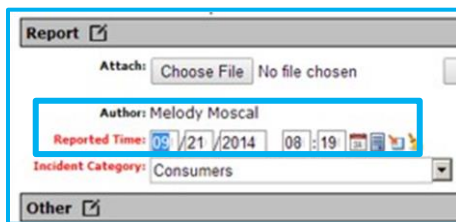
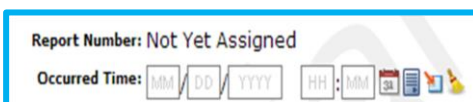
Click NO: The program will go into the main incident form for you to input all necessary information.

Click YES: You will have a blank area to input the name of the person involved. When a consumer is involved additional information will be required and will be explained in detail on page 26 of this manual. You cannot use the search function because the function was disabled to remain HIPAA compliant.



TIME AND DATE INFORMATION

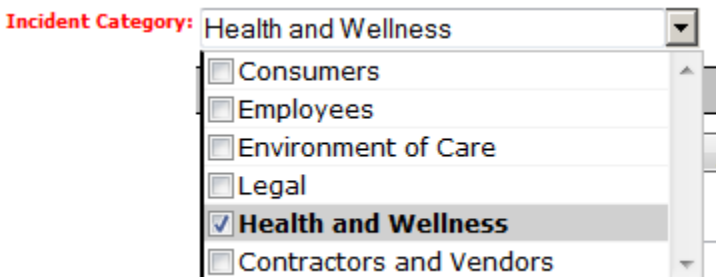
All Incident Reports have two times listed. The first time that is automatically filled in is the time you started your incident report. The second time is the time that the incident actually took place. The information in those boxes is blank and requires your input. Although the system may not flag that you have not put in the time the incident occurs you are required to provide this information.


1. Calendar sets date and time
2. Not Used Sets Future Date
3. Sets the Current Time to the Second
4. Clears Date and Time

SELECTION OF TYPES OF INCIDENTS

The selection of Type of Incident is critical to the accuracy of the Incident Report. Integral Care utilizes six distinct Incident Categories with a second drop down menu associated for Type of Incident for each Category.





The Clinical Quality Committee has endeavored to put as many incident types as possible into this system. If you believe you have a unique incident that does not “fit” any of the types listed, please contact the Quality Manager or Managed Care Database Administrator for assistance.

Most Types of Incidents are self-explanatory, but some incident types require more explanation, or have additional paperwork/actions that must be completed when filing a report. This section is under development and will be updated to include more information or criteria. Please contact Quality Management if you have questions or suggestions.

CONSUMERS

A screenshot of a web-based incident reporting form. The form has a purple border. At the top left, there is a label "Incident Category:" in red, followed by a dropdown menu showing "Consumers". To the right of this is another label "Type of Incident:" in red, followed by a dropdown menu. This menu is open, showing a list of incident types with checkboxes: Assault, Behavioral Emergencies, Behavioral Incidents, Injuries, Left AMA, Missing from Location, Near Miss, and Police Issue. The "Police Issue" option is currently selected and highlighted in grey. A large, faint "d Co" watermark is visible across the center of the form.

ASSAULT:

- Client is physically assaulted by a client, staff, or other person

BEHAVIORAL EMERGENCIES:

- Client's behavior causes injury to self, other Clients, and/or staff.
- Client physically assaults another client, staff, or other individual.
- Client's behavior causes damage to property.
- Any behavior requiring the use of a Prevention and Management of Aggressive Behavior (PMAB) physical hold.
- Law enforcement personnel are called because of behaviors.
- Suicide attempts or gestures.

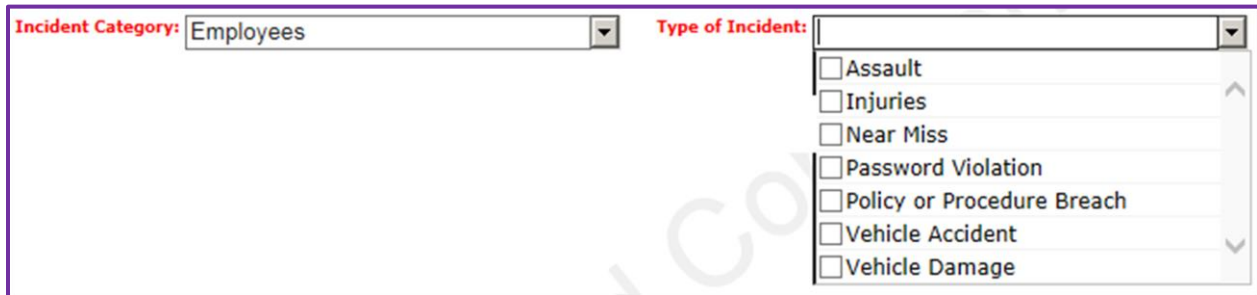
BEHAVIORAL INCIDENTS:

- Behaviors that do not cause injury, but could have potentially caused injury.
- Behaviors that are resolved by redirection.
- Behaviors that require staff intervention but are resolved without injury, damage or the presence of outside authorities.

POLICE ISSUE:

- Any illegal drug use by a client on Center property, receiving a service, or taking part in a Center sponsored activity.
- Any serious incident that is unusual, lengthy, serious, or involves illegal activity.

EMPLOYEES



Incident Category: Employees

Type of Incident:

- ☐ Assault
- ☐ Injuries
- ☐ Near Miss
- ☐ Password Violation
- ☐ Policy or Procedure Breach
- ☐ Vehicle Accident
- ☐ Vehicle Damage

EMPLOYEE INJURIES: Employee Injuries require an incident report and include:

- Fractures
- Dislocation of joints
- Internal injuries
- Contusions (bruises)
- Concussions
- Burns
- Lacerations (cuts, severe scratches)

The First Report of Injury, Worker's Compensation documentation is to be initiated immediately for employee accidents, injuries, and infection exposures by contacting the Risk and Manager, Rod Gibbs, at 512 447-4141

- The First Report of Injury is located on the Integral Care Application Launcher clicking and selecting once in Sharepoint System



PASSWORD VIOLATIONS:

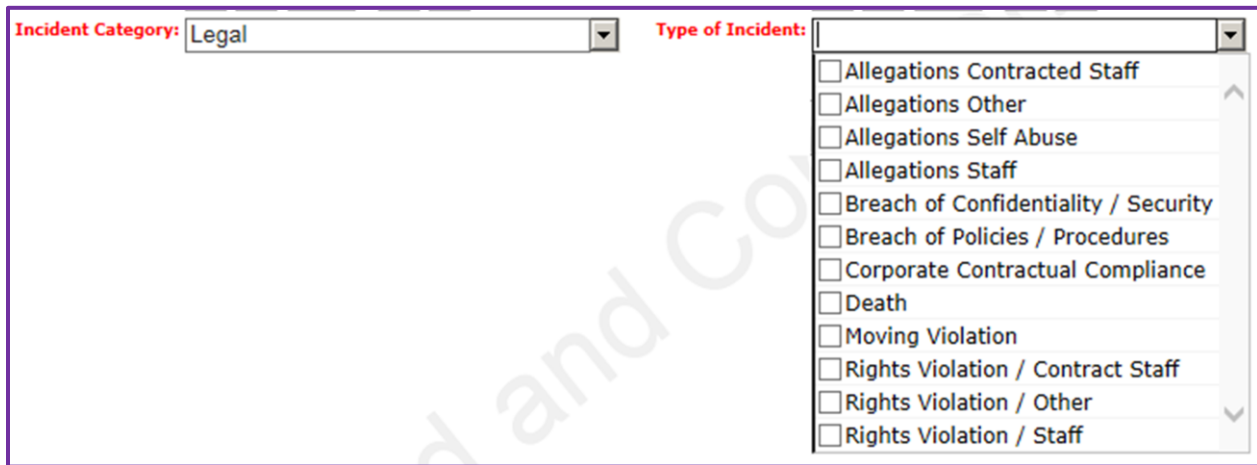
- Never leave your written password in a public place where anyone can view it, and never share

or give your password to another person for usage. If you see this situation this occurring, you must file an Incident Report.

VEHICLE ACCIDENTS:

- Vehicle accidents must be reported on Incident reports. Other required actions when vehicle accidents must be documented on the Incident Report including the notification of the accident to the Risk and Safety Manager Rod Gibbs, any direction given such as if a medical examination is required or drug testing.

LEGAL



The screenshot shows a web form for reporting incidents. The 'Incident Category' dropdown is set to 'Legal'. The 'Type of Incident' dropdown is open, showing a list of options with checkboxes:

- ☐ Allegations Contracted Staff
- ☐ Allegations Other
- ☐ Allegations Self Abuse
- ☐ Allegations Staff
- ☐ Breach of Confidentiality / Security
- ☐ Breach of Policies / Procedures
- ☐ Corporate Contractual Compliance
- ☐ Death
- ☐ Moving Violation
- ☐ Rights Violation / Contract Staff
- ☐ Rights Violation / Other
- ☐ Rights Violation / Staff

Breach and Compliance Issues must be reported so that Integral Care can investigate to understand the validity, the risk and provide direction for corrective actions that must take place. All Legal Incidents must be reported to also ensure that the Executive Management Team is aware of these incidents and provide guidance wherever needed on the incidents resolutions.

ALLEGATIONS AND RIGHTS VIOLATIONS

- Physical, sexual, or verbal abuse, neglect or exploitation (by provider or others) as defined by Integral Care Client Abuse, Neglect, Exploitation Procedure (10.03 Title: Prohibition of Client Abuse, Neglect and Exploitation)
- Rights violation as defined by Integral Care Client Rights Procedure (10.07 Title: Prohibition of Client Rights and Violations)

Additional information for Rights related issues:

- An immediate verbal report regarding allegation of abuse, neglect, and rights violations must be made to the Ombudsman. Providers also are to notify the Program Manager, Associate Director,



or supervisor.

- A report to external agencies (DFPS) is to be made immediately as specified in the Integral Care Client Rights procedures, or as instructed by the Ombudsman. **You must record the DFPS/Other Agency report number on your report.** The field to enter this number is at the bottom of the Follow-



Up Tab. If you do not have access to this tab, simply record the report number in the Comments field on the Incident tab.

BREACH OF CONFIDENTIALITY/SECURITY

1. When a Client's Protected Health Information is released without a completed Consent to Release information as defined in the [Integral Care Confidentiality of Clinical Records and other Identifying Information Procedure. \(10.05 Title: Confidentiality of Clinical Records and Other Client Identifying Information\)](#)
2. **Additional information for unauthorized release of PHI:**
 - Reports of disclosures without authorization are to be recorded in an Electronic Medical Record progress note. This documentation should include date, time, circumstances surrounding the need for disclosure, names and relationship of persons to whom information was disclosed and the specific information disclosed.

CORPORATE CONTRACTUAL COMPLIANCE:

- Lack of data integrity in data collection procedures.
- Data does not meet contractual definitions of data to be provided.
- Information submitted outside of specified means or time line.
- Billing strips do not have clinical documentation for verification.
- Clinical record documentation does not support service code billed.
- Treatment plan does not cover service done.

Additional information for Data Collection and Submission Regulations Incidents:

- If supervisor suspects intentional misreporting or the error could result in fines or penalties, they assign the report to the Corporate Compliance Officer or their Associate Director or Director for follow-up.

DEATH:

- All deaths that occurred on the premises of an INTEGRAL CARE funded or contracted program.
- All deaths that occurred while or within 30 days of the individual receiving services or participating in INTEGRAL CARE funded or contracted program activities.
- Other conditions that suggest the death may reasonably have been related to the individual's care or activities as part of INTEGRAL CARE services or programs.

- Although the death may not reasonably related to the individual's care or activities as part of INTEGRAL CARE services or programs, a review of the death may be warranted.
- The cause of the death is uncertain.

SENTINEL EVENTS

Death can be a major source of Sentinel Events. Our Accrediting Agency, Joint Commission requires Sentinel Events to be reported that are generated from Incident Reports. Sentinel events are defined by the Joint Commission as:

"A Sentinel Event is defined by The Joint Commission as any unanticipated event in a healthcare setting resulting in death or serious physical or psychological injury to a patient or patients, not related to the natural course of the patient's illness. Sentinel events specifically include loss of a limb or gross motor function, and any event for which a recurrence would carry a risk of a serious adverse outcome. Sentinel events are identified under TJC accreditation policies to help aid in root cause analysis and to assist in development of preventative measures. The Joint Commission tracks events in a database to ensure events are adequately analyzed and undesirable trends or decreases in performance are caught early and mitigated."

ENVIRONMENT OF CARE



Incident Category: Environment of Care

Type of Incident:

- ☐ Fire
- ☐ Hazardous Materials
- ☐ Infestations
- ☐ Mold
- ☐ Property Damage
- ☐ Property Missing/Theft
- ☐ Security
- ☐ Water
- ☐ Wind

HAZARDOUS MATERIALS

- Unsafe storage or treatment of hazardous materials.

INFESTATIONS

- Infestations include, bedbugs, rats, mice, and lice.

PROPERTY DAMAGE

- Most categories are self-explanatory.
- Damage caused by Consumers such as smoke detector tampering, furniture broken or ripped, sinks or other fixtures (requiring ASRs for Facilities Department notification/action).

SECURITY

- Doors are left unlocked.
- Employees sharing keys or fobs.

- Reporting loss of keys or fobs.

HEALTH AND WELLNESS

Incident Category: Health and Wellness

Type of Incident:

☐ Allergic Reaction
☐ Client Illness
☐ Employee Illness
☐ Infectious Exposure
☐ Medication Loss
☐ Near Miss
☐ Nurse Administered Error
☐ Prescribing Conflict/Confusion/Chan
☐ Process Issue
☐ Procurement Loss
☐ Refusal
☐ Self-Medication Error
☐ Staff Illness
☐ Used Needle Stick
☐ Wrong Medicine

CLIENT ILLNESS: Client illnesses must have Incident Reports written. Types of Illnesses to be reported are:

ANTHRAX	HEPATITIS A,B or C
ARBOVIRUS	HERPES SIMPLEX (COLD SORES)
BOTULISM	HIV/AIDS
BRUCELLOSIS	IMPETIGO
CAMPYLOBACTERIOSIS	LICE (HEAD / BODY)
CHICKENPOX	MEASLES
CHLAMYDIA TACHOMITIS	MENINGITIS
COCCIDIOIDOMYCOSIS	MRSA
CONJUNCTIVITIS – PINK EYE (BACTERIAL / VIRAL)	MUMPS
CRYPTOSPORIDIOSIS	PIN WORMS
CYCLOSPORIASIS	RINGWORM
DENGUE	RUBELLA
DIPHTHERIA	SCABIES

EHRlichiosis	Scarlet fever
Flu	Seizure
Gastroenteritis, viral	Strep throat
H1N1 virus	Tuberculosis

INFECTIONIOUS EXPOSURE

- Any exposure, which is defined as a parenteral, mucous membrane (splatter/aerosols into the eyes, nose or mouth), or significant contamination of an open wound or non-intact skin with a body substance. Circumstances of the exposure and relevant information are to be recorded on the Incident Report form, including activity in which the individual was engaged at the time of the exposure, the extent to which appropriate work practices and protective equipment were used, and a description of the source of the exposure.
- Human or animal bites are to be reported as potential infections.
- Vomit or other body fluids requiring clean up with spill kits and other protective materials.
- Any exposure to a person with active Tuberculosis or other communicable diseases.

There are additional protocols to be followed depending on what occurred, for more information, please refer to the Infection Prevention and Control Plan located on the Integral Care intranet.

MEDICATION

- Errors involving wrong medication, time, dosage, route or missed medication
- Transcription errors regarding medication, time, dosage or route.
- Pharmacy dispensing errors.
- If error is caught prior to administering medicine to Client, a Near Miss Incident Report is filed.

NEAR MISS INCIDENTS

A near miss often called a close call or good catch are Client safety events that did not reach the Client. Examples would be wrong medicine that was caught prior to dispensing to Client, used needles found in public bathrooms safely disposed of by staff in sharps containers.

CONTRACTORS AND VENDORS

Report Group: Contractors and Vendors	Report Type:
	<input type="checkbox"/> Injury - Contractor <input type="checkbox"/> Injury - Vendor <input type="checkbox"/> Property Damage - Contractor <input type="checkbox"/> Property Damage - Vendor <input type="checkbox"/> Vehicle - Contractor <input type="checkbox"/> Vehicle - Vendor

YOUR INFORMATION

Your information contains two different Author Types, Integral Care Employee and Network Provider. You will select the appropriate Author Type.

Your Information	
Author Type: Employee	
Telephone Number: 000-0000	Supervisor Name: Louise Lynch
Supervisor Tel #: 000-0000	FOR EMPLOYEES

Your Information	
Author Type: Network Provider	
Organization Name:	Individual Name:
Telephone Number:	Supervisor Name: Contract Monitor-Eilyn Eisenberg
Supervisor Tel #: 512-804-3172	FOR NETWORK

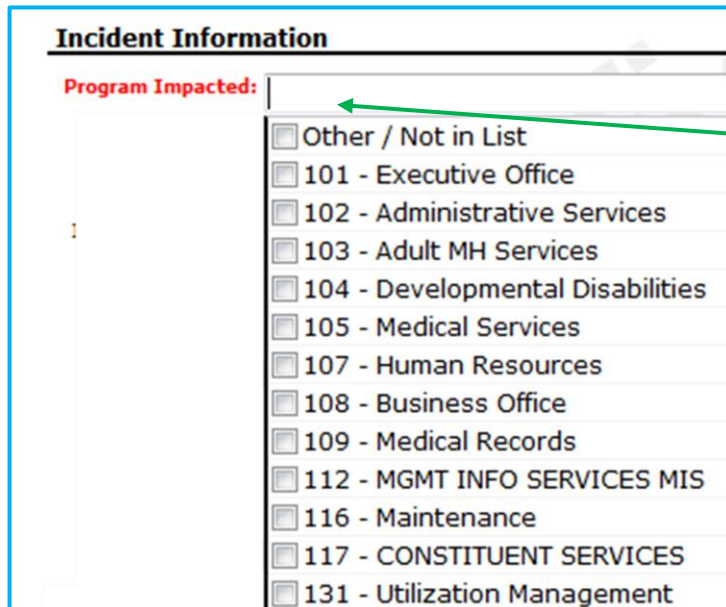
If you are a Network Provider you are required to provide Your Organization Name, Name and Telephone Number. The Supervisor Name and Telephone Number will default to the Contract Monitor Name and Telephone Number. This information allows Integral Care to review Incident Reports specific to your organization or residence and allows the Contract Monitor to ensure information is complete and request/follow up on any corrections that may be required.

INCIDENT INFORMATION

The information about the incident is crucial to determining the follow up activities required. Incomplete or inaccurate information will not allow for the correct assessment and disposition of the Incident Report.

PROGRAM IMPACTED

You need to select the program impacted by the Incident. You are NOT selecting your assigned program unless the incident occurred does affect your program. From the drop down list choose where the Incident occurred.



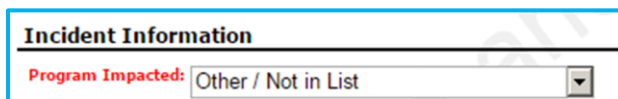
Incident Information

Program Impacted:

- ☐ Other / Not in List
- ☐ 101 - Executive Office
- ☐ 102 - Administrative Services
- ☐ 103 - Adult MH Services
- ☐ 104 - Developmental Disabilities
- ☐ 105 - Medical Services
- ☐ 107 - Human Resources
- ☐ 108 - Business Office
- ☐ 109 - Medical Records
- ☐ 112 - MGMT INFO SERVICES MIS
- ☐ 116 - Maintenance
- ☐ 117 - CONSTITUENT SERVICES
- ☐ 131 - Utilization Management

You can type a number or a word from the unit name and a partial list will appear in which you can select the correct information without having to scroll through the entire list.

UNIT SELECTION FOR NETWORK PROVIDERS



Incident Information

Program Impacted: Other / Not in List

INCIDENT ADDRESS

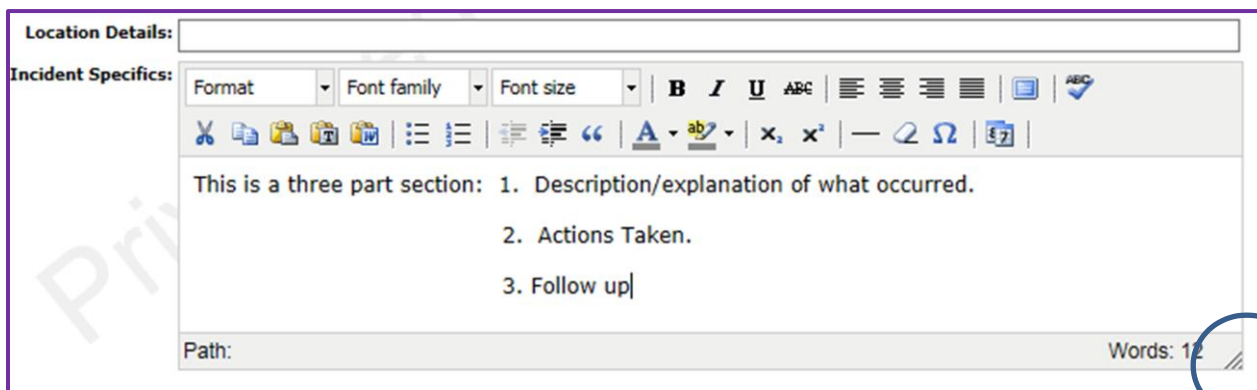
You must give the specific details of where, street, city as accurate as possible. For mobile teams, provide whatever information is available.



Incident Address:

LOCATION DETAILS

You must describe the exact location of where the incident occurred (ie/ the parking lot, inside a staff office, the reception area).



Location Details:

Incident Specifics:

Format Font family Font size **B** *I* U ABC

This is a three part section: 1. Description/explanation of what occurred.

2. Actions Taken.

3. Follow up

Path: Words: 12

If you click these three lines, the text box will expand using your mouse to control size.

INCIDENT SPECIFICS

You must describe what occurred. There is no limit to the amount of information you can input in this area. Under the Words: 48 are three angled lines. If you click on those three lines the area will increase in size or decrease in size depending on whether you need more room or need to shrink the amount of space. You have formatting tools you can use.

SPECIAL NOTE

While this text box is similar to Microsoft Word, the text coding is different. You can copy and paste text from Microsoft Word into the box, BUT please make sure you check the text because a few characters will change and affect the readability of the text. Also available is a dictionary to ensure your incident has correct spelling. You may also use special characters such as quotation marks.

DO NOT copy tables or anything with special formats. The coding will cause the text to spread across the screen and not be contained in the box. Please do the following if you need to provide information that is in an excel file or any other program or if you have additional documents, email copies, reports, photos (No client photos please) or other materials



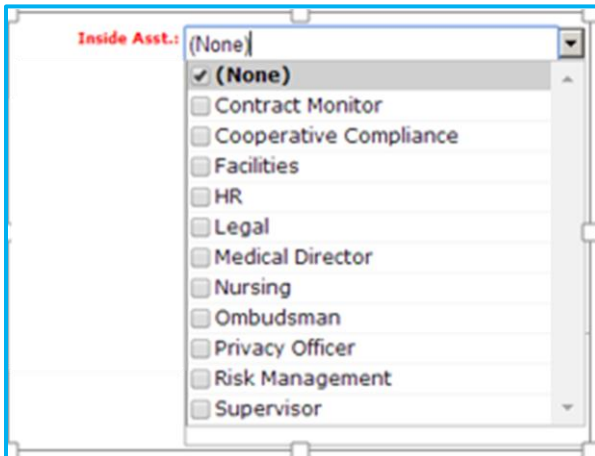
Report 

1 Attach: Choose File No file chosen 2 Attach

Step 1: Click Choose File and your computer file directory opens up and locate the file(s) you wish to attach.

Step 2: Click Attach and attach the files you wish to add to this Incident Report

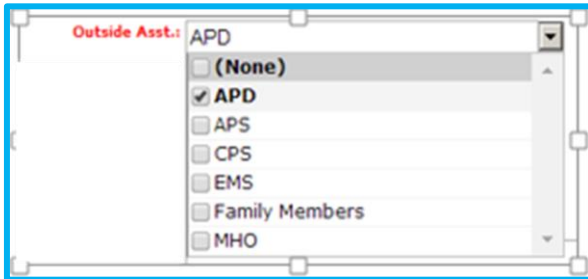
INSIDE ASSISTANCE You must select anyone assisted in this Incident. You may check more than one box in this drop-down.



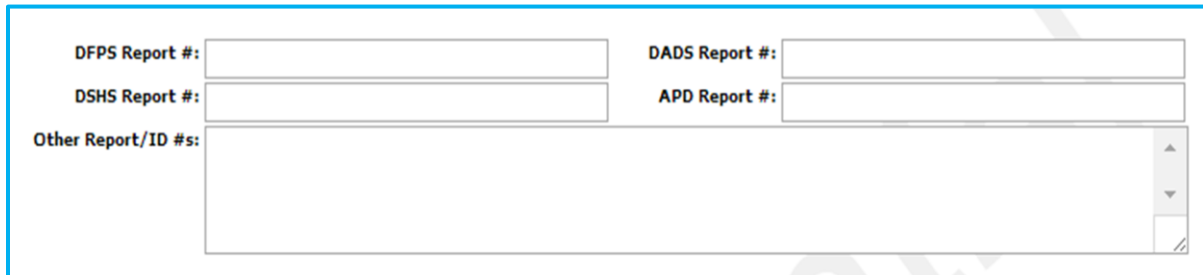
Inside Asst.: (None)

- ☒ (None)
- ☐ Contract Monitor
- ☐ Cooperative Compliance
- ☐ Facilities
- ☐ HR
- ☐ Legal
- ☐ Medical Director
- ☐ Nursing
- ☐ Ombudsman
- ☐ Privacy Officer
- ☐ Risk Management
- ☐ Supervisor

OUTSIDE ASSISTANCE You must select from the drop-down menu when outside assistance was required.



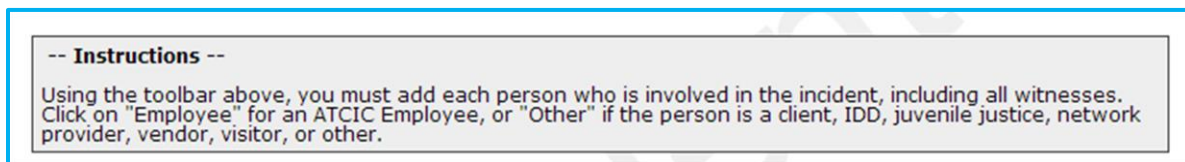
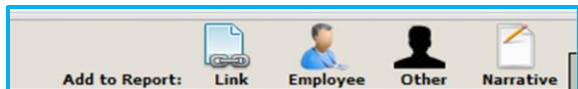
REPORT INFORMATION The Report Numbers given when filing reports with agencies are put here. This information is required for the Incident Report to be complete. If the information is missing you must contact the agency and request the information. Only the originator will be given this information.



Note: If the agency or person is not listed, please provide the information in the Other/Report/ID s

INFORMATION FOR “OTHER”

This section contains additional information required for the Incident Report that you must provide when applicable.

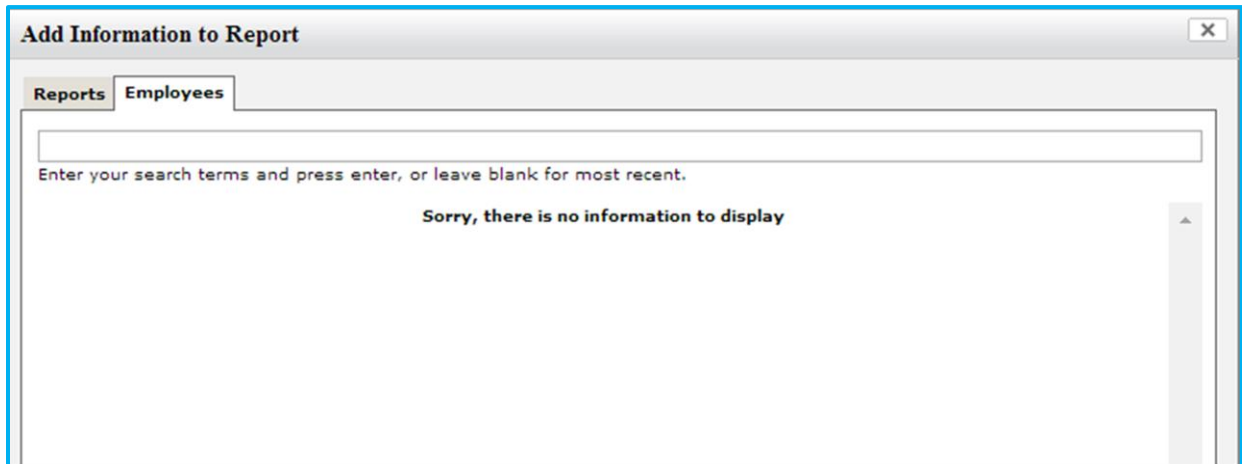



This bar is located at the top of the screen and allows you to click on Employee or Other.

“OTHER” INFORMATION When you click on CLIENT, you are required to click “OTHER” to input information about the Client when a client is involved.

EMPLOYEE You can click Employee when you have more than one Employee directly involved in the Incident to capture their information.

NARRATIVE You can use Narrative for witness statements to capture additional information about the Incident.



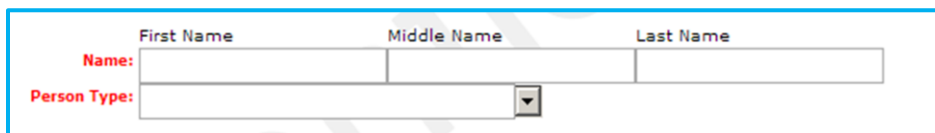
LINK Link allows you to link Employee Names or Reports to the Incident.

ATTACHMENTS

Attachments such as photos of accidents, conditions contributing to injuries such as spills or broken tile, property damage, emails with additional information. DO NOT attach photographs of clients to avoid any privacy issues that may result.



ADDITIONAL IMPORTANT CLIENT INFORMATION



Remember back when you selected YES for Client. This box appeared. Once you selected the Type of Incident involving a Client this additional information appears asking for the Person Type.

Person Type:

- ☐ ECI-Consumer
- ☒ **MH-Consumer**
- ☐ SA-Consumer
- ☐ IDD
- ☐ Intern
- ☐ Network Provider
- ☐ Vendor
- ☐ Visitor
- ☐ Other Person

When the Client is a client, this additional information is required for the ECI-Client, MH-Client, SA-Client and IDD.

Client #:

Organization Name:

Contact Phone:


Was 911 called ? ☐ No ☐ Yes

Did the person go to the E.R. ? ☐ No ☐ Yes

Please make sure to click the 911 and ER questions to complete the information about the client.

AUTOMATIC INFORMATION

You will notice at the end of the report information has been automatically filled out. When a person files an incident report, the information about the Employee automatically appears.

Employee 			
First Name	Middle Name	Last Name	
Name: MELODY		MOSCAL	
Employee #: 35642	Unit: 146 - Managed Care Operations		

DRAFT AND SAVE INCIDENT REPORTS

 **Save Report**
 **Save Draft**

DRAFTS The draft function of this program continuously saves your Incident report in the event you are called away and cannot complete the report in one sitting. Remember we do have a requirement that Incident Reports be filed within 24 hours of the occurrence. The draft function also keeps track of incomplete incident reports. Please note that you do not have to open a



new Incident Report if you are unable to complete the report in one sitting. Check your drafts

and locate the one that requires completion. DO NOT input a duplicate report, simply continue with the one you started.

7 Saved Drafts	
✖	2014-09-28 08:45:58
✖	2014-09-28 18:22:09
✖	2014-09-30 10:39:08
✖	2014-09-30 15:07:10
✖	2014-10-05 19:18:07
✖	2014-10-20 15:15:58
More...	

<The More Clicked>

Draft Reports		
	Created	Size
✖	2014-09-28 08:45:58	63839
✖	2014-09-28 18:22:09	79385
✖	2014-09-30 10:39:08	52904
✖	2014-09-30 15:07:10	76657
✖	2014-10-05 19:18:07	75551
✖	2014-10-20 15:15:58	75022
✖	2014-10-20 15:16:58	119550

You can also remove Drafts by clicking the red X, however, if you were required to fill out an Incident Report, only partially completed it and then delete it, you are in violation of Integral Care's requirement for filing Incident Reports and may be held accountable for any repercussions that occur as the result of your failure to file those Incident Reports.

SAVING YOUR REPORT

Your Incident Report is now complete.

When you Save Report a Spell Check automatically appears and questions words and spellings.

Spell Check - The following spelling errors have been found

Incorrect Word:

Suggestions:

Change To:

Occurrences:

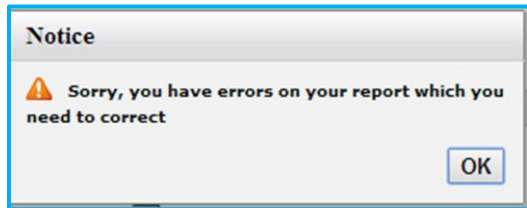
☒ Change
☒ Change All
☒ Add to Dictionary

☒ Ignore
☒ Ignore All
☒ Cancel

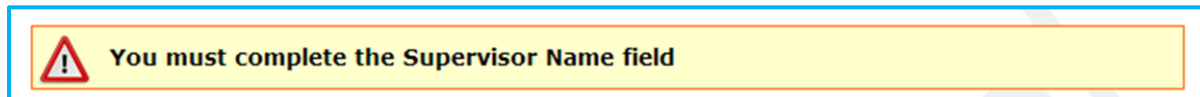
The Incident Report automatically performs a spell check when saving the Incident Report and allows you to ensure you have a correctly spelled document. You may also add words, but please verify the spelling before adding them to avoid misspells.

MISSING REQUIRED INFORMATION

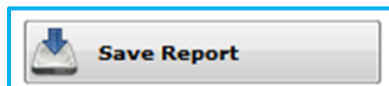
The following message will appear and you will need to click ok and review your report. When everything is complete clicking Save, the report will disappear.



An Example of an incomplete area of the incident report.



You must return to the Incident Report and enter the missing information. Once you click Save Report your report will disappear and you are finished.



INCIDENT REPORT FOLLOW UP

EMAIL NOTIFICATIONS

Once you file an Incident Report, depending on who has responsibility, an email will be sent to the staff member for follow up.



When you file an Incident Report, the report is assigned to your supervisor or an Integral Care staff member with specialized knowledge such as Medical Records, Ombudsman or Facilities. Depending on the severity of the Incident, the report may be addressed at an Executive level. The Quality Manager reviews Incident Reports as they are filed to ensure correct categorization, notifications and to take any additional actions with these reports.

NOTE: The only exception where your Supervisor will not be notified is in the event you are reporting an alleged violation of corporate policy or HIPAA. To protect your identity, these Incident reports are forwarded to the Ombudsman for review, assignment and follow-up.

Follow-up actions occur and every month the Clinical Quality Committee meets to review each Incident Report, make recommendations to reassign, remain open or close. Incident Report Graphs are reviewed. Committee members review trends and information collected at the CQC is reported to the Quality Leadership Committee. Should any Quality Improvement Plans be recommended, the Quality Leadership

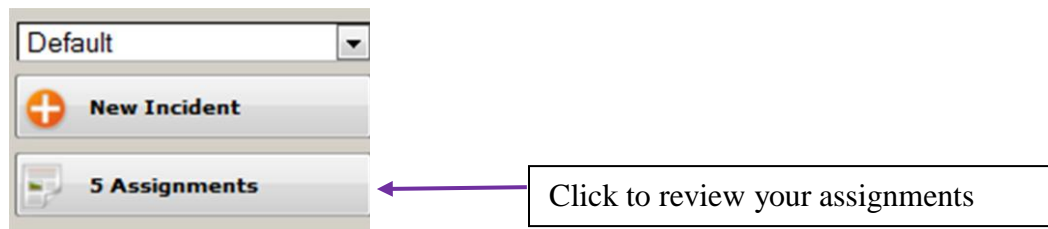


Committee will request the Quality Improvement Plan to be assigned.

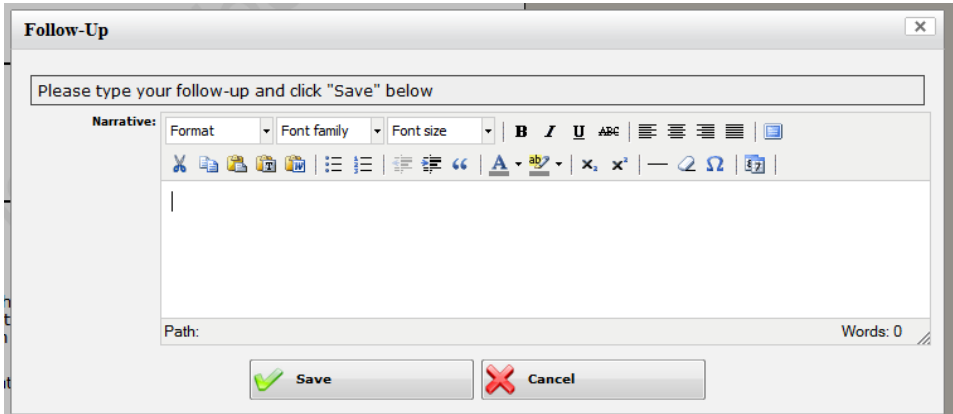
Incident Report Summary information is provided to various agencies funding Integral Care as a metric of performance. Investigators from the State of Texas request copies of Incident Reports to follow up on investigations generated by Incident Reports.

INCIDENT REPORT ASSIGNMENTS

When you are assigned follow up for Incident Reports, you must complete the following sequence of activities:



After you click the Assignments button, a very short summary will appear for each incident to be reviewed. You must double click on an assignment for the complete form to open.

A screenshot of a 'Follow-Up' form window. It has a title bar with 'Follow-Up' and a close button. Inside, there's a text area with the instruction 'Please type your follow-up and click "Save" below'. Below the text area is a rich text editor toolbar with options for Format, Font family, Font size, Bold, Italic, Underline, and various alignment and list options. Below the toolbar is a large text input field. At the bottom, there's a 'Path:' label, a 'Words: 0' counter, and two buttons: 'Save' with a green checkmark and 'Cancel' with a red X.

Follow-Up

Please type your follow-up and click "Save" below

Narrative:

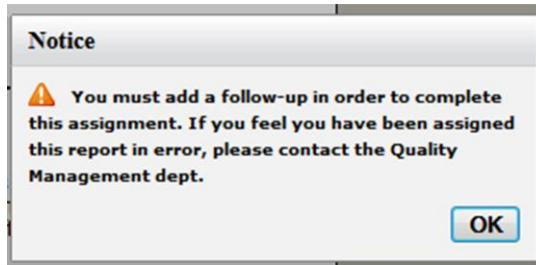
Format Font family Font size B I U ABC | | | | |

|

Path: Words: 0

Save Cancel

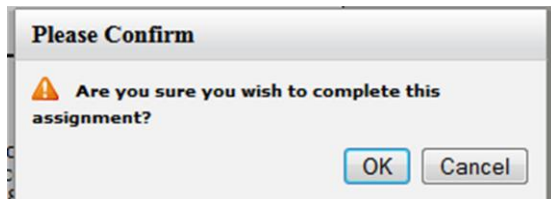
Add pertinent information or if none is needed simply write "reviewed".



If you try to Use Complete Assignment and not put any follow up this message appears.



You must click this Button to remove yourself from the QM Assigned List Report.



Once you click OK your report will disappear and your assignment number will decrease by one.

FREQUENTLY ASKED QUESTIONS

1. *Why am I required to fill out an Incident Report?* Incident reports allow Integral Care to analyze the risk to the agency, you, the client and any person impacted by the event or occurrence. Incident Reports provide evidence of our due diligence and protection.
2. *What is my log in and password?* There is no separate unique log in or password. Use your Integral Care login and password.
3. *I am a Network Provider how do I access the system?* You must contact Managed Care Database Administrator for the necessary password information.
4. *I am a Network Provider not staff but my program or unit does not appear on the Program Impacted list, what do I click?* The Other/Not Listed is to be checked.
5. *Why can't I see my Incident Report after I hit the submit button?* Once your report is submitted, access to the report ends. The report goes to the next level of responsibility depending on the incident type.
6. *Why can't I see other incident reports?* Incident reports are privileged and confidential and adhere to the HIPAA requirements for access.
7. *As a supervisor or manager how can I review trends occurring in my unit?* You can request a report from the Quality Management department.
8. *Should I identify my client or the client by name and case number?* Yes, this program is confidential and follows the HIPAA rules for access.
9. *I am unsure if a situation requires an incident report, should I file one?* Yes, the Quality Manager reviews all Incident Reports and if one is not considered a valid incident, will notify you and provide a reason for the invalidity.
10. *My incident doesn't appear to fit any of the categories or types of incidents, what do I do?* Please contact the Quality Database Administrator or Quality Manager for a response. While the list is comprehensive, other incidents can be added when required.
11. *What if my Incident Report is about my Supervisor or Manager, how can I be sure what I write is confidential and not seen by that staff person?* All allegations go directly to the Ombudsman for review and response. Your Supervisor nor Manager will not be emailed when your Incident Report is filed.
12. *How can I view overall trends for Incident Reports at Integral Care?* A monthly report is available on the Intranet on the QLT homepage.

This manual contains the basic information for the Incident Reporting System. Another handout titled "Let's File an Incident Report - Providers" gives an overview of how to file an incident report. This document is available through the Quality Management office.

QUESTIONS?

Please contact Melody Moscal at 512 440-4049.