



IDD SERVICES

HOST HOME

PROVIDER MANUAL

FISCAL YEAR 2016/2017

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Introduction

Welcome to MHMR Tarrant. We are pleased to recognize you as a member of our Host Home/Companion Care Provider Network and look forward to enjoying a long and mutually satisfying contractual relationship with you.

The purpose of this Provider Manual is to educate you about the policies and procedures of MHMR Tarrant. We ask that you read this material carefully and discuss any questions you may have with Provider Relations at (817) 569-4456. As a contractor you are responsible for knowing and abiding by the MHMR Tarrant policies.

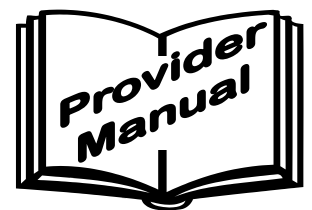
MHMR Tarrant is staffed by a team of highly dedicated professionals experienced in the provision of services for persons who are diagnosed with Intellectual Developmental Disorders. MHMR Tarrant is dedicated to providing high quality, innovative, and cost-effective management of IDD services.

Our philosophy is propelled by a strong commitment to service excellence supported by management flexibility and accountability. Our on-going objective is to continually refine our system so that we can excel in the delivery of quality services as we balance the best interests of our consumers, providers, and employees. We are also committed to contracting with providers to offer consumer provider choices and a wider array of options.

MHMR Tarrant clearly understands that open communication must exist between our service providers and our organization in order for us to be able to provide individuals in our community with the best possible care. We, therefore, invite you to share your perceptions, needs, and suggestions with our Director of Contracts Management/Provider Relations, Kevin McClean, who will also, from time to time, ask you to respond to surveys to help us identify other opportunities to improve our services and to assess your satisfaction as a member of our provider network.

We will do all that we can to support your entry into our system and assure that your continued participation in our network will be beneficial for all concerned.

In this Provider Manual, references may be made to consumers and clients. Both of these terms are to be considered interchangeable. Other references that are used interchangeably are MHMR Tarrant and Local Authority (LA), and Texas Department of Aging and Disability Services (DADS) and State Authority (SA).



Mission Statements & Values

Mission Statement of MHMR of Tarrant County

To enhance the mental health and intellectual development of people in our community.

Mission Statement of IDD Services:

*IDD Services of Tarrant County expands opportunities for people
to participate actively in the community.*

Values

Respect for persons and families who are active in planning and evaluating their services

Recovery as a life-long process of better health and well-being

Success as positive outcomes for each person

Choice and participation of persons and their families in the planning process

Inclusion in the community through services that promote growth and independence

Safe, ethical and cost-effective services

Best practices in current research in medical, psychosocial and organizational fields

Collaboration with other organizations for better services and efficiencies

Organizational Structure

The organizational structure of MHMR Tarrant includes the Mental Health and IDD Community Advisory Committees (CAC). These two committees are composed of individuals from the community, including consumers, who have a vested interest in assuring that quality services are readily available to our consumers. These committees are empowered to provide input into the planning process that will lead our organization into the future. Both of these committees report to our Board of Trustees.

Our Chief Executive Officer is accountable to our Board of Trustees and oversees the administrative duties of our organization. Chiefs who report directly to the Chief Executive Officer are the Chief of Early Childhood Intervention, Chief Financial Officer, Chief of Organizational Development, Chief of IDD Authority, Chief of IDD Provider, Chief of Behavioral Health Services and the Managing Director of Information Services.

Currently, MHMR Tarrant has providers in the areas of Mental Health Services, IDD Services, and Early Childhood Intervention Services. We anticipate continued growth in expanding our service providers from the community.

Important Points to Remember

It is the provider's responsibility to render services to MHMR Tarrant consumers in accordance with the terms of the contract and according to Home and Community Based Services (HCS) rules as applicable. www.dads.state.tx.us (HCS - Title 40; Part 1 Chapter 9 Subchapter D) The provider is required to render these services to MHMR Tarrant consumers in the same manner, adhering to the same standards, and within the same time availability as offered to all other consumers.

MHMR Tarrant does not guarantee that a MHMR Tarrant consumer or any number of MHMR Tarrant consumers will utilize any particular provider. Each consumer is given information regarding all providers in the provider network and then makes the choice of provider(s).

MHMR is committed to providing our consumers with ethically sound, efficient and effective quality services. It is your duty to assist in the prevention, detection and correction of any instances of noncompliance with applicable federal, state and private health care plans. Call to report your compliance concerns to the

- **Compliance Action Line:**
1-800-500-0333

Providers are required to inform consumers that they have the right to report any complaints about the services they are receiving to the

- **Consumer Complaint Reporting Line:**
(817) 569-4367
or
1-888-636-6344 (toll free)

All provider complaints and/or suggestions are to be communicated to

- **Provider Relations:**
(817) 569-4456

Within one hour of witnessing or becoming aware of possible abuse/neglect/exploitation each staff person is responsible for reporting the incident to the

Texas Department of Family and Protective Services
1-800-647-7418 or www.txabusehotline.org

Credentialing of Provider Employees and Agents

Non-licensed Provider Qualifications

All service providers must have a high school education (or GED), *or equivalent*, be 18 years of age, and not have been convicted of a crime relevant to a person's duties including (1) criminal homicide, (2) kidnapping and unlawful restraint, (3) indecency with a child, (4) sexual assault, (5) aggravated assault, (6) injury to a child, elderly individual, or disabled individual, (7) abandoning or endangering a child, (8) aiding suicide, (9) agreement to abduct from custody, (10) sale or purchase of a child, (11) arson, (12) robbery, (13) aggravated robbery, (14) indecent exposure, (15) improper relationship between educator and student, (16) improper photography or visual recording, (17) deadly conduct, (18) aggravated sexual assault, (19) terroristic threat, (20) online solicitation of a minor, (21) money laundering, (22) Medicaid fraud, (23) cruelty to animals, and (24) a conviction which occurred within the previous five years for: (A) assault that is punishable as a Class A misdemeanor or as a felony; (B) burglary; (C) theft that is punishable as a felony; (D) misapplication of fiduciary property or property of a financial institution that is punishable as a Class A misdemeanor or felony; or (E) securing execution of a document by deception that is punishable as a Class A misdemeanor or a felony. (F) false identification as peace officer, and/or (G) disorderly conduct.

Provider is required to provide copies of high school diploma, GED, or an equivalent. Educational equivalency requires the submission of 5 letters of reference.

Provider is also required to provide copies of driver's license, consent for Criminal History Background Checks and Employee Misconduct/Nurse's Aide Registry Verifications. MHMR Tarrant will prior to contracting and annually thereafter check the Client Abuse and Neglect Reporting System (CANRS) records from the state database on all persons living in the home. Persons with a record on the CANRS system may or may not be eligible for work with MHMR Tarrant consumers depending upon program requirements and/or severity of offense.

Initial/annual updates of Criminal History Background Checks, Employee Misconduct, Nurse's Aide Registry and CANRS checks will be completed by MHMR Tarrant staff. MHMR Tarrant will conduct the background checks for all persons under the age of 18 living in the home. . All background checks will be completed through The Texas Department of Public Safety. In the event a staff person has resided outside of the State of Texas within five years prior to contracting with MHMR Tarrant, a fingerprint criminal history background check will be performed at a cost to the provider.

Home and Community Based Services (HCS) **Referral and Authorization Process**

Referral Process

There is no guarantee that a contractor will be used by an MHMR Tarrant consumer or any number of MHMR Tarrant consumers. The MHMR Tarrant HCS Program Provider will offer the consumer a choice of service providers from the list of contracted Providers. Consumer's choice will be documented. Once the consumer has decided upon a service provider the HCS Program Provider will develop and approve an Implementation Plan (IP) and make the referral to the appropriate contractor. The IP will specify the services to be provided for the consumer. The IP will be consumer specific; however, the service provider should not solely rely on the ISP for all pertinent information regarding the consumer.

The service provider is encouraged to contact the Provider Representative if assistance is needed to obtain guardianship information, doctor's orders, current medications, etc.

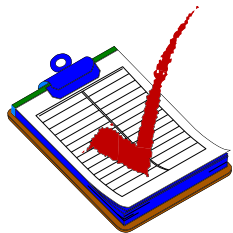
The consumer may change service providers at any time. Whenever a change of providers is requested within the service plan year a notice will be sent to the Provider which will specify the date services are to end. After the specified date the Provider is no longer expected to provide services and will not continue to be paid for services rendered.



HCS Services

- Audiology
- Behavior Supports
- Day Habilitation
- Dental
- Dietary
- Nursing
- Occupational Therapy
- Physical Therapy
- Residential Assistance
 - Host Home/Companion Care;
- Respite
- Speech and Language Pathology
- Supported Employment
- Employment Assistance

Documentation



Provider must maintain records necessary to verify services delivered and billed to MHMR of Tarrant County. Documentation necessary for MHMR Tarrant to process a claim must meet the following guidelines: Documentation must be complete, legible, properly signed with the title, date and time as required. Documentation includes:

1. Observation notes
2. Service deliver/provider logs
3. Recreation calendars
4. Progress notes
5. Receipts for purchases
6. Medication logs

Consistent and regular service provision shall be maintained for all authorized MHMR Tarrant consumers. Provider staff will be fully responsible for the supervision of all MHMR Tarrant consumers when they are providing services. No person shall be left unsupervised during service provision..

Provider must provide copies of the following documentation to the Contract Monitor annually and/or as changes occur:

1. Names of all persons residing in the home
2. Evidence of all required pet immunizations
3. Evidence of auto insurance coverage
4. Evidence of home owners insurance coverage
5. Evidence of required completed training

CONFIDENTIALITY

Provider will retain protected health information and all records, reports, and source documentation related to service event data sufficient to support an audit concerning contracted expense and services, including work papers used to calculate individual costs for a minimum of six (6) years. Provider will receive, store, process, or otherwise deal with client information, if any, accessed or generated during services.

MANAGEMENT OF VERBAL AND PHYSICAL AGGRESSIVE CONSUMERS

MHMR Tarrant is committed to the safety of each consumer served as well as each contractor. If the contractor is in a situation with a consumer who begins to display agitation, they are to use communication first (SAMA Assisting Process (or other similar DADS approved training) in attempts to de-escalate the situation. If the situation becomes too difficult to manage and there is threat of harm to anyone, the use the SAMA Protection techniques (or other similar DADS approved training) to protect themselves and others is permitted with proper training.

Restraining/Containing a consumer is only to be used when there is a formal Behavior Supports program which includes containment or in an emergency situation. Restraint/Containment is only to be used by

Provider who have completed training in SAMA Containment and Restraint (or similar DADS approved training).

If a consumer has been restrained, the Provider must immediately notify the consumer's primary Support Coordinator, nurse and the QM Coordinator at 817-569-4032. The incident report must be completed and faxed to the QM Coordinator by no later than the end of the same business day that the restraint/containment occurred.

Billing

MHMR Tarrant is monitored continuously by DADS for programmatic and financial compliance with the State Performance Contract. The programmatic responsibilities are shared with our Providers; therefore when the Provider is in compliance, MHMR Tarrant is in compliance. If MHMR Tarrant is sanctioned financially by DADS due to an error by the Provider, MHMR Tarrant may share those financial sanctions with the Provider. It is imperative that we work closely in order to maintain compliance with DADS requirements. MHMR Tarrant follows the billing guidelines as outlined by DADS.

In order to ensure prompt payment, each Provider must submit

1. All required documentation to the Agency by the 5th of the month following service provision;
2. Providers must ensure that all documentation submitted is in compliance with the Service Exhibits attached to the contract.

Specific information is required to be documented in progress notes on each MHMR Tarrant consumer to process payment:

1. The consumer's name
2. The consumer's ID #
3. The service date
4. The time the service started
5. The time the service ended
6. The provider name and title who is providing the service
7. Original supporting documentation required to support billing for specific services with original signature of the person providing the service
8. Signature of provider and date

Billing should be sent to:

**MHMR of Tarrant County
IDD Services Billing Department
1300 Circle Drive
Fort Worth, Texas 76119**

Payments will typically be made to Provider for Authorized Covered Services within thirty (30) days of receipt of an undisputed, accurate, complete bill for services with all required supporting documentation.

If the Provider is not satisfied with the billing and payment services they receive they are encouraged to contact the Provider Relations department:

**Kevin McClean, Director of Contracts Management and Provider Relations
MHMR of Tarrant County
P.O. Box 2603
Fort Worth, Texas 76113**

CONTACT NOTIFICATION SHEET

If this happens:	Then call:
You believe that you or someone else is in immediate danger, get to a safe place and	<ul style="list-style-type: none"> • Call 911 immediately
You believe that abuse, neglect, or exploitation of a consumer of any age has occurred in an MHMR Tarrant facility or with a contracted provider	<ul style="list-style-type: none"> • Texas Department of Family and Protective Services (TDFPS) at 1-800-647-7418 within the hour • Secure the safety of the alleged victim • Obtain immediate and ongoing medical and/or other appropriate supports for the alleged victim • Restrict access by the alleged perpetrator to the alleged victim • Notify the alleged victim, the alleged victim's Legally Authorized Representative (LAR) of the allegation report within 24 hours • Notify the QM Coordinator at 817-569-4032 of the allegation report within 24 hours • Cooperate with the TDFPS investigation
You believe that abuse, neglect, or exploitation has occurred to a person with a disability of any age at the hand of a person's parent, husband, wife, boyfriend, girlfriend or roommate	<ul style="list-style-type: none"> • TDFPS (formerly known as APS) at 1-800-252-5400 • TDFPS (formerly known as CPS) at 1-800-252-5400 • Contact the Domestic Violence Hotline 1-800-799-7233 • Complete Incident Reporting Form (fax 817-569-4059)
<p>You become aware of any of the following in a non-crisis situation:</p> <ul style="list-style-type: none"> • a consumer dies • news media coverage is likely • a consumer threatens Homicide with a plan • a consumer attempts Homicide • a missing person police report is filed • there is a Catastrophic Event such as a bomb threat, explosions, or major fire which involves MHMR Tarrant consumers • there is a litigation threat from a MHMR Tarrant consumer or staff, family/guardian involving an MHMR Tarrant consumer (if someone is threatening to sue) • a consumer is restrained/contained • you are notified by TDFPS that an investigation will be occurring regarding MHMR Tarrant consumer 	<ul style="list-style-type: none"> • Support Manager; and • The QM Coordinator at 817-569-4044 within 24 hours • Complete a Contractors Incident Reporting Form (fax) • Follow all other identified steps according to any other contractual obligations <p>If any of the incidents occur as a crisis situation, of course, follow your crisis plan.</p>
You restrain/contain a consumer in accordance with a written Behavior Support Plan	<ul style="list-style-type: none"> • Notify the person who wrote the Behavior Support Plan within one hour of implementing the restraint/containment.

<p>If you become aware of any of the following:</p> <ul style="list-style-type: none"> • Consumer has an illness which required admission to a hospital • Consumer was injured and required treatment by a Nurse, Doctor, EMS or Emergency Room • Consumer was injured but did not require ER treatment • 911 Called regarding an MHMR Tarrant consumer • Physical Aggression by an MHMR Tarrant consumer (forceful or hostile actions with intent to harm self/others or property) • Work Related Injury • Psychiatric Admission • Illegal Substances that are being used/found/reported • Sexual Misconduct • Auto Accident Involving Consumers • Consumer's financial loss • Criminal activity by or against a consumer • Medication error • Possible exposure to infectious diseases • Self-Abusive Behavior 	<ul style="list-style-type: none"> • The nurse • Support Manager; and • The QM Coordinator at 817-569-4044 within 3 working days • Complete a Contractors Incident Reporting Form (fax 817-569-4059)
<p>A Provider is not in compliance with MHMR Tarrant's Compliance Plan related to billing, contracting, ethics and following federal, state or contract guidelines</p>	<ul style="list-style-type: none"> • MHMR Tarrant's Compliance Line, answered 24/7 at 1-800-500-0333

Contractor Staff Training Agreement

Scheduling Training with Training & Development Department of MHMR Tarrant

Provider is responsible for ensuring all required training is received. Provider may meet training requirements by either using the provided MHMR Tarrant Training Packet or purchasing required training from the Training & Development Department. Upon request, the Training & Development Department will provide a calendar of monthly training opportunities to the Provider. Provider may register staff for classes by calling at **(817) 569-4342** prior to the scheduled class or emailing training.requests@mhmrtc.org. Classes fill fast so the sooner the notice the better. If a class is full another date will be provided. Payment is due prior to the class via credit card. Provider will be billed for any persons registered for classes who do not attend unless the Training & Development Department receives a cancellation notice by phone call or email at least forty-eight (48) hours prior to the scheduled class begins.

Required (Initial/Annual) Training Elements for Unlicensed Contractors/Staff:

- Competency in the safe management of verbally and physically aggressive behavior (verbal SAMA)
- American Heart Association CPR
- American Heart Association First Aide
- Recognition, Reporting, and preventing abuse, neglect, and exploitation
- Infectious and communicable diseases
- MHMR Tarrant Compliance Plan
- Client Rights
- Self-Administering of Medications
- Charting and Observation
- Privacy/HIPPA
- Risk Management and Incident Reporting
- Environmental Safety for Individuals with Developmental Difficulties
- Customer Relations
- Hazardous Chemicals
- Any other Program specific trainings

The Training & Development Department of MHMR Tarrant County offers a variety of training opportunities for any Provider who desires to participate. The Training & Development Department has a learning management system with a library of online courses as well that provide CEU certificates to specific disciplines.

Attached you will find the training cost sheet that lists some trainings offered and costs (please note pricing may change without notification).

Provider will be sent an invoice monthly for all training provided with a copy of the training record attached. Payment is expected prior to the class being taken.

MHMR of Tarrant County

The Training Department



Phone 817-569-4342 Fax 817-569-4493 email: Training.requests@mhmrtc.org

Class	Course Name	Cost for MHMR Contractors	Cost to Participant if cancels less than 24 hours	Credit Hours	Frequency for Employees
Abuse	AB	\$20.00	\$20.00	2	Annual refresher On-line course self paced Prerequisite for CLRT 101
Client/Patient Rights	CLR101	\$20.00	\$20.00	2	Annual refresher On-line course self paced Prerequisite for CLRT 101
Clients Rights	CLRT101	\$30.00	\$30.00	3	One time only class
Confidentiality/ Privacy/HIPAA	CH101	\$30.00	\$30.00	3	Annual Refresher
CPR- Heart Saver First Aid/Seizures adult/child/AED	CPRN400	\$50.00	\$50.00	6	Class-Room Every 2 years
CPR- Healthcare provider for MD's and RN's	CPRN300	\$40.00	\$40.00	4	Class-Room Every 2 years
Case Management Basics	CASEMGT101	\$30.00	\$30.00	3	One-time
Deficit Reduction ACT	DRA101	\$10.00	\$10.00	1	Annual Refresher
Hazardous Chemicals	HC101	\$15.00	\$15.00	1.5	One-time
Lifting and Transferring	BSAF101	\$20.00	\$20.00	2	One time
Defensive Driving- TEA approved	DDING100	\$30.00	\$30.00	6	Class-Room Every 3 years (adjusted cost-avg)
Environmental Safety for Individuals with Disabilities	ESIDD1001	\$30.00	\$30.00	3	Annually
Infection control Part 1/2	ICP1/2	\$20.00	\$20.00	2	Annually
Observation and Documentation	OBD0C100	\$20.00	\$20.00	2	One -time
Overview of Principles of Positive Behavior Support for DSP					
Pharmacology	PH100	\$20.00	\$20.00	2	Every 3 years
Self Administration of Meds	SAM100	\$20.00	\$20.00	2	Every 3 years
SAMA- Assisting	SAMA100	\$30.00	\$30.00	4	Annual
SAMA- Assisting and protection	SAMA100/200	\$50.00	\$50.00	7	Annual
SAMA-Assisting/ protection/containment	SAMA100/300	\$60.00	\$60.00	8	Annual

Group Rates can be negotiated based on contract, MOU and number of participants

Complaints

Complaints from Consumers

All consumers receiving services will be informed of their right to file a complaint. MHMR of Tarrant County desires Providers who provide quality services. At any time a consumer is unhappy with the services provided they will be encouraged to voice their concern. The consumer, or Service Coordinator/Support Manager on the consumer's behalf, will report their dissatisfaction to the designated Contract Monitor for investigation. The Provider will be notified of all concerns for collaboration of a resolution to satisfy all involved.

Consumers should call to report compliance concerns to the

- **Compliance Action Line:**
1-800-500-0333

Consumers should all to report all complaints about the services received and rights issues to the

- **Consumer Complaint Reporting Line:**
(817) 569-4367
or
1-888-636-6344 (toll free)

Consumer should call to report abuse/neglect/exploitation to

- **Texas Department of Family and Protective Services**
1-800-647-7418 or www.txabusehotline.org

Complaints from Provider

MHMR of Tarrant County desires a successful partnership with Providers to best serve the Consumers. To this end, MHMR Tarrant encourages Providers to call with concerns, problems and complaints regarding MHMR Tarrant's operations and interactions with the Provider. . Every effort will be made to address the issues involved.

All complaints and/or suggestions by the Provider should be directed to the

- **Provider Relations Department:**
(817) 569-4456.

Contract Monitoring

It is MHMR Tarrant desire to have a cohesive, competent Network of Providers. In order to facilitate the best Network of Providers possible MHMR Tarrant has designated staff to serve as Contract Monitors. Each Provider will have an assigned Contract Monitor that will be available to provide training and technical assistance on an as needed basis. The following activities are some of the responsibilities of the Contract Monitor:

1. Ensure each provider maintains current insurance.
2. Ensure each provider maintains current staff training.
3. Ensure background and registry checks are completed for all provider staff.
4. Ensure each provider maintains current credentials if appropriate.

Each Provider will be responsible for ensuring the Contract Monitor has current contract requirement documentation prior to the expiration of such documentation. The contract requirements include insurance, staff training, and background checks. Contract sanctions may be imposed if such documentation is not provided.

Sanctions, Appeals and Contract Termination

MHMR of Tarrant County will take action for events that pose a hazard to Consumers or potentially violate service guidelines.



Sanctions

MHMR of Tarrant County will impose sanctions if the Provider does not maintain quality services in compliance with this contract, as well as state and federal standards. Notice of Default or Notice of Termination will be sent by certified mail to the Provider. Sanctions may include, but are not limited to:

- a. Immediate termination of contract
- b. Withholding of new referrals
- c. Withholding of outstanding payments, in whole or in part
- d. Request for recouments of funds paid to the Provider for services
- e. Fines, charge backs or offsets against future payments
- f. Suspension of contract and referral of existing Consumers elsewhere, pending appeal
- g. Determination of specific training/retraining for Provider staff

Appeal Process

If the Provider wishes to appeal a decision by MHMR of Tarrant County to impose a sanction, the Provider must notify The Director of Contracts Management/Provider Relations in writing within seven (7) days of receipt of a Notice of Default or Notice of Termination of the request for appeal. If the Provider has additional information, not taken into consideration at the time the Sanction was imposed, documentation must be submitted with the request for appeal. Correspondence must be sent to:

Kevin McClean, Director of Contracts Management/Provider Relations
MHMR of Tarrant County
P.O. Box 2603
Fort Worth, Texas 76113

Contract Termination

If the Provider elects to terminate the relationship with MHMR Tarrant and no longer provide services to MHMR Tarrant Consumers the Provider may terminate the Contract with a thirty (30) day written notice.

If the contract is terminated, the Provider is expected to cooperate with MHMR Tarrant in the transfer of Consumers to other providers.

Requisite Rules & Regulations

Provider is responsible for ensuring that it and its employees read, understand and abide by the information contained in this Provider Manual, the contract, the Training packet as well as the following materials:

IDD Priority Population Definition:

The DADS priority population for IDD services consists of individuals who meet one or more of the following descriptions:

- *Persons with IDD, as defined by Texas Health and Safety Code*
- *persons with pervasive developmental disorders, as defined in the current edition of the Diagnostic and Statistical Manual, including autism;*
- *persons with related conditions who are eligible for services in Medicaid programs operated by the department, including the ICF/MR, HCS, and HCS-O programs;*
- *nursing facility residents who are eligible for specialized services for IDD or a related condition pursuant to Section 1919(e)(7) of the Social Security Act; or,*
- *children who are eligible for services from the Early Childhood Intervention Interagency Council.*

The determination of IDD, pervasive developmental disorders and related conditions must be made through the use of assessments and evaluations performed by qualified professionals. A member of the priority population for IDD services may not be eligible to receive all IDD services funded by the department. (For example, a person with related conditions may not be programmatically eligible for certain services or a person with IDD may not be eligible for a service because it is not appropriate for the individual's level of need.) Admission to IDD services is based on an individual's need and eligibility for a particular service, in accordance with the rules and policy of the department.

Texas Administrative Code:

Rules of the Texas Department of Mental Health and IDD Title 40, Part I

(Note: Rules may be accessed at www.state.tx.us or you may request a printed copy from MHMR Tarrant.)

Relevant Rules Grid

Chapter 4, Subchapter A	Protected Health Information
Chapter 4, Subchapter C	Rights of an Individual with IDD
Chapter 2, Subchapter A	Notification and Appeals Process
Chapter 2, Subchapter C	Charges for Community-Based Services
Chapter 4, Subchapter L	Abuse, Neglect, and Exploitation in Local Authorities and Community Centers
Chapter 1, Subchapter G	Community MHMR Centers
Chapter 2, Subchapter L	Service Coordination
Chapter 2, Subchapter F	Continuity of Services - State IDD Facilities
Chapter 2, Subchapter G	Role and Responsibilities of a IDD Authority
Chapter 5, Subchapter D	Diagnostic Eligibility for Services and Supports -IDD Priority Population and Related Conditions
Chapter 4, Subchapter K	Criminal History and Registry Clearances

FORMS

Consent to Background Investigation
MHMR OF TARRANT COUNTY

Agency: _____

First Name	Middle Name	Last Name	
Street Address	City	State	Zip
County	Area Code/Telephone No.	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Social Security Number	Drivers License Number/State	State issued identification number/State ID Issued	
List all states you have lived in the past five years:	<input type="checkbox"/> Board Member <input type="checkbox"/> Volunteer <input type="checkbox"/> Employee	Race: _____	

MHMR of Tarrant County can assume no liability nor responsibility should the results of this background check divulge the applicant as ineligible for consideration as a provider of services to this Professional Services Agreement.

With the below signature, I give MHMR of Tarrant County my permission to run the above described background check, as well as declare my full understanding that the above test will be performed by MHMR Tarrant and on an annual basis thereafter.

Signature	Date

If Provider, its officers, employees or agents have a conviction as described in this section of this Agreement, then this Agreement may be terminated without prior notice. For the purposes of this Agreement, convictions of criminal offenses which constitute an absolute bar to employment are (1) criminal homicide, (2) kidnapping and unlawful restraint, (3) indecency with a child, (4) sexual assault, (5) aggravated assault, (6) injury to a child, elderly individual, or disabled individual, (7) abandoning or endangering a child, (8) aiding suicide, (9) agreement to abduct from custody, (10) sale or purchase of a child, (11) arson, (12) robbery, (13) aggravated robbery, (14) indecent exposure, (15) improper relationship between educator and student, (16) improper photography or visual recording, (17) deadly conduct, (18) aggravated sexual assault, (19) terroristic threat, (20) online solicitation of a minor, (21) money laundering, (22) Medicaid fraud, (23) cruelty to animals, (24) a conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense listed under paragraphs (1)-(13) of this subsection; and (25) a conviction which occurred within the previous five years for: (A) assault that is punishable as a Class A misdemeanor or as a felony; (B) burglary; (C) theft that is punishable as a felony; (D) misapplication of fiduciary property or property of a financial institution that is punishable as a Class A misdemeanor or felony; or (E) securing execution of a document by deception that is punishable as a Class A misdemeanor or a felony. (F) false identification as peace officer, and/or (G) disorderly conduct