

**HEALTH AND HUMAN SERVICES COMMISSION  
CONTRACT NO. HHS000663700114  
AMENDMENT NO. 1**

**THE HEALTH AND HUMAN SERVICES COMMISSION** (“System Agency”) and **ALCOHOL AND DRUG ABUSE COUNCIL OF DEEP EAST TEXAS, INC.** (“Grantee”), collectively, the "Parties," to that certain Treatment for Females [TRF] Services Contract, effective September 1, 2020 and denominated HHSC Contract No. **HHS000663700114** (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 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: 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: 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**

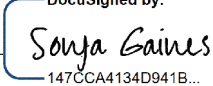
System Agency Solicitation No. HHS0006637

System Agency Contract No. «Contract\_No»

**HHSC CONTRACT No HHS000663700114**  
**SIGNATURE PAGE FOR AMENDMENT No. 1**

**HEALTH AND HUMAN SERVICES  
COMMISSION**

**ALCOHOL AND DRUG ABUSE COUNCIL OF  
DEEP EAST TEXAS, INC.**

By:  \_\_\_\_\_  
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By:  \_\_\_\_\_  
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Sonja Gaines

Phyllis Grandgeorge

SG

Executive Director

Date of Signature: August 10, 2021

Date of Signature: August 10, 2021

**THE FOLLOWING DOCUMENTS ARE ATTACHED TO THIS AMENDMENT 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: STATEMENT OF WORK**  
**TREATMENT FOR FEMALES**  
**(REVISED MAY 2021)**

**SECTION I: PURPOSE**

Grantee shall provide Substance Use Disorder Treatment Services for one (1) or more of the following service types/levels of care listed in Section II. The service types/levels of care, listed in Section II, 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: <https://www.asam.org/asam-criteria/about>, 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 FEMALES (TRF)**

Adult pregnant women and women with Dependent Children (including women whose children are in custody of the State) who meet *Client Eligibility* for System Agency-funded substance use disorder services as stated in the System Agency Substance Use Disorder (SUD) Program Guide.

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 WOMEN AND CHILDREN**

Adult pregnant women and women with Dependent Children (including women whose children are in custody of the State) who meet *Client Eligibility* for System Agency-funded substance use disorder services as stated in the System Agency Substance Use Disorder (SUD) Program Guide

Clients being admitted into Women and Children's treatment facilities must meet at least one (1) of the following criteria:

1. Be in the third trimester of her pregnancy; and/or
2. Have at least one (1) child physically residing overnight with her in the facility; and/or
3. Have a referral by Department of Family and Protective Services (DFPS).
4. Note: DFPS will not allow at least one (1) child to initially reside overnight but DFPS plans to place the child in the facility within the first thirty (30) Service Days of treatment.
  - i. Women and Children's Intensive Residential Services

System Agency Solicitation No. HHS0006637

System Agency Contract No. «Contract\_No»

- (ASAM Level 3.5 Clinically Managed High-Intensity Residential Services)**  
ii. Women and Children's Supportive Residential Services  
**(ASAM Level 3.1 Clinically Managed Low-Intensity Residential Services)**

### **SECTION III: SERVICE REQUIREMENTS**

Grantee shall:

#### **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 and restore functions while promoting Recovery.
3. Adhere to Level of Care/Service Type licensure requirements.
4. Comply with all applicable TAC rules 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:
  - 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 Priority Populations for Treatment Programs 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 residence eligibility, Financial Eligibility and clinical eligibility as specified in SUD Program Guide.
10. Document a Life Event Note in CMBHS upon active Client's delivery of newborn.
11. Grantee will develop a local agreement with DFPS local offices to address referral process, coordination of services, and sharing of information as allowed per the consent and agreement form.
12. Adhere to *Memorandum of Understanding* requirements as stated in the SUD Program Guide.
13. Maintain a list of community resources and document referrals when appropriate to ensure that children of the client have access to services to address their needs and support healthy

System Agency Solicitation No. HHS0006637

System Agency Contract No. «Contract\_No»

development including primary pediatric care, early childhood intervention services, and other therapeutic interventions that address the children's development needs and any issues of abuse and neglect.

## **B. Service Delivery**

Grantee shall:

1. Adhere to the *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 *Waiting 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 waiting 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 forty-eight (48) hours when efforts to refer to other appropriate services are exhausted.
  - iii. Grantee shall offer directly or through referral interim services to waitlisted individuals.
  - iv. Establish a wait list that includes priority populations and interim services while awaiting admission to treatment services.
  - v. Develop a mechanism for maintaining contact with individuals awaiting admission.
4. If unable to provide admissions to individuals within Priority Populations for Treatment Programs according to SUD Program Guide:
  - i. 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.
  - ii. When Grantee cannot admit a Client, who is at risk for dangerous withdrawal, Grantee shall ensure that an emergency medical care provider is notified.
  - iii. Coordinate with an alternate provider for immediate admission.
  - iv. Notify System Agency programs (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.
  - v. Provide pre-admission service coordination to reduce barriers to treatment, enhance motivation, stabilize life situations, and facilitate engagement in treatment.
  - vi. Adhere to *Informed Consent Document for Opioid Use Disorder* applicable to individual as stated in the SUD Program Guide.
  - vii. When an individual is placed on the Wait 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:

System Agency Solicitation No. HHS0006637

System Agency Contract No. «Contract\_No»

1. Comply with all applicable rules in the TAC for SUD programs as stated in the SUD Program Guide *Information, Rules, and Regulations* regarding Screening and Assessment.
2. When documenting a CMBHS Substance Use Disorder 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 TB, Hepatitis B and C, STI, 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. If the Client is living with HIV, Grantee will refer the Client to the appropriate community resources to complete the necessary referrals and health related paperwork.

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

Grantee shall:

1. Comply with all applicable rules in the TAC for SUD Programs as stated in the SUD Program Guide *Information, Rules, and Regulations* regarding Treatment Planning, Implementation, and Review.
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.

#### **E. Discharge**

Grantee shall:

1. Comply with all applicable rules in the TAC for SUD Programs as stated in the SUD Program Guide *Information, Rules, and Regulations* regarding Discharge.
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; and

- ii. All problems on the treatment plan have been addressed. Grantee shall use the treatment plan component of CMBHS to create a final and completed treatment plan version.
- 4. 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.

**A. Additional Service Requirements**

Grantee shall:

- 1. Comply with all applicable rules in the TAC for SUD Programs as stated in the SUD Program Guide Information, Rules, and Regulations.
- 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) TB; (ii) HIV; (iii) Hepatitis B and C; (iv) STIs/Diseases; and (v) 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 education to all Clients. Document overdose prevention education in CMBHS.
- 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 follow:
  - i. Assess all Clients for tobacco use and 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. Provide and document in CMBHS case management activities as indicated by assessment

System Agency Solicitation No. HHS0006637

System Agency Contract No. «Contract\_No»



and treatment plan.

13. Provide and document in CMBHS research-based education on the effects of Alcohol, Tobacco, and Other Drugs (ATOD) on the fetus.
14. Utilize an evidenced-based, trauma-informed curriculum in the treatment of women with substance use disorders.
15. 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.
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 for Personnel Practices and Development with TAC and System Agency SUD Program Guide requirements.
5. Within ninety (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. Health Insurance Portability and Accountability Act (HIPAA) and 42 Code of Federal Regulations (CFR) Part 2 training;
  - vi. Alcohol, Tobacco and Other Drugs on the Developing Fetus;
  - vii. Child welfare education, and
  - viii. 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 HIPAA and 42 CFR Part 2 training.
7. Ensure all direct care staff complete a minimum of ten (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;
  - vi. Substance exposed pregnancy (such as Fetal Alcohol Spectrum Disorder or
  - vii. Neonatal Abstinence Syndrome);
  - viii. Child welfare education; or
  - ix. Suicide prevention and intervention.
8. Individuals responsible for planning, directing, or supervising treatment services shall be QCCs.

System Agency Solicitation No. HHS0006637

System Agency Contract No. «Contract\_No»



9. Contractor shall have a clinical Program Director known as a “Program Director” with at least two (2) 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 appropriate specialized education and expertise. 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. Contractor shall train staff and develop a policy to ensure that information gathered from Clients is conducted in a respectful, non-threatening, and culturally competent manner.
13. Contractor shall adapt services and accommodate persons as appropriate to meet the needs of special populations.
14. Contractor shall develop and implement a mechanism to ensure that all direct care staff have the knowledge, skills, and abilities to provide services to women and children, as they relate to the individual's job duties.
15. Contractor shall be able to demonstrate through documented training, credentials and/or experience that all direct care staff are proficient in areas pertaining to the needs of and provision of services to women and children.

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

### **A. OUTPATIENT TREATMENT SERVICES (ASAM Level 1 Outpatient Services)**

Grantee shall:

1. Adhere to TAC requirements and SUD Program Guide for outpatient treatment Programs / services.
2. Provide and document in CMBHS one (1) hour of group or individual counseling services for every six (6) hours of educational activities.
3. Document in CMBHS a discharge follow-up sixty (60) calendar days after discharge from the outpatient treatment services.
4. When the assessment indicates placement in System Agency funded Women and Children Intensive or Supportive Residential services but there are no available beds, Grantee shall provide coordinated interim care until a Women and Children Intensive or Supportive Residential bed becomes available. A pregnant Client, if she chooses and is appropriate for this service type, shall be transferred to Women and Children Intensive and Supportive Residential services no later than the eighth month of pregnancy in order to provide sufficient time to adjust to the changes prior to delivery of her child.
5. As part of the education hours, Grantee will provide and document in CMBHS:
  - i. A minimum of one (1) hour per week (or one (1) hour per month for Clients who have been transferred to outpatient after successfully completing a residential level of care) of evidence-based parenting education and document these services; and
  - ii. A minimum of six (6) hours (or two (2) hours for Clients who have been transferred to outpatient after successfully completing a residential level of care) of reproductive

System Agency Solicitation No. HHS0006637

System Agency Contract No. «Contract\_No»

- health education prior to discharge and document these services.
6. Provide and document in CMBHS research-based education on the effects of ATOD on the fetus.

**B. SUPPORTIVE RESIDENTIAL TREATMENT SERVICES**  
**(ASAM Level 3.1 Clinically Managed Low-Intensity Residential Services)**

Grantee shall:

1. Adhere to TAC and SUD Program Guide applicable to supportive services requirements.
2. When the assessment indicates placement in System Agency-funded Women and Children Intensive or Supportive Residential services but there are no available beds, Contractor shall provide coordinated interim care until a Women and Children Intensive or Supportive Residential bed becomes available. A pregnant Client, if she chooses and is appropriate for this service type, shall be transferred to Women and Children Intensive and Supportive Residential services no later than the eighth month of pregnancy in order to provide sufficient time to adjust to the changes prior to delivery of her child.
3. As part of education hours, Grantee will provide:
  - i. A minimum of one (1) hour per week of evidenced-based parenting education; and
  - ii. A minimum of two (2) hours of reproductive health education within thirty (30) Service Days of admission.
4. Document in CMBHS a discharge follow-up sixty (60) calendar days after discharge from the residential treatment services.

**C. SUPPORTIVE RESIDENTIAL FOR WOMEN AND CHILDREN**  
**(ASAM Level 3.1 Clinically Managed Low-Intensity Residential Services)**

Grantee shall:

1. Adhere to TAC and SUD Program Guide applicable to supportive services requirements.
2. In addition, adhere to TAC requirements applicable to Treatment Services for Women and Children.
3. As part of education hours, Grantee will provide and document in CMBHS:
  - i. A minimum of two (2) hours per week of evidence-based parenting education and document these services;
  - ii. A minimum of six (6) hours of reproductive health education within thirty (30) service days of admission and document these services; and
  - iii. At minimum, evidenced-based education on the effects of ATOD during pregnancy.
4. Document in CMBHS a discharge follow-up sixty (60) calendar days after discharge from the residential treatment services.

**D. INTENSIVE RESIDENTIAL TREATMENT SERVICES**  
**(ASAM Level 3.5 Clinically Managed High-Intensity Residential Services)**

Grantee shall:

1. Adhere to TAC and SUD Program Guide applicable to intensive services requirements.

System Agency Solicitation No. HHS0006637

System Agency Contract No. «Contract\_No»

2. When the assessment indicates placement in System Agency-funded Women and Children Intensive or Supportive Residential services but there are no available beds, Grantee shall provide coordinated interim care until a Women and Children Intensive or Supportive Residential bed becomes available. A pregnant Client, if she chooses and is appropriate for this service type, shall be transferred to Women and Children Intensive and Supportive Residential services no later than the eighth month of pregnancy in order to provide sufficient time to adjust to the changes prior to delivery of her child.
3. As part of education hours, Grantee will provide and document in CMBHS:
  - i. A minimum of two (2) hours per week of evidenced-based parenting education; and
  - ii. A minimum of six (6) hours of reproductive health education within thirty (30) Service Days of admission.
4. Document in CMBHS a discharge follow-up sixty (60) calendar days after discharge from the residential treatment services.

**E. INTENSIVE RESIDENTIAL FOR WOMEN AND CHILDREN  
(ASAM Level 3.5 Clinically Managed High-Intensity Residential Services)**

Grantee shall:

1. Adhere to TAC and SUD Program Guide applicable to intensive services requirements.
2. Adhere to TAC requirements applicable to Treatment Services for Women and Children.
3. As part of education hours, Grantee will provide:
  - i. A minimum of two (2) hours per week of evidence-based parenting education and document these services; and
  - ii. A minimum of six (6) hours of reproductive health education within thirty (30) Service Days of admission and document these services.

**F. RESIDENTIAL DETOXIFICATION / WITHDRAWAL MANAGEMENT  
(ASAM LEVEL 3.7 MEDICALLY MONITORED WITHDRAWAL  
MANAGEMENT)**

Grantee shall:

1. Adhere to TAC requirements for detoxification services.
2. Adhere to the SUD Program Guide for detoxification services.
3. Adhere to the following additional service delivery requirements:
  - i. Document in CMBHS a Withdrawal Management Intake Form.
  - ii. Document in CMBHS a discharge plan prior to discharge or transfer.
  - iii. Document in CMBHS a discharge follow-up no more than ten (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.

## **G. AMBULATORY WITHDRAWAL MANAGEMENT (ASAM LEVEL 2 WITHDRAWAL MANAGEMENT)**

Grantee shall:

1. Adhere to TAC requirements for detoxification services.
2. Adhere to the SUD Program Guide for detoxification services.
3. Adhere to the following additional service delivery requirements:
  - i. Document in CMBHS a Withdrawal Management Intake Form.
  - ii. Document in CMBHS a discharge plan prior to discharge or transfer.
  - iii. Document in CMBHS a discharge follow-up no more than ten (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.
4. 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**

1. 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/>) by the required due date and report name described in Table 1: Submission Requirements:
  - a. Grantee shall submit all documents listed in Table 1 by the Due Date stated.
  - b. Grantee will note that if the due date is on a weekend or holiday, the due date is the following business day.
  - c. Grantee shall submit monthly claims in Clinical Management for Behavioral Health Services (CMBHS) by the 15th of the following month.
  - d. Grantee shall submit annual Contract Closeout documentation each fiscal year with a final contract closeout due October 15 of the final contract year.
  - e. 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.
  - f. Grantee's duty to submit documents will survive the termination or expiration of this Contract.
2. 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>

System Agency Solicitation No. HHS0006637

System Agency Contract No. «Contract\_No»

Section IV	Claims in CMBHS	All claims must be entered monthly by the 15 <sup>th</sup> 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 TRF 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 15<sup>th</sup> day of September and March 15<sup>th</sup>, 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: ALCOHOL AND DRUG ABUSE COUNCIL OF DEEP EAST TEXAS**

**Contract Number: HHS000663700114**

- 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 **\$1,000,000.00** for the period from September 1, 2020 through August 31, 2025, as further specified in Article IV, Budget, of the Contract. For each Fiscal Year noted in Section C, (1) (a-e), Grantee shall provide a five percent (5%) match requirement of **\$10,000.00**. Total Contract Value will not exceed **\$1,050,000.00** for the period from September 1, 2020 through August 31, 2025, as follows:
    - a. Fiscal Year 2021, September 1, 2020 through August 31, 2021: **\$210,000.00**
    - b. Fiscal Year 2022, September 1, 2021 through August 31, 2022: **\$210,000.00**
    - c. Fiscal Year 2023, September 1, 2022 through August 31, 2023: **\$210,000.00**
    - d. Fiscal Year 2024, September 1, 2023 through August 31, 2024: **\$210,000.00**
    - e. Fiscal Year 2025, September 1, 2024 through August 31, 2025: **\$210,000.00**
- D. Grantee will submit claims to the HHSC 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 HHSC 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 HHSC shall provide written notification if the revision is approved; and the assigned Contract Manager will update CMBHS, as needed.

System Agency Solicitation No. HHS0006637

System Agency Contract No. «Contract\_No»



- G. Any unexpended balance associated with any other HHSC Contract may not be applied to this HHSC Contract.
- H. HHSC 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-treatment-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>Service Type</b>	<b>Number Served</b>	<b>Capacity</b>	<b>Unit Rate</b>	<b>Amount</b>
Adult Specialized Female Residential Intensive			\$113.02	
Adult Specialized Female Residential Supportive			\$82.67	
Adult Specialized Female Residential Detox			\$234.41	
Adult Specialized Female Ambulatory Detox			\$88.95	
Adult Specialized Female W/C Residential Intensive			\$217.67	
Adult Spec Fem W/C Residential Wraparound Services-LESS THAN 21			\$54.41	
Adult Spec Fem W/C Residential Wraparound Services- 21 and OVER			\$107.78	
Adult Specialized Female W/C Residential Supportive			\$185.22	
Adult Specialized Female Outpatient Services	125	17		\$200,000.00
Adult Spec Female Outpatient Group Counseling			\$80.57	
Adult Spec Female Outpatient Group Education			\$29.30	
Adult Spec Female Outpatient Individual			\$17.79	

System Agency Solicitation No. HHS0006637

System Agency Contract No. «Contract\_No»