

**PECAN VALLEY CENTERS
FOR
BEHAVIORAL AND DEVELOPMENTAL HEALTHCARE
(As the Local Mental Health and Mental Retardation Authority)**

Mental Health Texas Resiliency and Recovery (TRR) Child/Adolescent & ADULT Services

OPEN ENROLLMENT APPLICATION FOR COGNITIVE BEHAVIORAL COUNSELING

Open Enrollment Period – September 1, 2016 thru August 31, 2017

The Texas Department of State Health Services (DSHS) has authorized Pecan Valley MHMR Region (d.b.a, **Pecan Valley Centers** for Behavioral and Developmental HealthCare), as the Local Mental Health Authority (LMHA), to assemble a network of service providers to provide mental health services to the Priority Population of persons with mental illness in the following Counties: Erath, Hood, Johnson, Palo Pinto, Parker, and Somervell.

The goals of any/each Contract awarded are:

1. To provide needed community mental health services as described in Attachment B.
2. To develop a network of providers that allows for more consumer choice.
3. To identify, implement and evaluate successful services based on Consumer outcomes, so that these efforts can be replicated.
4. To create meaningful collaborations between the LMHA and health care providers in the community.
5. To provide quality clinical care and achieve desired outcomes at the most efficient cost possible.

All clients served under these arrangements use psychotropic medication and require subsequent monitoring. Many clients will require psycho-social rehabilitative services. A few may also need short term counseling. All clients will be assigned a case manager, by the LMHA, to assist in accessing services and monitoring care. To facilitate and coordinate services for LMHA clients, preference will be given to arrangements in which all needed services are provided in one physical location and billed through a single billing process. There is no guarantee of referral volume.

This document requests participation from applicants for the purpose of implementing community programs to provide mental health services as described in Attachment B.

The initial contract period shall commence approximately 30 days after the contract award and continue through August 31, 2016 with an option to renew for an additional one year period based on satisfactory performance.

Target Population

The target population recipients are child/adolescents and adults who have been identified by the LMHA as **Priority Population**, in accordance with the definitions established by DSHS (see Attachment A: Mental Health Priority Population). Designation of an individual as a member of the Priority Population must be made by the LMHA and documented in each covered individual's record.

Eligible Applicants

Applicants must be registered to do business in Texas. In any situation where a consortium of providers is applying, a single entity responsible for services delivered must be identified and the financial agent must

be an organization with a demonstrated ability to manage funds. Applicants must be able to bill Medicaid and/or Medicare for services.

In offices offering short term counseling services, practitioners must be Doctoral level or Masters Level and licensed for independent practice (i.e. LPC, LCSW, LMFT). Practitioners must have demonstrated competencies in the work to be performed and with all relevant assessment instruments. Temporary licenses are acceptable for up to thirty months when the practitioner is employed and supervised by a licensed practitioner. All practitioners must go through the credentialing process. Applicants must be trained or be willing to be trained (training fee may apply) in the applicable HHS mandated CBT model.

Local Mental Health Authority Responsibilities and Transition Goals

The LMHA will be responsible for making appropriate referrals to Providers, coordinating client care, reviewing claims, and paying for appropriate, authorized services rendered by the applicant. The LMHA is also responsible for utilization management and quality assurance. The LMHA ensures that contracted services addressing the needs of the Priority Population are provided as required by DSHS and comply with the rules and standards adopted under Section 534.052 of the Texas Health and Safety Code. The LMHA does not guarantee any referral volume to any contracted Provider. Choice of provider will be offered to covered individuals at intake, at each service plan update, and upon request. Once a covered individual chooses a provider, the LMHA will provide needed clinical documentation to the provider. The provider must continue to provide services at the level previously assessed unless the provider completes a new uniform assessment and service levels are changed and authorized.

Provider Responsibilities

The Provider will be responsible for submitting all records regarding treatment and/or services rendered to the LMHA's mental health covered individuals to the LMHA. The Provider is required to comply with all state and federal laws regarding the confidentiality of covered individuals' records and nondiscrimination. The Provider will actively assist in the disbursement of consumer and advocate satisfaction surveys. The Provider will obtain prior authorization, provide acceptable levels of care, and maintain acceptable levels of liability insurance and appropriate licenses and accreditations. The Provider also agrees that its name may be used, along with a description of its facilities, care, and services in any information distributed by the LMHA listing of its providers. The Provider will engage and involve covered individuals, legally authorized representatives, and families in the policy and practice levels within the applicant's organization. The Provider will also make provision for the cultural and linguistic needs of the covered individuals in the LMHA's local service area.

The Provider must comply with the rules and standards adopted under Section 534.052 of the Texas Health and Safety Code, the DSHS Community Standards of Community Mental Health Centers and Community Service Programs, and applicable local, state, and federal laws, rules and regulations available upon request.

Application Instructions

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

Please be sure to answer every question. If the question does not apply to you or your organization, simply and clearly document "N/A." All supporting documentation should be attached, including "Form A - Credentialing Application and Attestation for Licensed Individuals". Form A must be completed for each licensed individual providing services to Covered Individuals. Non-licensed providers of direct care services must complete "Form B – Credentialing and Attestation for Non-Licensed Providers". Credentialing applications are available upon request.

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

Applications must be sent to:

Ruben DeHoyos, Associate Executive Director of Administrative Services
Pecan Valley Centers
P.O. Box 729
Granbury, Texas 76048

*******Applications must be received by 5:00pm August 31, 2017*******

Applications may be sent by regular mail or special carrier.

Applications may not be faxed.

Return original and one (1) copy of the application.

The open enrollment period will close when the earliest of the following occurs:

1. The open enrollment period expires as of the date stated above, or
2. Pecan Valley Centers has received enough applications to meet the needed capacity described in the open enrollment application

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

Questions regarding this application should be directed to Ruben DeHoyos at rdehoyos@pecanvalley.org.

APPLICATION

Please indicate service(s) you are applying for by checking in the box(es) below.

Refer to Attachment B for descriptions of services and rates.

Cognitive Behavioral Therapy (CBT) for adults and youth (region-wide)

I. BUSINESS DEMOGRAPHICS

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

DBA: _____

Address: _____ City: _____

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

Contact Person: _____ Title: _____ Phone: _____

Billing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Business locations in this market area:

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

Indicate if you provide any of the following:

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

Owners/Partners:

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

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

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

Is the applicant or any of its employees currently, or has the applicant or any of its employees, ever been employed by or contracted with Pecan Valley Centers? Please list any such relationships:

II. QUALITY MANAGEMENT/UTILIZATION MANAGEMENT

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

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

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

III. SERVICES

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

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

Service Type: _____

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

Service Type: _____

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

Service Type: _____

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

Service Type: _____

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

Service Type: _____

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

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

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

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

F. Are there any restrictions on who the organization/provider will serve? Yes No

If yes, please explain: _____

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

H. Describe the organization's/provider's ability to meet the cultural and linguistic needs of covered individuals:

I. Describe how the Provider will engage and involve covered individuals, legally authorized representatives, and families in the policy and practice levels within the applicant's organization.

J. Describe provider goals for transitioning consumers from the LMHA to the provider.

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

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

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

N. Can LMHA clients access services outside usual business hours? Yes No

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

IV. FINANCIAL

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

B. Does the organization/provider have sufficient reserves or line of credit to operate during the time period between billing and receiving reimbursement from third party payors? Yes No
If not, please explain: _____

C. Has the organization/provider declared any type of bankruptcy in the prior seven (7) years?
 Yes No If yes, please explain: _____

D. Has the organization/provider received a "qualified" opinion on a financial statement in the past three (3) years? Yes No If yes, please explain: _____

E. Does the most recent audit report have any material instance of non-compliance with standard accounting practices? Yes No If yes, please explain: _____

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

G. Is the organization/provider currently under investigation, or had a license or accreditation revoked by any state/federal/local authority or licensure agency, within the last ten (10) years? Yes No

If yes, please explain: _____

H. Has the organization/provider had any judgments or settlements against it within the last ten (10) years? Yes No If yes, please explain: _____

I. Has the organization/provider been placed on "vendor hold" by any agency or government entity in the past three (3) years? Yes No If yes, please explain: _____

J. Does the organization/provider have a "Letter of Good Standing" which verifies that it is not delinquent in State Franchise Tax? Yes No Corporations that are non-profit or exempt from Franchise Tax are not required to have this letter, but will have a 501C IRS Exemption form from the Comptroller's Office. Attach the letter or exception form. **Label as IV.J.**

K. Is the organization/provider delinquent in the payment of any court-ordered Child Support Payments? Yes No If yes, explain: _____

L. Is the organization/provider currently held in abeyance or barred from the award of a federal or state contract? Yes No
If yes, has this occurred in the last ten (10) years? Yes No
If yes, explain: _____

M. Describe any contracts, Memoranda of Understanding, or employment relationship the organization or provider has with other state, city or county agencies in the following counties: (Erath, Hood, Johnson, Palo Pinto, Parker, and Somervell) _____

V. RISK ASSESSMENT

A. Does anyone working for the organization/provider providing direct care or in management have any felony convictions? Yes No If yes, explain. _____

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

C. Has the organization/provider or its employees had any confirmed client abuse, client neglect, or rights violations claims in the last three (3) years? Yes No If yes, explain in detail: _____

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

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

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

G. Does the organization/provider currently have any malpractice claims pending or closed during the past ten (10) years? Yes No

If yes, please supply the following information: **Label as V.G.**

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

VI. INFORMATION SYSTEMS

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

1. Payor source
2. Patient name
3. Patient date of birth
4. Patient Social Security Number
5. Patient Ethnicity
6. Patient Home address
7. Full diagnosis (all 5 axes and/or ICD-9) including GAF score
8. Number of days from Local Authority referral to client's first visit

9. Admissions and Discharges to all services
10. Number, type, and duration of services (by CPT codes)
11. Name of treating professional and credentials of that professional for each service
12. Current Treatment Plan date
13. Number of no shows per service, showing total appointments scheduled by service
14. Description of each complaint received from Local Authority clients, identifying those resolved to the individual's satisfaction within 14 days from the date of complaint
15. Number, type, and severity of medication errors and adverse drug reactions for Local Authority clients
16. Deaths and suicide attempts of Local Authority clients
17. Serious injury or illness of Local Authority clients
18. Confirmed abuse, neglect or exploitation of Local Authority clients
19. Allegations of homicide/attempted homicide/ threat with a plan by a Local Authority client

Describe the organization/provider Information System. Include dates of last upgrades, current capabilities, service type or programs, and the ability to interface with other information systems. Describe or attach the organization/provider's disaster recovery plan and data backup procedures.

VII. RATE SCHEDULE

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

VIII. Managed Care Profile

A. Describe your background and depth of experience with all of the managed care companies (including Medicaid Managed Care and CHIP) with which applicant currently contracts or has previously contracted. Include the duration of any relationships, numbers of clients served and specific services provided to managed care companies.

B. Medicaid Provider number(s). Have these ever been suspended or revoked? Yes No If so, explain.

C. Medicare Provider number(s). Have these ever been suspended or revoked? Yes No If so, explain.

D. Has Applicant ever been dropped from a managed care network? Yes No
If so, explain.

ASSURANCES DOCUMENT

Applicant assures the following:

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

Signature Authority for the Applicant

Title of the Organization/Provider

Date

ATTACHMENT A

Mental Health Target/Priority Population Definition

The Target/Priority Population for mental health services as defined by the Department of State Health Services (DSHS) consists of:

* Children and adolescents under the age of eighteen who have a diagnosis of mental illness who exhibit severe emotional or social disabilities which are life-threatening or require prolonged intervention.

* Adults who have severe and persistent mental illness diagnoses of:

- Schizophrenia
- Major Depression (GAF of 50 or below)
- Bipolar Disorder
- Or other severely disabling mental disorders which require crisis resolution or ongoing and long-term support and treatment.

The following information must be used to operationalize these definitions to determine if an individual meets this definition. Only the LMHA may determine an individual is a member of the Priority Population.

Service Determination

In targeting services to the Priority Population, the choice of and admission to services is determined jointly by the person seeking services and the LMHA. Criteria used to make these determinations are the diagnosis, the level of functioning of the individual (GAF Score), the needs of the individual, and the availability of resources.

DSHS Funding

Funds appropriated by the Legislature for mental health services may be spent only to provide services to the Priority Population. Successful applicants who offer services to people other than those in the Priority Population must do so using non-departmental funds.

ATTACHMENT B

SERVICE DEFINITIONS, RATES, AND REQUIREMENTS

Service rates and descriptions are based on current DSHS service descriptions and Medicaid rates. Service descriptions and rates are subject to change based on revisions to service delivery requirements by the Texas Department of State Health Services and rate changes by Medicaid.

Service Descriptions

Covered Services. Covered Services are those services identified below which are determined by the LMHA to be Medically Necessary Services when authorized as part of the current Service Plan of the Covered Individual and approved by a Licensed Practitioner of the Healing Arts. The TRR Guidelines are used to assign each applicant (covered individual) for services to a level of care (LOC) based on their clinically assessed level of need. This assessment has several parts: the Uniform Assessment (UA) including Adult Needs and Strengths (ANSA) or Child Assessments of Needs and Strengths (CANS) results; a determination of medical necessity for treatment; and authorization for services by the LMHA. Each LOC requires a minimum number of various types of units of service to be delivered by the provider. Provider is prohibited from providing more than one rehabilitative service to an individual at the same time and on the same day. For this RFA, Covered Services are:

Rehabilitative Counseling and Psychotherapy

- 1. Rehabilitative Counseling and Psychotherapy.** Rehabilitative counseling and psychotherapy is **cognitive behavior therapy** focused on the reduction or elimination of an individual's symptoms of severe and persistent mental illness and increasing the individual's ability to perform activities of daily living. Rehabilitative counseling and psychotherapy must be provided by an LPHA.

Service Rates

Rates for services are based on Medicaid rates. Services will be paid at an amount equal to 100% of the Medicaid, minus a 5% administrative cost.

TRR Clinic Services	Rate	Code
Counseling Individual (16-37 min) adult	\$31.26	90832
Counseling Individual (38-52 min) adult	\$45.56	90834
Counseling Individual (53+ min) adult	\$67.65	90837
Counseling Group adult)	\$19.15	90853
Counseling Family (child/adult)	\$49.64	90847

Each LOC will have different authorized amounts per service. They are also arranged by increasing intensity and have higher unit amounts authorized for each successive Level of Care. All providers must be able to deliver the Crisis Services array as a part of every service package provided.

Service Delivery Requirements

Qualified Staff Requirements (requirements must be met before the delivery of services)

1. Licensed Practitioner of the Healing Arts (LPHA) – includes Physician, APN, LCSW, LPC, and LMFT
 - a. Required Training
 - i. Texas Implementation of Medication Algorithm (TIMA) (prescribers only)
 - ii. Co-Occurring Psychiatric and Substance use Disorders (COPSD)
 - iii. Cognitive Behavioral Therapy (therapists only; see CBT Training and Competency)
 - iv. Texas Resilience and Recovery (TRR) Guidelines
 - v. Medicaid Rules
 - vi. TRR uniform Assessments (CANS/ANSA)
 - vii. Service Planning and Documentation
 - viii. Prevention and Management of Aggressive Behavior (Anger Management)
 - b. Be able meet Credentialing Requirements
 - c. Be able to pass annual Criminal History Background check that includes State bars to employment
2. Qualified Mental Health Professional (QMHP) – Degreed in a social services field
 - a. Required Training
 - i. Co-Occurring Psychiatric and Substance use Disorders (COPSD)
 - ii. Skills Training techniques
 - iii. Texas Resilience and Recovery (TRR) Guidelines
 - iv. Medicaid rules
 - v. TRR uniform Assessments (CANS/ANSA)
 - vi. Service Planning & Documentation
 - vii. Prevention and Management of Aggressive Behavior (Anger Management)
 - b. Be able to meet Credentialing Requirements including supervision by an LPHA
 - c. Be able to pass an annual Criminal History Background check that includes State bars to employment

Billable Service Requirements (omission of any element could result in claim denial)

1. Current diagnosis by a Physician
2. TRR uniform Assessment (CANS/ANSA) completed by a QMHP
3. TIMA scales completed by a QMHP
4. Service Plan completed by a QMHP
5. Determination of Medical Necessity by an LPHA
6. Service provision by a QMHP or LPHA
7. Document service that meets Medicaid documentation requirements
 - a. Name of the individual to whom the service was provided
 - b. Name the type of service
 - c. A summary of the activities that occurred
 - d. State the specific skill(s) on which client was trained
 - e. State the specific methods used to provided training
 - f. Date, start & end time, and location
 - g. Correlate the specific treatment plan goal that was the focus of the service
 - h. State the progress or lack of progress in achieving treatment plan goals
 - i. Signature of the staff member providing the service & credential
8. Submission of claim/event data in format that meets DSHS Event Data rule requirements within 2 business days from which the service was delivered.

CBT Training and Competency

I. Cognitive Behavioral Therapy Competency Policy:

DSHS has developed a competency-based approach for the delivery of Cognitive Behavioral Therapy (CBT) in our community mental health service delivery system. Every practitioner that provides CBT for adult mental health services or children mental health services must comply with this policy.

CBT Competency Standards:

A. Existing Staff

1. Submission of a tape to be reviewed and rated by one of the following entities:
 - a) Beck Institute for Cognitive Behavioral Therapy <http://www.beckinstitute.org/>
 - b) Academy of Cognitive Therapy <http://www.academyofct.org/>
 - c) Reach Institute (Child & Adolescent Providers Only) <http://www.thereachinstitute.org/>
2. Existing practitioners shall score a 40 or greater to be considered competent (rating is done using the Cognitive Therapy Rating Scale by Beck). **This documentation should be maintained in the employee or contracted provider's personnel file.** All practitioners providing CBT must pass the competency review and are subject to limitations regarding their ability to continue to provide CBT services if they do not pass the competency review.
3. Practitioners who have submitted tapes for review to one of the endorsed entities, without passing with a score of 40 within the 12th month of eligibility to pass the CBT competency, will be allowed to provide CBT counseling services until they have gained competency under the following conditions:
 - a) The practitioner must attend and complete a DSHS approved CBT training conducted by The Academy of Cognitive Therapy (ACT), The Beck Institute, or the REACH Institute every year until practitioner gains CBT competence.
 - b) The practitioner must practice CBT under the supervision of a practitioner who has passed the CBT competency review. The supervision must include at least weekly supervision meetings that involve practice tape reviews with real clients. The supervision must be documented by supervisor, and must be available per request of DSHS.
 - c) The practitioner must attempt to pass the CBT competency review by submitting a tape (as indicated in A.1), at least every six months, until practitioner gains CBT competence.
4. A practitioner will be allowed an exception for approved leave, such as military duty, family and medical leave act (FMLA), or other approved leave. When approved leave has been granted, the practitioner will be allowed an extension equal to the time they were away for leave.

B. New Hires and Contracted Providers

1. All new hires have one year from the date of hire to demonstrate competency as outlined in the competency standards. *(For the purposes of this Information Item section, a person is a new hire if they are an external hire or if they move from a different role within the organization to provide CBT counseling services).*
2. It is a best practice that new hires submit a tape for competency review within 6 months of hire.
3. Practitioners that have submitted tapes for review to one of the endorsed entities within 1 year, but have not passed with a score of 40 by the identified timeline are subject to items A.3 and A.4 of this policy.

C. Staff Pursuing Independent Licensure

1. Staff with non-independent licenses (i.e. Licensed Professional Counselor-Intern, Licensed Master Social Worker, Licensed Psychological Associate, Licensed Marriage and Family Therapist-Associate) may provide CBT in the event they are under the supervision of a fully licensed clinician that meets the criteria to be a

Licensed Professional of the Healing Arts (LPHA) and meets the supervisor requirements as outlined in this policy. Please reference Texas Administrative Code (TAC) Code §412.303 to determine the disciplines that meet the criteria for LPHA.

2. Staff with non-independent licenses must be actively seeking full licensure as a LPHA.
3. Staff with non-independent licenses should refer to their respective Texas state licensing board requirements regarding frequency of supervision.
4. Upon acquisition of full licensure staff will have 1 year to demonstrate competency per the competency standards as set forth in this document. If the practitioner has not obtained competency within one year, see items A.3 and A.4 above.

D. Grandfathering

Grandfathering is permitted if there is documentation of any one of the following:

1. Any practitioner that has been trained as a **trainer** by Dr. Monica Basco. *Please note that practitioners that attended the CBT training workshops with Dr. Basco in the past do not meet this requirement. A practitioner must have been trained as a trainer in order to be grandfathered.*
2. Any practitioner that has been certified by the Academy of Cognitive Therapy.
3. Any practitioner that has been certified as a **trainer** by the REACH Institute.

E. Supervisors

The following requirement(s) must be met to provide supervision to clinicians providing CBT:

1. Supervisors must have attended or viewed the webinar ‘Demystifying the Tape Rating Process’ or viewed the training video ‘Cognitive Therapy Rating Scale (CTRS) Adherence Workshop’ *and meet one of the following requirements:*
 - a) Supervisors must have attended the 3-day training in CBT by Dr. Basco or a Dr. Basco trainer; or
 - b) Supervisors must be trained by the Beck Institute, the REACH Institute, or certified by The Academy of Cognitive Therapy in CBT.

NOTE: Supervisors may substitute the above requirement(s) by passing the competency review or if they meet any of the grandfathering requirements. If a supervisor has attended the CBT training facilitated by the Beck Institute and hosted by the Centralized Training Infrastructure for Evidence-based Practices (CTI-EBP), has been trained by the REACH Institute, or has been certified by The Academy of Cognitive Therapy, then he or she has fulfilled the training requirement outlined in item E.1.b. of this policy.

F. Additional Considerations

1. It is a best practice that practitioners get training and supervision in CBT while preparing for their tape review.
2. Training requirements are left up to the discretion of each individual center for clinicians that will be delivering CBT.
3. Trainers in adult CBT may serve as a resource in preparing providers for the competency review.
4. The Centralized Training Infrastructure for Evidence-based Practices (CTI-EBP) will serve as a training resource for providers needing training in CBT.
5. For fully licensed staff we recommend a minimum of monthly supervision in CBT to ensure that there is minimal drift in delivery of CBT.

CONTACT INFORMATION FOR	Contact Person	Contact Information	Approximate Cost Per Tape (rates include
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COMPETENCY TAPE REVIEW Organization			narrative feedback)
The Academy of Cognitive Therapy	Troy Thompson, Executive Director	260 South Broad Street 18th Floor Philadelphia, PA 19102 tthompson@academyofct.org P: (267) 350.7683 F: (215) 731.2182	\$150
The REACH Institute	Dr. Lisa Hunter Romanelli, PhD, Executive Director	485 Seventh Avenue, Suite 1510, New York, NY 10018 lisa@thereachinstitute.org phone: 212.947.7322, ext. 227 fax: 212.947.7400	\$170-\$175
Beck Institute for Cognitive Behavior Therapy	Dr. Daniella Cavenagh, PhD, Director of Education	One Belmont Avenue, Suite 700 , Bala Cynwyd, PA 19004 phone: 610.664.3020 dcavenagh@beckinstitute.org	\$300

- Contractors shall contract directly with one of the above named entities for tape review.

G. CBT and Fidelity

In an effort to align programming with evidence-based and best practices, DSHS is engaged in efforts to ensure that services are reflective of national standards. Although other evidence-based practices have accompanying fidelity instruments, there is no nationally recognized fidelity instrument for CBT. However, the Cognitive Therapy Scale (CTS) by Beck is a nationally recognized instrument in determining clinician competence and adherence to the CBT model. This is the instrument that the tape raters utilize in assessing a clinicians' competence. It is a best practice to use the CTS to guide supervision sessions and adherence to CBT.

H. Additional Resources

DSHS Cognitive Therapy Resources Page

<http://www2.hhsc.state.tx.us/CentralOffice/BehavioralHealthServices/CTMain.html>

II. Adult Mental Health A. Cognitive Process Therapy (CPT) Training Requirements and Obtaining "Approved Provider" Status

In order for practitioners to provide CPT they must complete the following multi-phase process:

1. Training Phase: Practitioners will complete the DSHS approved 2-Day classroom training on CPT or an equivalent training, such as Veteran's Administration training on CPT.
2. Consultation Phase: Practitioners will participate in the consultation phase of the training process by attending the scheduled consultation calls with qualified trainers/consultants and concurrently conducting CPT with clients. To complete this phase, the clinician must document attendance of at least 19.5 hours of consultation calls during the consultation period within one year of the classroom training.

3. Counseling Phase: The counseling phase requires practitioners complete two 12-session cases of CPT during the consultation phase within one year of the training.

Following completion of the consultation phase and the required two cases, providers may apply to be added to the CPT registry in the DSHS Training Infrastructure. Once added to the CPT Registry, the clinician is now in approved status. Being added to the registry creates a permanent record of those practitioners approved to provide CPT in Texas.

IV. Child and Adolescent Mental Health

Contractor shall meet and require Texas Resilience and Recovery (TRR) services subcontractors to meet the following training requirements for the DSHS-approved evidence-based practices prior to the provision of these services and supports. Completion of the requirements listed below shall be documented and maintained by Contractor or subcontractor. DSHS-approved evidence-based practices and training requirements are as follows:

Training and Competency Standards:

A. Skills Training and Development

1. Aggression Replacement Techniques utilizing the Aggression Replacement Training® curriculum: Aggression Replacement Techniques are required for the delivery of skills training and development in all CMH Levels of Care in which skills training and development services are available. Aggression Replacement Techniques shall be used as outlined in the TRR Utilization Management Guidelines. To deliver skills training and development services utilizing Aggression Replacement Techniques the following training requirements must be met:
 - a) Completion of at least a one-day live training hosted by any of the following: The Behavioral Institute for Children and Adolescents, G&G Consultants, Education and Treatment Alternatives, Inc., or an individual or entity designated as approved trainers by the aforementioned institutes; *or*
 - b) Documented completion of the “Aggression Replacement Training® DVD and the first five DVDs of the 6-DVD set workshop series [“Teaching Prosocial Behavior to Antisocial Youth: A Live Workshop Presentation”](#) by Dr. Arnold P. Goldstein,” as evidenced by signature of CMH Director (or designee) in the employee file, *and*
 - c) Completion of one of the following A.R.T.® curriculum fidelity observation forms within one year of completion of training: Anger Control Fidelity Form, Skillstreaming Fidelity Form, Moral Reasoning Fidelity Form.
2. Barkley’s Defiant Child and Barkley’s Defiant Teen: This protocol is currently required and shall be used as outlined in the TRR Utilization Management Guidelines. It is recommended for providers to complete a 6 hours training on this protocol by an approved trainer by Dr. Russell A. Barkley developer of this protocol.
3. Nurturing Parenting: Nurturing Parenting is a required protocol and shall be used as outlined in the TRR Utilization Management Guidelines. To deliver this protocol, completion of a 3-day training on Nurturing Parenting by a trainer who has been certified as an Organizational Trainer or National Trainer by Nurturing Parenting Programs® is required.
4. Seeking Safety: Seeking Safety is a required protocol and shall be used as outlined in the TRR Utilization Management Guidelines. To deliver this protocol, the following training requirements must be met:
 - a) Attendance at a 1-day live training on Seeking Safety by a trainer or training entity that has been designated as a trainer by Seeking Safety®; *or*
 - b) Documented completion of the 4 DVD set “Video Training Series on Seeking Safety” workshop as evidenced by signature of CMH Director (or designee) in the employee file; *and*

c) Completion of the fidelity form “Seeking Safety Adherence Scale” within one year of completion of training.

5. Preparing Adolescents for Young Adulthood (PAYA): PAYA is a required protocol and shall be used as outlined in the TRR Utilization Management Guidelines. There are no training requirements for this contracting period.

6. Wraparound Planning Process: Wraparound care planning process is required for Level of Care (LOC) 4 and the provision of Intensive Case Management (ICM). Facilitators must meet the following training requirements:

a) Ensure that Wraparound Process Planning is provided by an employee of the provider who is a QMHP-CS, CSSP, or LPHA. Providers must ensure that the employee has achieved Wraparound Facilitator training through a DSHS approved entity; and

b) Providers must ensure that Wraparound Facilitators have completed, or are in the process of completing, each of the core trainings listed below in the order in which they are listed. These trainings must be provided by a person/entity that has been certified as a training entity by the National Wraparound Initiative (NWI) standards:

1. Introduction to Wraparound
2. Engagement in the Wraparound Process
3. Intermediate Wraparound: Improving Wraparound Practice

c) At least once per month, Wraparound Facilitators must receive ongoing Wraparound supervision from a Wraparound Supervisor who has completed the following training which must be provided by a person/entity that has been certified as a training entity by the National Wraparound Initiative (NWI):

1. Advancing Wraparound Practice—Supervision and Managing to Quality

B. Counseling

Counseling services shall be provided by an LPHA, practicing within the scope of a license, or when appropriate and not in conflict with billing requirements, by an individual with a masters degree in human services field (e.g., psychology, social work, counseling) who is pursuing licensure under the direct supervision of an LPHA. The allowable models of counseling and practice requirements are:

a) Cognitive Behavioral Therapy (CBT): CBT is a required protocol. Providers of CBT must deliver the approved protocols as outlined in the TRR Utilization Management Guidelines *and* must meet the CBT Competency Policy outlined in Section I : Cognitive Behavioral Therapy Competency Policy of this Information Item;

b) Trauma-Focused Cognitive Behavioral Therapy (TF-CBT): TF-CBT is a required protocol. To deliver this protocol, the following training requirements must be satisfied:

i. Documentation of completed training from the DSHS TF-CBT Training (2009, 2010 Trainings) with Dr. Susana Rivera; *or*

ii. Completion of Basic Online Training on TF-CBTWeb® from the Medical University of South Carolina; *and*

iii. Completion of Online Training on Complex Traumatic Grief on TF-CBTWeb® from the Medical University of South Carolina; *and*

iv. Completion of at least 2 days of face-to-face TF-CBT training by a National Approved TF-CBT Trainer as designated by the Medical University of South Carolina or the developers of TF-CBT (Dr. Judith Cohen, Dr. Anthony Mannarino, or Dr. Esther Deblinger), *and*

v. Completion, or in process of completion, of 12 clinical consultation calls as required by the trainer. During the clinical consultation calls, the trainee must do at least one case presentation. Trainees are required to provide TF-CBT to at least one client during their clinical consultation period. A provider must have trainer approval of completion of all requirements or exceptions. A nationally approved trainer may require additional clinical consultations of a provider who does not demonstrate competency during the clinical consultation training period. Providers

who complete the required two days of live-training after December 31, 2014 must complete the clinical consultation requirements within 12 months of the end of their live-training.

vi. Grandfathering consultation calls: Providers who completed TF-CBT training and clinical consultations prior to FY 13 (September 1, 2012) will be grandfathered if they completed the clinical consultation requirements that were the national standards during their training period.

1. Providers who completed TF-CBT training between FY 13 and FY 14 are required to complete a minimum of 9 of their 12 consultation calls, as was required nationwide during that period.

2. TF-CBT Providers who completed the live-training prior to December 31, 2014 but did not complete the required consultation calls or did not participate in clinical consultation calls after their live-training must complete the 12 clinical consultation call within 12 months after December 31, 2014.

i. Supervisors: Staff in a supervisory role who do not provide TF-CBT or counseling services are required to participate in the trainings and clinical consultation calls but are not required by DSHS to do a case presentation. However, staff in supervisory roles are not allowed to provide TF-CBT counseling services unless they have completed clinical consultation according to subsection III.B.2.v of this information Item. If a staff member in an administrative supervisory role with required credentials wants to provide TF-CBT, the staff member must complete an additional 12 clinical consultation calls inclusive of a case presentation and provide TF-CBT during the consultation period according to national standards.

ii. National Certification: DSHS does not require TFCBT National Therapist Certification. A national certification as a TF-CBT certified therapist, approved by the national developers of TF-CBT, surpasses and supersedes all DSHS training and competency requirements for TF-CBT. More information about national certification can be found at: <https://tfcbt.org/>

iii. Providing TF-CBT services: A provider is allowed to start providing TF-CBT once he or she has completed all the online and live-training requirements while they complete the clinical consultation requirements as stated in this Information Item.

c) Parent-Child Psychotherapy (Dyad Therapy): This is an allowable model of counseling that may be delivered to children 3-7 years of age. To deliver this protocol, Contractor shall document completed training in one of the following DSHS approved models of Parent-Child Psychotherapy:

i. Certificate for training from the DSHS/Early Childhood Mental Health Training with Dr. Sarah Hinshaw-Fuselier (2006-2009 Trainings); *or*

ii. Certificate for training from the Early Childhood Mental Health Online Training with Dr. Neil Boris and Dr. Hinshaw-Fuselier (2011); *or*

iii. Parent-Child Psychotherapy certification from a DSHS approved university based institute, program; *or*

iv. Certified in Parent-Child Interaction Therapy (PCIT) by a PCIT International Certified Trainer or training entity that follows the current PCIT training guidelines as outlined by PCIT International® or by the developer of PCIT (Dr. Sheila Eyberg from the University of Florida).

C. Supervision

Supervisors of services and supports within TRR must be trained as trainers in the DSHS-approved evidence-based practices, be trained in evidence-based practices, or have provided the evidence-based practices prior to the supervision of the evidence-based practices. Supervisors must complete this requirement within 180 days of assuming a supervisory position. If supervisors are unable to complete this

requirement within 180 days of assuming the supervisory position, the LMHA must submit a plan to the department outlining how the supervisor will fulfill this requirement.

TRR Minimum Service Delivery Requirements

1. Covered individuals must receive the minimum hours of service prescribed in the DSHS TRR Utilization Guidelines. Failure to deliver the minimum hours of services could result in DSHS imposed penalties. Delivery of services in excess of the number of units authorized will result in unpaid claims.
2. Failure to provide at least one service in a 180-day period to a covered individual could result in a DSHS imposed penalty.

The requirements listed above represent only a partial listing of the requirements related to service delivery. Please review the following for additional requirements:

- Texas Administrative Code Rules:
 - Chapter 404, Subchapter E, *Rights of Persons Receiving Mental Health Services*
 - Chapter 405, Subchapter K, *Deaths of Persons Served by TDMHMR Facilities or Community Mental Health and Mental Retardation Centers (rev.6/95)*
 - Chapter 411, Subchapter G, *Community MHMR Centers*
 - Chapter 412, Subchapter G, *Mental Health Community Services Standards*
 - Chapter 414, Subchapter A, *Client-Identifying Information*
 - Chapter 414, Subchapter K, *Criminal History Clearances*
 - Chapter 414, Subchapter L, *Abuse, Neglect, and Exploitation in Local Authorities and Community Centers*
 - Chapter 419, Subchapter L, *Medicaid Rehabilitative Services*

Sanctions and Penalties

Applicant should be aware that any sanctions, penalties, or recoupments imposed by DSHS, Medicaid, or any other regulatory entity on the Local Authority that is a result of a contracted provider’s performance will be passed on directly to the provider and may be withheld from future payments.