



Emergence Health Network

El Paso Center for Mental Health/Intellectual Disabilities

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ADDENDUM

To: All Interested Proposers

From: Ashley Sandoval, ACEO

Date: October 15 2018

Subject: Specialized Therapy and Services for Youth Empowerment Services (YES)
Medicaid Waiver Program, RFA 18-002 **Addendum I**

This addendum includes rate modifications to Exhibit 2 “Payments and EHN Obligations”

Except as otherwise stated below and by any previous and subsequent Addenda, the above referenced Request for Applications (RFA), remains unchanged. Furthermore, this Addendum is hereby made part of the contract documents.

Any questions or additional information required by interested vendors must be emailed to bidquestions@ehnel Paso.org . RFA number and title must be on the “Subject Line” of the email. Attempts to circumvent these requirements may result in rejection of the proposal.

EXHIBIT 2**Payment and EHN Obligations**

SERVICE NAME	RATES
<ul style="list-style-type: none">• The unit designation for each specialized therapy is 15-minutes. One 15-minute increment is billed as one unit	
<ul style="list-style-type: none">• In order to bill for a unit of providing a specialized therapy service, the entire unit must be provided to participant, face-to-face.	
<ul style="list-style-type: none">• A therapist who participates in a Child and Family Team Meeting in-person is permitted to bill for a maximum of one hour, for each child and Family Team meeting attended.	
COMMUNITY LIVING SUPPORT	\$22.52
FAMILY SUPPORT	\$5.63
PARAPROFESSIONAL	\$5.54
NUTRITIONAL COUNSELING	\$12.44
ANIMAL ASSISTED THERAPY	\$19.36
ART THERAPY	\$19.36
MUSIC THERAPY	\$19.36
RECREATIONAL THERAPY	\$19.36

1. EHN agrees to pay Provider based upon the above schedule for fiscal year 2018 (beginning on September 1) and every fiscal year thereafter. The effective date of rate is as of November 1st, 2018.
2. Payment to Provider is contingent upon appropriations by the legislature of the State of Texas for funding of the services contemplated under this Agreement.
3. Travel expenses will not be reimbursed.
4. Provider expressly understands and agrees that EHN shall render no payment whatsoever to Provider for Covered Services provided to an individual who has not been referred to Provider.
5. Payment for Covered Services is conditioned upon the Provider completing the documentation necessary for EHN to process the claim(s). The documentation must meet standards, reporting requirements and rules set forth by EHN.
6. If EHN overpays Provider for any reason, Provider hereby authorizes EHN to offset the amount of such payments against future payments to Provider, upon reasonable notice to Provider and submission to Provider of appropriate supporting documentation. If EHN underpays Provider for any reason, EHN will pay the difference between the amount paid and the amounts payable pursuant to the Agreement within thirty (30) days of discovering such underpayment.