

## **EXHIBIT P**

### **TREATMENT SERVICES SCOPE OF GRANT PROJECT SERVICES**

#### **I. PURPOSE**

The purpose of this contract is to provide substance use treatment and behavioral health services to promote and support recovery to eligible populations in accordance with the applicable Texas Administrative Code (TAC) requirements, the most current Diagnostic and Statistical Manual of Mental Disorders (DSM)<sup>1</sup> and the American Society of Medicine (ASAM)<sup>2</sup> criteria. Treatment programs will increase the capacity of a continuum of evidence-based treatment options across the State of Texas that will reduce use of substances, foster active participation in services, and support engagement in 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 implement a statewide system with accessible evidence-based substance use treatment services which will lead to the reduction in use of substances, support active participation in services, and encourage long-term engagement in recovery.

#### **III. GENERAL RESPONSIBILITIES**

Grantee shall:

1. Provide services in accordance with requirements of the DSM, ASAM, this Contract, and the following TAC rules:
  - a. Title 26, Part 1, Chapter 564, or the most current TAC rule named by Health and Human Services Commission (HHSC) Licensing and Regulation unit for Standards of Care for the services to be provided under this Contract<sup>3</sup>;
  - b. Title 25, Chapter 140, Subchapter I (Licensed Chemical Dependency Counselor)<sup>4</sup>;
  - c. Title 22, Part 30, Chapter 681 (Professional Counselors)<sup>5</sup>;
  - d. Title 22, Part 34, Chapter 781 (Social Worker Licensure)<sup>6</sup>;

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<sup>1</sup> <https://www.psychiatry.org/psychiatrists/practice/dsm/updates-to-dsm/updates-to-dsm-5-tr-criteria-text>

<sup>2</sup> <https://www.asam.org/>

<sup>3</sup> [https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=4&ti=26&pt=1&ch=564](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=26&pt=1&ch=564)

<sup>4</sup> [https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=25&pt=1&ch=140&sch=I&rl=Y](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=140&sch=I&rl=Y)

<sup>5</sup> <https://bhec.texas.gov/texas-state-board-of-examiners-of-professional-counselors/>

<sup>6</sup> <https://bhec.texas.gov/texas-state-board-of-social-worker-examiners/>

- e. Title 22, Part 35, Chapter 801 (Licensure and Regulation of Marriage and Family Therapists)<sup>7</sup>;
  - f. Title 1 Part 15, Chapter 354, Subchapter N (Peer Specialist Services)<sup>8</sup>; and
  - g. Title 26, Part 1, Chapter 321, (Substance Use Services)<sup>9</sup>.
2. Complete and submit an Implementation Plan, which:
- a. Is submitted initially, as part of the application process, and is comprised of the **Form E, Narrative Proposal, Form A, Respondent Information and Exhibit K, Treatment Fee-For-Service Unit Rates**;
  - b. Must be submitted 30 Calendar Days prior to significant changes wherein the Grantee contemplates programs or services that would be impacted by 25% or more during the fiscal year using the form required by HHSC;
  - c. Is submitted annually, prior to the beginning of each fiscal year using the form required by HHSC;
  - d. Describes regions and populations served (including those who are under-served, isolated, or vulnerable), program and services provided, how the Grantee must implement evidence-based practices, the ways that local and regional community service agencies will be engaged to support recovery and in the event of a significant change, the nature and impact of such change; and
  - e. Must be approved by HHSC prior to beginning service delivery or implementing changes to service delivery.
3. Accept HHSC reimbursement through:
- a. Fee-for-Service methods to perform applicable services in accordance with Fee-for-Service Rates as stated in the **Exhibit K, Treatment Fee-for-Service Unit Rates**;
  - b. Cost Reimbursement method based on reasonable, allowable and allocable Grant Project costs. Under the cost reimbursement payment method, Grantee is required to finance operations and will only be reimbursed for actual, allowable, and allocable costs incurred monthly and supported by adequate documentation; and
  - c. Another method of payment determined by HHSC during the term of the Grant Agreement.
4. Use an approved HHSC program template and 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.

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<sup>7</sup> <https://bhec.texas.gov/texas-state-board-of-examiners-of-marriage-and-family-therapists/>

<sup>8</sup> [https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=1&pt=15&ch=354&sch=N](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=1&pt=15&ch=354&sch=N)

<sup>9</sup> [https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=26&pt=1&ch=321&sch=C&rl=Y](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=321&sch=C&rl=Y)

5. Develop policies and procedures as required by TAC § 392.511 and make them available for inspection by HHSC. Follow the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (<https://thinkculturalhealth.hhs.gov/clas/standards>) and demonstrate good-faith efforts to reach out to under-served populations. Grantee must document any demonstration good faith effort on working with under-served populations in the Quarterly Reports. Underserved Populations include individuals:
  - a. Of color;
  - b. With low educational or socioeconomic status;
  - c. With limited English Proficiency;
  - d. With disabilities;
  - e. Of Native American Tribes;
  - f. Holding military and veteran status and their families;
  - g. Who live in Colonias; and/or
  - h. Who identify as lesbian, gay, bisexual, transgender, and queer.
6. Utilize CMBHS components/functionality specified in **Exhibit Q, Clinical Management for Behavioral Health Services (CMBHS) Requirements**.
7. Conduct an anonymous client satisfaction survey after discharge, compile results into an Annual Client Satisfaction Survey Summary to reflect overall client satisfaction, including sections for each Program ID the Grantee serves, and identify areas for improvements and submit to HHSC.
8. Obtain, maintain and review annually agreements with:
  - a. Texas Medicaid through all local Managed Care Organizations (MCO) in the Grantee's service area and seek one-time service authorizations from other MCOs as required to provide services to individuals covered under Medicaid.
  - b. The local Department of Family Protective Services (DFPS) regional offices within six months of the original contract execution through a Local Agreement which must address:
    - i. Communication on referrals;
    - ii. Transportation needs; and
    - iii. Communication on status.
  - c. The Outreach, Screening Assessment and Referral (OSAR) in the Grantee's region through an MOU that includes:
    - i. Daily capacity management and treatment availability reporting to each OSAR in the region;
    - ii. Referral procedures when immediate capacity is not available;
    - iii. Confidentiality requirements;
    - iv. The provision of Interim Services to individuals on the waitlist or after completion of treatment.
    - v. Management of individuals on the waitlist (Section VI, 3. Waitlist), particularly when they are removed.

- vi. Quarterly updates by staff who handle day-to-day placement activities;
  - vii. Implementation and expiration dates; and
  - viii. Signatures by both parties.
- d. Local Mental Health Authority (LMHA) or Local Behavioral Health Authority (LBHA) in the Grantee's region that includes:
- i. Objectives, roles, and responsibilities of each party;
  - ii. Scope of services provided by each party to meet the needs of the clients served;
  - iii. Adherence to confidentiality requirements;
  - iv. Description of how quality and efficacy of services provided will be assessed;
  - v. Priority Populations for Treatment Programs and admission requirements;
  - vi. Documentation of referral and referral follow-up in Clinical Management for Behavioral Health Services (CMBHS);
  - vii. Non-duplication of services;
  - viii. Emergency referrals and transportation assistance for clients in crisis;
  - ix. Coordination of enrollment and engagement of clients in LMHA and LBHA services;
  - x. Coordination of concurrent and subsequent services;
  - xi. Implementation and expiration dates; and
  - xii. Signatures by both parties.
- e. Local Community Health Organization that includes:
- i. Objectives, roles, and responsibilities of each party;
  - ii. Scope of services provided by each party to meet the needs of the clients served;
  - iii. Adherence to confidentiality requirements;
  - iv. Documentation of referral and referral follow-up in CMBHS;
  - v. Coordination of concurrent and subsequent services;
  - vi. Implementation and expiration dates; and
  - vii. Signatures by both parties.
- f. Treatment Services for Adults (TRA), Treatment Services for Females (TRF), and Treatment Services for Youth (TRY) HHSC-funded Grantee(s) in Grantee's region that includes:
- i. Appropriate referrals to and from Grantee and Recovery Support Services (RSS) and Youth Recovery Communities (YRC) for indicated services;
  - ii. Coordination of the enrollment and engagement of clients;
  - iii. Coordination of non-duplication of services;
  - iv. Collaboration between treatment staff and recovery support services for improved participant outcomes;
  - v. Documentation of referral, referral outcome and other case management services provided in CMBHS;
  - vi. Implementation and expiration dates; and
  - vii. Signatures by both parties.

9. 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.
10. Attend and ensure appropriate participation in:
  - a. OSAR quarterly regional collaborative meetings to share representative knowledge about the Grantee's services and coverage area and provide documentation of attendance upon request; and
  - b. Meetings and technical assistance or service-related calls held by HHSC and ensure that Grantee's Program Director or a delegate that holds the same qualification and understanding of substance use participates in such meetings and calls.
11. 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.
12. Ensure sign language services (telephone language services or interpreters) are available to clients who are deaf or hard-of-hearing and receiving Substance Use Disorder (SUD) treatment services.
  - a. If required, sign language interpreter services must also be used for parent/guardian participating in a HHSC-funded, family-focused curriculum.
  - b. Grantee must follow the instructions on the Deaf and Hard of Hearing Services Request for Interpreter Services Form Instructions to request interpreter services for a hearing-impaired person when needed. To access the HHSC Deaf and Hard of Hearing service request form click on link:  
<https://www.hhs.texas.gov/providers/behavioral-health-services-providers/substance-use-service-providers>.
  - c. The Request for Interpreter Services Form should be completed and submitted to the assigned contract manager, via the HHSC SUD Mailbox at:  
[Substance\\_Use\\_Disorder@hhs.texas.gov](mailto:Substance_Use_Disorder@hhs.texas.gov).
13. Disclose to HHSC when Grantee is aware of a Conflict of Interest and if Grantee does not disclose the conflict to HHSC, such nondisclosure will be considered a material breach of the Contract. Such breach may be submitted to the Office of the Attorney General, Texas.
14. Enroll as a provider with Texas Medicaid and Healthcare Partnership (TMHP) and all Medicaid Managed Care organizations in Grantee's service region within the first quarter of this procurement term and maintain through the procurement term.
15. Maintain current personnel documentation on each employee and ensure that:
  - a. All documents are 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.
- d. 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.

16. 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 must 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.
17. Implement the quality management and oversight requirements for subcontractors 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. Grantee shall 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.
18. 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.
19. 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 business days of hire and prior to service delivery direct care staff have specific documented training in the following:
  - a. Motivational interviewing techniques or Motivational Enhancement Therapy;
  - b. Trauma-informed care;
  - c. Cultural competency;
  - d. Harm reduction training;
  - e. Informed consent for treating substance use disorders, including opioid use disorders and Medications for Opioid Use Disorder (MOUD); and



- f. Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR Part 2 (Confidentiality of SUD Patient Records) training.
- 7. Grantee must ensure all direct care staff complete annual education on HIPAA and 42 CFR Part 2.
- 8. Grantee must ensure each state fiscal year, all direct care staff completes a minimum of 10 hours of training from any combination of the following:
  - a. Motivational interviewing techniques;
  - b. Cultural competencies;
  - c. Reproductive health education;
  - d. Risk and harm reduction strategies;
  - e. Trauma-informed care; or
  - f. Suicide prevention and intervention.
- 9. Grantee must ensure individuals responsible for planning, directing, or supervising treatment services are a Qualified Credentialed Counselor (QCC).
- 10. Grantee must ensure Substance Use Disorder counseling be provided by a QCC, or Chemical Dependency Counselor Intern. Substance use disorder education and life skills training shall be provided by counselors or individuals who have been trained in the education. All counselor interns shall work under the direct supervision of a QCC.
- 11. Grantee must ensure that no Licensed Chemical Dependency Counselor provides services outside the licensee's scope of practice of licensure or uses techniques that exceed the person's license authorization or professional competence.
- 12. Grantee must have a clinical program director known as a "Program Director" with at least two years of post-QCC licensure experience providing SUD treatment.
- 13. Grantee must develop a policy and procedure on how to train staff to ensure information is gathered from clients in a respectful, non-threatening, and culturally competent manner. Make policy and procedure available to HHSC upon request.
- 14. Grantee must ensure for Human Immunodeficiency Virus (HIV) Residential Grantees;
  - a. All counseling staff have one (1) year of experience working with persons living with HIV or the at-risk population.
  - b. Specific training for direct care staff, annually, in harm, risk reduction, and overdose training.
  - c. The Registered Nurse (RN), Licensed Vocational Nurse (LVN), or Physician's Assistant have at least two years' experience working with persons living with HIV. All shifts must be staffed with either a LVN or RN.
  - d. Food service staff include at least one (1) full time employee who has a certification in food service management and the ability to plan and accommodate diets recommended for individuals served by Grantee Contract.

## **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 RFA 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 substance use treatment services.
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 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.
6. Establish written policies and procedures outlining how the Grantee will adhere to the National CLAS Standards.
7. In accordance with applicable laws, develop policies and procedures regarding participant consent, including consent for travel. Grantee must document consent in accordance with Grantee policies and procedures using a form or process created by Grantee. Grantee must maintain all relevant consent documentation on file for review by HHSC upon request.
8. 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. TREATMENT SERVICES**

### *1. Provision and Documentation of Services*

- a. Grantee shall document in CMBHS as directed by HHSC in the CMBHS Online Help and as follows:
  - i. Ensure network capability and access to CMBHS for the Grantee's workforce.
  - ii. Ensure CMBHS is continuously available.
  - iii. Use CMBHS as the official system of record by either entering all data in CMBHS or entering required data as directed by HHSC.
  - iv. Document all specified required activities and services in CMBHS.
  - v. Documents that require client or staff signature shall be maintained according to TAC requirements and made available to HHSC for review upon request.
  - vi. Use CMBHS screening and assessment, and financial eligibility to inform the Grantee on eligibility and appropriate services.
- b. Grantee shall provide Interim Services to individuals enrolled in substance use treatment, including but not limited to:
  - i. Referral or access to HIV Risk Reduction counseling;
  - ii. Referral for HIV testing;
  - iii. Referral to prenatal care (if pregnant);
  - iv. Referral for Tuberculosis (TB) screening/treatment;
  - v. Referral to substance use education; and
  - vi. Referral to community support organizations (i.e., AA, Recovery Support).
- c. Grantee shall implement evidenced-based or promising practices education to include, but not limited to:
  - i. Overdose prevention and reversal;
  - ii. Tuberculosis;
  - iii. Human Immunodeficiency Virus (HIV);
  - iv. Hepatitis B and C;
  - v. Sexually Transmitted Infections (STIs); and
  - vi. Health risks of tobacco and nicotine product use
- d. Grantee shall provide:
  - i. At times and locations to meet the needs of the target population.

- ii. All services in a culturally, linguistically, non-threatening, respectful, and developmentally appropriate manner for clients, families, and/or significant others.
- iii. Case management services.
- iv. Trauma-informed services that address the multiple and complex issues related to violence, trauma, and substance use disorders.
- v. Access to adequate and appropriate medical and psychosocial tobacco cessation treatment as follows:
  - (1) Assess all clients for tobacco use and all clients seeking to reduce or quit.
  - (2) If the client indicates wanting assistance with reducing or quitting, the client must be referred to appropriate tobacco cessation treatment: <https://www.yesquit.org>.
- vi. Age-appropriate medical and psychological therapeutic services designed to treat an individual's SUD while promoting recovery.
- vii. Referral and referral follow-up in CMBHS to the appropriate community resources based on the individual needs of the client.
- viii. Or ensure access to a full continuum of treatment services with sufficient treatment intensity to achieve treatment plan goals.

## 2. *Screening, Eligibility and Referral*

- a. Grantee shall ensure that staff complete CMBHS training in order to document in CMBHS eligibility requirements to include:
  - i. Texas residency;
  - ii. Financial eligibility and;
  - iii. Clinical eligibility as directed by HHSC.
- b. Grantee shall have on file a person's proof of Texas residency. The client is not eligible for SUD treatment services until all required documents are in person's individual file.
  - i. To be eligible to receive HHSC-funded SUD treatment services, an individual is considered a Texas resident if the individual has:
    - 1. Proof of Texas residency (utility bill, driver license or state issued ID, or other documents reflecting a residence in Texas); or
    - 2. Military Status:
      - A. A member of the United States military serving in the army, navy, air force, marine corps, or coast guard) and has declared and reports Texas as the state of residence;
      - B. A spouse or dependent child of the military member declared and reports Texas as the state of residence; or
      - C. A spouse or dependent child of a former military member who declared and reported Texas as the member's state of residence.

- ii. If a person cannot provide documentation of residency, the individual may claim Texas residency by signing an attestation statement claiming to have residency in the state.
    - 1. The Grantee must develop an attestation document attesting adherence to the Texas residency requirements.
    - 2. The attestation form must be signed and dated by the client with the Grantee staff serving as witness.
- c. Grantee shall use the screening process to determine the person's needs. Grantee shall document and complete:
  - i. The preliminary diagnosis and recommendation for treatment in the SUD screening.
  - ii. Complete the CMBHS documented referral(s) to appropriate resources based on the CMBHS screening.
- d. Grantee shall complete the CMBHS Financial Eligibility form in CMBHS to determine if the person is eligible for state funding. Grantee shall complete Medicaid Eligibility Verification (MEV) located in the financial eligibility (FE) in CMBHS. The FE must be signed both by the client and Grantee staff completing the FE. The signed document must be marked complete and is filed in the client's record.
- e. Grantee shall ensure the following regarding Federal and State Priority Populations for Treatment Programs:
  - i. Establish screening procedures that identify individuals of Federal and State Priority Populations.
  - ii. Facilitate referral and admittance to another HHSC-Grant funded Grantee in accordance with:
    - a. Federal Priority Population Admission Timelines which include Pregnant women who inject drugs must be admitted within 48 hours, pregnant individuals must be admitted within 48 hours; and individuals who inject drugs must be admitted within 14 Calendar Days; and
    - b. State Priority Population Timelines include individuals identified as being at high risk for overdose must be admitted to requested services within 72 hours; individuals referred by DFPS must be admitted to requested services within 72 hours; and individuals experiencing housing instability or homelessness must be admitted to requested services within 72 hours.
  - iii. Accept individuals from every region in the state and from the OSAR program, when capacity is available, to accommodate Federal and State Priority Populations;
  - iv. Ensure if two individuals are of equal priority status, preference may be given to the individual residing in the Grantee's service region; and

- v. Include the Federal Priority Population Admission Timelines and State Priority Population Timelines in all brochures and post a notice in all applicable Grantee's facility lobbies.
- f. Grantee must not deny or delay admission of an individual based on the individual's use of medication that has been prescribed to them for treatment of substance use or psychiatric illness.
- g. Grantee shall not restrict admissions of individuals under the care of a licensed physician prescribing medications for treatment of an opioid use disorder.
- h. Grantee shall not have a blanket policy, written or otherwise, of denying admission on the basis of person's prescribed medication(s) or dosage(s) when those medications are being taken in accordance with the instructions of an appropriately licensed professional.
- i. Grantee will not require an individual to discontinue use or modify dosage of medications being taken by the individual for substance use or psychiatric illness when medications are being taken in accordance with the instructions of the person who prescribed the medication(s).
- j. Grantee shall ensure all revisions for an individual/client medication(s) or dosage(s), are performed after:
    - i. consultation with the individuals/clients current prescribing physician;
    - ii. in the best interests of the client; and
    - iii. consistent with current evidence-based practices.
  - k. Grantee shall ensure all medications for clients are in the prescription packing which lists:
    - i. the client's name;
    - ii. the prescribing licensed professional name;
    - iii. the name of the medication;
    - iv. dosage; and
    - v. prescribing instruction.
  - l. With regards to medication, Grantee shall adhere to best practices consistent with nationally recognized professional organizations such as:
    - i. Substance Abuse and Mental Health Services Administration's Federal Guidelines for Opioid Treatment Programs <https://www.samhsa.gov/resource/ebp/federal-guidelines-opioid-treatment-programs>;
    - ii. American Society of Addiction Medicine's Clinical Guidelines <https://www.asam.org/quality-care/clinical-guidelines>; and
    - iii. American Academy of Addiction Psychology <https://www.aaap.org/>.
  - m. Grantee shall accept referrals from OSAR or other HHSC-funded SUD treatment

providers.

### 3. *Waitlist*

- a. Grantee shall develop a mechanism for maintaining contact with individuals awaiting admission .
- b. Grantee must notify HHSC by emailing [Substance\\_Use\\_Disorder@hhs.texas.gov](mailto:Substance_Use_Disorder@hhs.texas.gov) in the following circumstances when placement or capacity is not available:
  - i. If placement cannot be made in accordance with the Priority Population Admission Timelines.
  - ii. Within 24 hours when a pregnant woman in the priority population is requesting services if capacity is not available through referral to another Grantee or OSAR.
  - iii. If an individual who injects drugs cannot be admitted to a treatment program no later than:
    - a. 14 Calendar Days after making the request for admission to a treatment program; or
    - b. 120 Calendar Days after the date of request if no facility has the capacity to admit the individual within 14 Calendar Days of the request and if Interim Services, including referral for prenatal care for pregnant individuals, are made available no later than 48 hours after the initial request for services.
- c. Grantee shall develop and implement a written waitlist policy and procedures to include arrangements for appropriate services in another treatment facility or provide access to Interim Services as indicated within 48 hours when efforts to refer to other appropriate services are exhausted.
- d. Grantee must place eligible individuals who cannot be admitted within seven (7) Calendar Days of requesting services are on the CMBHS waitlist.
- e. For persons who cannot be placed in SUD treatment services within 14 Calendar Days, HHSC must ensure that the program provides individuals with interim services.
- f. Grantee must create a waitlist entry in CMBHS describing the service type for which a person is waiting and the priority population designation.
- g. Grantee must complete all waitlist entry fields in CMBHS.
- h. Grantee must document weekly contact in an administrative note for each person on the CMBHS waitlist.
- i. Grantee shall directly provide Interim Services to individuals on the waitlist and perform the following:
  - i. At a minimum, maintain weekly contact with individuals enrolled in interim services while awaiting admission to treatment;

- ii. Document all Interim Services in CMBHS in administrative note type: waitlist;
  - iii. Provide education to reduce the adverse health effects of substance use, promote the health of the individual, and reduce the risk of transmission of communicable diseases;
  - iv. Document referrals or access to HIV Risk Reduction counseling;
  - v. Document referrals in CMBHS for HIV and/or TB services, as appropriate;
  - vi. Document referrals for TB screening/treatment;
  - vii. For pregnant individuals, provide counseling and education on the effects of substance use (including alcohol, tobacco, and other substances) on the fetus as well as documenting referrals in CMBHS for prenatal care within 48 hours of placement on the waitlist (if the client is not already engaged in prenatal care); and
  - viii. Document referrals to community support organizations (i.e., AA, Recovery Support).
- j. Grantee shall maintain communication with individuals on the waitlist who are residing in a secured environment directly or through an appointed representative.
  - k. Grantee shall document why and when individuals are removed from the CMBHS waitlist, by using the applicable CMBHS drop waitlist removal reason which includes admission to treatment.
  - l. If a scheduled admission date must be changed, Grantee must, within 48 hours of the original admission date, inform and coordinate a revised admission date with the affected person on the waitlist. If applicable, Grantee shall include the person's representative, and other applicable entities/persons to ensure admission is accomplished.

#### *4. Daily Capacity Report*

- a. Grantee shall complete a Daily Capacity report, Monday through Friday, in CMBHS, by close of business each business day. Saturday and Sunday daily capacity reports, and daily capacity reports falling on state and federal holidays, must be submitted the next business day for the following services:
  - i. Residential withdrawal management;
  - ii. Intensive residential; and
  - iii. Supportive residential treatment services.
- b. Grantee shall report the daily program enrollment in the Daily Capacity report, Monday through Friday, through CMBHS, by close of business each business day for the following services:
  - i. Ambulatory withdrawal management; and
  - ii. Outpatient treatment.



5. *Informed Consent Documentation for Opioid Use Disorder*

Grantees must educate and inform clients regarding the evidence-based treatment for opioid use disorders. This includes discussing the risks and benefits of all treatment options, including declining MOUD.

6. *CMBHS Assessment*

- a. Grantees shall use the CMHBS Substance Use (SU) Assessment as a guide for directing clients to the appropriate level of care and service type.
- b. Grantee shall adhere to TAC rules §564 subchapter H, 564.801-805 or the most current TAC as applicable to Assessment and HHSC guidance. The CMBHS Assessment must identify the impact of substances on the physical, mental health, and other identified issues.
- c. If the CMBHS Assessment indicates risk for communicable diseases, Grantee shall refer the client to the appropriate community resources for further testing and counseling.
- d. If the client is at risk for HIV, Grantee shall refer the client to pre and post-test counseling on HIV.
- e. If the client is determined to be HIV positive, Grantee must refer the client to the appropriate community resources to complete the necessary referrals and health related paperwork.
- f. Grantee shall follow the CMBHS recommended level of service for the client. The exceptions for not following the CMBHS guided level of treatment are:
  - i. Counselor enters justification in the recommendation comment section of CMBHS if the individual is requesting a different level of service which does not align with ASAM recommendations.
  - ii. Person is seeking withdrawal management (detoxification services) so grantee may use the CMBHS Detoxification Assessment instead of the initial assessment. Detoxification services require a Medical Director or Designee (physician assistant, or nurse practitioner) to authorize all admissions and to conduct a face-to-face examination (history and physical examination) in accordance with 26 TAC Chapter 564.902 (e) (1-6). The physical examination must be entered in CMBHS using the Progress Note and the completed physical examination document uploaded to the Progress Note.
- g. Grantee shall ensure the CMBHS SU Assessment is signed by a QCC and filed in the CMBHS client record within (three) 3 Service Days of admission.

7. *Treatment Plan*

- a. Grantee shall complete a CMBHS Treatment Plan where the treatment team documents the client problems identified at admission, and the interventions that a client will receive during a Treatment Episode.
- b. Grantee shall develop the CMBHS Treatment Plan in collaboration with the client and sometimes family members and/or significant others. The Treatment Plan addresses the client's problems and needs identified in the Assessment. It includes problems, goals, strategies to be implemented by service providers, and objectives to be achieved by the client.
- c. Grantee shall adhere to TAC rules applicable to treatment planning requirements as required by CMBHS: Grantee shall "close complete" the CMBHS assessment and treatment plan as required by TAC and as required by Grantee's initial CMBHS training and CMBHS help.
- d. If the timeframe for CMBHS assessment and treatment plan is not met and closed complete status is not performed as directed by HHSC, payment for services is at the discretion of HHSC.
- d. Grantee shall ensure the treatment plan must be signed by a QCC and filed in the CMBHS client record within (five) 5 Service Days of admission.
- e. Grantee shall document referral and referral follow-up in CMBHS to the appropriate community resources based on the individual need of the client.

8. *Withdrawal Management (TRA and TRF)*

- a. Withdrawal Management Services (formerly known as "detoxification" or "detox" services) are medical services that help people withdraw from substances in a medically safe and effective manner. Withdrawal management often includes the use of medication to treat withdrawal symptoms. There are two types of substance use withdrawal management services:
  - i. Ambulatory withdrawal management, where you travel to a licensed site daily to get treatment; and
  - ii. Residential withdrawal management services, where you stay at a licensed site that has 24-hour monitoring.
- b. Grantee shall adhere to TAC 564 or the most recent TAC rules applicable to withdrawal management services.
- c. Grantee shall develop and implement written policies to ensure placement into the appropriate level of withdrawal management services.
- d. When Grantee cannot admit a client, when the medical examination indicates potential physical and mental health problems and/or diagnosis that warrants further assessment (TAC Chapter 564, Subchapter I or the most current TAC):

- i. Grantee shall ensure that an emergency medical care provider is notified.
  - ii. Grantee shall coordinate with an alternate provider for immediate admission.
  - iii. Grantee shall notify Substance Use Disorder Unit ([Substance\\_Use\\_Disorder@hhs.texas.gov](mailto:Substance_Use_Disorder@hhs.texas.gov)) which will provide assistance with immediate admission to other appropriate services and proper coordination when appropriate.
- e. Grantee shall ensure the Medical Director or Designee (physician assistant, nurse practitioner) authorizes all admissions, conducts a face-to-face examination, to include both a history and physical examination of each applicant for services to establish the Axis I diagnosis, assesses level of intoxication or withdrawal potential, and determines the need for treatment and the type of treatment to be provided to reach a placement decision (TAC 564, Subchapter I, (e) 1-6). The authorization and examination must be documented in the client's CMBHS record and contain sufficient documentation to support the diagnosis and placement.
- f. Grantee shall ensure ambulatory detoxification is not a stand-alone service. Grantees shall ensure the client is simultaneously admitted to an outpatient substance use disorder treatment service while admitted to ambulatory detoxification services.
- g. Grantee shall document in CMBHS a Withdrawal Management/Detoxification Intake Form.
- h. Grantee shall document in CMBHS a discharge plan prior to discharge or transfer.
- i. Grantee shall document in CMBHS a discharge follow-up no more than ten (10) Calendar Days after discharge from withdrawal management services.

9. *Residential Services (TRA, TRF, and TRY)*

- a. Grantee must ensure that all Residential Treatment services for Substance Use Disorders are provided in the following manner:
  - i. In licensed facilities for an abbreviated period.
  - ii. Including counseling, case management, education, and recovery skills training.
  - iii. Based on the need of the client, provide two types of residential treatment services:
    - a) Intensive residential treatment
    - b) Supportive residential treatment
  - iv. According to TAC §564 or the most recent TAC rules applicable to residential services including regarding residential treatment hour requirements for intensive or supportive residential treatment.
  - v. Holding an empty residential treatment bed and billing for a client who is on a planned, approved absence for up to two (2) consecutive Calendar

Days as long as justification for departure and return is documented in the client's treatment plan. After two (2) consecutive Calendar Days HHSC approval is required for continued billing to HHSC-funded SUD treatment services. Acceptable reasons for absences include:

- a) Planned, approved absences include delivery of a child by a pregnant female;
  - b) court appearance; and
  - c) other emergencies.
- b. Grantee shall manage residential treatment services for TRF Women and Children such that:
- i. Grantee may move a TRF pregnant client, if she chooses and is appropriate for this service type, to Women and Children Intensive and Supportive Residential services no later than the third trimester of pregnancy to provide sufficient time to adjust to the changes prior to delivery of her child.
  - ii. Grantee must abide by 45 CFR §96.124, requiring all programs providing services to TRF clients to treat the family as a unit and admit both women and the women's children into treatment services, if appropriate.
  - iii. Grantee must treat TRF women, children, and family as a unit and admit them together into treatment services, if appropriate. Women and Children's treatment facilities must only admit clients that meet at least one (1) of the following criteria:
    - a) Be in the third trimester of her pregnancy; and/or
    - b) Have at least one (1) child physically residing overnight with her in the facility; and/or
    - c) Have a referral by DFPS.
  - iv. Grantee can bill HHSC for the Women and Children's Intensive Residential if one of the following requirements are met for each service day:
    - a) Client is in the third trimester of pregnancy or later;
    - b) Client leaves treatment services to be in the hospital for child delivery and the client returns from the hospital, with the child, to treatment services, within 48 hours, after the delivery unless prior authorization from HHSC is received in writing;
    - c) Client has at least one child physically residing overnight with the client in the facility. Grantee may bill for this service type when the child is on a planned, approved absence for up to two consecutive days. The frequency of approved absences must not exceed four Calendar Days in a 30-day period; or

- d) The client was referred by DFPS and DFPS will not allow a child to reside overnight at the facility. Grantee must obtain written documentation from DFPS that within the first 30 Calendar Days of the Treatment Episode, DFPS will allow a child to reside overnight with the client at the facility. During the first 30 Calendar Days of the treatment the child may be allowed to present at the facility. After 30 Calendar Days, if DFPS has not allowed the child to reside overnight at the facility with the client, Grantee must cease billing for Women and Children's Intensive Residential Treatment services and move the client to Residential – Adult Treatment.
    - e) If the client does not meet one of the admission requirements of this section, the client must be placed into Specialized Female or Adult services until one of the requirements of this section is met.
  - v. As part of the education hours for Specialized Female, Women and Children intensive residential services, Grantee must provide and document in CMBHS:
    - a) A minimum of two (2) hours once a week of evidenced based parenting education.
    - b) A minimum of six (6) hours of reproductive health education within 30 Calendar Day of the admission, and
    - c) A minimum of two (2) hours of evidenced-based education on the effect of Alcohol, Tobacco, and Other Drugs during pregnancy.
    - d) As part of the education hours for Specialized Female, Women and Children supportive residential services, Grantee must provide and document in CMBHS:
      - (1) A minimum of one (1) hour once a week of evidence-based parenting education; and
      - (2) A minimum of three (3) sessions that are two (2) hours in lengths on reproductive health education within 30 Calendar/Service Days of admission, and
      - (3) A minimum of one (1) hour of evidenced-based education on the effect of Alcohol, Tobacco, and Other Drugs during pregnancy.
- c. Grantee shall ensure, for purposes of holding the residential bed and billing, the client may leave treatment services to be in the hospital for child delivery and the client returns from the hospital, with the child, to treatment services, within 48 hours, after the delivery unless prior authorization from HHSC is received in writing.
- d. The HIV Statewide Intensive Residential Services (Adult Only) shall adhere to the following requirements:
  - i. Grantee shall implement the Department of State Health Services (DSHS) HIV-Sexually Transmitted Disease (STD) policy: <https://www.dshs.texas.gov/hivstd/pops>.

- ii. Grantee shall educate employees and clients concerning HIV and its related conditions, including AIDS, in accordance with the Texas Health and Safety Code, Sections 85.112–85.114.
- iii. Grantee must provide and document medical monitoring and treatment of HIV and ensure the provision of expedited timely co-occurring needs and treatment for related conditions, addressing issues associated with antiviral drug resistance and adherence, symptoms associated with drug-induced side effects and prescribed prophylaxis for opportunistic infection(s).
- iv. Grantee must provide individual counseling and groups (including educational groups and other structured activities) must be documented in CMBHS.
- v. Grantee should facilitate and include goals for the client to achieve, involve discussion and active learning situations. Required topics include but are not limited to the following:
  - a) HIV disease management including medical adherence;
  - b) Nutrition;
  - c) Risk reduction, including the opportunity to address risk reduction in lifestyle specific settings;
  - d) Mental Health;
  - e) Relapse prevention;
  - f) 12-step support; and
  - g) Life Skills.
- vi. Grantee shall provide directly or through referral, brief family intervention, support and educational groups, and associated family therapy designed to build support and resources for clients in treatment.
- vii. Grantee shall facilitate two (2) hours per month of HIV and Hepatitis C co-infection group counseling.
- viii. Grantee must adhere to DSHS HIV/STD Model Workplace Guidelines at: <https://www.dshs.texas.gov/hivstd/model-workplace-guidelines>.
- ix. Grantee must provide client meals in accordance with recommended nutritional guidelines, specifically adjusted for persons living with HIV in accordance with 26 TAC §564.1102 or the most current TAC.
- x. Grantee shall maintain a clean client living environment in accordance with the Standard Precautions for All Patient Care prescribed by the Centers for Disease Control and Prevention including linen care, hand-washing habits, food areas, flooring, and air conditioning available at: <https://www.cdc.gov/infection-control/hcp/basics/standard-precautions.html>.
- xi. Grantee shall ensure access to recreational facilities and scheduled daily exercise / activity for all clients capable of participation.
- xii. Grantee shall conduct discharge planning and emphasize referrals to community resources for continued medical care and other support services.

- xiii. Grantee shall document referral and referral follow-up prior to discharge to HIV medical care and community resources for ongoing support.
  - xiv. Grantee shall ensure the Medical Director or Designee (physician assistant, nurse practitioner) authorizes all admissions, conducts a face-to-face examination, to include both a history and physical examination of each applicant for services to establish the Axis I diagnosis, assesses level of intoxication or withdrawal potential, and determines the need for treatment and the type of treatment to be provided to reach a placement decision (TAC 564, Subchapter I). The authorization and examination must be documented in the client's CMBHS record and contain sufficient documentation to support the diagnosis and placement.
- e. Youth Residential services shall adhere to the following requirements:
- i. Grantee shall facilitate communication between an adolescent client and the client's family. Grantee shall not restrict any communications without clinical justification documented in the client record.
  - ii. Grantee shall develop and implement written policy and procedures addressing notification of parents or guardians in the event an adolescent leaves a residential program without authorization.
  - iii. For pregnant and parenting youth enrolled in residential services, Grantee shall address the needs of the parent in the treatment plan either directly or through referral, including but not limited to the following:
    - a) Gender specific parenting education;
    - b) Reproductive health education and pregnancy planning;
    - c) DFPS coordination (based on case);
    - d) Family violence and safety;
    - e) Fetal and child development;
    - f) Current infant and child safety guidance;
    - g) Financial resources need; and
    - h) Any other need of the client's child(ren).

#### *10. Outpatient Services (TRA, TRF, TRY)*

- a. Grantee must ensure that all Outpatient Treatment Services for Substance Use Disorders are provided in the following manner:
  - i. In a community-based setting at a licensed treatment center. Treatment includes counseling, case management, education, and recovery skills training.
  - ii. In accordance with TAC §564.904 applicable rules or the most current TAC related to outpatient services.
  - iii. Provide and document in CMBHS, at minimum, one (1) hour of group or individual counseling services for every six (6) hours of educational

activities or adhere to current TAC 564 rules that require a set amount of hours to be delivered for Intensive Outpatient and or Supportive Outpatient.

- iv. Provide or refer clients with opioid use disorders and those who may be using drugs intravenously, to education about specific overdose prevention strategies prior to discharge. Grantees shall document all overdose prevention and reversal education in CMBHS.
- b. For specialized female (TRF), as part of the required hours of education, for clients who have transferred to outpatient after completing a residential level of care, Grantee must provide and document, at least, monthly:
  - i. A minimum of one (1) hour of evidenced based parenting education
  - ii. A minimum of two (2) hours of reproductive health parenting
  - iii. A minimum of two (2)-hours of evidenced-based education on the effect of alcohol, tobacco, and other drugs during pregnancy.
- c. For Youth Outpatient Services. Grantee shall adhere to the following requirements:
  - i. Client has the right to define “families” broadly to include biological relatives, significant others, and include them in the SUD treatment process, Family counseling, Family Group, etc., of the Family Support Network group of components of the curriculum.
  - ii. The client and family must be referred to appropriate community support services depending on their individual needs and such referrals must be documented in CMBHS.
  - iii. Youth Outpatient treatment services must implement an evidence-based curriculum. Grantees may choose one of the following evidence-based models:
    - a) Cannabis Youth Treatment series with the prescribed services as follows:
      - (1) Outpatient Individual – one on one counseling with client;
      - (2) Outpatient – Youth Counseling – group counseling;
      - (3) Outpatient – Youth Education – education on drug use;
      - (4) Adolescent Support – to include activities such as: engagement, monitoring progress, making referrals, coordination with drug courts and schools, transportation, and phone contacts;
      - (5) Family Support –activities such as home or office visits and curriculum-based family education;
      - (6) Family Counseling – parent education, family group counseling, and curriculum-based group counseling with only the clients and no family members; and
      - (7) Psychiatrist Consultation – if needed.



- b) Seeking Safety Treatment Series with the prescribed services as follows:
      - (1) Outpatient Individual – one on one counseling with client;
      - (2) Family Counseling - when appropriate and possible, two hours each month;
      - (3) Outpatient – Youth Counseling – group counseling;
      - (4) Outpatient – Youth Education – education on drug use;
      - (5) Adolescent Support – to include activities such as engagement; monitoring progress; making referrals; and coordination with drug courts, schools, transportation, and phone contacts; and
      - (6) Family Support - activities such as home or office visits, referrals, and phone contacts.
    - c) Seven Challenge curriculum:
      - (1) Decision Making and Making changes;
      - (2) Addressing Co-occurring psychiatric disorders;
      - (3) Counseling;
      - (4) Addressing needs of the youth and support system;
      - (5) Service arrays; and
      - (6) Counseling Modalities.
  - iv. Grantees may choose to use other models, practices, or curricula that are evidenced-based or informed other than those listed above, with prior written approval from HHSC. The request for approval must be sent in writing to [SUD.Contracts@hhs.texas.gov](mailto:SUD.Contracts@hhs.texas.gov), [Substance\\_Use\\_Disorder@hhs.texas.gov](mailto:Substance_Use_Disorder@hhs.texas.gov) and the Youth Treatment Subject Matter Expert (SME) and include sufficient information and justification for requested use.
  - v. Grantees with Youth Outpatient may use the following Youth Outpatient Wraparound Services (Youth Medicaid):
    - a) Youth Adolescent Support (case management) includes activities such as engaging and linking the youth/family to needed services, including, but not limited to community support groups, appearances at drug courts, truancy courts and schools, phone contacts, appointment reminders, appointment follow-ups, and help with transportation, monitoring progress, making referrals, coordination with drug courts and schools, transportation, phone contacts.
    - b) Youth Family Support (in-home or office) includes activities such as home or office visits, and curriculum-based family education.
    - c) Youth Family Counseling includes family counseling, family group counseling, and curriculum-based group counseling.
  - vi. Grantee may submit a claim in CMBHS for youth outpatient wrap around/supplemental services for clients receiving Medicaid-funded

outpatient SUD treatment services per Treatment Episode at a maximum of:

- a) Three (3) hours of Youth Adolescent Support sessions per week;
  - b) Three (3) to four (4) hours of Family Support sessions; and
  - c) Six (6) Parent Education sessions from one of the chosen evidence-based models and curriculums implemented with fidelity as described in the items below:
    - (1) Cannabis Youth Treatment Services;
    - (2) Seeking Safety Treatment Series; or
    - (3) The Seven Challenges.
- vii. Grantee shall use the following outpatient wraparound components of one of the chosen evidence-based models and curriculums implemented with fidelity:
- a) Adolescent Support sessions (case management);
  - b) Family Support (in-home or office);
  - c) Parent Education sessions; and
  - d) Family Support Network.
- viii. After the client is admitted for treatment and with the client's consent, Grantee must contact and engage the client's family in the treatment process, assist the family in overcoming barriers to active participation, and identify appropriate services and treatment needs. Grantee must monitor the client's and family's progress, monitor attendance and encourage the client to remain engaged in treatment, and make appropriate referrals. All family involvement must be documented.
- ix. Grantee must document adolescent support services, which include activities that engage and link the family to needed services, including, but not limited to community support groups, appearances at drug courts, truancy courts and schools, phone contacts, appointment reminders, appointment follow-ups, and help with transportation (Adolescent Support Services).
- x. Grantee must visit the client's family for the purpose of family substance abuse counseling. Through office or in-home and/or virtual visits, and with client's consent, Grantee must assess the family environment, provide individualized treatment to the client, develop a family commitment to recovery, encourage a three-way therapeutic alliance (between the family, client, and Grantee) and translate the lessons the parents and clients are learning into specific changes in the family functioning. If Grantee is unable to conduct an in-home visit, Grantee must document the reason the home was not an appropriate location in which to meet with the client and the client's family.
- xi. Grantee must document all in-home and/or virtual visits and office visits, which includes updating the client and family treatment plan.

- xii. Grantee must maintain on file a signed and dated document that lists those in attendance during the family in-home and/or virtual visit or office visit. All evaluations or consultations must be documented in CMBHS.

## *11. Discharge*

- a. Discharge is the formal release of an individual by a Grantees; the termination of a period of services or Treatment Episode in CMBHS.
- b. Grantee shall comply with applicable 564 or most recent TAC rules regarding discharge.
- c. Grantee shall develop and implement an individualized discharge plan with the client to assist in sustaining recovery.
- d. Grantee shall document in CMBHS the client-specific information that supports the reason for discharge listed on the discharge report. A QCC shall sign the discharge summary. Appropriate referrals shall be made and documented in the client record. A client's treatment is considered successfully completed if the following criteria are met:
  - i. Client has completed the clinically recommended number of treatment units (either initially projected or modified with clinical justification) as indicated in CMBHS.
  - ii. All problems on the treatment plan have been addressed and are in "Closed Complete" status in CMBHS.
- e. Grantee must utilize the treatment plan component of CMBHS to create a final and completed treatment plan version.
- f. Grantee shall address all problem statuses in the treatment plan as follows:
  - i. Problems designated as "treat" or "case manage" status shall have all objectives resolved prior to discharge.
  - ii. Problems that are in "referred" status shall have associated documented referrals in CMBHS.
  - iii. Problems with "deferred" status shall be re-assessed. Upon successful discharge, all deferred problems shall be resolved, either through referral, withdrawal, treatment, or case management with clinical justification reflected in CMBHS, through the Progress Note and Treatment Plan Components.
  - iv. Problems with "Withdrawn" status shall have clinical justification reflected in CMBHS, through the Progress Note and Treatment Plan Review Components.
- g. Grantee shall document in CMBHS discharge follow-up from withdrawal management no more than ten (10) Calendar Days after service end or discharge.

- h. Grantee shall document in CMBHS discharge follow up from intensive residential, supportive residential and outpatient as stated in TAC§564.805<sup>10</sup>.
  - i. Specific training for direct care staff is required annually in harm, risk reduction, and overdose training.
  - ii. The Registered Nurse (RN), Licensed Vocational Nurse (LVN), or Physician's Assistant must have at least two years' experience working with persons living with HIV. All shifts must be staffed with either a LVN or RN.
  - iii. Food service staff must include at least one (1) full time employee who has a certification in food service management and the ability to plan and accommodate diets recommended for individuals served under the Grantee Contract.

## **VII. DELIVERABLE AND REPORTING REQUIREMENTS**

1. Grantee must 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.
2. Grantee shall submit all claims, invoices and reports through the CMBHS system in accordance with the Contract, unless otherwise noted.
3. Grantee shall submit a CMBHS Security Attestation Form electronically on or before September 15th and March 15th each state fiscal year.
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 will 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 submit additional deliverables when requested by HHSC 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 must submit a quarterly Fee-For-Service Financial Status and Match Report and a General Ledger.
10. Grantee must submit the following reports by the noted due dates and methods:

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[https://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p\\_dir=&p\\_rloc=&p\\_tloc=&p\\_ploc=&pg=1&p\\_tac=&ti=26&pt=1&ch=564&rl=805](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=26&pt=1&ch=564&rl=805)

<b>Deliverable</b>	<b>Due Date</b>	<b>Submission Method</b>
Security Attestation Form and List of Authorized Users	<u>Each FY</u> September 15 <sup>th</sup> March 15 <sup>th</sup>	CMBHS
HHSC Staffing Form	<u>Each FY</u> September 15 <sup>th</sup>	CMBHS
Implementation Plans	<u>FY26 Initial</u> Will be included in contract negotiations  <u>FY27- FY30 Annual</u> June 15 <sup>th</sup>	CMBHS
Quarterly Activity Reports	<u>Each FY &amp; Program</u> Q1: December 15 <sup>th</sup> Q2: March 15 <sup>th</sup> Q3: June 15 <sup>th</sup> Q4: September 15 <sup>th</sup>	CMBHS
Annual Client Satisfaction Survey Summary	<u>End of Each FY</u> September 15 <sup>th</sup>	CMBHS
Quality Management Activities Report	<u>End of Each FY</u> September 15 <sup>th</sup>	CMBHS
Performance Measures	The 15 <sup>th</sup> day of the month following the month being reported	CMBHS
Fee-For-Service (FFS) Financial Status and Match Report	<u>Each FY &amp; Program</u> Q1: December 15 <sup>th</sup> Q2: March 15 <sup>th</sup> Q3: June 15 <sup>th</sup> Q4: September 15 <sup>th</sup>	CMBHS
General Ledger	<u>Each FY &amp; Program</u> Q1: December 15 <sup>th</sup> Q2: March 15 <sup>th</sup> Q3: June 15 <sup>th</sup> Q4: September 15 <sup>th</sup>	CMBHS
FY Close-out	<u>Each FY &amp; Program</u> October 15 <sup>th</sup>	CMBHS

## **VIII. PERFORMANCE MEASURE DEFINITIONS AND GUIDANCE**

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