

Frequently Asked Questions (FAQ's)

How do I submit the Inquiry List to DSHS?

The Inquiry List is emailed to YESWaiver@dshs.state.tx.us on the last business day of each month.

How long does it take to get approval for a Clinical Eligibility Determination (CED)?

DSHS has 5 business days from the date the CED was placed in “Ready for Review” in CMBHS to make the determination.

How do I submit YES Waiver Service claims for payment?

All YES Waiver service claims –called service notes—are entered into CMBHS for payment.

Can TCOOMMI funded youth be enrolled in the YES Waiver?

Yes, an individual participating in TCOOMMI can also be enrolled in the YES Waiver.

Can I bill for Intensive Case Management before the first wraparound team meeting?

Yes, Intensive Case Management services are reimbursable before the first wraparound team meeting. For more information, see the “Using Wraparound to Provided Intensive Case Management” presentation available at <https://www.dshs.state.tx.us/mhsa/yes/>.

Do I continue to bill regular services (i.e. skills training, therapy, psychiatry, and intensive case management) through the Medicaid MCOs?

Yes, billing for traditional state plan services is not affected by the YES Waiver.

How are critical incidents reported to DSHS?

A YES Waiver Critical Incident Report is located in the [Forms Library](#) on the YES website. Completed Critical Incident Reports should be sent to YESWaiver@dshs.state.tx.us and in accordance with the current YES Policy Manual posted on the YES website.

Is there a deadline for submitting critical incident reports?

LMHAs must submit a Critical Incident Report to DSHS **within 72 hours** of finding out about the critical incident. LMHAs should also submit a Critical Incident Report when there is updated information regarding the critical incident (i.e. when a participant is released from the hospital or returns home).

Do I have to update the 90-day TRR Uniform Assessment (UA) for individuals enrolled in YES?

Yes, the LOC-R generated by the 90-day update UA should be deviated to an LOC-A of “LOC-YES” while the child/youth is enrolled in YES. This authorizes TRR services—including Intensive Case Management—which function independently of YES Waiver services..

Is there a specific form or format required for transition plans?

Currently, DSHS does not have a form or template for transition plans.

What program documentation is reviewed during DSHS on-site reviews?

DSHS reviews include the following:

- LMHA maintenance of the Inquiry List
(including attempts to contact LAR, complete demographic eligibility, and attempts to schedule intake assessment)
- Progress notes for Intensive Case Management Services
- Wraparound Plan
- Progress notes for waiver services
(for more information, see the Service Documentation section of the YES Policy Manual which can be found at <http://www.dshs.state.tx.us/mhsa/yes/>)

Do I need to submit outreach and marketing materials to DSHS for approval?

Yes, outreach and marketing information must be reviewed and approved by DSHS. Please email them to YESWaiver@dshs.state.tx.us with the subject line “approval requested: outreach and marketing information.” Most approvals are made within 5 business days.

Do individuals authorized for LOC-YES count toward overall service targets and performance measures in the LMHA Performance Contract?

Individuals enrolled in LOC-YES are counted toward service targets in the LMHA Performance Contract. However, LOC-YES is not considered a full level of care (FLOC) and is excluded from many of the measures in the LMHA Performance Contract. For questions regarding the LMHA Performance Contract, please contact the DSHS Contract Management Unit.

How do I know when DSHS has approved something that was submitted in CMBHS?

Approved documents are placed in the ‘Closed Complete’ status in CMBHS. If the document requires changes for approval, it will be put back into ‘Draft’ status by DSHS. It is the responsibility of the LMHA to track the status of approvals in CMBHS.

Do I submit Enrollment Packets through CMBHS?

The Enrollment Packet is not submitted to DSHS; however, it must be kept in the participant case record.

What is a pre-engagement service, and when is it used?

LMHAs can request reimbursement for the time spent enrolling individuals in Medicaid through the special income group through the waiver who are ultimately denied Medicaid enrollment. (Please note that because participants must already be enrolled in Medicaid to qualify for GR-funded Programs, pre-engagement services are not available to these programs.)

What impact does enrolling in YES Waiver Services (LOC-YES) have on the individual's TRR services?

Individuals enrolled in YES waiver are entitled to all TRR services for which they have a clinical need. LOC-YES authorizes TRR services, which function independently of YES Waiver services. The services and supports that are needed are determined during the Wraparound process, and are often a mix of state plan (TRR) services and YES waiver services. Please see the utilization management guidelines for LOC-YES below (TRR services only):

Authorization Period: 90 Days		
Average Monthly Utilization Standard For This Level of Care: N/A		
Across the population served at this LOC, some individuals may require more/less intense provision of services or utilize services at a higher/lower rate and/or may access different services through YES Waiver or other community resources.		
Entitled Services: Children/youth enrolled in YES Waiver are enrolled in Medicaid and entitled to all Medicaid behavioral health services as well as services specific to the YES Waiver service array. Information on YES Waiver service array, provided by YES Comprehensive Provider Agencies may be found at http://www.dshs.state.tx.us/mhsa/yes/ .	Individual Services in LOC – YES Estimated Utilization Per Month	
	Standard Therapeutic	High Need Therapeutic
Psychiatric Diagnostic Interview Examination	N/A	1 Event (1 unit)
Intensive Case Management (Wraparound)	4 hours (16 units)	8 hours (32 units)
Routine Case Management*	4 hours* (16 units)	8 hours* (32 units)
Counseling includes any/all of the following:		
Counseling (Individual)	2 hours	4 hours
Counseling (Group)	2 hours	4 hours
Counseling (Family)	2 hours	4 hours
Skills Training & Development includes any/all of the following:		
Skills Training & Development (Individual)	3 hours (12 units)	6 hours (24 units)
Skills Training & Development (Group)	3 hours (12 units)	6 hours (24 units)
Pharmacological Management	1 Event (1 unit)	4 Events (4 units)
Medication Training and Support either/both of the following:		
Medication Training and Support (Individual)	.5 hours (2 units)	4.5 hours (18 units)
Medication Training and Support (Group)	.5 hours (2 units)	4.5 hours (18 units)
Skills Training & Development (delivered to the caregiver or LAR)	3 hours (12 units)	6 hours (24 units)
Crisis Service Array: Authorized as medically necessary and available during psychiatric crisis	Utilization for Crisis Service Array can be found on page 30	

* To be used only if ICM is not available and to be discontinued upon availability of ICM. In accordance with the Waiver approved by CMS, person-centered planning must be utilized in the development of the IPC. Therefore if Routine Case Management is utilized, wraparound process planning will be utilized to coordinate LOC-YES services and Waiver services; and the anticipated utilization of Routine Case Management is equivalent to the anticipated utilization of ICM.

If an individual receives an LOC-R other than LOC-4 LOC-R, how do I complete the Service Request/Authorization (SRF) section which asks “Please indicate the recommended level of care generated from the CMBHS system.”?

LOC-YES is not currently represented on the SRF. Providers should include LOC-4 as the LOC-R generated from the CMBHS system and provider requested level of care for YES participants.

What do I do if a MCO does not approve the LOC-4 for a YES Waiver participant?

MCOs should approve LOC-4 for YES Waiver participants. Refer the MCO to their health plan manager (HPM) at HHSC for policy clarification. All complaints/inquiries should be routed to the HPM Complaints box for tracking and trending. Please include any known names of MCO staff members that have been contacted to avoid duplication of efforts.

In the DSHS process for Fair Hearings, an LMHA does not change the LOC from a higher to lower LOC for 10-14 days after the determination that a different LOC is appropriate. This is to allow for the Medicaid Fair Hearing letter to be sent and the member time to respond. Will the MCOs allow the current LOC to remain for 14 days before starting the new authorization at the lower level of care?

Based on contract requirements, MCOs must continue services for at least 10 days after the notice has been sent. However, providers should reach out to the MCO to discuss the process, and any specific requirements by the MCO. All complaints/inquiries should be routed to the health plan manager Complaints box for tracking and trending.