

**Cecile Erwin Young** Executive Commissioner

## **Home and Community Based Services -Adult Mental Health Recovery Management Entity**

**Procurement Number: HHS0011049** 

Addendum #3, March 9, 2023

<u>Item</u>	<u>Purpose of</u> <u>Change</u>	<u>Previous</u>	<u>Revision</u>
1.	Update Enrollment Period Closing Date on Page 4.	8/31/2023	8/31/2025

Addendum #2, August 18, 2022			
<u>Item</u>	<u>Purpose of</u> <u>Change</u>	<u>Previous</u>	<u>Revision</u>
1.	Acknowledgem ent of a Government Entity's right to self-insure (Specific Insurance Requirements in Section 10.1, Insurance Coverage)	SPECIFIC INSURANCE REQUIREMENTS  For the full term of and contract as a result of this OE, including the original term and all periods of renewal and all additional extensions, Contractor and its subcontractors, if any, shall obtain and maintain all insurance coverage as set forth below. Contractor is responsible for ensuring its subcontractors' compliance with all requirements.	SPECIFIC INSURANCE REQUIREMENTS  For the full term of and contract as a result of this OE, including the original term and all periods of renewal and all additional extensions, Contractor and its subcontractors, if any, shall obtain and maintain all insurance coverage as set forth below.  Contractor is responsible for ensuring its subcontractors' compliance with all requirements.  Commercial General Liability  Occurrence Based:
		Occurrence Based:	Bodily Injury and Property Damage

Bodily Injury and Property	Each occurrence Limit:
Damage	\$1,000,000
Each occurrence Limit:	Aggregate Limit: \$3,000,000
\$1,000,000	Medical Expense Each Person:
Aggregate Limit: \$3,000,000	\$5,000
Medical Expense Each Person: \$5,000	Personal Injury and Advertising Liability: \$1,000,000
Personal Injury and Advertising Liability: \$1,000,000	Products / Completed Operations Aggregate Limit: \$2,000,000
Products / Completed	Damage to Premises Rented to
Operations Aggregate Limit:	HHSC or Affiliated Entity: \$50,000
\$2,000,000	Umbrella/Excess Liability:
Damage to Premises Rented to HHSC or Affiliated Entity: \$50,000	Per Occurrence: \$1,000,000
Umbrella/Excess Liability:	Nothing in this Section 10.1 is intended to limit a
Per Occurrence: \$1,000,000	governmental entity's
	(excluding its Subcontractors)
	right to self-insure in accordance with Texas
	<b>Government Code Chapter</b>
	<u>2259.</u>

Addendum #1, March 17, 2022

<u>Item</u>	<u>Purpose of</u> <u>Change</u>	<u>Previous</u>	<u>Revision</u>
<u>1.</u>	Update Current Contractors application due date, Section 1.	December 31, 2021	March 14, 2022

2.	Add a new quarterly reporting requirement within Specific Performance Standards, Section 8.5.1, requirement # 8	N/A	8. Under a contract resulting from this OE, Applicant shall submit, on a quarterly basis, an HCBS-AMH Quarterly Report using the template located a https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/home-community-based-services-adult-mental-health. The quarterly reporting periods align with the State fiscal year (i.e., September 1st through August 31st) and are as follows: a. Quarter 1: September 1st through November 30th, report due December 20th; b. Quarter 2: December 1st through February 28th, report due March 20th; c. Quarter 3: March 1st through May 31st, report due June 20th; d. Quarter 4: June 1st through August 31st, report due September 20th.
3.	Exhibit G, Reorganizati on of Service Areas	Original version required Applicants to make all HCBS-AMH services available in every county within the selected service area(s).	Revised version allows Applicants the option to make all HCBS-AMH services available in a specific county(ies) within rural service areas, and continues to require Applicants to make all HCBS-AMH services available in every county within the selected service area(s).