

Exhibit P-1:
COMPREHENSIVE CASE MANAGEMENT SERVICES (CCMS)
SCOPE OF GRANT PROJECT SERVICES

I. PURPOSE

Grantee shall provide Comprehensive Case Management Services (CCMS) to individuals eligible for intensive residential services to reduce barriers to treatment, enhance motivation, encourage treatment retention and strengthen resources for recovery by concurrently addressing other personal needs, and by providing referrals and linkage to appropriate services to allow people to focus on and remain engaged in long-term recovery.

Preference for services shall be provided to the Federal and State priority populations:

1. Pregnant individuals who inject drugs;
2. Pregnant individuals;
3. Individuals who inject drugs;
4. Individuals identified as being at high risk for overdose;
5. Individuals referred by Department of Family and Protective Services (DFPS); and
6. Individuals experiencing housing instability or homelessness.

II. GOAL

To provide CCMS to individuals eligible for intensive residential services, regardless of whether they are on the Grantees waitlist or enrolled in such services, which will link them to needed medical, social, educational, housing and other providers services and supports that assist with meeting basic human needs, improve independent decision-making and self-confidence, support treatment completion and engage in long-term recovery.

III. GENERAL RESPONSIBILITIES

1. Using an approved HHSC program template, the Grantee shall submit Quarterly Activity Reports per program type. The Grantee shall document accomplishments, barriers (including gaps in local resources), good-faith efforts to work with under-served populations, and progress towards goals during the implementation of programmatic activities in Quarterly Reports due December 15, March 15, June 15, and September 15. This template is provided to the Grantee upon contract execution.
2. Grantee shall ensure the following related to CMBHS:
 - a. Utilize CMBHS components/functionality specified in **Exhibit Q, Clinical Management for Behavioral Health Services (CMBHS) Requirements**.
 - b. Ensure referrals and follow up are completed and follow up dates are documented in CMBHS.
 - c. Document services in CMBHS in accordance with this Contract and instructions provided by HHSC. Documents that require client or staff signature shall be maintained according to 26 Texas Administrative Code (TAC) Chapter 564, Subchapter E. Facility.
 - d. Upload documentation that is handwritten and not transcribed in the CMBHS record.

3. Grantee shall maintain all documents that require client or staff signature in the physical record.
4. Grantee shall ensure that all CCMS staff participate in required HHSC webinars, conference calls and trainings at the specified dates, times, and locations as directed by HHSC.
5. Continue to meet the eligibility conditions throughout the term of this contract. HHSC expressly reserves the right to request additional documentation to determine the contractor's continued eligibility.
6. Grantee shall post in a prominent location, legible prohibitions against firearms, weapons, alcohol, and illegal drugs, illegal activities, and violence at program sites that do not have the existing prohibitions posted.
7. Grantee shall maintain and document personnel documentation by:
 - a. Maintaining current personnel documentation on each employee. All documents must be factual and accurate. Health-related information must be stored separately with restricted access as appropriate under Texas Government Code §552.102.
 - b. Training records may be stored separately from the main personnel file but must be easily accessible upon request.
 - c. Required documentation includes the following, as applicable:
 - i. A copy of the current job description signed by the employee;
 - ii. Application or resume with documentation of required qualifications and verification of required credentials;
 - iii. Verification of work experience;
 - iv. Annual performance evaluations;
 - v. Personnel data that includes date hired, rate of pay, and documentation of all pay increases and bonuses;
 - vi. Documentation of appropriate screening and/or background checks, to include probation or parole documentation and notice of and authorized by System Agency for employees, volunteers or subcontractors as referenced in Section V, (4) prior to such individuals having direct contact with clients or participants;
 - vii. Signed documentation of initial and other required training; and
 - viii. Records of any disciplinary actions.
 - ix. Include signature, credentials when applicable, and date with all document authentications. If the document relates to past activity, the date of the activity must also be recorded. Documentation must be permanent and legible. When it is necessary to correct a required document, the error must be marked through with a single line, dated, and initialed by the writer.
8. Grantee shall comply with quality management requirements as directed by HHSC and:
 - a. Develop and implement a Quality Management Plan (QMP) that conforms with 26 TAC § 564.504 and make the QMP available to HHSC upon request. The QMP

must be developed no later than the end of the first quarter of the Grant agreement term.

- b. Update and revise the QMP each biennium or sooner, if necessary. Grantee's governing body shall review and approve the initial QMP, within the first quarter of the Grant agreement term, and each updated and revised QMP thereafter. The QMP must describe Grantee's methods to measure, assess, and improve.
 - i. Implementation of evidence-based practices, programs and research- based approaches to service delivery;
 - ii. Client/participant satisfaction with the services provided by Grantee;
 - iii. Service capacity and access to services;
 - iv. Client/participant continuum of care; and
 - v. Accuracy of data reported to the HHSC.
 - c. Participate in continuous quality improvement (CQI) activities as defined and scheduled by the state including, but not limited to data verification, performing self-reviews; submitting self-review results and supporting documentation for the state's desk reviews; and participating in the state's onsite or desk reviews.
 - d. Submit plan of improvement or corrective action plan and supporting documentation as requested by HHSC.
 - e. Participate in and actively pursue CQI activities that support performance and outcomes improvement.
 - f. Respond to consultation recommendations by HHSC, which may include, but are not limited to the following:
 - i. Staffing training;
 - ii. Self-monitoring activities guided by HHSC, including use of quality management tools to self-identify compliance issues; and
 - iii. Monitoring of performance reports in HHSC's electronic clinical management system.
9. The quality management and oversight requirements for subcontractors are as follows:
- a. Develop policies and procedures on quality management that meet the requirements of TAC §564.504, and upon HHSC's request, provide all quality management policies and procedures. The oversight and monitoring policies and procedures must address, at a minimum, the following:
 - i. How the Grantee determines when subcontractors require monitoring reviews;
 - ii. How to conduct a monitoring review;
 - iii. How to document a monitoring review;
 - iv. Reporting requirements of subcontractors;
 - v. Follow-up monitoring based on review findings; and
 - vi. Liquidated damages or recoupment of funds used to bring subcontractors into compliance.

- b. For subcontractors underperforming or noncompliant identified during monitoring, submit plan of improvement or corrective action plan and supporting documentation, as requested by HHSC.
 - c. Monitor all subcontractors' financial and programmatic performance and maintain pertinent records that must be made available for inspection by HHSC upon request.
 - d. Monitor all subcontracts to ensure compliance with all applicable Texas Health and Safety Codes, including laws related to drug paraphernalia under Health & Safety Code Chapter 481.
 - e. Develop a quarterly review schedule and ensure all subcontractors are reviewed at least once per fiscal year (FY).
 - f. Submit the Quality Management Activities Report annually, documenting the quality management activities performed during the reporting previous fiscal year. More frequent reporting may be required for Grantees with underperforming subcontractors. At a minimum, the Quality Management Activities Report must include the name and contract number of the Grantee and include the following:
 - i. Date of review;
 - ii. Name of subcontractor;
 - iii. Unique subcontractor's Identifier for the review;
 - iv. Type of review;
 - v. Name of staff conducted review;
 - vi. List of findings;
 - vii. Number of monitoring reviews conducted;
 - viii. Types of monitoring reviews conducted;
 - ix. Summary evaluation of findings and Grantee plan of oversight to bring the subcontractor into compliance, if applicable;
 - x. Number and nature of complaints received subcontractors with resolutions for the complaints; and
 - xi. List of significant subcontractor findings that must, at a minimum, include the following:
 - (1) Immediate risk to health or safety;
 - (2) Participant abuse, neglect, or exploitation;
 - (3) Fraud, waste, or abuse reports; and
 - (4) Report criminal activity of any subcontractor's staff.
10. Develop and utilize a quality management monitoring tool that must be completed to document all quality reviews. All completed tools with corrective actions documentation must be stored and made available to HHSC upon request.
11. Take all steps necessary to protect the health, safety, and welfare of its clients and participants, including notification to appropriate authorities of any allegations of abuse, neglect, or exploitation as required by 25 TAC § 448.703.

IV. STAFFING AND STAFF COMPETENCY REQUIREMENTS

1. Grantee shall ensure all personnel receive the training and supervision necessary to ensure compliance with HHSC rules, provision of appropriate and individualized treatment, and protection of client health, safety, and welfare.
2. Grantee shall ensure that all direct care staff review all policies and procedures related to the program or organization on an annual basis.
3. Grantee shall ensure that all direct care staff receive a copy of this statement of work.
4. Grantee shall employ or contract with a medical director who is a Texas licensed physician if providing Withdrawal Management/Detoxification services. The medical director shall be responsible for admission, diagnosis, medication management, and client care.
5. Grantee must comply with TAC Chapter 564, Subchapter F (Personnel Practices and Development).
6. Grantee must ensure within (90) calendar days from hire and prior to providing the following services:
 - a. Motivational Interviewing (MI) techniques;
 - b. Trauma-Informed Care;
 - c. Harm Reduction strategies;
 - d. Community outreach;
 - e. Prenatal and Postpartum Care related to substance exposure;
 - f. Ethics (substance use related);
 - g. Education on Substance Use and Misuse;
 - h. State of Texas COPSD training;
 - i. Boundary setting (personal, finance, emotional, ethical, and sexual);
 - j. Maintaining confidentiality;
 - k. How to respond to complaints; and
 - l. Comprehensive Case Management in accordance with Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) Treatment Improvement Protocol 27 regarding Comprehensive Case Management for Substance Abuse Treatment.¹
7. Grantee must ensure each state fiscal year, a minimum of ten (10) hours of annual training on any of the combinations of topics listed below. Trainings can be completed by using any type of medium/outlet at the discretion of the Grantee:
 - a. Motivational Interviewing techniques;
 - b. Person-centered care;
 - c. Cultural Sensitivity and Competency;
 - d. Understanding and Preventing Infectious Disease;
 - e. Risk- and harm-reduction strategies;
 - f. Substance use disorder and trauma issues;
 - g. Community outreach;
 - h. Substance Exposed Pregnancy (including but not limited Fetal Alcohol Spectrum

¹ <https://store.samhsa.gov/sites/default/files/sma15-4215.pdf>

- Disorder or Neonatal Abstinence Syndrome);
 - i. Tobacco cessation education; or
 - j. Ethics (related to substance use).
8. Grantee shall ensure that all direct care staff:
- a. Review all policies and procedures related to the program or organization on an annual basis.
 - b. Receive a copy of this statement of work.
 - c. Review all policies and procedures related to the program or organization on an annual basis.
 - d. Complete annual education on Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR Part 2 training.
9. Grantee shall ensure that all case management staff:
- a. Meet the following qualification requirements:
 - i. Have a high school diploma or equivalency.
 - ii. Have the knowledge, skills and abilities to:
 - (1) Establish rapport with the client;
 - (2) Maintain boundaries and the willingness to be nonjudgmental toward clients;
 - (3) Utilize variety of evidenced based models on substance use and other problems related to substance use; and
 - (4) Incorporate family, social networks, and community systems in the treatment and recovery process based on the client's preference.
 - iii. Complete training in case management to ensure compliance with applicable HHSC rules, provision of appropriate and individualized services, and protection of client rights, health, safety, and welfare.
10. Grantee shall ensure that Intensive Residential Program Directors providing oversight to CCMS services or a delegate who oversees substance use services participate in program and service-type conference calls as scheduled by HHSC.
11. Grantee must comply with TAC Chapter 564, Subchapter F (Personnel Practices and Development).

V. POLICIES AND PROCEDURES

Grantee shall establish and follow policies and procedures outlined below and make them available to HHSC upon request:

1. Develop policies and procedures to perform the activities documented in this contract and make them available for inspection by HHSC.
2. Develop and implement policies and age-appropriate procedures to protect the rights of children, families, and adults participating in CCMS.
3. Develop and maintain current written policies and procedures for employees, contracted labor, and volunteers who work directly or indirectly with participants. The written policies and procedures must address participant safety, including requirements related to abuse, neglect and exploitation and ensure that all activities with participants

are conducted in a respectful, non-threatening, non-judgmental, and confidential manner.

4. Develop and implement written policies and procedures that address the delivery of services by employees, subcontractors, or volunteers on probation or parole.
 - a. Submit to the SUD email box, SUD.Contracts@hhs.texas.gov, notice of any of its employees, volunteers or subcontractors who are on parole or probation if the employee, volunteer, or subcontractor provides or will provide direct client or participant services or who has or may have direct contact with clients or participants.
 - b. Maintain copies of all notices required under this section for System Agency review.
 - c. Ensure that any person who is on probation or parole is prohibited from performing direct client/participant services or from having direct contact with clients or participants until authorized by System Agency.
5. Develop and implement written policies and procedures for requirements prior-to-discharge, including a list of community resources for clients discharged with the CMBHS status of: Left Against Professional Advice and Terminated by Provider.
6. Develop and implement a written policy for staff to purchase client-centered supplies defined in **Section VI, Comprehensive Case Management Services (CCMS) 5. Financial Assistance** and provide assistance to clients with this service.
7. Develop and implement written confidentiality policies and procedures in compliance with **Exhibit B, Health and Human Services (HHS) Uniform Terms and Conditions—Grant Version 3.4, Exhibit C, Health and Human Services (HHS) Additional Provisions – Grant Funding V.1.0, Exhibit D, HHS Data Use Agreement v.8.5, Exhibit D-1, HHS Data Use Agreement—Governmental Entity Version 8.5, and Exhibit D-2, Texas HHS System-Data Use Agreement-Attachment 2, Security and Privacy Inquiry (SPI)** if providing direct services to individual youth and families. This must include procedures to securely store and maintain privacy and confidentiality of information and records concerning participants and their family members and ensuring all employees and volunteers follow the agency’s confidentiality policies, procedures, and requirements.
8. Establish written policies and procedures outlining how the Grantee shall adhere to the National CLAS Standards.
9. In accordance with applicable laws, develop and implement policies, procedures and forms for participant consent, including consent for travel.
10. Develop, maintain, and adhere to current written policies and procedures addressing the requirements for criminal background checks as a condition for employment for Applicants, contractors, interns, and volunteers who work directly with youth, families or other participants and include:
 - a. Pre-employment criminal background checks;

- b. Standards detailing hiring decisions when there is a background check finding; and
- c. Requirements reporting post-employment instances that would negatively impact subsequent background checks including but not limited to arrest, conviction, investigation or any other legal involvement.

VI. Comprehensive Case Management Services (CCMS)

1. Service Delivery

Grantee shall ensure:

- a. Facilitation of referrals to ensure that services address mental and physical health as well as services which support recovery from SUDs.
- b. Provision of all services in the following manner:
 - i. By staff who trained and operating within their scope of practice;
 - ii. To priority populations in a timely and age-appropriate manner;
 - iii. Such that access to service coordination ensures that service and supports meet the needs of the target populations by maintaining access to various locations, hours, and days of service;
 - iv. At a minimum, providing weekly contact and appropriate case management services based on individual client needs;
 - v. Flexibly, community-based, and client-centered in a trauma-informed, culturally competent, and developmentally appropriate manner for clients, families, and/or significant others;
 - vi. To a client determined to need case management services while on the treatment provider's waitlist for and upon admission into intensive residential treatment services;
 - vii. In addition to, and not as a replacement for, other services. CCMS is not a duplication of service, but rather a set of agreed upon, joint, and coordinated activities that clearly delineate the unique and separate roles of case managers who work jointly and collaboratively with the client's knowledge and consent to prioritize activities that effectively achieve client's treatment and/or personal goals;
 - viii. In a manner that establishes rapport with the client, demonstrates an ability to connect with diverse population and cultural backgrounds, focuses on and reinforces positive strengths and behaviors, works flexibly to meet the needs to clients, and appreciates different pathways of recovery; and
 - ix. Using linkage and retention activities which are designed to improve client outcomes.
- c. Clients have access to or are referred for transportation when indicated.

- d. All documentation is completed in CMBHS as case management progress notes and include referrals and referral follow up for services that assist in client stabilization.

2. *Pre-Entry Services*

Grantee shall ensure for eligible clients who are not admitted to intensive residential services:

- a. At a minimum, documentation in CMBHS to include:
 - i. All services and referrals with completion and follow up dates;
 - ii. List the client in the CMBHS Intensive Residential waitlist;
 - iii. Completion of Client Profile, Financial Eligibility and Screening;
 - iv. Provision of pre-treatment services as a strategy in the CMBHS Service plan unless the CCMS strategies are resolved; and
 - v. Weekly communication with the client and/or the client's advocate while the on the intensive residential treatment waitlist.
- b. Utilization of Motivational Interviewing techniques to facilitate ongoing engagement and motivation to enroll in intensive residential services.
- c. Provision of interim services either directly or through referral to clients on intensive residential treatment waitlist, including but not limited to:
 - i. Human Immunodeficiency Virus (HIV) Risk Reduction counseling;
 - ii. HIV and Hepatitis C Virus (HCV) Testing;
 - iii. Education about risk of needle sharing that includes transmissions;
 - iv. Education on steps to be taken to not transmit HIV or Tuberculosis (TB);
 - v. Sexually Transmitted Infection (STI) testing;
 - vi. Prenatal care (if pregnant);
 - vii. TB screening/treatment;
 - viii. Services essential for basic human needs such as housing and healthcare;
 - ix. Educational or employment needs, including skills training;
 - x. Substance use education;
 - xi. Social supports, self-help groups, mental and physical health and education programs and services;
 - xii. Parenting classes, access to appropriate pediatric medical care, including well-child visits and developmental screenings;
 - xiii. Referrals to alternative activities to promote healthy lifestyles and family bonding;
 - xiv. Recovery support services;
 - xv. Community support services and education for overdose prevention and reversal; and
 - xvi. Tobacco cessation education for emerging tobacco/nicotine products.
- d. Coordination of transportation for the client and client's family as appropriate.
- e. Coordination of services to address the needs of a dependent child as appropriate to assist parent/guardian in preparation of treatment admission.

- f. Coordination with state and community referral agencies (i.e., Department of Family Protective Services (DFPS), Texas Department of Criminal Justice) to assist with admissions into residential services.

3. During Treatment Services

Grantee shall ensure for clients who have been admitted to intensive residential services:

- a. At a minimum, documentation in CMBHS to include:
 - i. All services and referrals with completion and follow up dates;
 - ii. Weekly communication with the client;
 - iii. Case Management services, in case management progress notes;
 - iv. All problems identified in the client's treatment plan that require referrals for community services; and
 - v. For discharged clients, treatment plan goals must be addressed and in closed and complete status.
- b. Coordination of CCMS services in alignment with the treatment team to avoid duplication of services.
- c. That they are properly informed of and referred to community services by:
 - i. Introducing them to post-discharge community recovery support services regardless of whether they completed treatment; and
 - ii. Facilitating information-sharing and referrals prior to client discharge from intensive residential services.

4. Post-Treatment Services

Grantee shall ensure for clients who have been discharged from intensive residential services:

- a. That CMBHS discharge follow-up is completed on CCMS clients as stated in 26 TAC s section 564.805: by
 - i. No sooner than 60 Calendar Days; and
 - ii. No later than 90 Calendar Days after discharge.
- b. That the CMBHS Discharge assessment provides information on the post-treatment services and documents if the client is enrolled in services listed in the discharge assessment.

5. Financial Assistance

- a. Grantee must accept cost-reimbursement funding methodology based on reasonable, actual, allowable, and allocable costs incurred on a monthly basis, supported by adequate documentation, and submitted in a timely manner. No additional payments shall be rendered unless an advanced payment is approved.
- b. Grantee must ensure the total cost of CCMS client-centered supplies and assistance for CCMS recipients does not exceed ten percent (10%) of the fiscal year (FY) funding amount.
- c. Grantee shall provide necessary supplies/basic needs items for clients enrolled in residential substance use treatment services, which may include but are not limited to prescription medications, reading glasses, hearing needs, hygiene supplies, clothing, or educational items and:
 - i. Provide assistance with paying for transportation which includes but is not limited to bus passes, rails, taxi and ride sharing. Payment must be paid directly to transportation vendor;
 - ii. Ensure financial assistance shall not exceed \$250.00 per person for each fiscal year. Should there be extenuating circumstances and client needs are anticipated to exceed this threshold, grantee must submit a request for an exception with clear justification to the SUD.Contracts@hhs.texas.gov email box. Written approval must be received prior to making any purchase that would exceed the \$250.00 limit;
 - iii. Develop and implement a written policy for how case management staff request assistance for a CCMS client and how request shall be approved and tracked; and
 - iv. Maintain and document all financial assistance which shall be provided to HHSC upon request. At a minimum documentation shall include:
 - (1) Date provided;
 - (2) Dollar amount;
 - (3) Item purchased;
 - (4) Brief justification for purchase; and
 - (5) Client identifier (i.e., driver's license, or CMBHS client number, first name and last initial, etc.)
 - (6) Ensure funds are not used for assistance to a client if other funding resources are available for the proposed purpose.
 - (7) Ensure that cash is never provided directly to a client.

VII. DELIVERABLES AND REPORTING REQUIREMENT

1. Grantee shall submit a CMBHS Security Attestation Form electronically on or before September 15th and March 15th each state fiscal year.
2. Grantee shall use System Agency system to submit all deliverables to Clinical Management Behavioral Health Services (CMBHS) and/or any alternative method required by System Agency. Grantee is required to maintain access to required systems or platforms for the term of this Grant Agreement.

3. Grantee shall submit all claims, invoices and reports through the CMBHS system in accordance with the Contract, unless otherwise noted.
4. Grantee shall submit annual Contract Closeout documentation each fiscal year due on October 15th; the final Contract closeout is due by 45 Calendar Days after Contract end date.
5. HHSC shall monitor Grantee's performance of the requirements in this Attachment and compliance with the Contract's terms and conditions.
6. Grantee's duty to submit documents will survive the termination or expiration of this Contract.
7. Grantee must comply when HHSC may require additional deliverables in accordance with federal and/or state requirements.
8. If the due date is on a weekend or holiday, the due date is the next business day.
9. Grantee shall submit the following reports by the noted due dates and methods:

Deliverable	Due Date	Submission Method
Security Attestation Form and List of Authorized Users	<u>Each FY</u> September 15 th March 15 th	<u>CMBHS</u>
HHSC Staffing Form	<u>Each FY</u> September 15 th	<u>CMBHS</u>
Quarterly Activity Reports	<u>Each FY & Program</u> Q1: December 15 th Q2: March 15 th Q3: June 15 th Q4: September 15 th	<u>CMBHS</u>
Quality Management Activities Report	<u>End of Each FY</u> September 15 th	<u>CMBHS</u>
Performance Measures	The 15 th day of the month following the month being reported	CMBHS
Financial Status Report	<u>Each FY & Program</u> Q1: December 31 st Q2: March 31 st Q3: June 30 th Q4: September 30 th	<u>CMBHS</u>
General Ledger	<u>Each FY & Program</u> Q1: December 31 st Q2: March 31 st Q3: June 30 th Q4: September 30 th	CMBHS

FSR to GL Worksheet	Each State FY, Quarterly: Q1: December 31st Q2: March 31st Q3: June 30th Q4: September 30th	CMBHS
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VIII. PERFORMANCE MEASURE DEFINITIONS AND GUIDANCE

Grantee shall adhere to the performance measure requirements documented in **Exhibit N: Performance and Outcome Measures and Definitions.**