



TEXAS
Health and Human
Services

Community Services Contract Amendment

Section 1. Contractor Information

Name of Legal Entity (the "Contractor") THE GARDENERS HOME LLC			
Contract No. HHS000004600252	Provider No. 1030019	Contract Type HCS	
Doing Business As (d/b/a) Name, if applicable		Amendment No. 1	Component Code 7G3
Address of Contractor (street, city, state, ZIP) 5315 DUVAL DR GRAND PRAIRIE, TEXAS 75052		Service Area (Region, Catchment Area or Waiver Contract Area) WCA 3	
Taxpayer ID. No. (EIN or SSN) 18150792739		National Provider Identifier (NPI) or Atypical Provider Identifier (API) 1609313832	
Email Address of Contractor's Signature Authority ROBERTDOUGLASJR@HOTMAIL.COM		Area Code and Phone No. (214) 809-9780	
Service Codes 5A, 7, 8, 9, 10C, 10CFC, 10COH, 11A, 11X, 13A, 13B, 13C, 13D, 15, 16, 16A, 16B, 18A, 20CFC, 34, 35, 36, 37, 41, 41B, 41BA, 41E, 43A, 46, 47, 48, 53, 53A, 54, 58, 61			

Section 2. Introduction

This amendment to the contract referenced above (the "Contract") is entered into by the Texas Health and Human Services Commission ("HHSC") and the Contractor named above (HHSC and Contractor, collectively, the "parties," each, a "party").

Section 3. Amendment Modifications

The parties hereby agree that each marked provision below is hereby added to the Contract as though it was set out word-for-word in the Contract.

☐ The following ☐ counties ☐ Local Intellectual and Developmental Disability Authorities (LIDDAs) are added to the Contract.

☐ The following ☐ counties ☐ LIDDAs are deleted from the Contract.

☐ Attachment A (relating to covered counties) is incorporated into the Contract and represents the full listing of counties served by Contractor as a result of this amendment.

☐ The attached Form 3691-A, Service Area Designation HCS, TxHmL, CDS and TAS, is incorporated into the Contract and replaces the Contractor's previously submitted Form 3691-A.

☐ Contractor agrees to screen its employees and contractors to determine whether they have been excluded from participation in Medicare, Medicaid, the State Children's Health Insurance Program and all federal and state health care programs. Contractor agrees to search monthly the U.S. Department of Health and Human Services Office of the Inspector General (HHS-OIG) and Health and Human Services Commission-Office of the Inspector General (HHSC-OIG) List of Excluded Individuals/Entities (LEIE) websites to capture exclusions and reinstatements that have occurred since the last search and to immediately report to the HHSC-OIG any exclusion information the contractor discovers. Exclusionary searches for prospective employees or contractors shall be performed prior to employment or contracting. The Contractor also acknowledges and agrees that no Medicaid payments can be made for any items or services directed or prescribed by an excluded physician or other authorized person when the individual or entity furnishing the items or services either knew or should have known of the exclusion. This prohibition applies even when the Medicaid payment itself is made to another provider, practitioner or supplier that is not excluded.

☐ Contractor agrees that in accordance with 42 CFR §455.23, HHSC shall suspend all Medicaid payments to the Contractor upon notification by HHSC-OIG that a credible allegation of fraud under the Medicaid program is pending against the Contractor, unless HHSC has good cause not to suspend the payments or to suspend the payments only in part.

Section 3. Amendment Modifications (continued)

☐ Contractor agrees that except as provided in the paragraphs below, the Contractor must not use HHSC's name, the state of Texas or refer to HHSC or the state directly or indirectly in any media release, public announcement or public disclosure relating to this Contract or its subject matter, including, but not limited to, in any promotional or marketing materials, customer lists or business presentations (other than those submitted to HHSC, an administrative agency of the state of Texas, or a governmental agency or unit of another state or the federal government).

Contractor may publish, at its sole expense, results of Contractor performance under this Contract with HHSC's prior review and approval, which HHSC may exercise at its sole discretion. Any publication (written, visual or sound) will acknowledge the support received from HHSC and any federal agency, as appropriate. Contractor will provide HHSC at least three copies of such publication prior to public release. Contractor will provide additional copies at the request of HHSC.

Contractor may include information concerning this Contract's terms, subject matter and estimated value in any report to a governmental body to which the Contractor is required by law to report such information.

☐ Contractor hereby agrees that it must comply with all terms of the Data Use Agreement (DUA). All terms of the DUA are hereby made part of the Contract. The execution of this Amendment binds the Parties to the DUA's terms whether or not the DUA is signed. For purposes of incorporating the DUA into the Contract, the references in the DUA to "Contractor" and "Base Contract" shall mean the Contractor identified in Section 1 of this Amendment (Contractor Information) and this Contract, respectively.

☐ Contractor hereby agrees that it must comply with all Electronic Visit Verification (EVV) requirements as described in 40 TAC Chapter 68, or its successor, and as outlined in the EVV Policy Handbook. In addition, Contractor hereby agrees to submit all EVV related claims through the Texas Medicaid Claims Administrator or as otherwise directed by HHSC.

☒ Other The parties agree the contract is extended through FEBRUARY 1ST, 2023.

1. All authorized services provided by Contractor under this Contract relating to the services identified in Section 1 prior to the Amendment effective date are hereby ratified.
2. All payments made, or to be made, by HHSC to Contractor for authorized services provided by Contractor relating to the services prior to the Amendment effective date, are hereby reaffirmed.
3. The Parties hereby agree that all rights, obligations and responsibilities of the Parties under the Contract relating to authorized services prior to the Amendment effective date, and subject to payment as stated in section V (Q) (2) of the Contract, are hereby reaffirmed.

Section 4. Effective Date

This amendment is effective on the date last signed below.

Section 5. Terms Remain in Effect

The parties agree that all other terms and conditions of the Contract shall remain in effect except as amended by this amendment.

Section 6. Amendment Execution

HHSC and Contractor have each caused this amendment to be signed by their respective authorized representatives.

Health and Human Services Commission

DocuSigned by:

Dana L Collins

05/04/2022

Signature

7686F69C7CE54BB...

Date Signed

Dana L Collins, CTCM, CTCD
Name (print or type)

Interim Deputy Associate Commissioner, Operations
Title (print or type)

THE GARDENERS HOME LLC

Robert Douglas

Digitally signed by Robert Douglas
Date: 2022.04.19 13:33:13 -05'00'

04/19/2022

Signature – Contract Representative

Date Signed

Robert Douglas
Name of Contractor Representative (print or type)

Program Manager
Title of Contractor Representative (print or type)

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

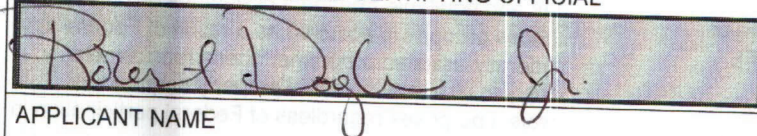
NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL



APPLICANT NAME

Robert L. Douglas, Jr.

TITLE

Owner/Program Manager

DATE SUBMITTED

08/30/2021

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

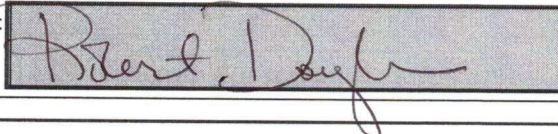
If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

*** APPLICANT'S ORGANIZATION**

The Gardener's Home LLC

*** PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE**

Prefix: Mr. * First Name: Robert Middle Name: L
* Last Name: Douglas Suffix: Jr.
* Title: Owner

*** SIGNATURE:***** DATE:** 08/30/2021



Service Area Designation

HCS, TxHmL, CDS and TAS

Section 1. Legal Entity Information

Legal Entity Name The Gardener's Home LLC	Type of Contract HCS	National Provider Identifier (NPI) 1609313832
Contact Person Name Robert Douglas	Area Code and Telephone No. (214)809-9780	Taxpayer Identification No. 81-5079273

Section 2. Service Areas by Region

If the contract type in Section 1 is CDS-CLASS, skip this section and complete Section 3. If the contract type in Section 1 is HCS, TxHmL, CDS-HCS or CDS-TxHmL, skip this section and complete Section 4.

Check the applicable boxes below to indicate the regions and counties you wish to provide services for the contract type specified in Section 1.

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
<input type="checkbox"/> All Counties	<input type="checkbox"/> All Counties	<input type="checkbox"/> All Counties	<input type="checkbox"/> All Counties	<input type="checkbox"/> All Counties	<input type="checkbox"/> All Counties
<input type="checkbox"/> Armstrong	<input type="checkbox"/> Archer	<input type="checkbox"/> Collin	<input type="checkbox"/> Anderson	<input type="checkbox"/> Angelina	<input type="checkbox"/> Austin
<input type="checkbox"/> Bailey	<input type="checkbox"/> Baylor	<input type="checkbox"/> Cooke	<input type="checkbox"/> Bowie	<input type="checkbox"/> Hardin	<input type="checkbox"/> Brazoria
<input type="checkbox"/> Briscoe	<input type="checkbox"/> Brown	<input type="checkbox"/> Dallas	<input type="checkbox"/> Camp	<input type="checkbox"/> Houston	<input type="checkbox"/> Chambers
<input type="checkbox"/> Carson	<input type="checkbox"/> Callahan	<input type="checkbox"/> Denton	<input type="checkbox"/> Cass	<input type="checkbox"/> Jasper	<input type="checkbox"/> Colorado
<input type="checkbox"/> Castro	<input type="checkbox"/> Clay	<input type="checkbox"/> Ellis	<input type="checkbox"/> Cherokee	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Fort Bend
<input type="checkbox"/> Childress	<input type="checkbox"/> Coleman	<input type="checkbox"/> Erath	<input type="checkbox"/> Delta	<input type="checkbox"/> Nacogdoches	<input type="checkbox"/> Galveston
<input type="checkbox"/> Cochran	<input type="checkbox"/> Comanche	<input type="checkbox"/> Fannin	<input type="checkbox"/> Franklin	<input type="checkbox"/> Newton	<input type="checkbox"/> Harris
<input type="checkbox"/> Collingsworth	<input type="checkbox"/> Cottle	<input type="checkbox"/> Grayson	<input type="checkbox"/> Gregg	<input type="checkbox"/> Orange	<input type="checkbox"/> Liberty
<input type="checkbox"/> Crosby	<input type="checkbox"/> Eastland	<input type="checkbox"/> Hood	<input type="checkbox"/> Harrison	<input type="checkbox"/> Polk	<input type="checkbox"/> Matagorda
<input type="checkbox"/> Dallam	<input type="checkbox"/> Fisher	<input type="checkbox"/> Hunt	<input type="checkbox"/> Henderson	<input type="checkbox"/> Sabine	<input type="checkbox"/> Montgomery
<input type="checkbox"/> Deaf Smith	<input type="checkbox"/> Foard	<input type="checkbox"/> Johnson	<input type="checkbox"/> Hopkins	<input type="checkbox"/> San Augustine	<input type="checkbox"/> Walker
<input type="checkbox"/> Dickens	<input type="checkbox"/> Hardeman	<input type="checkbox"/> Kaufman	<input type="checkbox"/> Lamar	<input type="checkbox"/> San Jacinto	<input type="checkbox"/> Waller
<input type="checkbox"/> Donley	<input type="checkbox"/> Haskell	<input type="checkbox"/> Navarro	<input type="checkbox"/> Marion	<input type="checkbox"/> Shelby	<input type="checkbox"/> Wharton
<input type="checkbox"/> Floyd	<input type="checkbox"/> Jack	<input type="checkbox"/> Palo Pinto	<input type="checkbox"/> Morris	<input type="checkbox"/> Trinity	
<input type="checkbox"/> Garza	<input type="checkbox"/> Jones	<input type="checkbox"/> Parker	<input type="checkbox"/> Panola	<input type="checkbox"/> Tyler	
<input type="checkbox"/> Gray	<input type="checkbox"/> Kent	<input type="checkbox"/> Rockwall	<input type="checkbox"/> Rains		
<input type="checkbox"/> Hale	<input type="checkbox"/> Knox	<input type="checkbox"/> Somervell	<input type="checkbox"/> Red River		
<input type="checkbox"/> Hall	<input type="checkbox"/> Mitchell	<input type="checkbox"/> Tarrant	<input type="checkbox"/> Rusk		
<input type="checkbox"/> Hansford	<input type="checkbox"/> Montague	<input type="checkbox"/> Wise	<input type="checkbox"/> Smith		
<input type="checkbox"/> Hartley	<input type="checkbox"/> Nolan		<input type="checkbox"/> Titus		
<input type="checkbox"/> Hemphill	<input type="checkbox"/> Runnels		<input type="checkbox"/> Upshur		
<input type="checkbox"/> Hockley	<input type="checkbox"/> Scurry		<input type="checkbox"/> Van Zandt		
<input type="checkbox"/> Hutchinson	<input type="checkbox"/> Shackelford		<input type="checkbox"/> Wood		
<input type="checkbox"/> King	<input type="checkbox"/> Stephens				
<input type="checkbox"/> Lamb	<input type="checkbox"/> Stonewall				
<input type="checkbox"/> Lipscomb	<input type="checkbox"/> Taylor				
<input type="checkbox"/> Lubbock	<input type="checkbox"/> Throckmorton				
<input type="checkbox"/> Lynn	<input type="checkbox"/> Wichita				
<input type="checkbox"/> Moore	<input type="checkbox"/> Wilbarger				
<input type="checkbox"/> Motley	<input type="checkbox"/> Young				
<input type="checkbox"/> Ochiltree					
<input type="checkbox"/> Oldham					
<input type="checkbox"/> Parmer					
<input type="checkbox"/> Potter					
<input type="checkbox"/> Randall					
<input type="checkbox"/> Roberts					
<input type="checkbox"/> Sherman					
<input type="checkbox"/> Swisher					
<input type="checkbox"/> Terry					
<input type="checkbox"/> Wheeler					
<input type="checkbox"/> Yoakum					

Section 2. Service Areas by Region (continued)

Region 7	Region 8	Region 9	Region 10	Region 11	
<input type="checkbox"/> All Counties	<input type="checkbox"/> All Counties	<input type="checkbox"/> All Counties	<input type="checkbox"/> All Counties	<input type="checkbox"/> All Counties	
<input type="checkbox"/> Bastrop	<input type="checkbox"/> Atascosa	<input type="checkbox"/> Andrews	<input type="checkbox"/> Brewster	<input type="checkbox"/> Aransas	
<input type="checkbox"/> Bell	<input type="checkbox"/> Bandera	<input type="checkbox"/> Borden	<input type="checkbox"/> Culberson	<input type="checkbox"/> Bee	
<input type="checkbox"/> Blanco	<input type="checkbox"/> Bexar	<input type="checkbox"/> Coke	<input type="checkbox"/> El Paso	<input type="checkbox"/> Brooks	
<input type="checkbox"/> Bosque	<input type="checkbox"/> Calhoun	<input type="checkbox"/> Concho	<input type="checkbox"/> Hudspeth	<input type="checkbox"/> Cameron	
<input type="checkbox"/> Brazos	<input type="checkbox"/> Comal	<input type="checkbox"/> Crane	<input type="checkbox"/> Jeff Davis	<input type="checkbox"/> Duval	
<input type="checkbox"/> Burleson	<input type="checkbox"/> DeWitt	<input type="checkbox"/> Crockett	<input type="checkbox"/> Presidio	<input type="checkbox"/> Hidalgo	
<input type="checkbox"/> Burnet	<input type="checkbox"/> Dimmit	<input type="checkbox"/> Dawson		<input type="checkbox"/> Jim Hogg	
<input type="checkbox"/> Caldwell	<input type="checkbox"/> Edwards	<input type="checkbox"/> Ector		<input type="checkbox"/> Jim Wells	
<input type="checkbox"/> Coryell	<input type="checkbox"/> Frio	<input type="checkbox"/> Gaines		<input type="checkbox"/> Kenedy	
<input type="checkbox"/> Falls	<input type="checkbox"/> Gillespie	<input type="checkbox"/> Glasscock		<input type="checkbox"/> Kleberg	
<input type="checkbox"/> Fayette	<input type="checkbox"/> Goliad	<input type="checkbox"/> Howard		<input type="checkbox"/> Live Oak	
<input type="checkbox"/> Freestone	<input type="checkbox"/> Gonzales	<input type="checkbox"/> Irion		<input type="checkbox"/> McMullen	
<input type="checkbox"/> Grimes	<input type="checkbox"/> Guadalupe	<input type="checkbox"/> Kimble		<input type="checkbox"/> Nueces	
<input type="checkbox"/> Hamilton	<input type="checkbox"/> Jackson	<input type="checkbox"/> Loving		<input type="checkbox"/> Refugio	
<input type="checkbox"/> Hays	<input type="checkbox"/> Karnes	<input type="checkbox"/> Martin		<input type="checkbox"/> San Patricio	
<input type="checkbox"/> Hill	<input type="checkbox"/> Kendall	<input type="checkbox"/> Mason		<input type="checkbox"/> Starr	
<input type="checkbox"/> Lampasas	<input type="checkbox"/> Kerr	<input type="checkbox"/> McCulloch		<input type="checkbox"/> Webb	
<input type="checkbox"/> Lee	<input type="checkbox"/> Kinney	<input type="checkbox"/> Menard		<input type="checkbox"/> Willacy	
<input type="checkbox"/> Leon	<input type="checkbox"/> LaSalle	<input type="checkbox"/> Midland		<input type="checkbox"/> Zapata	
<input type="checkbox"/> Limestone	<input type="checkbox"/> Lavaca	<input type="checkbox"/> Pecos			
<input type="checkbox"/> Llano	<input type="checkbox"/> Maverick	<input type="checkbox"/> Reagan			
<input type="checkbox"/> Madison	<input type="checkbox"/> Medina	<input type="checkbox"/> Reeves			
<input type="checkbox"/> McLennan	<input type="checkbox"/> Real	<input type="checkbox"/> Schleicher			
<input type="checkbox"/> Milam	<input type="checkbox"/> Uvalde	<input type="checkbox"/> Sterling			
<input type="checkbox"/> Mills	<input type="checkbox"/> Val Verde	<input type="checkbox"/> Sutton			
<input type="checkbox"/> Robertson	<input type="checkbox"/> Victoria	<input type="checkbox"/> Terrell			
<input type="checkbox"/> San Saba	<input type="checkbox"/> Wilson	<input type="checkbox"/> Tom Green			
<input type="checkbox"/> Travis	<input type="checkbox"/> Zavala	<input type="checkbox"/> Upton			
<input type="checkbox"/> Washington		<input type="checkbox"/> Ward			
<input type="checkbox"/> Williamson		<input type="checkbox"/> Winkler			

Section 3. Service Areas by Catchment Areas (CDS-CLASS)

Check the applicable boxes below to indicate the catchment areas you wish to serve. **You must serve all counties in each catchment area selected.**

<input type="checkbox"/> Abilene Area	<input type="checkbox"/> Corpus Christi Area	<input type="checkbox"/> Fort Worth Area	<input type="checkbox"/> Lubbock Area	<input type="checkbox"/> Valley Area
<input type="checkbox"/> Amarillo Area	<input type="checkbox"/> Dallas Area	<input type="checkbox"/> Houston Area	<input type="checkbox"/> Midland-Odessa Area	<input type="checkbox"/> Waco-Temple Area
<input type="checkbox"/> Austin Area	<input type="checkbox"/> Eagle Pass-Uvalde Area	<input type="checkbox"/> Lufkin Area	<input type="checkbox"/> San Angelo Area	<input type="checkbox"/> Wichita Falls Area
<input type="checkbox"/> Beaumont Area	<input type="checkbox"/> El Paso Area	<input type="checkbox"/> Longview Area	<input type="checkbox"/> San Antonio Area	

Section 4. Service Areas by Waiver Contract Area (HCS, TxHmL, CDS-HCS and CDS-TxHmL)

Check the applicable boxes below to indicate the waiver contract areas you wish to serve. You must serve all counties served by each local service area selected.

Waiver Contract Area 1	Waiver Contract Area 2	Waiver Contract Area 3
<input type="checkbox"/> 020 - Texas Panhandle Centers	<input type="checkbox"/> 010 - Betty Hardwick Center	<input type="checkbox"/> 290 - Texoma Community Center
<input type="checkbox"/> 070 - Central Plains Center	<input type="checkbox"/> 060 - Center for Life Resources	<input checked="" type="checkbox"/> 300 - Metrocare Services
<input type="checkbox"/> 150 - Starcare Specialty Health System	<input checked="" type="checkbox"/> 200 - My Health My Resources of Tarrant County	<input type="checkbox"/> 350 - Pecan Valley Centers for Behavioral and Developmental Healthcare
	<input type="checkbox"/> 230 - Helen Farabee Centers	<input type="checkbox"/> 400 - Denton County MHMR Center
	<input type="checkbox"/> 350 - Pecan Valley Centers for Behavioral and Developmental Healthcare	<input type="checkbox"/> 410 - LifePath Systems
		<input type="checkbox"/> 480 - Lakes Regional Community Center

Waiver Contract Area 4	Waiver Contract Area 5	Waiver Contract Area 6
<input type="checkbox"/> 140 - Spindletop Center	<input type="checkbox"/> 100 - The Gulf Coast Center	<input type="checkbox"/> 030 - Integral Care
<input type="checkbox"/> 190 - Andrews Center	<input type="checkbox"/> 280 - The Harris Center for Mental Health and IDD	<input type="checkbox"/> 040 - Central Counties Services
<input checked="" type="checkbox"/> 260 - Burke	<input type="checkbox"/> 430 - Texana Center	<input type="checkbox"/> 220 - Heart of Texas Region MHMR Center
<input checked="" type="checkbox"/> 240 - Community Healthcare		<input type="checkbox"/> 250 - MHMR Authority of Brazos Valley
<input type="checkbox"/> 380 - Tri-County Behavioral Healthcare		<input type="checkbox"/> 460 - Bluebonnet Trails Community Services
<input type="checkbox"/> 440 - ACCESS		
<input type="checkbox"/> 480 - Lakes Regional Community Center		

Waiver Contract Area 7	Waiver Contract Area 8	Waiver Contract Area 9
<input type="checkbox"/> 051 - Alamo Local Authority for IDD	<input type="checkbox"/> 090 - Emergence Health	<input type="checkbox"/> 130 - Tropical Texas Behavioral Health
<input type="checkbox"/> 110 - Gulf Bend Center	<input type="checkbox"/> 160 - MHMR Services for the Concho Valley	<input type="checkbox"/> 180 - Behavioral Health Center of Nueces County
<input type="checkbox"/> 470 - Hill Country MHDD Centers	<input checked="" type="checkbox"/> 170 - Permian Basin Community Centers	<input type="checkbox"/> 475 - Coastal Plains Community Center
<input type="checkbox"/> 490 - Camino Real Community Services	<input type="checkbox"/> 450 - West Texas Centers	<input type="checkbox"/> 485 - Border Region Behavioral Health Center

Section 5. Legal Entity Certification

I certify that the information set forth in this form and its attachments, if any, is true and complete. If found to be otherwise, I understand it is sufficient cause for the Health and Human Services Commission (HHSC) to deny the applicant's community services contract application or, if applicable, cancel the applicant's existing contract. I also understand that as a condition to contract with HHSC, the information in this form must be kept current and I agree to notify HHSC in writing of any changes.

Robert DouglasDigitally signed by Robert Douglas
Date: 2021.08.30 15:28:29 -05'00'

Signature – Authorized Representative

08/30/2021

Date Signed

Typed or Printed Name of Authorized Representative
Robert DouglasTitle
Owner/Program Manager