Open Enrollment (OE) for Youth Empowerment Services

**Procurement Number: HHS0011235**

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| Addendum #2  Revised on September 9, 2024 | | | |
| Item | Purpose of Change | Previous | Revision |
| 1. 6. | Update section  4.1 Sole Point of Contact | *Currently states:*  Mental Health (MH) Contracts  Email: MHContracts@hhsc.state.tx.us | *Revised to state:*  Behavioral Health Medicaid Programs (BHMP) Contracts  Email:  [BHMPContracts@hhs.texas.gov](mailto:BHMPContracts@hhs.texas.gov) |
|  | Update section 8.4.2 Service Requirements | *Currently states:*  2.Under a Contract resulting from this OE, Applicant shall provide services in accordance with applicable federal or state laws and rules, which include, but are not limited to:  a. Title 42, Code of Federal Regulations, Parts 440, 441, 455 and 456;  b. Title 45, C.F.R, Parts 46, 80, 84, 90, and 91;  c. Title 25, Texas Administrative Code (TAC), Chapter 414 (Rights and Protections of Persons Receiving Mental Health Services) et seq; and  e. Title 26 TAC, Chapter 306, Subchapter A (Youth Empowerment Services (YES)). | *Revised to state:*  2. Under a Contract resulting from this OE, Applicant shall provide services in accordance with applicable federal or state laws and rules, which include, but are not limited to:  a. Title 42, Code of Federal Regulations, Parts 440, 441, 455 and 456;  b. Title 45, C.F.R, Parts 46, 80, 84, 90, and 91;  c. Title 25, Texas Administrative Code (TAC), Chapter 414 (Rights and Protections of Persons Receiving Mental Health Services) et seq; and  d. Title 26, Texas Administrative Code (TAC), Chapter 301, Subchapter M; and  e. Title 26 TAC, Chapter 306, Subchapter A (Youth Empowerment Services (YES)). |
|  | Update section 8.10 Reporting Criteria | *Currently states:*  Under a Contract resulting from this OE, Applicant shall submit deliverables or other information required by HHSC electronically to [mhcontracts@hhsc.state.tx.us](mailto:mhcontracts@hhsc.state.tx.us) and [yeswaiver@hhs.texas.gov](mailto:yeswaiver@hhs.texas.gov), with a copy to Applicant’s assigned contract manager. | *Revised to state:*  Under a Contract resulting from this OE, Applicant shall submit deliverables or other information required by HHSC electronically to [BHMPContracts@hhs.texas.gov](mailto:BHMPContracts@hhs.texas.gov) and [yeswaiver@hhs.texas.gov](mailto:yeswaiver@hhs.texas.gov), with a copy to Applicant’s assigned contract manager. |
|  | Update section 14. Application Submission Requirements | *Currently states:*  The complete Application must be submitted to the email address listed below on or before the enrollment period close date listed in [Section 1](#ScheduleofEvents), Schedule of Events:  Health and Human Services Commission, Mental Health Contract Management Unit  Email: [mhcontracts@hhsc.state.tx.us](mailto:mhcontracts@hhsc.state.tx.us) | *Revised to state:*  The complete Application must be submitted to the email address listed below on or before the enrollment period close date listed in [Section 1](#ScheduleofEvents), Schedule of Events:  Health and Human Services Commission, Behavioral Health Medicaid Programs Contracts  Email: [BHMPContracts@hhs.texas.gov](mailto:BHMPContracts@hhs.texas.gov) |
|  | Update section 14.1 Email Submission | *Currently states:*  This may require Applicants to send multiple emails to HHSC at [mhcontracts@hhsc.state.tx.us](mailto:mhcontracts@hhsc.state.tx.us) to ensure all documentation contained in an Application is received. | *Revised to state:*  This may require Applicants to send multiple emails to HHSC at [BHMPContracts@hhs.texas.gov](mailto:BHMPContracts@hhs.texas.gov) to ensure all documentation contained in an Application is received. |

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| Addendum #1  Revised on December 27, 2023 | | | |
| Item | Purpose of Change | Previous | Revision |
| 1. | Update section 8.4.1 Administrative Requirements #7 | *Currently States:* | *Revised to state:*  Prior to submission of an application under this OE, HHSC recommends Applicants seek guidance regarding participation in the YES Waiver program and technical assistance with preparation and submission of a YES Waiver OE application from The University of Texas Health Science Center- San Antonio (UTHSCSA). For more details on the specific assistance available, email Dr. Matt Brown at brownma@uthscsa.edu. Dr. Brown is a subject matter expert on this OE and can provide comprehensive assistance at no cost to Applicant. |
| 2. | Update Section 14. Application Submission Requirements | *Currently states:* | *Revised to state:*  The date and corresponding signatures of the application must not exceed two weeks from when the application is submitted. |
| 3. | Update Section 15.2 Verification of Past Vendor Performance –Item f. | *Currently states:*  **Reasons for which an Applicant may be denied a Contract include but are not limited to:**  f. “Applicant has failed, after three attempts, to submit a satisfactory Application (i.e., Applicant and its Application passes all screening and evaluation components and is determined by HHSC sufficient to consider for the award)” | *Revised to state:*  **Reasons for which an Applicant may be denied a Contract include but are not limited to:**  f. “Applicant has failed, after three attempts, to submit a satisfactory Application ~~(i.e., Applicant and its Application passes all screening and evaluation components and is determined by HHSC sufficient to consider for the award)”~~ |
| 4. | Update Exhibit F, Section I.6. Medicaid Provider Status | *Currently states:* | *Revised to state:*  **6. Medicaid Provider Status**  Include Medicaid Texas Provider Identifier (TPI)#, if applicable |
| 5. | Update Exhibit F, Section VIII. Subcontractor and Service Location Information | *Currently states:*  **Subcontractor and Service Location Information**  List all subcontractors, locations, and specific services where YES Waiver services will occur. The list must cover all services identified in Section VII, Service Plan, above. | *Revised to state:*  **Service Provider and Service Location Information**  List all Applicant providers and subcontractors, locations, and specific services where YES Waiver services will occur. The list must cover all services identified in Section VII, Service Plan, above. |
| 6. | Update Exhibit F, Section IX. Service Areas | *Currently states:*  Jasper County removed from Burke Center’s Service Area | *Revised to state:*  Jasper County added to Spindletop MHMR Services d\b\a Spindletop Center’s Service Area |