

**HEALTH AND HUMAN SERVICES COMMISSION  
CONTRACT NO. 2017-049950-002  
AMENDMENT NO. 3**

**THE HEALTH AND HUMAN SERVICES COMMISSION (“HHSC”) (“SYSTEM AGENCY”) and COLLIN COUNTY MHMR DBA LIFEPATH SYSTEMS (“Contractor”),** who are collectively referred to herein as the "Parties," to that certain Treatment Services-Youth (**“TRY-LBHA”**) Contract, effective **JANUARY 01, 2017**, and now denominated HHSC Contract No. **2017-049950-002** (“Contract”), as amended, now desire to further amend the Contract.

WHEREAS, the Parties desire to revise the attachments of the Contract to allow for successful completion of the Project; and

NOW, THEREFORE, the Parties hereby amend and modify the Contract as follows:

1. Attachment B – Revised August 2018 is supplemented with Attachment B – Revised September 2019.
2. This Amendment shall be effective on the date signed by both Parties.
3. This amendment affirms fiscal year 2020 funding of **FORTY NINE THOUSAND, SEVEN HUNDRED FIFTY SIX DOLLARS (\$49,756.00)** for the term of September 1, 2019 through August 31, 2020.
4. The estimated Total Contract Value is **TWO HUNDRED TWENTY NINE THOUSAND, FIVE HUNDRED THIRTY SIX DOLLARS (\$229,536.00)**
5. Except as amended and modified by this Amendment, all terms and conditions of the Contract, as amended, shall remain in full force and effect.
6. Any further revisions to the Contract shall be by written agreement of the Parties.

SIGNATURE PAGE FOLLOWS

HHSC CONTRACT No. 2017-049950-002

SIGNATURE PAGE FOR AMENDMENT No. 3

**HEALTH AND HUMAN SERVICES COLLIN COUNTY MHMR DBA LIFEPATH  
COMMISSION SYSTEMS**

DocuSigned by:  
*Trina Ita*  
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Trina Ita

Associate Commissioner

Date of Execution: September 3, 2019

DocuSigned by:  
*J. Randy Routon*  
By: F15D0FDB0ED0443...

Name: J. Randy Routon

Title: Chief Executive Officer

Date of Execution: September 3, 2019

THE FOLLOWING ATTACHMENTS ARE INCORPORATED AS PART OF THE CONTRACT:

- Program Attachment A (Revised September 2019)
- Attachment B (Revised September 2019)
- Federal Funding Accountability and Transparency Act (FFATA) Certification

**ATTACHMENT A  
STATEMENT OF WORK  
REVISED SEPTEMBER 2019**

**I. PURPOSE**

To provide substance use treatment for one or more of the following service types as indicated in the Program Service and Unit Rates.

- Youth Intensive Residential
- Youth Intensive Residential Wraparound Services-Room & Board (Medicaid Youth)
- Youth Supportive Residential
- Youth Outpatient
- Youth Outpatient Wraparound Services (Medicaid Youth)

**II. GRANTEE RESPONSIBILITIES**

Grantee shall:

- A. Ensure client access to the full continuum of treatment services and shall provide sufficient treatment intensity to achieve treatment plan goals.
- B. Utilize *The Diagnostic and Statistical Manual of Mental Disorders* criteria for a substance use disorder to determine client diagnosis.
- C. Capacity and Waiting List
  1. Grantees that provide residential detoxification, intensive residential, or supportive residential treatment services shall report daily available capacity Monday through Friday through the System Agency Clinical Management for Behavioral Health Services (CMBHS) system by 11:00 a.m. Central Time.
  2. Grantees that provide ambulatory detoxification, outpatient treatment or co-occurring psychiatric and substance use disorders may report the previous day's attendance in the daily capacity report the next day Monday thru Friday through CMBHS by 11:00 a.m. Central Time. For example: Monday's daily attendance may be reported on Tuesday and Friday's attendance may be reported on the following Monday.
  3. Grantees that have a pregnant woman or an injecting substance user on the waiting list shall confirm this in the Daily Capacity Management Report.
- D. If an individual is identified with military status (a member of the United States military serving in the army, navy, air force, marine corps, or coast guard on active duty) and who has declared and reports Texas as their state of residence, or a spouse or dependent child of the member, or the spouse or dependent child of a former military member who had declared and reports Texas as their member's state of residence is ensured that the individual military member and their spouse and dependents maintain their positions on the States' waiting list. Grantee will be required to flag the individual internally as an individual with military status and maintain the individual's position on the waiting list. The individual will maintain their position on the waiting list for not more than one year after the date on which of the following is applicable:
  1. The member's active duty ends;

2. The member was killed if the member was killed in action; or
3. The member died if the member died while in service.

E. Admit priority populations in the following order:

1. Based on federal and state guidelines, pregnant injecting individuals must be admitted immediately;
2. Based on federal and state guidelines, pregnant individuals must be admitted immediately;
3. Based on federal guidelines, injecting drug users must be admitted within 14 days; and
4. Based on federal and state guidelines, individuals identified as being high risk for overdose must be admitted immediately
5. Based on state guidelines, Department of Family and Protective Services (DFPS) referred individuals must be admitted within 72 hours.

If unable to provide admission to individuals within these priority populations according to guidelines:

1. Coordinate with an alternate provider (Outreach, Screening, Assessment, and Referral [OSAR]) and/or directly to System Agency-funded) for immediate admission;
2. Notify (specifically, the program services unit staff) so that assistance can be provided that ensures immediate admission to other appropriate services and proper coordination with DFPS staff when appropriate.

F. Provide overdose prevention education to clients on Grantee's waiting list. Grantee shall also provide overdose prevention education to all clients prior to discharge, including those that received it prior to admission.

1. General overdose prevention education shall be provided to all clients as a part of treatment education requirements to include education on naloxone (including possible local access if available).
2. Specific overdose prevention activities shall be conducted with clients with opioid use disorders and those clients that use drugs intravenously to include:
  - a. Education on naloxone (including possible local access if available);
  - b. Education about and referral to System Agency-funded HIV Outreach services for clients with IV drug use history; and
  - c. Referral to local community resources that work to reduce harm associated with high risk behaviors associated with drug use.

G. Provide trauma-informed services that address the multiple and complex issues related to violence, trauma and addiction. Grantee shall be sensitive to the fact that substance use issues may be a client's attempt to cope with a traumatic history.

H. Offer tobacco cessation services for clients receiving treatment services. These services shall address the disproportionate harm of tobacco use among individuals who use substances and shall follow guidelines developed by the National Association of State Mental Health Program Directors in *Tobacco-Free Living in Psychiatric Settings: A Best-Practices Toolkit Promoting Wellness and Recovery*

<http://www.nasmhpd.org/content/tobacco-free-living-psychiatric-settings-best-practices-toolkit-promoting-wellness-and>. These services shall include the following documented activities:

1. Implementing policies and procedures to create a tobacco-free system of care;
  2. Providing adequate planning, time, and training for staff for implementation; and
  3. Ensuring access to adequate and appropriate medical and psychosocial tobacco cessation treatment for clients and staff as follows:
    - a. Access to evidence-based treatment for tobacco cessation treatment according to US Public Health Service guidelines (<http://bphc.hrsa.gov/buckets/treatingtobacco.pdf>).
    - b. All clients will be assessed for tobacco use, entering the appropriate nicotine use disorder as an official diagnosis.
    - c. All clients with a nicotine use disorder will receive information on readiness to change and the benefits of quitting, including improving their treatment outcomes related to substance abuse.
    - d. If the client chooses to quit, Grantee will discuss treatment options and provide interventions appropriate to the treatment setting, including:
      - i. Cessation programs offered concurrently with treatment,
      - ii. Referrals to a hospital or community-based cessation program, or
      - iii. Referral to tobacco cessation counseling services. (Telephone or web-based program providing counseling and limited nicotine replacement therapy to targeted clients, for more information go to [www.yesquit.org](http://www.yesquit.org). Referrals to tobacco cessation services can be made via fax, online, cell phone app or electronic health record, including CMBHS for certain clients.)
- I. Train staff and develop a policy to ensure that information gathered from clients is conducted in a respectful, non-threatening, and culturally competent manner.
- J. Upon request, Grantee staff may be selected for participation in the independent treatment peer review required by the Substance Abuse Prevention and Treatment (SAPT) Block Grant. If a member of Grantee's staff is selected to be a reviewer, the Grantee will ensure that the staff member participates in the treatment peer review process.
- K. Use financial eligibility criteria, financial assessment procedures and standards developed by System Agency to determine client eligibility.
- L. Document client financial eligibility on each System Agency-funded client every 180 days.
- M. Complete the Financial Eligibility function of CMBHS before charging any individuals for screening and assessment. Grantee will not require payments from individuals determined by the Financial Eligibility function of CMBHS to be eligible for System Agency-funded services for screenings and assessments. Any charges assessed to individuals for screenings and assessments must be accounted for as Program Income.

- N. Provide adult treatment services to financially eligible clients referred by DFPS. Such referrals will receive priority admission behind the established priority populations. When space is not available, Grantee will guarantee successful and timely referral of financially eligible clients referred by DFPS to another suitable System Agency-funded treatment or OSAR contractor. Grantee will also contact the System Agency's wait list coordinator or designee regarding the DFPS individual placed on the waitlist.
- O. Provide substance use disorder treatment as defined by Tex. Health and Safety Code Chapter 464 will hold an active treatment license issued by System Agency or be exempt from licensure. The failure to obtain a required license, or revocation, surrender or suspension of Grantee's license, or Grantee's ceasing to provide services, will constitute grounds for termination of the Contract or other remedies System Agency deems appropriate. To add a newly licensed site to the Contract, Grantee must submit a request to the contract manager assigned to the Contract for a clinic number after a treatment license has been issued. Grantee will use the clinic number request form located on the System Agency website at <http://www.dshs.state.tx.us/sa/forms/default.shtm>. Grantee will not provide services under the Contract until the licensed site has been approved by System Agency or System Agency.
- P. Notify the assigned contract manager of any action impacting its license to provide services under this Contract within five days of becoming aware of the action and include the following:
1. Reason for such action;
  2. Name and contact information of the local, state or federal department or agency or entity;
  3. Date of the license action; and
  4. License or case reference number.
- Q. Screen all clients and may not bill the System Agency for services eligible for reimbursement from third-party payors, who are any person or entity who has the legal responsibility for paying for all or part of the services provided, including commercial health or liability insurance carriers, Medicaid, or other federal, state, local and private funding sources. As applicable, the Grantee or subcontractor shall:
1. Enroll as a provider in Children's Health Insurance Program (CHIP) and Medicaid if providing approved services authorized under this Contract that may be covered by those programs and bill those programs for the covered services;
  2. Provide assistance to individuals to enroll in such programs when the screening process indicates possible eligibility for such programs;
  3. Allow clients that are otherwise eligible for System Agency services, but cannot pay a deductible required by a third-party payor, to receive services up to the amount of the deductible and to bill the System Agency for the deductible;
  4. Not bill the System Agency for any services eligible for third party reimbursement until all appeals to third-party payors have been exhausted;
  5. Maintain appropriate documentation from the third-party payor reflecting attempts to obtain reimbursement;

6. Bill all third-party payors for services provided under this Contract before submitting any request for reimbursement to System Agency; and
  7. Provide third party billing functions at no cost to the client.
- R. Comply with the 25 TAC regarding Financial Eligibility and Third-Party Payment requirement. If services for a client are covered by a third-party payor that the Grantee is not eligible for reimbursement, Grantee will refer the client to a treatment program that is approved by the client's third-party payor.
1. If the approved treatment program refuses treatment services to the client and documents that refusal, Grantee may provide treatment services and bill System Agency provided -
    - a. The refusal, including third-party payor and approved treatment program, is documented in the client file;
    - b. The client meets the diagnostic criteria for substance use disorder.
  2. If client's third-party payor would cover or approves partial or full payment for treatment services, Grantee may bill System Agency for the non-reimbursed costs, including the deductible, provided -
    - a. The client's parent refuses to file a claim with the third-party payor, or refuses to pay either the deductible or the non-reimbursed portion of the cost of treatment, and Grantee has obtained a signed statement from the parent that the parent refuses to pay, and Grantee has received written approval from the System Agency substance abuse program services clinical coordinator to bill for the deductible or non-reimbursed portion of the cost;
    - b. The client's parent cannot afford to pay the deductible or the non-reimbursed portion of the cost of treatment; or
    - c. The family has an adjusted income at or below 200% of the Federal poverty guidelines.
  3. If a client has exhausted all insurance coverage and requires continued treatment, Grantee may provide the continued treatment services and bill System Agency as long as the client meets 2 a-b.
  4. **IF A CLIENT'S LEGAL GUARDIAN, WHO HAS OTHER THIRD-PARTY COVERAGE FOR THE CLIENT'S TREATMENT SERVICES AND IS UNABLE TO PAY FOR THOSE SERVICES, GRANTEE MUST OBTAIN A SIGNED STATEMENT FROM THE LEGAL GUARDIAN ON REFUSAL TO PAY BEFORE BILLING SYSTEM AGENCY FOR THE COST OF THE CLIENT'S TREATMENT.**
- S. Unless federal law applies, when a Grantee provides medical, dental, psychological or surgical treatment to a minor without parental consent, either directly or through contracts with subcontractors, before the Grantee provides treatment to minor unless informed consent to treatment is obtained pursuant to Texas Family Code Chapter 32.
- T. Be monitored through the CMBHS on efforts to obtain referrals of adolescents before the adolescents reach the juvenile justice system with the goal of increasing the proportion of juvenile clients not involved in the juvenile justice system.

- U. Ensure that all individuals who cannot be immediately admitted to treatment services due to lack of capacity, Grantee, upon determining the appropriate level of care, will make a waiting list entry in CMBHS that details the service type the individual is waiting for and the priority population designation of the individual.
  - 1. Eligible individuals who cannot enter treatment immediately due to circumstances other than lack of capacity must be placed on a waiting list unless scheduled for admission within one week of requesting services.
  - 2. However, Grantee will not hold empty beds or slots for anticipated clients for more than 48 hours.
  - 3. Upon admission, Grantee will close the waiting list entry, indicating the date of admission as the waiting list end date.
  - 4. Ensure, either directly or through referral, that individuals waiting for admission receive interim services within 48 hours.
  - 5. Document weekly contact with all individuals on its waiting list.
  - 6. Have a written policy on waiting list management that defines why and how individuals are removed from the waiting list for any purpose other than admission to treatment.
  
- V. A residential program may hold an empty bed and bill for a client who is on a planned, approved absence for up to two consecutive days. The frequency of approved absences shall be reasonable and appropriate and shall not exceed four days in a 30-day period, except as provided below.
  - 1. Contractors shall include planned absences for delivery in treatment plans for each pregnant female and shall ensure that a bed is available for the female upon her return.
  - 2. Absences for medical treatment (including delivery), court appearances, or other emergencies may exceed 48 hours, but HHSC approval is required if the absence exceeds 96 hours.
  
- W. Provide interim services to an individual on a waiting list until the individual is admitted, to reduce the adverse health effects of substance abuse, promote the health of the individual and reduce the risk of transmission of disease. Individuals placed on a waiting list must be offered interim services within 48 hours. Grantee will maintain documentation of interim services provided in CMBHS. Interim services must include counseling education about HIV and tuberculosis (TB), including the risks of needle sharing, the risk of transmission to sexual partners and infants and steps that can be taken to prevent transmission. Referrals for HIV or TB treatment must be provided if necessary. For pregnant women, interim services must include counseling on the effects of alcohol, tobacco and other drug use on the fetus, as well as referral for prenatal care.



- X. Ensure that all persons, who are housed in System Agency-licensed and/or -funded residential facilities and are 22 years of age or younger, have access to educational services as required by Texas Education Code § 29.012. Grantee will notify the local education agency or local early intervention program no later than the third calendar day after the date a person who is 22 years of age or younger is placed in Grantee's residential facility.
- Y. In jurisdictions with drug courts as defined by Tex. Health and Safety Code Chapter 469 Grantee will be monitored based on referral sources in the CMBHS for effectiveness of collaboration with drug courts.
- Z. May administratively discharge any active treatment client for which 50 calendar days have elapsed since the last billing end date for the client.
- AA. Grantee or subcontractor shall enroll as a provider with Texas Medicaid and Healthcare Partnership (TMHP) and all Medicaid Managed Care organizations in Grantee's service region within the first quarter of the Contract term.
- BB. May bill for only one intensity of service and service type (either outpatient or residential) per client per day. Grantees will not bill for an intensity of service and service type if another System Agency-funded treatment provider is providing and billing System Agency for another intensity of service and service type. The following is the only exception: a client may receive pharmacotherapy services, co-occurring psychiatric and substance use disorder services, or ambulatory detoxification services at the same time the client receives substance abuse outpatient or residential treatment services. If two providers provide treatment services to the same client under this exception, the providers must coordinate services and both providers must document the service coordination in CMBHS.
- CC. Operate within the funded capacity for the duration of the Contract term. Capacity is defined as the number of clients that can be concurrently served, at any given time, as determined by the licensure authority. Funded Capacity is defined as the number of clients that can be concurrently served, at any given time, as determined by the award amount. Submitted claims in excess of the Grantee's funded capacity may be approved for payment at the sole discretion of System Agency, based on availability of funds and criteria determined by System Agency. Treatment Capacity Worksheet can be found on the Substance Abuse website: <http://www.dshs.texas.gov/sa/For-Substance-Abuse-Contractors.aspx>
- DD. Engage and collaborate with community resources, using memoranda of understanding (MOUs) to document collaborative relationships. Initial MOUs shall be in place within 60 days of the Contract start date. MOUs shall specifically define what and how services will be provided to clients and their families, including specific engagement strategies and procedures. All MOUs shall be signed by both parties, be individualized, and contain beginning and end dates. Grantee shall ensure that all MOUs be maintained current and be available upon request for review by System Agency. Grantee shall have MOUs with the

following:

1. All System Agency-funded OSAR providers in Grantee’s Region that shall address, at a minimum, the following:
  - a. How Grantee will report capacity and treatment availability information to each System Agency-funded OSAR provider in the Region;
  - b. Referral processes when immediate capacity is not available:
    - i. Whether Grantee or System Agency-funded OSAR provider will provide initial required interim services; and
    - ii. Grantee’s specific policy on how and when clients are removed from the waiting list.
  - c. MOU shall include established Federal and System Agency Priority Population requirements; and
  - d. MOU shall describe quarterly updating of specific contact information for key agency staff that handle day-to-day client placement activities.
2. All Local Mental Health Authorities (LMHAs) and Local Behavioral Health Authorities (LBHAs) within Grantee’s HHS Region and service area. MOUs shall address, at a minimum, the following:
  - a. Appropriate referrals to and from Grantee and the Health Authority (HA) for indicated services;
  - b. Emergency referrals and transportation assistance for clients in crisis;
  - c. Follow-up contact with the HA to facilitate the enrollment and engagement of clients in HA services;
  - d. Follow-up contact from the HA with Grantee to coordinate subsequent services; and
  - e. Documentation of referral and other case management services provided.
3. DFPS state office and local agreements with the DFPS regional office(s) in which Grantee is located. The DFPS state office MOU and local agreement(s) are required. A prepared MOU for the DFPS state office may be used and is located at: <http://www.dshs.texas.gov/sa/For-Substance-Abuse-Contractors.aspx>. The local agreements with the regional office shall address the following:
  - a. Regional referral process,
  - b. Coordination of services, and
  - c. Sharing of information between Grantee and DFPS regional office.

EE. Submit all documents identified below to the designated System Agency Substance Abuse mailbox (SubstanceAbuse.Contracts@hhsc.state.tx.us) by the required due date. Grantee’s duty to submit documents survives the termination or expiration of this Contract.

Document Name	Due Date
CMBHS Security Attestation Form and list of authorized users	September 15 & March 15

Quarterly Match Report	15 <sup>th</sup> day following quarter being reported (December 15; March 15; June 15; September 15)
Closeout documents	October 15

FF. Contractor shall follow the National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care for all served populations in accordance with the most current version of “Texas Cultural Competence Guidelines for Behavioral Health Organizations” available at: <https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers>. This guidance document comprises a set of requirements, implementation strategies, and additional resources to help providers/programs establish and expand culturally and linguistically appropriate services.

## **YOUTH INTENSIVE RESIDENTIAL SERVICES (ASAM Level 3.5 Clinically Managed High-Intensity Residential Services)**

### **A. PURPOSE**

To provide intensive treatment services in a residential setting that facilitate recovery from substance use disorders for clients.

### **B. ELIGIBLE POPULATION:**

Youth Texas residents who meet financial criteria for System Agency-funded substance use disorder services and meet *The Diagnostic and Statistical Manual of Mental Disorders* criteria for a substance use disorder.

### **C. SERVICE REQUIREMENTS:**

#### **1. Administrative Requirements**

- a. Comply with all applicable rules adopted by System Agency related to substance use disorder services and published in Title 25 of the Texas Administrative Code (TAC), including the following Chapters:
  - i. Chapter 441 - General Provisions;
  - ii. Chapter 442 - Investigations and Hearings;
  - iii. Chapter 447 - Department-funded Substance Abuse Programs;
  - iv. Chapter 448 - Standards of Care; and
  - v. Chapter 140, Subchapter I - Counselor Licensure.
- b. Document all specified activities and services in the CMBHS as directed by

System Agency in accordance with the Contract and instructions provided through System Agency training, unless otherwise noted. Grantee shall maintain all documents that require client or staff signature in the client's physical record for review by System Agency. Grantee shall upload to an administrative note in CMBHS clinical documentation that is handwritten and not transcribed into the client's CMBHS record: e.g. diagnostic tests such as the Clinical Institute Withdrawal Assessment or Beck Depression Inventory, physician orders, etc.

- c. Have a marketing plan if requested by System Agency to engage local referral sources and provide information to these sources regarding the availability of substance use disorder treatment services and the eligibility criteria for admission. Grantee shall document the plan in Grantee's policies and procedures.
- d. Adopt policies and procedures that conform with 25 TAC §448.504 (relating to Quality Management) and that include methods of assessing client satisfaction with Grantee's services.
- e. Maintain policies and procedures related to the retention of clients in Grantee's services, including protocols for addressing clients absent from treatment and policies defining treatment noncompliance.
- f. Have written procedures addressing notification of parents or guardians in the event an adolescent leaves Grantee's facility without authorization.
- g. Ensure that all program directors participate in programmatic conference calls as scheduled by System Agency. Grantee's executive management may participate in the conference calls, but program directors shall participate unless otherwise agreed to by System Agency in writing.
- h. Have representative staff, knowledgeable about Grantee's provision of this service type, attend OSAR quarterly regional collaborative meetings.
- i. In Grantee's facility, the direct care staff-to-client ratio shall be at least 1:8 when clients are awake (including provider-sponsored activities away from Grantee's facility) and 1:16 during sleeping hours. In addition, counselor caseloads shall not exceed eight clients for each counselor.
- j. Ensure that direct care staff included in staff-to-client ratios shall not have job duties that prevent ongoing and consistent client supervision. Grantee shall ensure clients are under direct supervision at all times. During sleeping hours, staff shall be awake and shall conduct and document hourly bed checks. Grantee shall have at least one counselor on duty for a minimum of eight hours a day, six days a week.
- k. Maintain separation between adults and adolescents and have separate sleeping areas, bedrooms, and bathrooms for adults and adolescents, and for males and females.
- l. Not deny admission to services based solely on the type or category of substance the client has been using. Grantee shall not deny access to treatment services at any level solely on the basis that a client is taking or may need to take a prescribed medication or is receiving medication-assisted therapy. Grantee shall accept and make the necessary accommodations to continue treatment services for clients meeting System Agency admission criteria who are also receiving medication-assisted therapy. Medication-assisted therapies include opioid substitution therapy and other various uses of medications in the treatment of

substance dependence. Further, Grantee shall accept and make the necessary accommodations to continue treatment for clients meeting System Agency admission criteria who are also currently taking or in need of access to prescribed medication for active or potentially reoccurring mental health or physical health issues.

- m. Serve adolescents 13 to 17 years of age. However, young adults aged 18 to 21 may be admitted to Grantee's services when the screening process indicates the individual's needs, experiences, and behavior are similar to those of adolescent clients.
- n. Accept referrals from the System Agency-funded OSAR.

## 2. Service Delivery

- a. If the client first presents either by phone or in person at Grantee's site, Grantee shall determine and document financial eligibility and conduct and document screening. Grantee shall conduct the screening in a confidential, face-to-face interview unless there is documented justification for an interview by phone. Grantee shall use the screening process to determine the individual's needs and Grantee shall make documented referral(s) to appropriate resources based on the screening.
- b. When appropriate, Grantee shall provide pre-admission case management to reduce barriers to treatment, enhance motivation, stabilize life situations, and facilitate engagement in treatment.
- c. Ensure that all individuals seeking treatment services who are determined to have a diagnosis of opioid/opiate use disorder, Grantee shall engage the individual in a process of informed consent and document using the form provided by System Agency. This form shall be uploaded to an administrative note in CMBHS.
- d. Document screening for TB, hepatitis B and C, STDs, and HIV.
  - i. If the screening indicates the client is at 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 for pre- and post-test counseling for HIV.
  - iii. If the client is HIV-positive, Grantee shall refer the client to a System Agency-funded HIV Early Intervention (HEI) case manager or an HIV Ryan White case manager if no HEI case manager is available.
- e. Offer comprehensive substance use disorder treatment in a structured environment. Grantee shall ensure access to the full continuum of treatment services and ensure access to treatment intensity to achieve treatment plan goals. Intensity and content of treatment shall be consistent with standards of care. Services shall be appropriate for each individual admitted, with documented justification to support the admission.
- f. Use evidence-based treatment models, practices, and/or curricula.
- g. Provide all services in a culturally, linguistically, and developmentally appropriate manner for clients, families, and/or significant others.
- h. Clinical judgment to assign a projected length of stay for each residential client.

- i. Ensure that the counselor and client shall work together to develop and implement an individualized, documented treatment plan that identifies services and support needed to address problems and needs identified in the assessment. When appropriate, family shall also be involved.
- j. If applicable and when appropriate, either directly or through referral, Grantee shall ensure that children of the client have access to services to address their needs and support healthy development, which shall include primary pediatric care, early childhood intervention services, substance use disorder prevention services, and other therapeutic interventions that address the children's developmental needs and any issues of abuse and neglect.
- k. Facilitate and document regular communication between a client and the client's family and shall not arbitrarily restrict any communications without clear, individualized, and documented clinical justification.
- l. Provide access to education approved by the Texas Education Agency within three school days of admission when treatment is expected to last more than 14 days.
- m. Provide an average of at least 45 hours of documented services in this service type per week for each client, comprising the following:
  - i. Ten hours of chemical dependency counseling, one hour of which shall be individual counseling;
  - ii. Ten hours of additional counseling, chemical dependency education, life skills training, and relapse prevention education to include the following:
    - (a) At least one hour of education on the effects of alcohol, tobacco and other drugs on the developing fetus to all male and female clients prior to discharge; and
    - (b) Educational information about overdose prevention; and
  - iii. Fifteen hours of planned, structured activities monitored by staff, five hours of which shall occur on weekends and evenings. Attendance in school may be counted toward this requirement.
- n. For pregnant and parenting youth, Grantee shall address needs of female clients and may address the needs of male clients on the treatment plan either directly or through referral including but not limited to the following:
  - i. Gender-specific parenting education;
  - ii. Reproductive health education and pregnancy planning;
  - iii. DFPS coordination;
  - iv. Family violence and safety;
  - v. Fetal and child development;
  - vi. Current infant and child safety guidelines;
  - vii. Financial resource needs; and
  - viii. And any other needs of the client's children
- o. Document the client-specific information that supports the reason for discharge listed on the discharge report. A Qualified Credentialed Counselor (QCC) shall sign the discharge summary. For a client to be considered to have successfully completed a treatment service, both of the following criteria shall be 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.
  - (a) Problems designated as “treat” or “case manage” status shall have all objectives resolved prior to successful discharge;
  - (b) Problems that have been “referred” shall have associated documented referrals in CMBHS;
  - (c) 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
  - (d) “Withdrawn” problems shall have clinical justification reflected in CMBHS, through the Progress Note and Treatment Plan Review Components.
- p. Complete referral follow-up for each referral entered into CMBHS.
- q. Document a referral to the System Agency-funded OSAR provider for discharging clients in need of continued service coordination and monitoring if Grantee is unable to provide this support directly.
- r. Complete a discharge follow-up 60 days after discharge from the treatment program to determine abstinence in the past 30 days.

**D. STAFFING AND STAFF COMPETENCY REQUIREMENTS:**

- 1. Ensure that 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 the service requirements within this statement of work.
- 3. Document training of its staff in the chosen evidence-based treatment practice/curricula, and staff members who deliver services shall have the training and the credentials described in the chosen model for review by System Agency.
- 4. Develop and implement a mechanism to ensure that all direct care staff have the knowledge, skills, and abilities to provide services to youth, as they relate to the staff member’s job duties.
- 5. Be able to demonstrate through documented training, credentials and/or experience that all direct care staff are proficient in areas pertaining to youth services, including but not limited to the following areas:
  - a. Chemical dependency problems specific to youth treatment;
  - b. Appropriate treatment strategies, including family engagement strategies; and
  - c. Emotional, developmental, and mental health issues for adolescents.
- 6. Ensure that individuals responsible for planning, directing, or supervising treatment

services shall be QCCs. Grantee shall have a clinical program director with at least two years of post-licensure experience providing substance use disorder treatment. Substance use disorder counseling shall be provided by a QCC, graduate, or 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.

7. Ensure that clinical staff shall have specific documented training in the following within 90 days from the start date of the Contract or the date of hire, whichever is later:
  - a. Motivational Enhancement Therapy or motivational interviewing techniques;
  - b. Trauma, abuse and neglect, violence, Post-Traumatic Stress Disorder, and related conditions;
  - c. Cultural competency, specifically including, but not limited to, gender and sexual identity and orientation issues;
  - d. Medicaid eligibility; and
8. Within 90 days of employment, documentation for each clinical staff completion of the on-line course regarding State of Texas co-occurring psychiatric and substance use disorder (COPSD) training. Grantee shall access [www.centralizedtraining.com](http://www.centralizedtraining.com) website for COPSD training.
9. Recognize the limitations of Licensed Chemical Dependency Counselors licensee's ability and shall not provide services outside the licensee's scope of practice or licensure or use techniques that exceed the person's license authorization or professional competence.

## **YOUTH INTENSIVE RESIDENTIAL WRAPAROUND SERVICES-ROOM & BOARD (MEDICAID YOUTH)**

### **A. PURPOSE:**

To provide room and board supplemental services to clients admitted to Medicaid-funded youth intensive residential treatment.

### **B. ELIGIBLE POPULATION:**

Medicaid-defined youth (age 20 and under) admitted to a licensed youth substance abuse treatment facility. Youth shall be Texas residents who meet criteria for System Agency-funded services and who meet *The Diagnostic and Statistical Manual of Mental Disorders* criteria for a substance use disorder. Youth shall be simultaneously receiving youth intensive residential substance use disorder services under the Medicaid substance abuse benefit.



C. SERVICE REQUIREMENTS:

1. Administrative Requirements

- a. Comply with all applicable rules adopted by System Agency related to substance use disorder services and published in Title 25 of the Texas Administrative Code (TAC), including the following Chapters:
  - i. [Chapter 441](#) - General Provisions
  - ii. [Chapter 442](#) - Investigations and Hearings
  - iii. [Chapter 447](#) - Department-funded Substance Abuse Programs
  - iv. [Chapter 448](#) - Standards of Care
  - v. [Chapter 140, Subchapter I](#) - Counselor Licensure
- b. Document all specified activities and services in CMBHS as directed by System Agency in accordance with the Contract and instructions provided through System Agency training, unless otherwise noted. Grantee shall maintain all documents that require client or staff signature in the client's physical record for review by System Agency. Grantee shall upload to an administrative note in CMBHS clinical documentation that is handwritten and not transcribed into the client's CMBHS record: e.g. diagnostic tests such as the Clinical Institute Withdrawal Assessment or Beck Depression Inventory, physician orders, etc.
- c. May submit a claim in CMBHS for room and board supplemental services for each client for each day of authorized Medicaid-funded residential substance use disorder treatment service.

D. STAFF COMPETENCY REQUIREMENTS:

1. Ensure that 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 the service requirements within this statement of work.
3. Document training of its staff in the chosen evidence-based treatment practice/curricula, and staff members who deliver services shall have the training and the credentials described in the chosen model for review by System Agency.
4. Develop and implement a mechanism to ensure that all direct care staff have the knowledge, skills, and abilities to provide services to youth, as they relate to the staff member's job duties.
5. Be able to demonstrate through documented training, credentials and/or experience that all direct care staff are proficient in areas pertaining to youth services, including but not limited to the following areas:
  - a. Chemical dependency problems specific to youth treatment;
  - b. Appropriate treatment strategies, including family engagement strategies; and
  - c. Emotional, developmental, and mental health issues for adolescents.
6. Ensure that individuals responsible for planning, directing, or supervising treatment services shall be QCCs. Grantee shall have a clinical program director with at least two years of post-licensure experience providing substance use disorder treatment. Substance use disorder counseling shall be provided by a QCC, graduate, or 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.

7. Ensure that clinical staff shall have specific documented training in the following within 90 days from the start date of the Contract or the date of hire, whichever is later:
  - a. Motivational Enhancement Therapy or motivational interviewing techniques;
  - b. Trauma, abuse and neglect, violence, Post-Traumatic Stress Disorder, and related conditions;
  - c. Cultural competency, specifically including, but not limited to, gender and sexual identity and orientation issues;
  - d. Medicaid eligibility; and
8. Within 90 days of employment, documentation for each clinical staff completion of the on-line course regarding State of Texas co-occurring psychiatric and substance use disorder (COPSD) training. Grantee shall access [www.centralizedtraining.com](http://www.centralizedtraining.com) website for COPSD training
9. Recognize the limitations of Licensed Chemical Dependency Counselors licensee's ability and shall not provide services outside the licensee's scope of practice or licensure or use techniques that exceed the person's license authorization or professional competence.

## **YOUTH SUPPORTIVE RESIDENTIAL SERVICES (ASAM Level 3.1 Clinically Managed Low-Intensity Residential Services)**

### **A. PURPOSE:**

To provide treatment services in a residential setting that facilitate recovery from substance use disorders for clients.

### **B. ELIGIBLE POPULATION:**

Youth Texas residents who meet financial criteria for System Agency-funded substance use disorder services and meet *The Diagnostic and Statistical Manual of Mental Disorders* criteria for a substance use disorder.

### **C. SERVICE REQUIREMENTS:**

#### **1. Administrative Requirements**

- a. Comply with all applicable rules adopted by System Agency related to substance use disorder services and published in Title 25 of the Texas Administrative Code (TAC), including the following Chapters:

- i. Chapter 441 - General Provisions;
  - ii. Chapter 442 - Investigations and Hearings;
  - iii. Chapter 447 - Department-funded Substance Abuse Programs;
  - iv. Chapter 448 - Standards of Care; and
  - v. Chapter 140, Subchapter I - Counselor Licensure.
- b. Document all specified activities and services in CMBHS as directed by System Agency in accordance with the Contract and instructions provided through System Agency training, unless otherwise noted. Grantee shall maintain all documents that require client or staff signature in the client's physical record for review by System Agency. Grantee shall upload to an administrative note in CMBHS clinical documentation that is handwritten and not transcribed into the client's CMBHS record: e.g. diagnostic tests such as the Clinical Institute Withdrawal Assessment or Beck Depression Inventory, physician orders, etc.
- c. Have a marketing plan if requested by System Agency to engage local referral sources and provide information to these sources regarding the availability of substance use disorder treatment services and the eligibility criteria for admission. Grantee shall document the plan in the provider's policies and procedures.
- d. Adopt policies and procedures that conform with 25 TAC §448.504 (relating to Quality Management) and that include methods of assessing client satisfaction with Grantee's services.
- e. Maintain policies and procedures related to the retention of clients in Grantee's services, including protocols for addressing clients absent from treatment and policies defining treatment noncompliance.
- f. Have written procedures addressing notification of parents or guardians in the event an adolescent leaves Grantee's facility without authorization.
- g. Grantee shall ensure that all program directors participate in programmatic conference calls as scheduled by System Agency. Grantee's executive management may participate in the conference calls, but program directors shall participate unless otherwise agreed to by System Agency in writing.
- h. Have representative staff, knowledgeable about Grantee's provision of this service type, attend OSAR quarterly regional collaborative meetings.
- i. In Grantee's facility, the direct care staff-to-client ratio shall be at least 1:8 when clients are awake (including provider-sponsored activities away from Grantee's facility) and 1:16 during sleeping hours. In addition, counselor caseloads shall not exceed ten clients for each counselor.
- j. Ensure that direct care staff included in staff-to-client ratios shall not have job duties that prevent ongoing and consistent client supervision. Grantee shall ensure clients are under direct supervision at all times. During sleeping hours, staff shall be awake and shall conduct and document hourly bed checks. Grantee shall have at least one counselor on duty for a minimum of eight hours a day, six days a week.
- k. Maintain separation between adults and adolescents and have separate sleeping areas, bedrooms, and bathrooms for adults and adolescents, and for males and females.
- l. Not deny admission to services based solely on the type or category of substance the client has been using. Grantee shall not deny access to treatment services at

any level solely on the basis that a client is taking or may need to take a prescribed medication or is receiving medication-assisted therapy. Grantee shall accept and make the necessary accommodations to continue treatment services for clients meeting System Agency admission criteria who are also receiving medication-assisted therapy. Medication-assisted therapies include opioid substitution therapy and other various uses of medications in the treatment of substance dependence. Further, Grantee shall accept and make the necessary accommodations to continue treatment for clients meeting System Agency admission criteria who are also currently taking or in need of access to prescribed medication for active or potentially reoccurring mental health or physical health issues.

- m. Serve adolescents 13 to 17 years of age. However, young adults aged 18 to 21 may be admitted to Grantee's services when the screening process indicates the individual's needs, experiences, and behavior are similar to those of adolescent clients.
- n. Accept referrals from the System Agency-funded OSAR.

## 2. Service Delivery

- a. If the client first presents either by phone or in person at Grantee's site, Grantee shall determine and document financial eligibility and conduct and document screening. Grantee shall conduct the screening in a confidential, face-to-face interview unless there is documented justification for an interview by phone. Grantee shall use the screening process to determine the individual's needs and Grantee shall make documented referral(s) to appropriate resources based on the screening.
- b. When appropriate, Grantee shall provide pre-admission case management to reduce barriers to treatment, enhance motivation, stabilize life situations, and facilitate engagement in treatment.
- c. Ensure that all individuals seeking treatment services who are determined to have a diagnosis of opioid/opiate use disorder, Grantee shall engage the individual in a process of informed consent and document using the form provided by System Agency. This form shall be uploaded to an administrative note in CMBHS.
- d. Document screening for TB, hepatitis B and C, STDs, and HIV.
  - i. If the screening indicates the client is at 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 for pre- and post-test counseling for HIV.
  - iii. If the client is HIV-positive, Grantee shall refer the client to a System Agency-funded HIV Early Intervention (HEI) case manager or an HIV Ryan White case manager if no HEI case manager is available.
- e. Offer comprehensive substance use disorder treatment in a structured environment. Grantee shall ensure access to the full continuum of treatment services and ensure access to treatment intensity to achieve treatment plan goals. Intensity and content of treatment shall be consistent with standards of care.

Services shall be appropriate for each individual admitted, with documented justification to support the admission.

- f. Use evidence-based treatment models, practices, and/or curricula.
- g. Provide all services in a culturally, linguistically, and developmentally appropriate manner for clients, families, and/or significant others.
- h. Use clinical judgment to assign a projected length of stay for each residential client.
- i. Ensure that the counselor and client shall work together to develop and implement an individualized, documented treatment plan that identifies services and support needed to address problems and needs identified in the assessment. When appropriate, family shall also be involved.
- j. If applicable and when appropriate, either directly or through referral, Grantee shall ensure that children of the client have access to services to address their needs and support healthy development, which shall include primary pediatric care, early childhood intervention services, substance use disorder prevention services, and other therapeutic interventions that address the children's developmental needs and any issues of abuse and neglect.
- k. Facilitate and document regular communication between a client and the client's family and shall not arbitrarily restrict any communications without clear, individualized, and documented clinical justification.
- l. Provide access to education approved by the Texas Education Agency within three school days of admission when treatment is expected to last more than 14 days.
- m. Provide an average of at least 21 hours of documented services in this service type per week for each client, comprising the following:
  - i. Three hours of chemical dependency counseling, one hour per month of which shall be individual counseling;
  - ii. Three hours of additional counseling, chemical dependency education, life skills training, and relapse prevention education to include the following:
    - (a) At least one hour of education on the effects of alcohol, tobacco and other drugs on the developing fetus to all male and female clients prior to discharge; and
    - (b) Educational information about overdose prevention.
  - iii. 15 hours of planned, structured activities monitored by staff, five hours of which shall occur on weekends and evenings. Attendance in school may be counted toward this requirement.
- n. For pregnant and parenting youth, Grantee shall address needs of female clients and may address the needs of male clients on the treatment plan either directly or through referral including but not limited to the following:
  - i. Gender-specific parenting education;
  - ii. Reproductive health education and pregnancy planning;
  - iii. DFPS coordination;
  - iv. Family violence and safety;
  - v. Fetal and child development;
  - vi. Current infant and child safety guidelines;
  - vii. Financial resource needs; and

- viii. And any other needs of the client's children
- o. Document the client-specific information that supports the reason for discharge listed on the discharge report. A Qualified Credentialed Counselor (QCC) shall sign the discharge summary. For a client to be considered to have successfully completed a treatment service, both of the following criteria shall be 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.
    - (a) Problems designated as "treat" or "case manage" status shall have all objectives resolved prior to successful discharge;
    - (b) Problems that have been "referred" shall have associated documented referrals in CMBHS;
    - (c) 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
    - (d) "Withdrawn" problems shall have clinical justification reflected in CMBHS, through the Progress Note and Treatment Plan Review Components.
- p. Complete referral follow-up for each referral entered into CMBHS.
- q. Document a referral to the System Agency-funded OSAR provider for discharging clients in need of continued service coordination and monitoring if Grantee is unable to provide this support directly.
- r. Complete a discharge follow-up 60 days after discharge from the treatment program to determine abstinence in the past 30 days.

**D. STAFFING AND STAFF COMPETENCY REQUIREMENTS:**

- 1. Ensure that 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 the service requirements within this statement of work.
- 3. Document training of its staff in the chosen evidence-based treatment practice/curricula, and staff members who deliver services shall have the training and the credentials described in the chosen model for review by System Agency.
- 4. Develop and implement a mechanism to ensure that all direct care staff have the knowledge, skills, and abilities to provide services to youth, as they relate to the staff member's job duties.
- 5. Be able to demonstrate through documented training, credentials and/or experience that all direct care staff are proficient in areas pertaining to youth services, including but not limited to the following areas:

- a. Chemical dependency problems specific to youth treatment;
  - b. Appropriate treatment strategies, including family engagement strategies; and
  - c. Emotional, developmental, and mental health issues for adolescents.
6. Ensure that individuals responsible for planning, directing, or supervising treatment services shall be QCCs. Grantee shall have a clinical program director with at least two years of post-licensure experience providing substance use disorder treatment. Substance use disorder counseling shall be provided by a QCC, graduate, or 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.
  7. Ensure that clinical staff shall have specific documented training in the following within 90 days from the start date of the Contract or the date of hire, whichever is later:
    - a. Motivational Enhancement Therapy or motivational interviewing techniques;
    - b. Trauma, abuse and neglect, violence, Post-Traumatic Stress Disorder, and related conditions;
    - c. Cultural competency, specifically including, but not limited to, gender and sexual identity and orientation issues;
    - d. Medicaid eligibility; and
  8. Within 90 days of employment, documentation for each clinical staff completion of the on-line course regarding State of Texas co-occurring psychiatric and substance use disorder (COPSD) training. Grantee shall access [www.centralizedtraining.com](http://www.centralizedtraining.com) website for COPSD training
  9. Recognize the limitations of Licensed Chemical Dependency Counselors licensee's ability and shall not provide services outside the licensee's scope of practice or licensure or use techniques that exceed the person's license authorization or professional competence.

## **YOUTH OUTPATIENT SERVICES (ASAM Level 1 Outpatient Services)**

### **A. PURPOSE**

To provide treatment services that facilitate recovery from substance use disorders for youth clients who do not require a more structured environment such as residential services to achieve abstinence and meet treatment goals.

### **B. ELIGIBLE POPULATION:**

Youth Texas residents who meet financial criteria for System Agency-funded substance use disorder services and meet *The Diagnostic and Statistical Manual of Mental Disorders* criteria for a substance use disorder.

## C. SERVICE REQUIREMENTS:

### 1. Administrative Requirements

- a. Comply with all applicable rules adopted by System Agency related to substance use disorder services and published in [Title 25 of the Texas Administrative Code \(TAC\)](#), including the following Chapters:
  - i. Chapter 441 - General Provisions;
  - ii. Chapter 442 - Investigations and Hearings;
  - iii. Chapter 447 - Department-funded Substance Abuse Programs;
  - iv. Chapter 448 - Standards of Care; and
  - v. Chapter 140, Subchapter I - Counselor Licensure.
- b. Document all specified activities and services in CMBHS as directed by System Agency in accordance with the Contract and instructions provided through System Agency training, unless otherwise noted. Grantee shall maintain all documents that require client or staff signature in the client's physical record for review by System Agency. Grantee shall upload to an administrative note in CMBHS clinical documentation that is handwritten and not transcribed into the client's CMBHS record: e.g. diagnostic tests such as the Clinical Institute Withdrawal Assessment or Beck Depression Inventory, physician orders, etc.
- c. Have a marketing plan if requested by System Agency to engage local referral sources and provide information to these sources regarding the availability of substance use disorder treatment services and the eligibility criteria for admission. Grantee shall document the plan in the Contactor's policies and procedures.
- d. Adopt policies and procedures that conform with 25 TAC §448.504 (relating to Quality Management) and that include methods of assessing client satisfaction with Grantee's services.
- e. Maintain policies and procedures related to the retention of clients in Grantee's services, including protocols for addressing clients absent from treatment and policies defining treatment noncompliance.
- f. Have written procedures addressing notification of parents or guardians in the event an adolescent leaves Grantee's facility without authorization.
- g. Ensure that all program directors participate in programmatic conference calls as scheduled by System Agency. Grantee's executive management may participate in the conference calls, but program directors shall participate unless otherwise agreed to by System Agency in writing.
- h. Have representative staff, knowledgeable about Grantee's provision of this service type, attend OSAR quarterly regional collaborative meetings.
- i. In addition, Grantee shall set limits on its counselor caseload size that ensure effective, individualized treatment. Grantee shall justify and document in Grantee's policy and procedures the caseload size based on the service design, characteristics, and needs of the population served, and any other relevant factors.
- j. Ensure clients are under direct supervision at all times.
- k. Maintain separation between adults and adolescents.
- l. Not deny admission to services based solely on the type or category of substance



the client has been using. Grantee shall not deny access to treatment services at any level solely on the basis that a client is taking or may need to take a prescribed medication or is receiving medication-assisted therapy. Grantee shall accept and make the necessary accommodations to continue treatment services for clients meeting System Agency admission criteria who are also receiving medication-assisted therapy. Medication-assisted therapies include opioid substitution therapy and other various uses of medications in the treatment of substance dependence. Further, Grantee shall accept and make the necessary accommodations to continue treatment for clients meeting System Agency admission criteria who are also currently taking or in need of access to prescribed medication for active or potentially reoccurring mental health or physical health issues.

- m. Serve adolescents 13 to 17 years of age. However, young adults aged 18 to 21 may be admitted to Grantee's services when the screening process indicates the individual's needs, experiences, and behavior are similar to those of adolescent clients.
  - n. Accept referrals from the System Agency-funded OSAR.
2. Service Delivery
- a. If the client first presents either by phone or in person at Grantee's site, Grantee shall determine and document financial eligibility and conduct and document screening. Grantee shall conduct the screening in a confidential, face-to-face interview unless there is documented justification for an interview by phone. Grantee shall use the screening process to determine the individual's needs and Grantee shall make documented referral(s) to appropriate resources based on the screening.
  - b. When appropriate, Grantee shall provide pre-admission case management to reduce barriers to treatment, enhance motivation, stabilize life situations, and facilitate engagement in treatment.
  - c. For all individuals seeking treatment services who are determined to have a diagnosis of opioid/opiate use disorder, Grantee shall engage the individual in a process of informed consent and document using the form provided by System Agency. This form shall be uploaded to an administrative note in CMBHS.
  - d. Document screening for TB, hepatitis B and C, STDs, and HIV.
    - i. If the screening indicates the client is at 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 for pre- and post-test counseling for HIV.
    - iii. If the client is HIV-positive, Grantee shall refer the client to a System Agency-funded HIV Early Intervention (HEI) case manager or an HIV Ryan White case manager if no HEI case manager is available.
  - e. Offer comprehensive substance use disorder treatment in a structured environment. Grantee shall ensure access to the full continuum of treatment services and ensure access to treatment intensity to achieve treatment plan goals. Intensity and content of treatment shall be consistent with standards of care.

Services shall be appropriate for each individual admitted, with documented justification to support the admission.

- f. Choose and implement with fidelity one of the following evidence-based models:
  - i. Cannabis Youth Treatment Series (CYT);
  - ii. Seeking Safety Treatment Series; or,
  - iii. The Seven Challenges.
- g. May choose to use additional models, practices, or curricula that are evidence-based and approved in writing by System Agency.
- h. Provide all services in a culturally, linguistically, and developmentally appropriate manner for clients, families, and/or significant others.
- i. Use clinical judgment to assign a projected length of stay for each client.
- j. Ensure that the counselor and client shall work together to develop and implement an individualized, documented treatment plan that identifies services and support needed to address problems and needs identified in the assessment. When appropriate, family shall also be involved.
- k. If applicable and when appropriate, either directly or through referral, Grantee shall ensure that children of the client have access to services to address their needs and support healthy development, which shall include primary pediatric care, early childhood intervention services, substance use disorder prevention services, and other therapeutic interventions that address the children's developmental needs and any issues of abuse and neglect.
- l. After the client is admitted for treatment, with the client's consent, Grantee shall contact and engage the client's family in the treatment process, assist the family in overcoming barriers to active participation, and identify appropriate services and treatment needs. Grantee shall monitor the client's and family's progress, monitor attendance, encourage the client to remain engaged in treatment, and make appropriate referrals. All family involvement shall be documented.
- m. Facilitate and document regular communication between a client and the client's family and shall not arbitrarily restrict any communications without clear, individualized, and documented clinical justification.
- n. Provide access to education approved by the Texas Education Agency within three school days of admission when treatment is expected to last more than 14 days.
- o. Have an outpatient treatment schedule that offers new clients the opportunity to attend at least 15 hours of services each week. The actual treatment intensity for each client shall be individualized and documented on the client's treatment plan. Grantee shall encourage new clients to attend services frequently to increase their level of engagement. When the client is ready to receive less intensive outpatient services, Grantee shall document a treatment plan review and document the expected number of hours that each client should attend during the rest of outpatient treatment. Grantee's treatment schedule shall offer the following:
  - i. One hour per week of individual counseling;
  - ii. Ten hours per week of additional counseling, chemical dependency education, life skills training and relapse prevention education. Attendance in school may not be counted toward this requirement.
    - (a) At least one hour of education on the effects of alcohol, tobacco and other

- drugs on the developing fetus to all male and female clients prior to discharge;
- (b) At least one hour of educational information about overdose prevention prior to discharge; and
- (c) When appropriate and possible, two hours of family counseling each month; and
- iii. Three hours of case management per week (adolescent support services).
  - (a) Ensure the client has transportation to and from school, tutoring, treatment services, and other needed services;
  - (b) Ensure the client is able to attend court appearances and probation appointments, and attend with the client when appropriate;
  - (c) Assist the client in accessing needed items such as clothing, school supplies, recreational supplies, etc.; and
  - (d) Assist the client and his or her family in accessing needed social services such as those that provide food and nutrition services, rental and utility assistance, etc.
- p. For pregnant and parenting youth, Grantee shall address needs of female clients and may address the needs of male clients on the treatment plan either directly or through referral including but not limited to the following:
  - i. Gender-specific parenting education;
  - ii. Reproductive health education and pregnancy planning;
  - iii. DFPS coordination;
  - iv. Family violence and safety;
  - v. Fetal and child development;
  - vi. Current infant and child safety guidelines;
  - vii. Financial resource needs; and
  - viii. And any other needs of the client's children
- q. Document the client-specific information that supports the reason for discharge listed on the discharge report. A Qualified Credentialed Counselor (QCC) shall sign the discharge summary. For a client to be considered to have successfully completed a treatment service, both of the following criteria shall be 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.
    - (a) Problems designated as "treat" or "case manage" status shall have all objectives resolved prior to successful discharge;
    - (b) Problems that have been "referred" shall have associated documented referrals in CMBHS;
    - (c) 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

- (d) “Withdrawn” problems shall have clinical justification reflected in CMBHS, through the Progress Note and Treatment Plan Review Components.
- r. Complete referral follow-up for each referral entered into CMBHS.
- s. Complete a discharge follow-up 60 days after discharge from the treatment program to determine abstinence in the past 30 days.

**D. STAFFING AND STAFF COMPETENCY REQUIREMENTS:**

1. Ensure that 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 the service requirements within this statement of work.
3. Document training of its staff in the chosen evidence-based treatment practice/curricula, and staff members who deliver services shall have the training and the credentials described in the chosen model for review by System Agency.
4. Develop and implement a mechanism to ensure that all direct care staff have the knowledge, skills, and abilities to provide services to youth, as they relate to the staff member’s job duties.
5. Be able to demonstrate through documented training, credentials and/or experience that all direct care staff are proficient in areas pertaining to youth services, including but not limited to the following areas:
  - a. Chemical dependency problems specific to youth treatment;
  - b. Appropriate treatment strategies, including family engagement strategies; and
  - c. Emotional, developmental, and mental health issues for adolescents.
6. Ensure that individuals responsible for planning, directing, or supervising treatment services shall be QCCs. Grantee shall have a clinical program director with at least two years of post-licensure experience providing substance use disorder treatment. Substance use disorder counseling shall be provided by a QCC, graduate, or 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.
7. Ensure that clinical staff shall have specific documented training in the following within 90 days from the start date of the Contract or the date of hire, whichever is later:
  - a. Motivational Enhancement Therapy or motivational interviewing techniques;
  - b. Trauma, abuse and neglect, violence, Post-Traumatic Stress Disorder, and related conditions;
  - c. Cultural competency, specifically including, but not limited to, gender and sexual identity and orientation issues;
  - d. Medicaid eligibility; and
8. Within 90 days of employment, documentation for each clinical staff completion of the on-line course regarding State of Texas co-occurring psychiatric and substance

use disorder (COPSD) training. Grantee shall access [www.centralizedtraining.com](http://www.centralizedtraining.com).  
[website](#) for COPSD training

9. Recognize the limitations of Licensed Chemical Dependency Counselors licensee's ability and shall not provide services outside the licensee's scope of practice or licensure or use techniques that exceed the person's license authorization or professional competence.

## **YOUTH OUTPATIENT WRAPAROUND SERVICES (MEDICAID YOUTH)**

### **A. PURPOSE:**

To provide supplemental services to clients admitted to Medicaid-funded youth outpatient treatment.

### **B. ELIGIBLE POPULATION:**

Medicaid-defined youth (age 20 and under) admitted to a licensed youth outpatient substance abuse treatment facility. Youth shall be Texas residents who meet criteria for System Agency-funded services and who meet *The Diagnostic and Statistical Manual of Mental Disorders* criteria for a substance use disorder. Youth shall be simultaneously receiving youth outpatient substance use disorder treatment services under the Medicaid substance abuse benefit.

### **C. SERVICE REQUIREMENTS:**

#### **1. Administrative Requirements**

- a. Comply with all applicable rules adopted by System Agency related to substance use disorder services and published in Title 25 of the Texas Administrative Code (TAC), including the following Chapters:
  - i. [Chapter 441](#) - General Provisions
  - ii. [Chapter 442](#) - Investigations and Hearings
  - iii. [Chapter 447](#) - Department-funded Substance Abuse Programs
  - iv. [Chapter 448](#) - Standards of Care
  - v. [Chapter 140, Subchapter I](#) - Counselor Licensure
- b. Document all specified activities and services in CMBHS as directed by System Agency in accordance with the Contract and instructions provided through System Agency training, unless otherwise noted. Grantee shall maintain all documents that require client or staff signature in the client's physical record for review by System Agency. Grantee shall upload to an administrative note in CMBHS clinical documentation that is handwritten and not transcribed into the client's CMBHS record: e.g. diagnostic tests such as the Clinical Institute Withdrawal Assessment or Beck Depression Inventory, physician orders, etc.
- c. May submit a claim in CMBHS for outpatient supplemental services for clients receiving Medicaid-funded outpatient substance use disorder treatment services

per treatment episode at a maximum of -

- i. Three hours of Adolescent Support per week as described in item 7 below,
- ii. Three to four Family Support Sessions as described in item 6 below, and
- iii. Six Parent Education Sessions from one of the chosen evidence-based models and curriculums implemented with fidelity as described in item 5 below:
  - (a) Cannabis Youth Treatment Series (CYT);
  - (b) Seeking Safety Treatment Series; or
  - (c) The Seven Challenges.
- d. Develop in cooperation with the client (and, with client consent, the client's family when clinically appropriate and as permitted by law) an individualized treatment plan that is documented and addresses all areas of concern identified in the assessment.
- e. Use the following outpatient wraparound components of one of the chosen evidence-based models and curriculums implemented with fidelity: Adolescent Support (case management), Family Support (in-home or office), Parent Education Sessions and Family Support Network.
- f. After the client is admitted for treatment, with the client's consent, Grantee shall contact and engage the client's family in the treatment process, assist the family in overcoming barriers to active participation, and identify appropriate services and treatment needs. Grantee shall monitor the client's and family's progress, monitor attendance, encourage the client to remain engaged in treatment, and make appropriate referrals. All family involvement shall be documented.
- g. Provide documented adolescent support services, which shall include activities that engage and link the family to needed services, including, but not limited to community support groups, appearances at drug courts, truancy courts and schools, phone contacts, appointment reminders, appointment follow-ups, and help with transportation (Adolescent Support Services).
- h. Visit the client's home for the purpose of family substance abuse counseling (in-home visits). Through office or in-home visits, and with client's consent, Grantee shall assess the family environment, provide individualized treatment, develop a family commitment to recovery, encourage a three-way therapeutic alliance (between the family, client, and Grantee) and translate the lessons the parents and clients are learning into specific changes in the family functioning. If Grantee is unable to conduct an in-home visit, Grantee shall document the reason the home was not an appropriate location in which to meet with the client and the client's family.
- i. Document all in-home visits and office visits, which shall include updating the client and family treatment plan. Grantee shall also maintain on file a signed and dated document that lists those in attendance during the family in-home visit or office visit. The evaluation or consultation shall be documented.
- j. Ensure that all program directors participate in programmatic conference calls as scheduled by System Agency. Grantee's executive management may participate in the conference calls, but program directors shall participate unless otherwise agreed to by System Agency in writing.
- k. Adhere to and report in CMBHS all performance measures as defined by System

Agency and required in the Program Attachment.

D. STAFF COMPETENCY REQUIREMENTS:

1. Ensure that 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 the service requirements within this statement of work.
3. Document training of its staff in the chosen evidence-based treatment practice/curricula, and staff members who deliver services shall have the training and the credentials described in the chosen model for review by System Agency.
4. Develop and implement a mechanism to ensure that all direct care staff have the knowledge, skills, and abilities to provide services to youth, as they relate to the staff member's job duties.
5. Be able to demonstrate through documented training, credentials and/or experience that all direct care staff are proficient in areas pertaining to youth services, including but not limited to the following areas:
  - a. Chemical dependency problems specific to youth treatment;
  - b. Appropriate treatment strategies, including family engagement strategies; and
  - c. Emotional, developmental, and mental health issues for adolescents.
6. Ensure that individuals responsible for planning, directing, or supervising treatment services shall be QCCs. Grantee shall have a clinical program director with at least two years of post-licensure experience providing substance use disorder treatment. Substance use disorder counseling shall be provided by a QCC, graduate, or 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.
7. Ensure that clinical staff shall have specific documented training in the following within 90 days from the start date of the Contract or the date of hire, whichever is later:
  - a. Motivational Enhancement Therapy or motivational interviewing techniques;
  - b. Trauma, abuse and neglect, violence, Post-Traumatic Stress Disorder, and related conditions;
  - c. Cultural competency, specifically including, but not limited to, gender and sexual identity and orientation issues; and
  - d. Medicaid eligibility.
8. Within 90 days of employment, documentation for each clinical staff completion of the on-line course regarding State of Texas co-occurring psychiatric and substance use disorder (COPSD) training. Grantee shall access [www.centralizedtraining.com](http://www.centralizedtraining.com) website for COPSD training
9. Recognize the limitations of Licensed Chemical Dependency Counselors licensee's ability and shall not provide services outside the licensee's scope of practice or licensure or use techniques that exceed the person's license authorization or professional competence.

## ADDITIONAL GRANTEE RESPONSIBILITIES

### A. DISASTER SUBSTANCE ABUSE SERVICES

1. May be required to assist in mitigating the psychological trauma experienced by victims, survivors, and responders to a disaster. Grantee may assist the individual or family in returning to a normal (pre-disaster) level of functioning and assist in decreasing the psychological and physical effects of acute and/or prolonged stress. In the event clients already receiving substance abuse services are affected, Grantee may work with the affected individuals in conjunction with the individual's current support system.
2. Develop policies and procedures to address response and recovery for substance abuse programs. Grantee's responsibilities include, but are not limited to the following:
  - a. Enter, and update as necessary, into CBMHS, the names and twenty-four (24)-hour contact information of Grantee's Risk Manager or Safety Officer and at least two professional staff trained in mental health, substance abuse, or crisis counseling, one of whom may be the Grantee's Risk Manager or Safety Officer, as disaster contacts;
  - b. Submit disaster substance abuse services policies and procedures if requested by System Agency;
  - c. Collaborate with System Agency and local preparedness, response and recovery efforts. OSAR staff will assist in coordinating the disaster/incident response among substance abuse treatment providers, community mental health and emergency disaster service organizations, such as, emergency shelters and food banks. OSAR staff will facilitate outreach to substance abuse clients and their families and ensure they are provided access to individual and group counseling, education, assessment, referral and community support;
  - d. Assign employees to assist System Agency to meet staffing needs for shelters, morgues, schools, hospitals, Disaster Recovery Centers, community support centers, death notifications, mass inoculations sites, and other necessary services during local, state or federal emergencies;
  - e. Contract with System Agency to provide Federal Emergency Management Agency (FEMA)-funded Crisis Counseling, Assistance and Training Program(s) (CCATP) after federal declarations as appropriate. CCATP services include housing, hiring and co-managing CCATP Team(s), as appropriate, and are described at <http://www.fema.gov/public-assistance-local-state-tribal-and-non-profit/recovery-directorate/crisis-counseling>; and
  - f. Participate in disaster substance abuse education training programs as necessary.

### B. INTERPRETER SERVICES FOR HEARING IMPAIRED PERSONS

Sign language interpreter services will be used in the delivery of substance abuse prevention education services. This will include sign language interpreter services for parent/guardian participating in a System Agency-funded family-focused curriculum. Grantee will:

1. When interpreter services for a hearing-impaired person are required, Grantee will procure services from an interpreter that meets the requirements.



2. Pay for interpreter services from the Grantee's program award and enter cost in the Other category.
3. Send email notification to the assigned contract manager of the use of interpreter services.
4. Maintain documentation of interpreter services and make available to System Agency representatives upon request. Interpreter services billing documentation will consist of the interpreter billing with the meeting date, location and time annotated on the billing document. Prevention education service documentation will consist of the participant number, group cycle and begin/end dates, session number and date, location and time of services, which must be attached to the interpreter services billing document.

#### C. SERVICES AND INFORMATION FOR PERSONS WITH LIMITED ENGLISH PROFICIENCY

1. Take reasonable steps to provide services and information both orally and in writing, in appropriate languages other than English, to ensure that persons with limited English proficiency are effectively informed and can have meaningful access to programs, benefits and activities. Grantee will document the need for translation or interpretation services and will not require the individual receiving direct substance abuse services to provide or pay for the services of a translator or interpreter.
2. Identify and document in CMBHS in the client record the primary language/dialect of a client who has limited English proficiency. Grantee will make every effort to avoid use of any persons under the age of 18 or any family member or friend of the client as an interpreter for essential communications with a client with limited English proficiency unless the client has requested that person and using the person would not compromise the effectiveness of services or violate the client's confidentiality and the client is advised that a free interpreter is available.

#### D. CMBHS COMPONENTS

Use the CMBHS components and/or functionality specified below, in accordance with System Agency instructions. System Agency anticipates making updates to the current CMBHS components and/or functionality, and the Grantee shall use the updated components and/or functionality when directed by System Agency to do so. Required CMBHS components include:

1. Add/Update Staff
2. Document/Maintain Credentials
3. Assign Roles
4. Document/Maintain Provider/Location Details
5. Attachments (Financial Eligibility Screen, Progress Note screens, Assessment screens)
6. Client Profile
7. Screening
8. Financial Eligibility Assessment
9. Assessment (Initial, Update, Service End, and Discharge)
10. Admission and Discharge
11. Request for Authorization

12. Service Begin
13. Treatment Plan/Treatment Plan Review
14. Detoxification Intake Report
15. Detoxification Service End Report
16. Detoxification Discharge Report
17. Detoxification Plan
18. Discharge Plan
19. Discharge Summary
20. Discharge Follow-up
21. Consent/Revoke Consent
22. Referral and Referral Follow-up
23. Referral List
24. Day Rate Attendance Record
25. Progress Note
26. Psycho-educational Note
27. Administrative Note
28. Medication Order, Medication List, and Medication Service
29. Provider Census Board
30. Wait List
31. Setup Residential Services
32. Daily Capacity Report
33. Service End
34. Lab Results (Drug Screen)
35. Client Payments
36. Contracts
37. Financial Status Report (if applicable)
38. Invoice (if applicable)
39. Advance (if applicable)
40. Pending Claims
41. Submitted Claims
42. Services Offered
43. Discharge Follow up Reminder List
44. Client Reservations
45. Consent Release Request List
46. Assign/Reassign Clinician

### **III. PERFORMANCE MEASURES**

- A. Grantee shall ensure that the majority of clients achieves sustained remission from the symptoms of their substance abuse disorder.
- B. Grantee shall be bound by the measures in the table below that are applicable to the services Grantee is to provide under this Program Attachment as indicated in the Program Services and Unit Rates table as attached:

<b>Youth Treatment Services (TRY)</b>	
<b>Youth Intensive Residential Services</b>	
Number Served	Formula
Percent who successfully complete treatment services	52%
Percent abstinent at discharge	80%
Percent admitted to/involved in ongoing treatment/recovery episode (supportive residential, outpatient, 12-step groups, and other recovery support services)	90%
Percent with no arrest since admission	85%
Percent attending school of vocational training	85%
<b>Youth Intensive Residential Wraparound Services-Room &amp; Board (Medicaid Youth)</b>	
Percent of claims submitted to System Agency with matching Medicaid residential claim	100%
<b>Youth Supportive Residential Services</b>	
Number Served	Formula
Percent who successfully complete treatment services	46%
Percent abstinent at discharge	90%
Percent admitted to/involved in ongoing treatment/recovery episode (supportive residential, outpatient, 12-step groups, and other recovery support services)	90%
Percent with no arrest since admission	90%
Percent attending school of vocational training	90%
<b>Youth Outpatient Services</b>	
Number Served	Formula
Percent who successfully complete treatment services	42%
Percent abstinent at discharge	55%
Percent admitted to/involved in ongoing treatment/recovery episode (supportive residential, outpatient, 12-step groups, and other recovery support services)	55%
Percent with no arrest since admission	80%

Percent attending school of vocational training	35%
Youth Outpatient Wraparound Services (Medicaid Youth)	
Percent of claims submitted to System Agency with matching Medicaid outpatient services	100%

**IV. PROGRAM SERVICE AREA**

Grantee shall deliver services or activities to clients in the following counties:

Collin

**V. ELIGIBLE POPULATION**

Male & Female

**VI. SOLICITATION DOCUMENT**

Exempt: Governmental entity

**VII. BILLING INSTRUCTIONS**

- A. Grantee shall submit billings to the System Agency through CMBHS monthly.
- B. Grantee may access the Transactions List report in CMBHS to identify the amount of federal funds allocated to this award for each transaction.
- C. The Catalog of Federal Domestic Assistance (CFDA) number for the Substance Abuse Prevention and Treatment (SAPT) Block Grant is 93.959. The CFDA number is identified in the CMBHS Transactions List report.
- D. 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.

**VIII. FUNDING**

- A. Grantee shall contribute an amount equal to at least five percent (5%) of the total System Agency share of the Contract expenditures in matching cash or in-kind contributions from sources eligible to be used for matching purposes.
  
- B. Grantee shall adhere to the applicable requirements stated in **Attachment A-1 Substance Abuse Prevention and Treatment (SAPT) Block Grant Contract Supplement** incorporated by reference.
  
- C. Grantee shall comply with the Match requirements stated in System Agency Supplemental and Special Conditions.

D. Funding Source: State; 93.959

E. System Agency Share: \$49,756.00

F. Match: \$2,488.00

G. Total Value: \$52,244.00

H. Payment Method: Fee-for-Service

**ATTACHMENT B  
PROGRAM SERVICES AND UNIT RATES  
REVISED SEPTEMBER 2019**

- 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 Catalog of Domestic Federal Assistance (CFDA) funds, if any, are listed below as part of the System Agency Share. The System Agency Share may contain funds from the following:
  - 1. Substance Abuse Prevention Treatment (SAPT) Grant, CFDA 93.959
  - 2. Texas Targeted Opioid Response (TTOR), CFDA 93.788
  - 3. State General Revenue
  
- C. Total reimbursement will not exceed **\$642,486.00** for the fiscal year 2020 contract term (September 2019 through August 2020).
  
- D. Contractor Share (Match)
  - 1. Match is equal or greater than five percent (5%) of total amount of System Agency funds expended for this contract term.
  - 2. TTOR funds do not require and are not calculated in the Match requirement.
  - 3. Match required in the fiscal year 2020 contract term, if all applicable funding is expended, is **\$ 32,124.00**.
  
- E. Contractor will submit invoices to the System Agency through the Clinical Management for Behavioral Health Services (CMBHS) system monthly.
  
- F. Except as indicated by the CMBHS financial eligibility assessment, Contractor shall accept reimbursement or payment from the System Agency as payment in full for services or goods provided to clients or participants, and Contractor 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.
  
- G. Contractor 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
  
- H. Any unexpended balance associated with any other System Agency Contract may not be concurrently served as determined by this Contract.

- I. System Agency-funded capacity is defined as the stated number of clients that will be concurrently served as determined by this Contract.
  
- J. 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>.
  
- K. Service Types with no associated Amount will be paid from the preceding Service Type with an associated Amount.
  
- L. The following Treatment Services and Rates are approved and will be delivered through this Contract.

### Service Type/Capacity/Unit Rate Chart

Service Type	Number Served	Capacity	Unit Rate	Amount
Treatment Services – Adult Youth				\$642,486.00
Intensive Residential	54	9	\$161.00	
Youth Intensive Residential Wraparound Services – Room & Board			\$25.00	
Outpatient – Individual	56	1	\$58.00	
Outpatient – Group Counseling			\$28.00	
Outpatient – Group Education			\$17.00	
Adolescent Support			\$60.00	
Family Support			\$75.00	
Youth Adolescent Support – Medicaid Wraparound			\$60.00	
Youth Family Counseling – Medicaid Wraparound – Parent Education			\$75.00	
Youth Family Support – Medicaid Wraparound			\$75.00	