

**HEALTH AND HUMAN SERVICES COMMISSION  
CONTRACT NO. HHS000663700108  
AMENDMENT NO. 1**

**THE HEALTH AND HUMAN SERVICES COMMISSION** ("System Agency") and **ABODE TREATMENT, INC** ("Grantee"), collectively, the "Parties," to that certain Treatment Adult Services ("TRA") Contract, effective September 1, 2020 and denominated HHSC Contract No. **HHS000663700108** (the "Contract"), now want to amend the Contract.

**WHEREAS**, the Parties want to amend the Contract to allow for successful completion of the Project;

**WHEREAS**, the Parties want to revise Attachments to the existing Contract;

**WHEREAS**, the Parties want to update the Reporting and Submission Requirements in **ATTACHMENT A, STATEMENT OF WORK**; update the grant funding number in **ATTACHMENT B, PROGRAM SERVICES & UNIT RATES**; and update disaster services language in **ATTACHMENT E, SPECIAL CONDITIONS**;

The Parties therefore agree as follows:

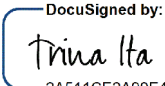
1. **ATTACHMENT A - STATEMENT OF WORK**, is hereby revised and restated in its entirety with **ATTACHMENT A: REVISED STATEMENT OF WORK (REVISED MAY 2021)**.
2. **ATTACHMENT B - PROGRAM SERVICES AND UNIT RATES** is hereby revised and restated in its entirety with **ATTACHMENT B-1: PROGRAM SERVICES & UNIT RATES (REVISED MAY 2021)**.
3. **ATTACHMENT E – SPECIAL CONDITIONS VERSION 1.2**, is hereby revised and restated in its entirety with **ATTACHMENT E – SPECIAL CONDITIONS, VERSION 1.3 (REVISED MAY 2021)**.
4. This Amendment shall be effective as of the date last signed below.
5. Except as modified by this Amendment, all terms and conditions of the Contract shall remain in effect.
6. Any further revisions to the Contract shall be by written agreement of the Parties.

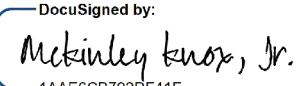
**SIGNATURE PAGE FOLLOWS**

**HHSC CONTRACT No HHS000663700108  
SIGNATURE PAGE FOR AMENDMENT NO. 1**

**HEALTH AND HUMAN SERVICES  
COMMISSION**

**ABODE TREATMENT, INC**

By:  DocuSigned by:  
2A511CE2A99E415...

By:  DocuSigned by:  
1AAE6CB792DF41E...

Trina Ita

McKinley Knox, Jr.

Associate Commissioner

President & Chief Executive Officer

Date of Signature: August 2, 2021

Date of Signature: August 2, 2021

**THE FOLLOWING DOCUMENTS ARE ATTACHED AND THEIR TERMS ARE HEREBY  
INCORPORATED INTO THE CONTRACT:**

**ATTACHMENT A – STATEMENT OF WORK (REVISED MAY 2021)  
ATTACHMENT B – PROGRAM SERVICES & UNIT RATES (REVISED MAY 2021)  
ATTACHMENT E – SPECIAL CONDITIONS VERSION 1.3 (REVISED MAY 2021)  
ATTACHMENT H – FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT  
(FFATA)**

**ATTACHMENT A: REVISED STATEMENT OF WORK**  
**(REVISED MAY 2021)**  
**TREATMENT FOR ADULTS**

**SECTION I: PURPOSE**

Grantee shall provide substance use disorder treatment services to the target population at one or more of the following service types/levels of care, per **SECTION II** of this Attachment, No.

**A: REVISED STATEMENT OF WORK (REVISED MAY 2021).** The below service types/levels of care are based on Texas Administrative Code (TAC) requirements, as referenced in the Substance Use Disorder (SUD) Program Guide, located at the following link: <https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/substance-use-disorder-service-providers> and American Society of Addiction Medicine (ASAM) criteria located at the following link: [www.asam.com](http://www.asam.com), which is a collection of objective guidelines that give clinicians a standardized approach to admission and treatment planning.

**SECTION II: TARGET POPULATION**

**A. TREATMENT FOR ADULTS (TRA)**

**Target Population**

Adult Texas residents who meet *Client Eligibility* for System Agency-funded services as stated in the SUD Program Guide, <https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/substance-use-disorder-service-providers>. Persons who are living with HIV are eligible for these programs/service types.

1. Outpatient Treatment Services  
**(ASAM Level 1 Outpatient Services)**
2. Supportive Residential Treatment Services  
**(ASAM Level 3.1 Clinically Managed Low-Intensity Residential Services)**
3. Intensive Residential Treatment Services  
**(ASAM Level 3.5 Clinically Managed High-Intensity Residential Services)**
4. Residential Detoxification Services  
**(ASAM Level 3.7 Medically Monitored Withdrawal Services)**
5. Ambulatory Detoxification Services  
**(ASAM Level 2 Withdrawal Management)**

**B. TREATMENT FOR ADULTS (TRA)**

**HIV Statewide Intensive Residential Program  
Target Population**

Adult Texas residents living with HIV who meet *Client Eligibility* requirements for System Agency-funded substance use disorder services as stated in the SUD Program Guide,

<https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/substance-use-disorder-service-providers>

1. Human Immunodeficiency Virus (HIV) Statewide Intensive Residential (ASAM Level 3.5 Clinically Managed High-Intensity Residential Services)

### **SECTION III. SERVICE REQUIREMENTS**

Grantee shall comply with the following:

#### **A. Administrative Requirements**

1. Adhere to the most current SUD Program Guide.
2. Provide age-appropriate medical and psychological therapeutic services designed to treat an individual's SUD while promoting recovery.
3. Adhere to Level of Care/Service Type licensure requirements.
4. Comply with all applicable Texas Administrative Code (TAC) rules as adopted by System Agency related to SUD treatment.
5. Document all specified required activities and services in the Clinical Management of Behavioral Health Services (CMBHS) system. Documents that require client or staff signature shall be maintained according to TAC requirements and made available to System Agency for review upon request.
6. In addition to TAC and SUD Program Guide-required Policies and Procedures, Grantee shall develop and implement organizational policies and procedures for the following:
  - i. A marketing plan to engage local referral sources and provide information to these sources regarding the availability of SUD treatment and the *Client Eligibility* criteria for admissions;
  - ii. All marketing materials published shall include state and federal priority populations admissions;
  - iii. Client retention in services, including protocols for addressing clients absent from treatment and policies defining treatment non-compliance; and
  - iv. All policies and procedures shall be provided to System Agency upon request.
7. Ensure that program directors participate in their specific program and service type conference calls as scheduled by System Agency. Program Directors shall participate unless otherwise agreed to by System Agency in writing. Grantee executive management may participate in the conference calls.
8. Actively attend and share representative knowledge about Grantee's system and services at the Outreach, Screening, Assessment, and Referrals (OSAR) quarterly regional collaborative meetings.
9. Ensure compliance with *Client Eligibility* requirements to include: Texas eligibility, financial eligibility, and clinical eligibility as required in the SUD Program Guide.
10. Develop a local agreement with Texas Department of Family and Protective Services (DFPS) local offices to address referral process, coordination of services, and sharing of information as allowed per the consent and agreement form.
11. Adhere to *Memorandums of Understanding* requirements as stated in the SUD Program Guide.

## B. Service Delivery

Grantee shall:

1. Adhere to the *Federal Priority Populations for Treatment Programs* and *State Priority Populations for Treatment Programs* as stated in the SUD Program Guide.
2. Maintain *Daily Capacity Management Report* in CMBHS as required in the SUD Program Guide.
3. Maintain a *Wait List* to track all eligible individuals who have been screened but cannot be admitted to SUD treatment immediately.
  - i. Grantee that has an individual identified as a federal and state priority population on the wait list shall confirm this in the *Daily Capacity Management Report*.
  - ii. Grantee shall arrange for appropriate services in another treatment facility or provide access to interim services as indicated within 48 hours when efforts to refer to other appropriate services are exhausted.
  - iii. Grantee shall offer directly or through referral interim services to wait-listed individuals.
  - iv. Establish a wait list that includes priority populations and interim services while awaiting admission to treatment services.
  - v. Develop a mechanism to maintain contact with individuals awaiting admission.
4. If unable to provide admissions to individuals within *Federal Priority Populations for Treatment Programs* and *State Priority Populations for Treatment Programs* according to the SUD Program Guide:
  - a. Implement written procedures that address maintaining weekly contact with individuals waiting for admissions as well as what referrals are made when a client cannot be admitted for services immediately.
  - b. When Grantee cannot admit a client, who is at risk for dangerous for withdrawal, Grantee shall ensure that an emergency medical care provider is notified.
  - c. Coordinate with an alternate provider for immediate admission.
  - d. Notify Substance Use Disorder ([Substance Use Disorder@hhs.texas.gov](mailto:Substance_Use_Disorder@hhs.texas.gov)) so that assistance can be provided that ensures immediate admission to other appropriate services and proper coordination when appropriate.
  - e. Provide pre-admission service coordination to reduce barriers to treatment, enhance motivation, stabilize life situations, and facilitate engagement in treatment.
  - f. Adhere to *Informed Consent Document for Opioid Use Disorder* applicable to the individual as stated in the SUD Program Guide.
  - g. When an individual is placed on the waiting list, Grantee shall document interim services as referrals that provides applicable testing, counseling, and treatment for Human Immunodeficiency Virus (HIV), tuberculosis (TB) and sexually transmitted infections (STIs).

### **C. Screening and Assessment**

Grantee shall:

1. Comply with all applicable rules for SUD programs in the TAC regarding Screening and Assessment, as referenced in *Information, Rules, and Regulations* of the SUD Program Guide.
2. When documenting a CMBHS screening, Grantee shall conduct the screening in a confidential, face-to-face interview unless there is documented justification for an interview by phone.
3. Document Financial Eligibility in CMBHS as required in the SUD Program Guide.
4. Conduct and document a CMBHS SUD initial assessment with the client to determine the appropriate levels of care for SUD treatment. The CMBHS assessment will identify the impact of substances on the physical, mental health, and other identified issues including Tuberculosis, Hepatitis C, sexually transmitted infection (STI), and Human Immunodeficiency Virus (HIV).
  - i. If client indicates risk for these communicable diseases, Grantee shall refer the client to the appropriate community resources for further testing and counseling.
  - ii. If the client is at risk for HIV, Grantee shall refer the client to pre and post-test counseling on HIV.
5. Grantee will also consider referring to the TRA Statewide HIV Intensive Residential Treatment facility to concurrently address medical needs and SUD.
6. If a client is living with HIV, Grantee will refer the client to the appropriate community resources to complete the necessary referrals and health related paperwork.
7. The assessment shall be signed by a Qualified Credential Counselor (QCC) and filed in the client record within three service days of admission or a program may accept an evaluation from an outside entity if it meets the criteria for admission and was completed during the 30 business days preceding admission.

### **D. Treatment Planning, Implementation and Review**

Grantee shall:

1. Comply with all applicable rules for SUD programs in the TAC regarding Treatment Planning, Implementation and Review, as referenced in *Information, Rules, and Regulations* of the SUD Program Guide.
2. Collaborate actively with clients and family, when appropriate, to develop and implement an individualized, written treatment plan that identifies services and support needed to address problems and needs identified in the assessment. The treatment plan shall document the expected length of stay and treatment intensity. Grantee shall use clinical judgment to assign a projected length of stay for each individual client.
3. Document referral and referral follow-up in CMBHS to the appropriate community resources based on the individual need of the client.
4. The treatment plan shall be signed by a QCC and filed in the client record within five service days of admission.

## E. Discharge

Grantee shall:

1. Comply with all applicable rules in the TAC regarding Discharge, as referenced in *Information, Rules, and Regulations* of the SUD Program Guide.
2. Develop and implement an individualized discharge plan with the client to assist in sustaining recovery.
3. Document in CMBHS the client-specific information that supports the reason for discharge listed on the discharge report. A QCC shall sign the discharge summary. Appropriate referrals shall be made and documented in the client record. A client's treatment is considered successfully completed, if the following criteria are met:
  - i. Client has completed the clinically recommended number of treatment units (either initially projected or modified with clinical justification) as indicated in CMBHS.
  - ii. All problems on the treatment plan have been addressed.
4. Utilize the treatment plan component of CMBHS to create a final and completed treatment plan version.
5. Problems designated as "treat" or "case manage" status shall have all objectives resolved prior to discharge:
  - i. Problems that have been "referred" shall have associated documented referrals in CMBHS;
  - ii. Problems with "deferred" status shall be re-assessed. Upon successful discharge, all deferred problems shall be resolved, either through referral, withdrawal, treatment, or case management with clinical justification reflected in CMBHS, through the Progress Note and Treatment Plan Review Components; and
  - iii. "Withdrawn" problems shall have clinical justification reflected in CMBHS, through the Progress Note and Treatment Plan Review Components.

## F. Additional Service Requirements

Grantee shall:

1. Comply with all applicable rules in the TAC for SUD programs, as stated in *Information, Rules, and Regulations* of the SUD Program Guide.
2. Deliver and provide access to services at times and locations that meet the needs of the target population. Provide or arrange for transportation to all required services not provided at Grantee's facility.
3. Accept referrals from the OSAR.
4. Provide evidenced-based education at minimum on the following topics: (i) Tuberculosis; (ii) HIV; Hepatitis B and C; (iii) Sexually Transmitted Infections/Diseases; and (iv) health risks of tobacco and nicotine product use.
5. Provide Case Management as needed with documentation in CMBHS, as Case Management is essential to the ultimate success of the client.
6. Ensure client access to the full continuum of treatment services and shall provide sufficient treatment intensity to achieve treatment plan goals.



7. Provide all services in a culturally, linguistically, non-threatening, respectful and developmentally appropriate manner for clients, families, and/or significant others.
8. Provide trauma-informed services that address the multiple and complex issues related to violence, trauma, and substance use disorders.
9. Provide overdose prevention and reversal education to all clients.
10. Specific overdose prevention activities shall be conducted with clients with opioid use disorders and those clients that use drugs intravenously. Grantee will directly provide or refer to community support services for overdose prevention and reversal education to all identified at risk clients prior to discharge. Grantee will document all overdose prevention and reversal education in CMBHS.
11. Ensure access to adequate and appropriate medical and psychosocial tobacco cessation treatment as follows:
  - i. Assess all clients for tobacco use and all clients seeking to cut back or quit.
  - ii. If the client indicates wanting assistance with cutting back or quitting, the client will be referred to appropriate tobacco cessation treatment.
12. Utilize System Agency as the payer of last resort if the client has other / outside funding available (i.e., wages, insurance, etc.).

#### **SECTION IV: STAFF COMPETENCIES AND REQUIREMENTS**

1. All personnel shall receive the training and supervision necessary to ensure compliance with System Agency rules, provision of appropriate and individualized treatment, and protection of client health, safety, and welfare.
2. Ensure that all direct care staff receive a copy of this statement of work and SUD Program Guide requirements.
3. Ensure that all direct care staff review all policies and procedures related to the program or organization on an annual basis.
4. Ensure compliance with all applicable rules in the TAC for SUD Programs regarding Personnel Practices and Development, as stated in *Personnel Requirements and Documentation* of the SUD Program Guide.
5. Within 90 business days of hire and prior to service delivery direct care staff shall have specific documented training in the following:
  - i. Motivational interviewing techniques or Motivational Enhancement Therapy;
  - ii. Trauma-informed care;
  - iii. Cultural competency;
  - iv. Harm reduction trainings;
  - v. HIPAA and 42 CFR Part 2 training; and
  - vi. State of Texas co-occurring psychiatric and substance use disorder (COPSD) training located at the following website: [www.centralizedtraining.com](http://www.centralizedtraining.com).
6. Ensure all direct care staff complete annual education on Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR Part 2 training.
7. Ensure all direct care staff complete a minimum of 10 hours of training each state fiscal year in any of the following areas:
  - i. Motivational interviewing techniques;
  - ii. Cultural competencies;
  - iii. Reproductive health education;



- iv. Risk and harm reduction strategies;
  - v. Trauma informed care; or
  - vi. Suicide prevention and intervention.
- 8. Individuals responsible for planning, directing, or supervising treatment services shall be QCC.
- 9. Grantee shall have a clinical program director known as a “Program Director” with at least two years of post-QCC licensure experience providing substance use disorder treatment.
- 10. Substance Use Disorder counseling shall be provided by a QCC, or Chemical Dependency Counselor Intern. Substance use disorder education and life skills training shall be provided by counselors or individuals who have been trained in the education. All counselor interns shall work under the direct supervision of a QCC.
- 11. Licensed Chemical Dependency Counselors shall recognize the limitations of their licensee’s ability and shall not provide services outside the licensee’s scope of practice of licensure or use techniques that exceed the person’s license authorization or professional competence.
- 12. Develop a policy and procedure on staff training, available for HHSC review, to ensure that information is gathered from clients in a respectful, non-threatening, and culturally competent manner.
- 13. For HIV Residential Grantee, all counseling staff will have one year of experience working with persons living with HIV or the at-risk population.
  - i. Specific training for direct care staff is required annually in harm, risk reduction, and overdose training.
  - ii. The Registered Nurse (RN), Licensed Vocational Nurse (LVN), or Physician’s Assistant must have at least two years’ experience working with persons living with HIV. All shifts will be staffed with either a LVN or RN.
  - iii. Food service staff will include at least one full time employee who has certification in food service management and the ability to plan and accommodate diets recommended for individuals served by Grantee.

## **SECTION V: LEVELS OF CARE / SERVICE TYPES**

### **A. OUTPATIENT TREATMENT SERVICES**

#### **ASAM Level 1 Outpatient Services**

Grantee will adhere to the following service requirements:

- 1. Adhere to TAC requirements and SUD Program Guide for outpatient treatment programs/services.
- 2. Provide and document in CMBHS one hour of group or individual counseling services for every six hours of educational activities.
- 3. Document in CMBHS a discharge follow-up 60 calendar days after discharge from the outpatient treatment services.

### **B. SUPPORTIVE RESIDENTIAL TREATMENT SERVICES**

#### **ASAM Level 3.1 Clinically Managed Low-Intensity Residential Services**

Grantee will adhere to the following service requirements:

1. Adhere to TAC requirements and SUD Program Guide for residential treatment programs / services.
2. Document in CMBHS a discharge follow-up 60 calendar days after discharge from the residential treatment services.

#### **C. INTENSIVE RESIDENTIAL TREATMENT SERVICES**

##### **ASAM Level 3.5 Clinically Managed High-Intensity Residential Services**

Grantee will adhere to the following service requirements:

1. Adhere to TAC requirements and SUD Program Guide for residential treatment programs / services.
2. Document in CMBHS a discharge follow-up 60 calendar days after discharge from the residential treatment services.

#### **D. HIV STATEWIDE INTENSIVE RESIDENTIAL TREATMENT SERVICES**

Grantee will adhere to applicable TAC intensive services requirements.

In addition, Grantee will adhere to the following service requirements:

1. Work collaboratively with other community-based case management services to resolve admission barriers for clients seeking treatment for SUD or medical care.
2. Provide and document medical monitoring and treatment of HIV and ensure the provision of expedited timely co-occurring needs and treatment for related conditions, addressing issues associated with antiviral drug resistance and adherence, symptoms associated with drug-induced side effects and prescribed prophylaxis for opportunistic infection(s).
3. Individual counselling and groups (including educational groups and other structured activities) will be documented in CMBHS and include goals for the client to achieve and involve discussion and active learning situations. Required topics include but are not limited to the following:
  - i. HIV disease management including medical adherence;
  - ii. Nutrition;
  - iii. Risk reduction, including the opportunity to address risk reduction in lifestyle specific settings;
  - iv. Mental health;
  - v. Relapse prevention;
  - vi. 12-step support; and
  - vii. Life skills.
4. Provide directly or through referral, brief family intervention, support and educational groups, and associated family therapy designed to build support and resources for clients in treatment.
5. Facilitate two hours per month of HIV and Hepatitis C co-infection group counseling.
6. Provide and document a referral in CMBHS for psychiatric evaluations as needed and indicated.
7. Provide nursing care 24 hours a day, 7 days a week.

8. Provide client meals in accordance with recommended nutritional guidelines, specifically adjusted for persons living with HIV.
9. Maintain a clean client living environment in accordance with Universal and Standard Precaution Guidelines prescribed by the Center for Disease Control and Prevention (CDC) including linen care, hand-washing habits, food areas, flooring, and air conditioning located at: <https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html>.
10. Ensure access to recreational facilities and scheduled daily exercise / activity for all clients capable of participation.
11. Conduct discharge planning and emphasize referrals to community resources for continued medical care and other support services.
12. Document a referral and referral follow-up prior to discharge to HIV medical care and community resources for ongoing support.
13. Complete and document in CMBHS a discharge follow-up 60 business days after discharge from the treatment program.

## **E. RESIDENTIAL WITHDRAWAL MANAGEMENT SERVICES**

### **ASAM Level 3.7 Medically Monitored Withdrawal Management**

Grantee will adhere to the TAC applicable residential detoxification/withdrawal services requirements. Grantee will adhere to the following service requirements:

1. Adhere to the SUD Program Guide for detoxification/withdrawal management services.
2. Adhere to the following additional service delivery requirements:
  - i. Document in CMBHS a Detoxification Assessment for withdrawal management per CMBHS.
  - ii. Document in CMBHS a discharge plan prior to discharge or transfer.
  - iii. Document in CMBHS a discharge follow-up no more than 10 calendar days after discharge from withdrawal management services.
  - iv. Develop and implement policies, procedures, and medical protocols to ensure client placement into the appropriate level of withdrawal management services in accordance with national guidelines, peer-reviewed literature, and best practices and have available for System Agency review.

## **F. AMBULATORY WITHDRAWAL MANAGEMENT**

### **ASAM Level 2 Withdrawal Management**

Grantee will adhere to the following service requirements:

1. Adhere to the SUD Program Guide for detoxification/withdrawal management services.
2. Adhere to the following additional service delivery requirements:
  - i. Document in CMBHS a Detoxification Assessment for withdrawal management per CMBHS.
  - ii. Document in CMBHS a discharge plan prior to discharge or transfer.
  - iii. Document in CMBHS a discharge follow-up no more than 10 calendar days after discharge from withdrawal management services.

- iv. Develop and Implement Policies, Procedures, and Medical Protocols to ensure client placement into the appropriate level of withdrawal management services in accordance with national guidelines, peer-reviewed literature, and best practices and have available for System Agency review.

Grantee will adhere to the TAC applicable ambulatory services requirements. Ambulatory detoxification shall not be a stand-alone service. Grantees shall ensure the client is simultaneously admitted to a substance use disorder treatment service while admitted to ambulatory detoxification services.

## **SECTION VI: REPORTING AND SUBMISSION REQUIREMENTS**

- A. Grantee shall submit required reports of monitoring activities to System Agency by the applicable due date outlined below. The following reports must be submitted to System Agency through GlobalScape EFT (<https://sftp.hhs.texas.gov/>) and CMBHS by the required due date and report name described in Table 1: Submission Requirements:
  1. Grantee shall submit all documents listed in Table 1 by the Due Date stated.
  2. Grantee will note that if the due date is on a weekend or holiday, the due date is the following business day.
  3. Grantee shall submit monthly claims in Clinical Management for Behavioral Health Services (CMBHS) by the 15th of the following month.
  4. Grantee shall submit annual Contract Closeout documentation each fiscal year with a final contract closeout due October 15 of the final contract year.
  5. Grantee shall submit a CMBHS Security Attestation Form electronically on or before September 15<sup>th</sup> and March 15<sup>th</sup> to the designated folder in GlobalScape EFT.
  6. Grantee's duty to submit documents will survive the termination or expiration of this Contract.
- B. System Agency will monitor Grantee's performance of the requirements in Attachment A and compliance with the Contract's terms and conditions.

**Table 1: Submission Requirements**

<b>Requirement</b>	<b>Deliverable (Report Name)</b>	<b>Due Date</b>	<b>Submission System</b>
Section IV	Claims in CMBHS	All claims must be entered monthly by the 15th of the following month.	CMBHS
Section IV	Closeout documents	Final closeout documents due October 15 <sup>th</sup> each fiscal year.	GlobalScape

Section IV	CMBHS Security Attestation Form and list of authorized users	September 15 <sup>th</sup> and March 15 <sup>th</sup> annually	GlobalScape
------------	--	--	-------------

**SECTION VII: CLINICAL MANAGEMENT FOR BEHAVIORAL HEALTH SERVICES (CMBHS) SYSTEM MINIMUM REQUIREMENTS**

- A. All CMBHS requirements for the TRA program are detailed in Section V, *System of Record* of the Program Guide, which includes the following references:
1. Designation of Security Administrator and backup Security Administrator.
  2. Establishment of Security Policy.
  3. Notifications to CMBHS Help-desk within 10 business days of any changes to Security Administrator.
  4. CMBHS user access, including removal of user access within 24 hours for those who are no longer authorized to have access to secure data.
- B. In addition to CMBHS Helpdesk notification, Grantee shall submit a signed CMBHS Security Attestation Form and a list of Grantee's employees and contracted laborers authorized to have access to secure data. The CMBHS Security Attestation Form shall be submitted electronically on or before the 15th day of September and March 15th, to the designated folder in Globalscape EFT.
- C. Attend System Agency training on CMBHS documentation.

**ATTACHMENT B:  
PROGRAM SERVICES & UNIT RATES  
(REVISED MAY 2021)**

**Grantee Name: ABODE TREATMENT, INC**

**Contract Number: HHS000663700108**

- A. Funding from The United States Health and Humans Services (HHS) and the Substance Abuse and Mental Health Services Administration (SAMHSA) fund the HHSC Substance Use Disorder project(s), which includes this Contract.
- B. The Assistance Listing Number (ALN) funds, if any, are listed as part of the System Agency Share.
1. The Assistance Listing Number for the Substance Abuse Prevention Treatment (SAPT) Grant, is 93.959
  2. State General Revenue
- C. Funding
1. HHSC Share total reimbursements will not exceed **\$100,000.00** for the period from September 1, 2020 through August 31, 2025, as further specified in Article IV, Budget, of the Contract.
  2. For each Fiscal Year noted below, Grantee shall provide a five percent (5%) match requirement of **\$5,000.00**. Total Contract Value will not exceed **\$525,000.00** for the period from September 1, 2020 through August 31, 2025, as follows:
    - a. Fiscal Year 2021, September 1, 2020 through August 31, 2021: **\$105,000.00**
    - b. Fiscal Year 2022, September 1, 2021 through August 31, 2022: **\$105,000.00**
    - c. Fiscal Year 2023, September 1, 2022 through August 31, 2023: **\$105,000.00**
    - d. Fiscal Year 2024, September 1, 2023 through August 31, 2024: **\$105,000.00**
    - e. Fiscal Year 2025, September 1, 2024 through August 31, 2025: **\$105,000.00**
- D. Grantee will submit claims to the System Agency through the Clinical Management for Behavioral Health Services (CMBHS) system monthly.
- E. Except as indicated by the CMBHS financial eligibility assessment, Grantee shall accept reimbursement or payment from the System Agency as payment in full for services or goods provided to clients or participants, and Grantee shall not seek additional reimbursement or payment for services or goods, to include benefits received from federal, state, or local sources, from clients or participants.
- F. Grantee may request revisions to the approved distribution of funds budgeted in the Service Type/Capacity/Unit Rate Chart, by submitting a written request to the Assigned Contract Manager. This change is considered a minor administrative change and does not require an

amendment. The System Agency shall provide written notification if the revision is approved; and the assigned Contract Manager will update CMBHS, as needed.

- G. Any unexpended balance associated with any other System Agency Contract may not be applied to this System Agency Contract.
- H. System Agency funded capacity is defined as the stated number of clients that will be concurrently served as determined by this Contract.
- I. Clinic Numbers must be approved by the assigned Contract Manager before billing can occur. Clinic Change Request Form is located at: <https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/substance-use-disorder-service-providers>
- J. Service Types with no associated amount will be paid from the preceding Service Type with an associated Amount.
- K. The following Service Types, Capacity, and Unit Rates are approved and shall be delivered through this Contract:



**SERVICE TYPE/CAPACITY/UNIT RATE CHART FY2022-2025**  
**REVISED MAY 2021**

	<b>Number Served</b>	<b>Capacity</b>	<b>Unit Rate</b>	<b>Amount</b>
Adult Outpatient – Individual	76	11		\$100,000.00
Outpatient-Group Counseling			\$18.84	
Outpatient-Group Education			\$17.79	
Outpatient-Individual Counseling			\$60.69	
Adult Intensive Residential			\$113.02	
Adult - Supportive Residential			\$42.90	
Adult - Ambulatory Detoxification			\$88.95	
Adult - Residential Detoxification			\$234.41	
Adult - HIV Residential			\$180.00	
Adult HIV Residential Wraparound Services (Medicaid Adult -21 and Over)			\$35.58	

**SERVICE TYPE/CAPACITY/UNIT RATE CHART FY2022-2025**

System Agency Solicitation No. HHS0006637  
System Agency Contract No. HHS000663700108

**REVISED MAY 2021**

	<b>Number Served</b>	<b>Capacity</b>	<b>Unit Rate</b>	<b>Amount</b>
Adult Outpatient – Individual	76	11		\$100,000.00
Outpatient-Group Counseling			\$18.84	
Outpatient-Group Education			\$17.79	
Outpatient-Individual Counseling			\$60.69	
Adult Intensive Residential			\$113.02	
Adult - Supportive Residential			\$42.90	
Adult - Ambulatory Detoxification			\$88.95	
Adult - Residential Detoxification			\$234.41	
Adult - HIV Residential			\$180.00	
Adult HIV Residential Wraparound Services (Medicaid Adult -21 and Over)			\$35.58	