 **Texas Department of Family and Protective Services**

**ADDENDA**

#### To

**Open Enrollment**

**HHS0011952**

**For**

**Substance Abuse Services**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Notice is hereby given to prospective applicants to the above referenced open enrollment that changes have been made to requirements or information in the open enrollment, as noted in the addenda below.

**(Note**: In the column with the heading "Open Enrollment Reference", the references to "Package" refer to the link, as listed on the HHSC Open Enrollment Opportunities webpage and Electronic State Business Daily (ESBD) posting of this open enrollment.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Addendum #2**  **September 4, 2025** | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **Item** | **Open Enrollment**  **Reference** | **Previous** | **Revised Language** | | | | |
| **1.** | Provider  Enrollment for Substance Abuse Services | Cover Page: Stephanie Muth, DFPS Commissioner | Audrey O’Neill, Acting Commissioner, Acting Commissioner |
| **2.** | Provider  Enrollment for Substance Abuse Services | N/A | Added: Section 1.7.5 The Contractor must review and sign the DFPS Vendor Certifications and Affirmations (Form 4543). See Appendix B of the Application. |
| **3.** | Application and Required Forms | Section 5. Certification | Section 5. DFPS VENDOR CERTIFICATIONS AND AFFIRMATIONS  The Applicant must review and sign the DFPS Vendor Certifications and Affirmations (Form 4543), which are incorporated by reference to the Contract. See Appendix B. |
| **4.** | Application and Required Forms | Section 5. Certification | Section 6. Certification |
| **5.** | Application and Required Forms | Appendix B – Required Forms  File Folder 1: Application | New form included:  Texas Department of Family and Protective Services Vendor Certifications and Affirmations (Form 4543) |
| **Addendum #1**  **June 17, 2024** | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **Item** | **Open Enrollment**  **Reference** | **Previous** | **Revised Language** | | | | |
| **1.** | Package 1 Cover Page:  (Provider  Enrollment for: Substance Abuse Services) | **Jaime Masters, DFPS Commissioner** | **Stephanie Muth, DFPS Commissioner** |
| **2.** | Package 2: (Application & Required Forms) | **Attachment A-4 Service Delivery Area**  All counties in all regions open. | **Attachment A-4 Service Delivery Area**  Region 6 is closed and not accepting applications. |