



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

Procurement Number: HHS0011049

Addendum #4, January 25, 2024

<u>Item</u>	<u>Purpose of Change</u>	<u>Previous</u>	<u>Revision</u>
1.	Change Point of Contact	<p>Section 4.1, Sole Point of Contact Currently States:</p> <p>All questions, requests for clarification, or other communication about this OE shall be made in writing only to the HHSC sole point of contact listed below.</p> <p>Attempts to ask questions by phone or in person will not be allowed or recognized as valid.</p> <p>Mental Health (MH) Contracts Email: MHContracts@hsc.state.tx.us</p> <p>To be considered for contract award, applications must be submitted to this email address. See Section 14 for submission requirements.</p> <p>Do not contact other HHS Agency personnel regarding this OE.</p> <p>This restriction, as to only communicating in writing with the HHSC sole point of contact identified above, does not preclude</p>	<p>Section 4.1, Sole Point of Contact Revised to State:</p> <p>All questions, requests for clarification, or other communication about this OE shall be made in writing only to the HHSC sole point of contact listed below.</p> <p>Attempts to ask questions by phone or in person will not be allowed or recognized as valid.</p> <p>Behavioral Health Medicaid Programs (BHMP) Contracts Email: BHMPContracts@hhs.texas.gov</p> <p>To be considered for contract award, applications must be submitted to this email address. See Section 14 for submission requirements.</p> <p>Do not contact other HHS Agency personnel regarding this OE.</p> <p>This restriction, as to only communicating in writing with the HHSC sole point of</p>

		<p>discussions between Applicant and agency personnel for the purposes of conducting business unrelated to this OE.</p> <p>Failure of an Applicant or its representatives to comply with these requirements may result in disqualification of the submitted Application.</p>	<p>contact identified above, does not preclude discussions between Applicant and agency personnel for the purposes of conducting business unrelated to this OE.</p> <p>Failure of an Applicant or its representatives to comply with these requirements may result in disqualification of the submitted Application.</p>
2.	Change Application Submission Email Address	<p>Section 14, Application Submission Requirements Currently States:</p> <p>The Application must be submitted in accordance with this section and Section 13, Required Application Documents.</p> <p>The complete Application must be submitted to the email address listed below on or before the enrollment period close date listed in Section 1, Schedule of Events:</p> <p>Health and Human Services Commission, Mental Health (MH) Contract Management Unit Email: MHContracts@hpsc.state.tx.us</p> <p>Each Applicant is solely responsible for ensuring its Application is submitted in accordance with all OE requirements and ensuring timely receipt by</p>	<p>Section 14, Application Submission Requirements Revised to State:</p> <p>The Application must be submitted in accordance with this section and Section 13, Required Application Documents.</p> <p>The complete Application must be submitted to the email address listed below on or before the enrollment period close date listed in Section 1, Schedule of Events:</p> <p>Health and Human Services Commission, Behavioral Health Medicaid Programs (BHMP) Contract Management Unit Email: BHMPContracts@hhs.texas.gov</p> <p>Each Applicant is solely responsible for ensuring its Application is submitted in accordance with all OE requirements and ensuring timely receipt by</p>

		<p>HHSC.</p> <p>In no event will HHSC be responsible or liable for any delay or error in submission or delivery.</p> <p>The Application must be submitted by e-mail in a searchable (i.e., no handwriting or scanned documents) portable document format (PDF). Modification of any document, attachment, or exhibit may, in HHSC's sole discretion, result in rejection of the Application.</p>	<p>HHSC.</p> <p>In no event will HHSC be responsible or liable for any delay or error in submission or delivery.</p> <p>The Application must be submitted by e-mail in a searchable (i.e., no handwriting or scanned documents) portable document format (PDF). Modification of any document, attachment, or exhibit may, in HHSC's sole discretion, result in rejection of the Application.</p>
3.	Update Contracting Unit Email Address References	<p>Throughout document it Currently States:</p> <p>MHContracts@hsc.state.tx.us</p>	<p>Throughout document is Revised to State:</p> <p>BHMPContracts@hhs.texas.gov</p>
4.	Update Exhibit G, Service Areas and Locations	<p>Currently States:</p> <p>Jasper County removed from Burke Center's Service Area</p>	<p>Revised to State:</p> <p>Jasper County added to Spindletop MHMR Services d\b\A Spindletop Center's Service Area</p>

Addendum #3, March 9, 2023

<u>Item</u>	<u>Purpose of 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 Change</u>	<u>Previous</u>	<u>Revision</u>
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<p>1.</p>	<p>Acknowledgement of a Government Entity's right to self-insure (Specific Insurance Requirements in Section 10.1, Insurance Coverage)</p>	<p>SPECIFIC INSURANCE REQUIREMENTS</p> <p>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.</p> <p>Commercial General Liability</p> <p>Occurrence Based:</p> <p>Bodily Injury and Property Damage</p> <p>Each occurrence Limit: \$1,000,000</p> <p>Aggregate Limit: \$3,000,000</p> <p>Medical Expense Each Person: \$5,000</p> <p>Personal Injury and Advertising Liability: \$1,000,000</p> <p>Products / Completed Operations Aggregate Limit: \$2,000,000</p>	<p>SPECIFIC INSURANCE REQUIREMENTS</p> <p>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.</p> <p>Commercial General Liability</p> <p>Occurrence Based:</p> <p>Bodily Injury and Property Damage</p> <p>Each occurrence Limit: \$1,000,000</p> <p>Aggregate Limit: \$3,000,000</p> <p>Medical Expense Each Person: \$5,000</p> <p>Personal Injury and Advertising Liability: \$1,000,000</p> <p>Products / Completed Operations Aggregate Limit: \$2,000,000</p> <p>Damage to Premises Rented to HHSC or Affiliated Entity: \$50,000</p> <p>Umbrella/Excess Liability:</p> <p>Per Occurrence: \$1,000,000</p>
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	<p>Damage to Premises Rented to HHSC or Affiliated Entity: \$50,000</p> <p>Umbrella/Excess Liability:</p> <p>Per Occurrence: \$1,000,000</p>	<p><u>Nothing in this Section 10.1 is intended to limit a governmental entity's (excluding its Subcontractors) right to self-insure in accordance with Texas Government Code Chapter 2259.</u></p>
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Addendum #1, March 17, 2022

<u>Item</u>	<u>Purpose of Change</u>	<u>Previous</u>	<u>Revision</u>
1.	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 at 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: <ul style="list-style-type: none"> a. Quarter 1: September 1st through November 30th, report due December 20th; b. Quarter 2: December 1st through February 28th, report due March 20th;

			<p>c. Quarter 3: March 1st through May 31st, report due June 20th;</p> <p>d. Quarter 4: June 1st through August 31st, report due September 20th.</p>
3.	Exhibit G, Reorganization 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).