

**HHSC CONTRACT NO. HHS001108400028  
AMENDMENT NO. 2**

The Health and Human Services Commission (HHSC) and Permian Basin Community Centers for MHMR d\b\ a Permiacare (Grantee), a Community Mental Health Center established under Texas Health and Safety Code Section 534.001, each a “Party” and collectively “Parties” to the grant agreement providing funding to support service expansion in relation to the COVID-19 Supplemental Grant Program effective October 27, 2021 and denominated HHSC Contract No. HHS001108400028 (“Contract”), now want to further amend the Contract.

Whereas, the Parties want to amend the Contract by adding services to be performed by Grantee within a new Statement of Work, Attachment A06, and its corresponding Expenditure Report, Attachment A06-01.

The Parties agree as follows:

1. Section V of the Contract, Reporting Requirements, is hereby amended and restated as follows:

The services to be performed and all reporting requirements by Grantee are described in Attachments A01-A06, individualized Statements of Work:

- A. Attachment A01 - Outpatient Capacity Expansion
- B. Attachment A02 - Housing and Homelessness Programs
- C. Attachment A03 - Housing Support Line
- D. Attachment A03-1 – Texas Housing Support Line Data
- E. Attachment A04 - Crisis Response and Diversion
- F. Attachment A04-1 – Performance Report
- G. Attachment A04-2 – Expenditure Report
- H. Attachment A05 - Consumer Operated Service Program
- I. Attachment A06 - Crisis Hotline and Mobile Crisis Outreach Team
- J. Attachment A06-1 – Expenditure Report

Grantee is only authorized to perform services HHSC- approved as provided within each Notice to Proceed provided. Upon Grantee’s receipt of a Notice to Proceed from HHSC, Grantee shall perform or cause to be performed the disaster services described within each applicable Statement(s) of Work.

2. The contract is hereby amended to add Attachment A06, Crisis Hotline and Mobile Crisis Outreach Team Statement of Work, and its corresponding Attachment A06-1, Crisis Hotline and Mobile Crisis Outreach Team Expenditure Report.
3. This Amendment shall be effective as of the date last signed below.
4. Except as amended, all terms and conditions of the Contract shall remain in full force and effect.
5. Any further revisions to the Contract shall be by written agreement of the Parties.

**SIGNATURE PAGE FOR AMENDMENT NO. 2  
HHSC CONTRACT NO. HHS001108400028**

**HEALTH AND HUMAN SERVICES**

**PERMIAN BASIN COMMUNITY CENTERS FOR  
MHMR D\B\A PERMIACARE**

By: DocuSigned by:  
Trina K. Ita  
2A511CE2A99E415...

By: DocuSigned by:  
Chris Barnhill  
44F60F49218E463...

Printed Name: Trina K. Ita

Printed Name: Chris Barnhill

Title: Associate Commissioner

Title: Chief Executive Officer

Date of Signature: March 23, 2022

Date of Signature: March 23, 2022

**THE FOLLOWING ATTACHMENTS ARE INCLUDED AND INCORPORATED BY REFERENCE TO  
HHSC CONTRACT NO. HHS001108400028:**

- ATTACHMENT A06      CRISIS HOTLINE AND MOBILE CRISIS OUTREACH TEAM  
STATEMENT OF WORK**
- ATTACHMENT A06-1    CRISIS HOTLINE AND MOBILE CRISIS OUTREACH TEAM  
EXPENDITURE REPORT**

**ATTACHMENT A06  
CRISIS HOTLINE AND MOBILE CRISIS OUTREACH TEAM  
STATEMENT OF WORK**

**CONTRACT NO. HHS001108400028**

**GRANTEE: PERMIAN BASIN COMMUNITY CENTERS FOR MHMR D\B\A  
PERMIACARE**

**I. PURPOSE**

The COVID-19 Supplemental Grant Program (MH/COVID) provides Grantee funding for an expansion of Grantee's Crisis Hotline and Mobile Crisis Outreach Team (MCOT) response services. This Statement of Work provides funding for an expansion of Grantee's MCOT response services to those Texas adults with serious mental illness (SMI) or Texas children with serious emotional disturbance (SED) whose mental illness has been affected by the on-going COVID-19 pandemic.

**II. GRANTEE RESPONSIBILITIES**

- A. Grantee shall conduct efforts to expand or enhance Crisis Hotline and MCOT services to:
  - 1. Increase law enforcement access to crisis services to facilitate jail diversion for individuals experiencing mental health crisis; and
  - 2. Respond to increased demand for community mental health services stemming from the COVID-19 pandemic.
- B. Grantee shall implement Crisis Hotline and MCOT services in compliance with standards outlined in Crisis Service Standards, Information Item V, incorporated by reference and found at <https://www.hhs.texas.gov/providers/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts>.
- C. Grantee shall provide crisis services specified in the Texas Resiliency and Recovery Utilization Management Guidelines in response to a Notice to Proceed (NTP) issued by HHSC. The Texas Resiliency and Recovery Utilization Management Guidelines are incorporated by reference and are found at: <https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/utilization-management-guidelines-manual>.
- D. Grantee shall submit data for all services according to the procedures, instructions, and schedule established by HHSC, including all required data fields and values in the current version of the HHSC Community Mental Health Service Array. The current version of the HHSC Community Mental Health Service Array (i.e., Report Name: INFO Mental Health Service Array Combined) can be found in the Mental and Behavioral Health Outpatient Warehouse (MBOW), in the General Warehouse Information, Specifications subfolder, incorporated by reference and posted at (secured website): <https://hhsc4svpop1.hhsc.txnet.state.tx.us/DataWarehousePage/>.

**III. PERFORMANCE MEASURES**

- A. The following performance measures will be used to assess the Grantee's effectiveness in enhancing, expanding, or reinforcing Crisis Hotline and MCOT services as described in this Statement of Work. Full details regarding these measures are found in Information Item C, incorporated by reference and found at

**ATTACHMENT A06  
CRISIS HOTLINE AND MOBILE CRISIS OUTREACH TEAM  
STATEMENT OF WORK**

<https://www.hhs.texas.gov/providers/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts>.

1. Effective Crisis Response: At least 75.1 percent of crisis episodes will not be followed by admission to a HHSC-funded inpatient bed within 30 calendar days of the first day of the crisis episode; and
2. Access to Crisis Response Services: At least 52.2 percent of crisis hotline calls shall result in face-to-face encounters.
3. Community Linkage: At least 23 percent of adults, children, and youth authorized into Level of Care (LOC) = 0 shall be authorized unto a full level of care of LOC-5 within 14 days of closure from LOC-0.
4. Crisis Follow-up: At least 90 percent of adults, children, and youth authorized into LOC-5 shall receive a follow-up service encounter within 30 days of authorization into LOC-5.

B. Grantee shall submit deliverables as outlined in Table 1 below:

**Table 1: Deliverable Submission**

<b>Deliverable</b>	<b>Due Date</b>
Attachment A06-1, Expenditure Report	Submit monthly, on or before the 15th day of the month following the month of service (e.g., September submission due October 15th), and within the budget period specified in Grantee's NTP. Grantee must attach the report to Grantee's invoice.
State of Texas Purchase Voucher Form 4116 (i.e., Invoice)	Submit monthly, on or before the 15th day of the month following the month of service (e.g., September submission due October 15th), and within the budget period specified in Grantee's NTP.
General Ledger or Workpaper Accounting for the use of Fund	Submit monthly, on or before the 15th day of the month following the month of service (e.g., September submission due October 15th), and within the budget period specified in Grantee's NTP. Grantee must attach the report to Grantee's invoice.

These submissions shall be sent by electronic mail to the following email address in the subject format below with a copy to the HHSC's Contract Manager and Program Services Liaisons. Any alternative reporting methods must be approved or otherwise completed based on written notification from HHSC's Contract Manager.

To: [MHContracts@hhsc.state.tx.us](mailto:MHContracts@hhsc.state.tx.us)  
Subject: CompCode\_ARPA\_Hotline and MCOT

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**IV. INVOICE AND PAYMENT**

- A. Grantee shall establish and maintain an independent cost center that is accessible and identifies the source and application of funds provided under this Statement of Work and original source documentation substantiating that costs are specifically and solely allocable to this Statement of Work and are traceable from the transaction to the general ledger or other workpaper accounting for the use of funds.
- B. Grantee shall submit invoices based on the schedule outlined in Table 1 using the State of Texas Purchase Voucher Form 4116, which is incorporated by reference and can be downloaded at: <https://www.hhs.texas.gov/regulations/forms/4000-4999/form-4116-authorization-expenditures>.
- C. All invoices not received by the scheduled due date as outlined in Table 1 above are considered late and will require justification from the Grantee for the late submission.
- D. Documentation and data required for invoice submission includes:
  - 1. Name, address, and telephone number of Grantee on the State of Texas Purchase Voucher Form 4116;
  - 2. HHSC Contract Number and/or Purchase Order Number on the State of Texas Purchase Voucher Form 4116;
  - 3. Identification of service(s) provided on the State of Texas Purchase Voucher Form 4116;
  - 4. Dates services/deliverables were delivered on the State of Texas Purchase Voucher Form 4116;
  - 5. Name of the person performing the activities on the State of Texas Purchase Voucher Form 4116;
  - 6. Total invoice amount on the State of Texas Purchase Voucher Form 4116; and
  - 7. Supporting Documentation as attachments to the State of Texas Purchase Voucher Form 4116:
    - a. A copy of Grantee's General Ledger, or other workpaper accounting for the use of funds, proving expenditure of funds by cost category;
    - b. Attachment A06-1 - Expenditure Report; and
    - c. Any other documentation required by this Contract or otherwise requested by HHSC.
- E. Grantee shall electronically submit invoices with required or otherwise requested supporting documentation to the Claims Processing Unit at [HHSC\\_AP@hhsc.state.tx.us](mailto:HHSC_AP@hhsc.state.tx.us), [MHContracts@hhsc.state.tx.us](mailto:MHContracts@hhsc.state.tx.us), the assigned HHSC Contract Manager, and Program Services Liaisons.

**V. OUTCOME IF GRANTEE CANNOT COMPLETE REQUIRED PERFORMANCE**

Unless otherwise specified in this Statement of Work, if Grantee cannot complete or otherwise comply with a requirement included in this Statement of Work, HHSC, at its sole discretion, may impose remedies outlined under Contract Attachment C, Special Conditions, Article 6 (Disputes and Remedies).

**A06-1: Crisis Hotline and Mobile Crisis Outreach Team Expenditure Report**

The Crisis Hotline and Mobile Crisis Outreach Team (MCOT) Monthly Expenditure Report shall be completed and submitted to HHSC monthly. The information requested on the Crisis Hotline and MCOT Monthly Expenditure Report is due the 15th day of the following month of service provision. For example, data from September 2021 is due the 15th day of October 2021. The Crisis Hotline and MCOT Monthly Expenditure Report shall be submitted electronically to the following email address: mhcontracts@hhsc.state.tx.us, as well as to the assigned HHSC Contract Manager and Program Services Liaison. Expenditures shall be reported on the tab labeled Flat Database Exp. Rpt. Expenditures reported on this form shall only be related to the Crisis Hotline and MCOT expansion under the American Rescue Plan Act and in alignment within the approved budget period specified in the Notice to Proceed (Crisis Hotline and MCOT services provided in alignment with the Performance Contract shall not be reported on this expenditure form).

Column	Instructions
A: Center_Name	Choose center name using the drop-down list function.
B: Short_Name	Short name will auto populate.
C: Vendor ID	Vendor ID will auto populate.
D: COMP Code	COMP Code will auto populate.
E: Report_Year_Month	Choose report year and month from the drop-down list function.
F: FY	Fiscal year auto populate.
G: Project Category	Category project identifier is Crisis Hotline and MCOT
H: Line_Item	Includes a list of budget categories: Personnel, Fringe Benefits, Travel, Supplies, Contractual, Other, Equipment, and Indirect
I: Contract_Term_Expenditures	Enter the dollar amount expended associated with the appropriate month and budget category.
J: Expenditure Category	The Expenditure Category of Direct or Indirect is pre-populated.