ATTACHMENT A01
PERFORMANCE CONTRACT NOTEBOOK (MH/PCN), VERSION 1

CONTRACT NO.
GRANTEE:

This Statement of Work outlines Grantee's responsibilities for providing publicly funded mental health services within Grantee's Local Service Area (LSA), which includes the following Texas Counties: .

Upon request, HHSC Designees and/or Grantee Designees will be provided and identified through the Party's designated Contract Manager by written notification.

SECTION I. GRANTEE RESPONSIBILITIES

A. Authority and Administrative Services

1. Local Planning:

Grantee is the designated Local Mental Health Authority (LMHA) or Local Behavioral Health Authority (LBHA) for the LSA defined above. As the LMHA/LBHA, Grantee is required to:

a) Do as follows in accordance with Instructions for Local Planning, Information Item I, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts:[1]

(1) Maintain, update, and implement a Consolidated Local Service Plan (CLSP);

(2) Involve community stakeholders in developing the CLSP, monitoring its implementation, and updating as needed. At minimum, Grantee must invite the stakeholder groups; and

(3) Maintain, update, and implement a Local Provider Network Development Plan (LPND Plan);

b) Comply with 26 Texas Administrative Code (TAC) Chapter 301, Subchapter F *et seq.* (Provider Network Development), and applicable HHSC directives, communicated by written notification from the designated Contract Manager, related to the development and implementation of the LPND Plan, as specified and set forth within this Statement of Work;

c) Submit the CLSP and the LPND Plan to HHSC according to the Submission Calendar in Information Item S, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts;

d) Maintain a current version of the CLSP and the LPND Plan on Grantee's website, with revision dates noted as appropriate for each plan revision;

[1] The information accessible at this URL, and all others cited in this Attachment, are hereby incorporated by reference.

e) Post annually on Grantee's website a list of persons with whom Grantee had a contract or agreement related to the provision of mental health services. The list shall include the number of peer support and Family Partner contracts and agreements, but not the names of the peer support or Family Partner providers without their written consent. Family Partner is properly defined in 26 TAC §301.303(23). The list shall include all contracts or agreements in effect during all or part of the previous state fiscal year;

f) Maintain a toll-free phone number for routine services and for crisis services posted on the Grantee's website and on any other advertising documents used;

g) Answer the phone during regular business hours. There should be a voicemail, answering service, or other system utilized for after-hour inquiries. Grantee must notify the HHSC Contract Manager if Grantee experiences technical issues or a service disruption that exceeds 48 hours and impacts Grantee's responsiveness to routine service requests, which may include disaster events;

h) Not deny access to services at any level solely based on age, race, religion, gender, sexual orientation, substance use or abuse, or disability, including chronic illness and medical conditions, including pregnancy or Human Immunodeficiency Virus (HIV);

i) Appoint, charge, and support, through its local board, one or more Planning and Network Advisory Committees (PNACs) necessary to perform the committee's advisory functions, as follows:

(1) PNAC shall be composed of at least nine members, 50 percent of whom shall be clients or family members of clients, including family members of children or another composition approved by HHSC; and include at least one person with lived experience with homelessness or housing instability;

(2) PNAC members shall be objective and avoid even the appearance of conflicts of interest in performing the responsibilities of the committee;

(3) Grantee shall establish outcomes and reporting requirements for each PNAC;

(4) Grantee shall ensure that all PNAC members receive initial and ongoing training and information necessary to achieve expected outcomes. Grantee shall ensure that PNAC receives training and information related to 26 Texas Administrative Code (TAC) Chapter 301, Subchapter F (Provider Network Development), and that PNAC is actively involved in the development of the Consolidated Local Service Plan and the LPND Plan;

(5) Grantee shall ensure that PNAC has access to all information regarding total funds available through this Statement of Work for services in each program area, as well as all required performance targets and outcomes;

(6) Grantee shall ensure that PNAC receives a written copy of the final annual budget and biennial plan for each program area as approved by Grantee's Board of Trustees, and a written explanation of any variance from PNAC's recommendations;

(7) Grantee shall ensure that PNAC has access to and reports to Grantee's Board of Trustees, at least quarterly, on issues related to: (a) the needs and priorities of the LSA; (b) implementation of plans and contracts; and (c) PNAC's actions that respond to special assignments given to PNAC by the local board;

(8) Grantee may develop alliances with other LMHAs/LBHAs to form regional PNACs; and

(9) Grantee may develop a combined Mental Health and Intellectual and Developmental Disability (IDD) PNAC. If Grantee develops such a PNAC, the 50 percent client and family member representation shall consist of equal numbers of mental health and IDD clients and family members. Expanded membership may be necessary to ensure equal representation.

2. Policy Development and Management:

Grantee shall develop, implement, and update policies and procedures to address the needs of the LSA in accordance with state and federal laws and the requirements of this Statement of Work. Policies shall include consideration of public input, best value, and client-care issues.

3. Coordination of Service System with Community and HHSC:

Grantee shall:

a) Adhere to HHSC directives related to Client Benefits Plan as described in Information Item H, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts;

b) Ensure coordination of services within the LSA. Such coordination shall ensure collaboration with other agencies, including local hospitals, nursing facilities, other health and human service agencies, criminal justices entities, nonprofit and for-profit housing providers, Substance Abuse Community Coalition Programs, Prevention Resource Centers, Outreach Screening Assessment and Referral organizations, other child-serving agencies (*e.g.*, Texas Education Agency (TEA), Department of Family and Protective Services (DFPS), Texas Juvenile Justice Department (TJJD), family advocacy organizations, local businesses, and community organizations). Evidence of the coordination of services shall be maintained. Evidence may include memorandums of agreement, memorandums of understanding, sign-in sheets from community strategic planning activities, or sign-in sheets from community-based focus group meetings;

c) In accordance with applicable rules under 26 TAC Chapters 301 and 306, ensure that services are coordinated:

(1) Among network providers; and

(2) Between network providers and other persons or entities necessary to establish and maintain continuity of services;

d) Designate a physician to act as the Medical Director and participate in medical leadership activities. Grantee shall submit the Medical Director's contact information

as part of Form S, Contact List, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts;

e) Dedicate at least one full-time staff member that is a QMHP-CS or LPHA to act as the Continuity of Care Liaison to support continuity-of-care activities. The Continuity of Care Liaison must not have assigned duties outside of activities supporting continuity of care and related functions. The Continuity of Care Liaison must support adults and children discharged from a hospital, including adults on forensic commitments or discharged to the Home and Community Based Services - Adult Mental Health program. The Continuity of Care Liaison must coordinate continuity of care activities related to the application packet for Waco Center for Youth and provide continuity of care upon admission and discharge;

f) Include Continuity of Care Liaison's contact information as part of Form S, Contact List, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts;

g) Ensure that there is an alternate staff member to act as the Continuity of Care Liaison in the absence of the individual identified on Form S, Contact List, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts;

h) Ensure that client has an appointment scheduled with a physician or designee authorized by law to prescribe needed medications, so long as the Continuing Care Plan, as defined in 26 TAC Chapter 306, Subchapter D, Mental Health Services – Admission, Continuity, and Discharge, indicates that the LMHA/LBHA is responsible for providing or paying for psychotropic medications;

i) Provide discharge planning in accordance with 26 TAC Chapter 306, Subchapter D, Mental Health Services – Admission, Continuity, and Discharge, as it exists at the time of Contract execution or as modified during the Contract term. This includes, but is not limited to, the following:

(1) At the time of an individual's admission to a State Mental Health Facility, or a facility with an HHSC-funded bed, the designated LMHA/LBHA, and the State Mental Health Facility (SMHF), or facility with an HHSC-funded bed, must begin discharge planning for the individual. The LMHA/LBHA is responsible for ensuring that the child/adult has access to all community resources and incorporate in discharge planning. If the child has an IQ below 75 or receives a diagnosis of Intellectual Developmental Disability, the center shall refer the individual to the Local Intellectual and Developmental Disability Authority. If the individual has a diagnosis of autism, the LMHA/LBHA shall identify community resources related to Autism services;

(2) The individual, or, if applicable, the individual's LAR must be involved in discharge planning;

(3) The dedicated LMHA/LBHA Continuity of Care Liaison, or another designated staff member, must collaborate with the SMHF, or a facility with an HHSC-funded bed, to ensure the development and completion of the discharge plan before the individual's discharge;

(4) A staff member, preferably a physician, pharmacist, advanced practice registered nurse, or physician assistant, must be made available for consultation with an SMHF regarding use of atypical long-acting injectable antipsychotic medication upon discharge. Additionally, Grantee must respond to an SMHF's request for consultation within 48 hours whenever possible to do so. In the event a consultation within 48 hours is not possible due to circumstances outside of Grantee's control, it is the Grantee's responsibility to respond to an SMHF as soon as possible and failure to communicate with state hospital prior to anticipated discharge date indicates there was no objection from the Grantee for starting the atypical long-acting injectable antipsychotic while in an; and

(5) All activities associated with discharge planning for an individual in any HHSC-funded psychiatric bed shall be documented by the Grantee using the continuity-of-care service code H0032;

j) Ensure that the appointment shall be on a date prior to the earlier of the following events:

(1) The exhaustion of the client's supply of medications; or

(2) The expiration of 14 calendar days from the client's discharge or furlough from an SMHF;

k) To the maximum extent possible, provide individuals a choice of qualified physicians or designees authorized by law to prescribe needed medications, perform programmatic consultations, confer signature authority, and render other medical consultative services. This shall be accomplished by the following, listed in order of preference:

(1) Employing a qualified physician or designee authorized by law to prescribe needed medications;

(2) Contracting with a qualified physician or designee authorized by law to prescribe needed medications;

(3) Establishing a coverage plan that will assure individuals' needs are met even when the employed or contracted physician is unavailable;

(4) Notifying HHSC within one business day if both employing and contracting with a qualified physician or designee authorized by law to prescribe needed medications is not possible for any period of time during the contract period. Planned efforts shall be documented and submitted to HHSC by Grantee who shall seek technical assistance from HHSC if this situation persists for five consecutive business days within the contract period. Ongoing efforts shall be documented, and the Grantee shall provide choice to individuals as outlined below in (5) and (6) until the situation has been remedied;

(5) Referring the individual to a qualified physician or designee authorized by law to prescribe needed medications, who is not employed or contracted by the Grantee but is within 75 miles of the individual's residence; and

(6) Identifying the nearest available non-local (more than 75 miles from the individual's residence) qualified physician or designee authorized by law to prescribe needed medications, if the Grantee lacks the capacity to meet any of the above requirements. If the individual indicates the distance to the provider is not a barrier to accessing services, then Grantee shall refer the individual to the available service provider. Grantee shall document the discussion with the individual and the individual's decision regarding traveling to the non-local provider. If the individual indicates that the distance to the non-local qualified physician or designee authorized by law to prescribe needed medications is a barrier to accessing services, Grantee shall document a strategy to establish access to a provider;

l) Provide clients a choice among all eligible network providers in accordance with 26 TAC, Chapter 301, Subchapter F (Provider Network Development);

m) Offer each Level of Care (LOC) as outlined in the Texas Resiliency and Recovery (TRR) UM Guidelines, incorporated by reference and posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/utilization-management-guidelines-manual, and provide core services available within each LOC. This shall be accomplished by the following, listed in order of preference:

(1) Employing staff who meet the qualifications (*i.e*. licensure, training, and competency) to provide the core service;

(2) Contracting with providers who meet the qualifications (*i.e*. licensure, training, and competency) to provide the core service;

(3) Notifying HHSC immediately if neither employing nor contracting with a qualified provider is possible for fifteen consecutive days during the contract term. This notification shall include the Grantee's plan to resolve the unavailability of services. Ongoing efforts shall be documented, and the Grantee shall provide choice to individuals as outlined in (4) and (5) below until the situation has been remedied;

(4) Referring the individual to a qualified provider who is not employed or contracted by the Grantee but is within 75 miles of the individual's residence;

(5) Identifying the nearest available non-local (more than 75 miles from the individual's residence) qualified provider, if the Grantee lacks the capacity to meet any of the above requirements. If the individual indicates the distance to the provider is not a barrier to the individual accessing services, then Grantee shall refer the individual to the available service provider. Grantee shall document the discussion with the individual and the individual's decision regarding traveling to the non-local provider. If the individual identifies that the distance to the non-local qualified provider is a barrier to accessing services, Grantee shall document

a strategy to establish access to the core service;

n) Develop an adequate array of qualified service providers in the provider network for the provision of the Youth Empowerment Services (YES) Waiver program, in accordance with the YES Waiver Policy Manual (YES Manual), incorporated by reference and posted at https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/youth-empowerment-services-waiver-providers. This shall be accomplished by:

(1) Contracting and/or employing qualified providers of the YES Waiver service array;

(2) Offering and providing access to all services in the YES array, and delivering requested services on a HHSC-approved Individual Plan of Care (IPC) within ten (10) business days of IPC approval, or later, at the participant or LAR's request;

(3) Providing participant choice among qualified providers of individual services;

(4) Serving as a Comprehensive YES Waiver provider and Wraparound Provider Organization (WPO). Grantee may stop accepting client referrals as a Comprehensive YES Waiver provider if Grantee ensure thats there are at least two other contracted provider organizations serving the entire local mental/behavioral health authority service area that are in good standing and are able to assure that:

(a) YES Waiver participants are offered provider choice;

(b) YES Waiver participants have access to adequate continuity of YES Waiver services despite changes in contract status or unavailability of providers contracted with HHSC; and

(c) Contracted providers are able to provide all services in the YES Waiver service array and offer sufficient service capacity to meet community need;

(5) Providing the core services available within LOC-YES, as outlined in the TRR UM Guidelines, incorporated by reference and posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/utilization-management-guidelines-manual, for the entire geographical service area. Core services include Wraparound (as delivered by a WPO) and Comprehensive Waiver Provider (CWP) services. A WPO is currently defined as a qualified entity responsible for coordinating YES Waiver services for individuals enrolled in the YES Waiver and for developing a person-centered plan using the HHSC-approved model. As Grantee serves as both the CWP and the WPO, as well as provider of last resort, Grantee shall mitigate conflict of interest by maintaining a clear separation of provider and WPO functions by ensuring the following:

(a) The role of the distinct individual staff member of the WPO must be administratively separate from other comprehensive YES Waiver provider functions and any related utilization review units and functions;

(b) The distinct individual staff member of the WPO shall not be the provider of a YES Waiver service that is on the IPC of a YES Waiver participant if he/she

is providing intensive case management services to the participant;

(c) CWP services are being provided free of conflict and in accordance with requirements outlined in the Code of Federal Regulations, Title 42, Chapter IV, Subchapter C, Part 441 (Medical Assistance Programs; Services: Requirements and Limits Applicable to Specific Services), and the YES Manual, incorporated by reference and posted at https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/youth-empowerment-services-waiver-providers; and

(d) The programs are operating with conflict-of-interest protections in place that are approved by HHSC, as well as developing and maintaining policies that keep the YES CWP role administratively separate from the provision-of-case management services for participants in the YES Waiver;

o) Operate a continuity-of-care and services program for individuals who are justice involved with mental impairments, in compliance with Texas Health & Safety Code Chapter 614 (Texas Correctional Office on Offenders with Medical or Mental Impairments) and the guidelines outlined in the Jail Match Report and Jail Diversion Standards, Information Item T, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts. Accordingly, Grantee shall:

(1) Assist Community Supervision and Corrections Department (CSCD), County Juvenile Probation Departments and Texas Juvenile Justice Department (TJJD) personnel with the coordination of supervision of individuals who are justice involved and LMHA/LBHA clients. This shall include:

(a) Providing the local CSCD and TJJD branches with the names of LMHA/LBHA personnel who will serve as the contact for continuity-of-care and services program referrals from the local CSCD and TJJD offices;

(b) Participating in joint staffings for individuals who are current or potential LMHA/LBHA clients in order to ensure that the person-centered treatment plan is in compliance with court ordered supervision requirements;

(c) Providing information to the department concerning the client's mental health in regards to any modifications of court ordered supervision;

(d) Coordinating with CSCD and TJJD personnel to provide mental health treatment during specialized supervision while playing a supportive role in diversion efforts;

(e) Coordinating with the development of a joint person -centered recovery and diversion plan if governing standards for the respective participants can be adhered to in the proposed plan; and

(f) Participating in quarterly meetings with CSCD and TJJD Directors or their designees to review the implementation of activities related to the coordination of supervision;

(2) Offer and provide technical assistance and training to CSCD and TJJD and other criminal justice entities (*e.g.*, pre-trial, jail, courts) on mental health and related issues. Training must include instructions on how to access Grantee's services

and outline the full array of services available;

(3) Assist criminal justice and judicial agencies with the identification and diversion of individuals, who have a history of state mental health care, through a local continuity-of-care and services program; and

(4) Review available records of each incarcerated individual who has been formally determined to be Incompetent to Stand Trial and Unfit to Proceed, and assist criminal justice and judicial agencies with diversion through a local continuity-of-care and services program. Complete Form Z, Forensic Clearinghouse Waitlist Template, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts, following submission guidelines in the Submission Calendar located in Information Item S, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts;

p) Provide services to clients referred by TJJD pursuant to Title 37 of the Texas Administrative Code, Part 11, Chapter 380, Subchapter B, Division 2, Rule § 380.8779 (Discharge of Non-Sentenced Offenders with Mental Illness or Intellectual Disability);

q) Identify and document clients who have been court-ordered to receive outpatient mental health treatment including, but not limited to: Not Guilty by Reason of Insanity (NGRI) mental health outpatient commitments; extended mental health outpatient commitments; and temporary mental health outpatient commitments. The following data is to be tracked locally and electronically via the Clinical Management for Behavioral Health Services (CMBHS) database. The data elements listed below—located in CMBHS under Provider Tools>Development Documentation and Supporting Materials>MH Outpatient Commitment—allow for batching:

(1) CMBHS Commitment Number <CMBHS Generated>;

(2) Commitment Category <CMBHS Generated>: Always Outpatient;

(3) Local Commitment Number <Required>;

(4) Local Case Number <Required>;

(5) Commitment Effective Date <Required>;

(6) Commitment Expiration Date <Required>;

(7) Commitment County <Requested>;

(8) Court Type <Requested>:
(a) District Court;
(b) Probate Court; or
(c) Other;

(9) Court Detail (Text) <Requested>;

(10) Cause Number <Required>;

(11) Commitment Type <Requested>:
(a) Extended-MH (Not to exceed 12 months);
(b) Temporary-MH (Not to exceed 90 days); or
(c) Other;

(12) Commitment Type Details <Requested>;

(13) Commitment Offense List <Requested>;

(14) Comments (Text) <Requested>;

(15) Document Status <Required>; and

(16) Document Status Date <CMBHS Generated>;

r) Maintain communication with the court and other relevant parties regarding changes to outpatient mental health treatment orders. Grantee shall communicate order disposition recommendations (i.e., renew, modify, revoke, or expire) to the court when clinically indicated or instructed by the court. Consistent with the Code of Criminal Procedure, Chapter 46C, Article 46C.261 (b), order disposition recommendations for the NGRI population should be filed with the court annually and no later than the 30th calendar day before order expiration;

s) Participate in Community Resource Coordination Groups (CRCGs) for children, and adults in the Local Service Area (LSA) by providing one or more representatives to each CRCG with expertise in mental health, with authority to: (1) contribute to the CRCG's decisions and recommendations; (2) contribute resources toward resolving problems of individuals needing agency services identified by the CRCG; and (3) by providing information concerning how to access Grantee's services and outlining the full array of services available. Duties shall be performed in accordance with Memorandum of Understanding for Coordinated Services to Persons Needing Multiagency Services, incorporated by reference and posted at https://crcg.hhs.texas.gov/training-and-technical-assistance.html;

t) Cooperate with schools in individual transition planning for child, and adult clients receiving special education services, in accordance with 34 CFR Part 300 (Assistance to States for the Education of Children with Disabilities);

u) Establish and maintain a continuum of care for children transitioning from the Early Childhood Intervention (ECI) program into children's mental health services described in this Statement of Work, including making best efforts to:

(1) Respond to referrals from ECI programs;

(2) Verify eligibility for mental health services;

(3) Inform the family about the available mental health services, service charges, and funding options such as Medicaid and Children's Health Insurance Program (CHIP);

(4) Participate in transition planning no later than 90 calendar days prior to the child's

third birthday;

(5) Assist in the development of a written transition plan to ensure continuity of care;

(6) Support joint training and technical assistance plans to enhance the skills and knowledge base of providers; and

(7) Submit local agency disputes that are not resolved in a reasonable time period (*i.e.*, not to exceed 45 calendar days unless the involved parties agree otherwise) to the ECI or HHSC Mental Health Program Services Unit for resolution at the state level;

v) Designate a staff member to act as Grantee's Suicide Prevention Coordinator, and submit, as part of Form S, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts, this staff member's contact information. Grantee's Suicide Prevention Coordinator shall work collaboratively with local staff, LMHA/LBHA suicide prevention staff statewide, and HHSC's Suicide Prevention Office to reduce suicide deaths and attempts by:

(1) Developing a collaborative relationship with any existing local suicide prevention coalition;

(2) Participating in Suicide Prevention Coordinator conference calls scheduled and facilitated by HHSC Suicide Prevention Officer;

(3) Developing local Community Suicide Postvention Protocols for how to provide postvention services in the catchment area when the need for suicide postvention arises as described by the Center for Disease Control Postvention Guideline: CDC's Preventing Suicide: A Technical Package of Policy, Programs and Practices https://www.cdc.gov/violenceprevention/suicide/fastfact.html;

(4) Contacting the HHSC Suicide Prevention Coordinator to inform via email (Suicide.Prevention@hhsc.state.tx.us) of any suicide deaths contributing to a possible suicide cluster or contagion, as part of the local Community Suicide Postvention Protocols;

(5) Completing Form Y, Organizational Readiness Assessment for Suicide Safe Care/ Zero Suicide, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts, according to the instructions on the form and by the due date on the contained in the Submission Calendar located in Information Item S; which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts; and

(6) Participating in local community suicide prevention efforts;

w) Ensure access to routine care by:

(1) Providing access to care to individuals seeking services regardless of ability to pay;

(2) Providing access to a screening and Uniform Assessment (UA) conducted by a Qualified Mental Health Professional - Community Services (QMHP-CS) to determine eligibility for individuals presenting for routine care services, regardless of an individual having proof of personal information (*e.g.*, address, phone number, personal identification, Social Security card) and funding source information (*e.g.*, insurance card and pay stub);

(3) Demonstrating efforts to collaborate with other health care agencies and community resources to address the physical and behavioral health care needs of individuals, as well as ensuring that these needs are met; and

(4) Ensuring the availability of a telephone system and call center that allows individuals to contact the LMHA/LBHA through a toll-free number that must:

(a) Operate without using telephone answering equipment at least on business days during normal business hours, except on national holidays, unless due to uncontrollable interruption of service, or with prior HHSC approval;

(b) Have sufficient staff to operate efficiently;

(c) Collect, document, and store detailed information, on all telephone inquiries and calls;

(d) Provide electronic call answering methods that include an outgoing message providing the crisis hotline telephone number, in languages relevant to the service area, for callers to leave a message outside of normal business hours;

(e) Return routine calls within two business days for all messages left during and after hours; and

(f) Provide access to a screening conducted by a QMHP-CS in person or via telephone no later than one business day after an individual presents for services;

x) Ensure that two designated staff members are certified as a Super User for the Adult Needs and Strengths Assessment (ANSA) and equally for a Super User for the Children's Needs and Strengths Assessment (CANS). A single staff member certified as a Super User of both the ANSA and the CANS may count toward totals for both the ANSA and the CANS. The individual(s) shall keep the Super User status current and shall be identified on Form S, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts. If there is a vacancy, Grantee shall submit a plan of correction to HHSC to ensure that the position is filled and able to perform prescribed activities within six months. ANSA/CANS Super Users must:

(1) Be certified as a QMHP-CS, and meet the training requirements indicated in Training and Competency, Information Item A, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts;

(2) Perform a quality assurance training activity at least two times annually with a minimum of 40% of the practitioners who are certified to administer the

ANSA/CANS as part of their primary functions. Grantee shall make the following data available to HHSC upon request:

(a) Average number of employees certified to administer the ANSA/CANS during the six-month reporting period;

(b) Total number of unduplicated employees who participated in the quality assurance training activity during the six-month reporting period; and

(c) Sign-in sheet for participation in the quality assurance training activity;

y) Upon notification by HHSC that the Home and Community Based Services - Adult Mental Health (HCBS-AMH) program is operational in Grantee's local service area, [Grantee shall] utilize CMBHS when made available to adhere to the referral and enrollment process for the HCBS-AMH program for individuals residing in the community who meet the initial eligibility criteria of HCBS-AMH. Comprehensive instructions to complete the referral process can be requested by email: HCBS-AMH-EnrollmentandReferral@hhsc.state.tx.us. Grantee shall:

(1) Operate a phone line to receive and respond to inquiries about HCBS-AMH within one business day, and set up a voicemail, answer service, or other system of the LMHA's choosing to receive after-hours inquiries;

(2) Designate a Point of Contact (POC) to coordinate the HCBS-AMH referral process for individuals residing in the community;

(3) Review the Mental and Behavioral Health Outpatient Warehouse (MBOW) 1915i reports located in the Consumer Analysis (CA) Continuity of Care folder, which is posted at https://hhsc4svpop1.hhsc.txnet.state.tx.us/DataWarehousePage/, for evidence or supporting documentation of meeting initial eligibility criteria;

(4) Coordinate with state hospital staff regarding individuals referred to the program who are currently in the state hospital;

(5) Coordinate with criminal justice staff or emergency department staff for individuals referred to the program;

(6) Complete the HCBS-AMH referral process by assisting the individual and/or LAR in completing all required HCBS-AMH forms, including completion of the HCBS-AMH Uniform Assessment and Clinical Eligibility Screen; assist in coordinating the date and location of the assessment, and attach supporting documentation, if applicable, for individuals on the MBOW 1915i reports, incorporated by reference and posted at https://hhsc4svpop1.hhsc.txnet.state.tx.us/DataWarehousePage/, or who otherwise meet referral criteria who are currently in the community; and verify CARE ID of the referred individual; complete Medicaid Eligibility Verification and submit via CMBHS. (Contact LMHA/LBHA security administrator for access to CMBHS.) For additional information, email HCBS-AMH-EnrollmentandReferral@hhsc.state.tx.us;

(7) Assist eligible participants to complete documents needed to enroll in the HCBS-AMH program;

(8) Coordinate with the participant's HCBS-AMH recovery manager to address needs of the participant, and participate in the individual's HCBS-AMH recovery plan meetings;

(9) Conduct initial assessment, annual assessment, and reassessments for all HCBS-AMH participants residing in a community setting and update in CMBHS; and

(10) Assist participants enrolled in HCBS-AMH with provider transfers as needed;

z) Designate a staff member to act as Grantee's Housing Coordinator and submit, as part of Form S, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts, this staff member's contact information. Grantee shall work collaboratively with local staff and the state housing program staff to improve access to safe, decent, affordable housing and an array of voluntary pre-tenancy and tenancy support services by:

(1) Serving as a point of contact for local staff in need of training and technical assistance to serve persons who are homeless or at risk of homelessness and provide supportive housing (pre-tenancy and tenancy) services;

(2) Developing a collaborative relationship with any existing local public housing authorities;

(3) Participating in the development of local community homeless and/or housing strategic plans; and

(4) Participating in local community homeless and housing efforts;

aa) Ensure that Grantee stays informed and continues receiving updated information, Grantee must assign one or more staff responsibility for tracking policy updates posted on HHSC's identified platform and disseminating information within the organization; and

bb) If Grantee is a Certified Community Behavioral Health Clinic (CCBHC), [Grantee shall] adhere to CCBHC certification criteria requirements for the duration of the certification period.

4. Resource Development and Management:

Grantee shall:

a) Identify and create opportunities, including grant development, to make additional resources available to the LSA;

b) Optimize earned revenues and maximize dollars available to provide services, which shall include implementing strategies to minimize overhead and administrative costs and achieve purchasing efficiencies. Strategies that an LMHA/LBHA shall consider in achieving this objective include joint efforts with other local authorities regarding planning, service delivery, purchasing and procurement, and other administrative/authority functions;

c) Assemble and maintain a network of service providers and serve as a provider of services as set forth in 26 TAC Chapter 301, Subchapter F (Provider Network Development). In assembling the network, the LMHA/LBHA shall seek to offer clients a choice of qualified providers to the maximum extent possible;

d) Submit required information via a post-procurement report to HHSC within 30 calendar days of completing a procurement described in the LMHA/LBHA's approved Local Network Development Plan. HHSC will disseminate the post-procurement report template through a broadcast message;

e) Award new subcontracts in accordance with applicable laws and 25 TAC Chapter 412, Subchapter B (Contracts Management for Local Authorities) and 26 TAC Chapter 301, Subchapter B (Provider Network Development);

f) Pay external providers a fair and reasonable rate in relation to the local prevailing market;

g) Ensure that providers are informed of and in compliance with the applicable terms and conditions of this Statement of Work by developing provider contracts which include the Statement of Work requirements;

h) Implement network management practices to promote the effectiveness and stability of the provider network, including a credentialing and re-credentialing process that requires external providers to meet the same professional qualifications as internal providers;

i) Implement a provider relations process to provide the support and resources necessary for maintaining an available and appropriate provider network that meets HHSC standards, including:

(1) Distributing information to providers on an ongoing basis to inform them of HHSC requirements;

(2) Informing providers of available training and other resources;

(3) Interpreting contract provisions and clarifying policies and procedures;

(4) Assisting providers in accessing the information or department they need;

(5) Resolving payment and other operational issues; and

(6) Resolving provider grievances and disputes; and

j) Ensure that the providers are monitored and contracts are enforced in accordance with applicable laws and 25 TAC Chapter 412, Subchapter B (Contract Management for Local Authorities).

5. Resource Allocation and Management:

Grantee shall:

a) Maintain an administrative and fiscal structure that separates local authority and provider functions, by allocating funding specifically and as specified within the

various budget and quarterly financial reports Grantee submits to HHSC per this Statement of Work;

b) Maintain a Utilization Management (UM) Committee that includes the following Grantee staff:
   (1) The UM physician, who:
      (a) Is a board eligible or board-certified psychiatrist;
      (b) Is licensed to practice medicine in the State of Texas; and
      (c) Provides oversight of the UM program's design and implementation;
   (2) UM staff representative;
   (3) Quality management staff representative; and
   (4) Fiscal/financial services staff representative;

c) Hire and ensure that its UM Manager:
   (1) Is licensed to practice in the State of Texas as a:
      (a) Physician;
      (b) Registered nurse or a registered nurse-advance practice nurse;
      (c) Physician assistant;
      (d) Licensed clinical social worker;
      (e) Licensed professional counselor;
      (f) Licensed doctoral level psychologist; or
      (g) Licensed marriage and family therapist;
   (2) Has a minimum of five years of experience in direct care of individuals with a serious mental illness and/or children with serious emotional disturbances, which may include experience in an acute care or crisis setting;
   (3) Has a demonstrated understanding of psychopharmacology and medical/psychiatric comorbidity through training or experience;
   (4) Has one year of experience in program oversight of mental health care services; and
   (5) Has demonstrated competence in performing UM and review activities;

d) If Grantee does not have a UM Manager, and delegates UM activities to other staff, hire a UM Director and Utilization Reviewer or Utilization Care Manager with the requirements below:
   (1) A UM Director who is:
      (a) Licensed to practice in the State of Texas as a:
         i. Qualified UM physician as specified above in Section I(A)(5)(b)(1);
         ii. Registered nurse or a registered nurse-advance practice nurse;
         iii. Physician assistant;
         iv. Licensed clinical social worker;
         v. Licensed professional counselor;

vi. Licensed doctoral level psychologist; or
vii. Licensed marriage and family therapist;

(b) Has a minimum of three years of experience in the treatment of individuals with mental illness or chemical dependency; or

(c) If the UM Director is not licensed, be able to oversee the UM Program administratively but not clinically. Clinical oversight must be provided by staff member licensed in accordance with Section I(A)(5)(d)(1)(a) above;

(2) A Utilization Reviewer or Utilization Care Manager, who is a Qualified Mental Health Professional Community Services (QMHP-CS), shall have at least three years of experience in direct care for adults with serious mental illness or children with serious emotional disturbances, and be directly supervised by an individual who meets the qualifications of a UM Manager;

e) Ensure that UM job functions are included in each UM staff member's job description, and that documentation of licenses, training, and supervision are maintained in the staff member's signed and approved personnel record;

f) Ensure that the UM Committee meets at least quarterly to ensure effective management of clinical resources, fiscal resources, and the efficiency and ongoing improvement of the UM process. Grantee shall ensure and document that members of the UM Committee receive appropriate training to fulfill the responsibilities of the committee. Training is needed when a new member is added to the committee and as needed, at least annually, for the entire committee. Documentation of training contents may be included in committee minutes. The committee shall review:

(1) Appropriateness of eligibility determinations;

(2) Use of exceptions and overrides to service authorization, ensuring rationale is clinically appropriate and documented in the administrative and clinical record;

(3) Over- and under-utilization;

(4) Appeals and denials;

(5) Fairness and equity; and

(6) Cost-effectiveness of all services provided;

g) Implement a UM Program using HHSC's approved Texas Resiliency and Recovery (TRR) UM Guidelines, incorporated by reference and posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/utilization-management-guidelines-manual, which shall include documented and approved processes and procedures for:

(1) Authorization and reauthorization of Level of Care (LOC) for outpatient services;

(2) Authorization of inpatient admissions to state hospitals and to community psychiatric hospitals and reauthorization for continued stay when general revenue allocation or local match funding is being used for all or part of that hospitalization;

(3) Verification and documentation that services provided are medically necessary;

(4) The role for UM in ensuring continuity and coordination of services among multiple mental health community service providers;

(5) A timely authorization system designed to ensure that medically necessary services are delivered without delay and after requested services have been authorized (backdating of authorizations is not permissible). Crisis services do not require prior authorization; however, the authorization shall be completed within two business days after the provision of the crisis intervention service;

(6) Automatic authorization processes shall be based on a documented agreement with providers that only allows automatic authorization if the LOC recommended is the same one to be authorized, and only with providers who have documented competence in UA assessments;

(7) Timely notification of clients and providers of the authorization determinations;

(8) A timely and objective appeal process in accordance with 25 TAC § 401.464, and for Medicaid recipients in accordance with 26 TAC § 301.335;

(9) Procedures to Give Notice of Fair Hearings (*see* Information Item Q, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts); and

(10) Maintaining documentation on appeals;

h) Review and update the quality management plan each biennium, including the UM Program Plan, and ensure that the plan includes a description of:

(1) Requirements relating to the UM Committee credentials, meetings, and training;

(2) How the UM Program's effectiveness in meeting goals shall be evaluated;

(3) How improvements shall be made on a regular basis;

(4) How the content of Sections I(A)(5)(c – e) in this Statement of Work are addressed and included as a part of the UM Program Plan; and

(5) The oversight and control mechanisms which will ensure that UM activities meet required standards when they are delegated to an administrative services organization or a HHSC-approved entity;

i) Comply with the HHSC Texas Resiliency and Recovery (TRR) Waiting List Maintenance requirements, Information Item R, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts, for all individuals (adult or child) who have requested mental health services from Grantee, which Grantee anticipates will not be available upon request, by doing as follows:

(1) Initial Intake and Placement on Waiting Lists – Grantee shall develop and ensure the implementation of procedures to triage and prioritize service needs of

individuals determined eligible for a LOC, but for which Grantee has reached or exceeded its capacity to provide the LOC.

(2) These procedures shall include a process for the assessment of an individual's urgency-of-needs using the Child and Adolescent Needs and Strengths Assessment (CANS), or Adult Needs and Strengths Assessment (ANSA), and a requirement that they be placed immediately on a waiting list for the unavailable LOCs for which they are eligible.

(3) The waiting list shall include individuals who are underserved due to resource limitations as well as those who have been authorized for LOC-8 (*i.e.*, waiting for all services). Individuals with Medicaid entitlement or whose assessment indicates a need for LOC-0 (*i.e.*, crisis) services shall not be placed on a waiting list.

(4) All medically necessary services shall be provided within timeframes specified by HHSC within this Statement of Work.

(5) Clients with Medicaid who are determined to be in need of Case Management and/or Medicaid Mental Health Rehabilitative Services shall be authorized for a LOC that meets their needs and shall not be underserved or placed on a waiting list.

(6) If an individual is determined to have an urgent need for services (*e.g.*, use of crisis services), they shall be given priority to enter ongoing services.

j) Specific Requirements for Medicaid Recipients

(1) General: Grantee shall deliver services to an individual who is a Medicaid recipient and has an identified need for Targeted Case Management or Mental Health Rehabilitative Services, and such an individual shall not be put on the waiting list. Individuals who were assessed to need Targeted Case Management or Mental Health Rehabilitative Services but did not become Medicaid eligible until after they were placed on the waiting list may not remain on a waiting list for longer than 60 calendar days. The date of eligibility will be the Medicaid Certification date or the Medicaid Effective date, whichever is later. A person who declines all services from Grantee may be taken off the waiting list.

(2) Mental Health Rehabilitative and Mental Health Targeted Case Management Services (both Intensive and Routine): Medicaid recipients who are eligible for full Medicaid benefits shall not be placed on a waiting list for medically necessary Targeted Case Management or Mental Health Rehabilitative Services. Grantee shall make these services available to the individual whenever such services are indicated by the Uniform Assessment (UA) and in accordance with the Texas Resiliency and Recovery (TRR) Utilization Management (UM) Guidelines. If the UA process recommends that an individual receive a LOC that includes one or both of these services, and a Licensed Practitioner of the Healing Arts (LPHA) determines that the service or services are not medically necessary, then the LPHA shall document the reasons that the service is not indicated.

(3) Other Medicaid Mental Health Services: For Medicaid recipients who are eligible for full Medicaid benefits and have an identified need for medically necessary

mental health services other than Mental Health Rehabilitative Services and Targeted Case Management (such as counseling or physician's services), Grantee shall remove them from the waiting list and provide these services to the individual or refer the individual to other local Medicaid providers. Grantee shall provide assistance with the referral if requested by the client. Grantee shall document actions taken on behalf of the client.

(a) If Grantee lacks the capacity to deliver the services and no qualified local Medicaid provider is available, Grantee shall identify the nearest qualified Medicaid provider of the needed service or services. If the distance to the nearest available non-local (more than 75 miles from the individual's residence) provider is not, in the individual's opinion, a barrier to the individual accessing services, then Grantee shall refer the individual to the available service provider. Grantee shall document the discussion with the individual, and the individual's decision, regarding traveling to the non-local provider.

(b) Grantee may place an individual on a waiting list for the needed service only if Grantee lacks the capacity to provide the needed service and there are no other internal or external qualified or accessible providers available to deliver the needed service. In such cases, Grantee shall review the availability of the service monthly in order to ensure that the individual receives the needed service once it becomes available. Grantee shall document the steps taken in the client file.

(4) Policies and Procedures for Waiting List Management: Grantee shall develop and maintain written policies and procedures, which ensure that individuals who are already on a waiting list and subsequently establish Medicaid eligibility are identified, removed from the waiting list, and provided services as indicated and in accordance with this Statement of Work.

k) Grantee shall assess clients on the waiting list at least every 180 calendar days using the CANS or ANSA.

l) Monitoring and Maintenance Requirements:

(1) Frequency of Monitoring:

(a) Grantee shall ensure that all children on the waiting list are monitored at least once every 30 calendar days from the date of placement on the waiting list to determine the continued need. Grantee shall ensure that adults on the waiting list(s) who have a Level of Care Authorized (*i.e.*, LOC-A 8 or waiting for all services), and with a Level of Care Recommended (*i.e.*, LOC-R) of 3 or 4, are monitored at least once every 30 calendar days from the date of placement on the waiting list to determine the continued need. Grantee shall ensure that individuals on the waiting list who have an LOC-A 8 (*i.e.*, waiting for all services) with an LOC-R of 1 or 2 are monitored at least once every 90 calendar days from the date of placement on the waiting list to determine the continued need. This monitoring shall be conducted by a QMHP-CS and shall include a brief clinical screening to determine the current urgency of need.

(b) Grantee shall remove individuals placed on the waiting list when the individual begins to receive the recommended LOC, or no longer wants services. Except as described above, Grantee shall allow individuals who seek services to remain on the waiting list if the service need continues to be indicated and the individual desires to remain on the waiting list.

(c) Regarding all children on the waiting list and adults with LOC-R of 3 or 4, if the client is not able to be contacted during the 30 calendar day period, Grantee shall document all good faith efforts to contact that person or his/her LAR to determine the continued need for services. Regarding adults with LOC-R of 1 or 2, if the client is not able to be contacted during the 90 calendar day period, Grantee shall document all good faith efforts to contact that person or his/her LAR to determine the continued need for services. Good faith efforts are defined as two or more attempts to contact the client, collateral contact, or LAR regarding service needs. A "collateral contact" or "collateral" is a source of information that is knowledgeable about the consumer or the consumer's life situation and serves to support or augment the available information relating to a consumer or the consumer's needs. Possible collateral contacts include, but are not limited to, past or present landlords, employers, school officials, neighbors, teachers, day care providers, and friends. One effort to contact must be in the form of a letter. Other efforts may be phone calls or letters to a client's home, jobsite, or school. The QMHP-CS or designated staff may want to review the CARE system/ CMBHS for designated collateral contacts who may assist in locating clients. Contacts with collaterals are subject to HHSC confidentiality requirements. Based on the information gathered, the waiting list data should be updated. If the client has not been contacted after a good faith effort has been made, the client may be removed from the waiting list. However, the client shall not be removed from the waiting list until at least 30 calendar days after the preceding contact.

(2) Individuals who have limited financial resources:

(a) Grantee shall demonstrate that individuals who are placed on the waiting list for medically necessary services receive a screening for benefits assistance.

(b) Grantee shall notify its UM staff of dates relevant to each application (filed by or on behalf of a consumer screened or served by Grantee) for medical or other public assistance. For a Medicaid application, such dates include, at a minimum, the date which benefits begin (known as the "effective date") and the date of notification of benefit (known as the "certification date").

(3) Waiting List Manual: Grantee shall implement processes defined in the most current version of the Waiting List Maintenance Manual contained in the TRR Waiting List Maintenance Manual, Information Item R, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts.

(4) An active duty military service member, or the spouse or children of an active duty service member, shall be maintained on the waiting list as outlined in Information Item R, TRR Waiting List Maintenance Manual, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts.

m) Pursuant to 26 TAC Chapter 301, Subchapter G, pertaining to Access to Mental Health Community Services and Standards of Care, Grantee shall utilize and enter information into the Inpatient Care Waitlist (ICW) through CMBHS within one business day of the LMHA/LBHA determination that a client requires inpatient services, and there are no resources available in the local service area (*i.e.*, no beds available locally or at Grantee's designated state hospital). Information entered in CMBHS must include documentation of exhaustion of all good faith efforts to secure local resources. Grantee must designate a primary and secondary clinical staff person to act as the contact person to participate in ICW activities and provide current clinical information on clients when necessary to support continuity of care. Grantee's local psychiatric provider or medical director may confer with the primary and secondary clinical staff person to identify all possible community based mental health treatment options and to discuss the individual's clinical status and need to remain on the ICW. These individuals will be responsible for communicating, on an as-needed basis (at least daily), with HHSC and other parties relating to ICW and must respond to client information requests within one business day. Submit these staff person's contact information as part of Form S, Contact List, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts. Grantee may convene Community Resource Coordination Group (CRCG) meetings on an as-needed basis for children on the ICW to ensure that local resources have been identified and exhausted.

n) Specific Requirements for Telemedicine and Telehealth Services:

(1) If providing a behavioral health service that has a procedure code that is billable in Medicaid, providers must follow the appropriate Telemedicine and Telehealth Services requirements in the Texas Medicaid Provider Procedures Manual, Behavioral Health and Case Management Handbook, incorporated by reference and posted at https://www.tmhp.com/resources/provider-manuals/tmppm, to provide the behavioral health service using synchronous audiovisual technology or synchronous audio-only technology.

(2) If a behavioral health service does not have a procedure code that is billable in Medicaid, providers must follow contract requirements, HHSC rules, and guidance concerning delivery of services using synchronous audiovisual or audio-only technology.

(3) Providers may conduct assessments in-person, by synchronous audiovisual technology, or by synchronous audio-only technology in order to determine adult mental health Priority Population eligibility. Initial assessments may only be conducted by synchronous audio-only technology when clinically appropriate and

agreed to by the person receiving services or their legally authorized representative.

(4) When service delivery is permitted using synchronous audiovisual or synchronous audio-only technology for a procedure code that is not billable in Medicaid, providers must comply with the following:

(a) Services may only be delivered by synchronous audiovisual or synchronous audio-only technology if clinically appropriate and safe, as determined by the provider and agreed to by the person receiving services or their legally authorized representative;

(b) Providers must defer to the needs of the person receiving services, allowing the mode of service delivery to be accessible, person- and family-centered, and primarily driven by the person's choice and not provider convenience;

(c) Documentation requirements for telemedicine and telehealth services are the same as for an in-person interaction, which means the provider must accurately reflect the services rendered, identify the means of service delivery, and bill using the appropriate modifier;

(d) Providers must document the treatment team's approval to deliver case management and rehabilitation services by synchronous audiovisual or synchronous audio-only technology in the plan of care of the person receiving services;

(e) Providers must deliver services in-person or use synchronous audiovisual technology over synchronous audio-only technology whenever possible. Therefore, providers must document in the person's medical record the reason(s) why the provider delivered services by synchronous audio-only technology; and

(f) Providers delivering services by synchronous audiovisual or synchronous audio-only technology must maintain the confidentiality of protected health information as required by applicable federal and state laws and regulations.

6. Oversight of Authority and Provider Functions:

Grantee shall:

a) Objectively monitor and evaluate service delivery and provider performance, including providing oversight information to Grantee's Board;

b) Ensure that each provider's non-compliance is corrected as soon as possible;

c) Require providers to use a Level Three-certified sign language interpreter, if available, and if not, a Level Two or Level One-certified sign language interpreter, for persons with hearing impairments who request sign language interpreter services;

d) Follow the National Culturally and Linguistically Appropriate Services (CLAS) Standards, which is posted at https://thinkculturalhealth.hhs.gov/clas, for all served populations in accordance with the most current version of "Texas Cultural Competence Guidelines for Behavioral Health Organizations," which is posted at https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-

portal/behavioral-health-provider/lmha/tx-culutural-competence-guidelines-bh-orgs.pdf. This guidance document comprises a set of requirements, implementation strategies, and additional resources to help providers/programs establish and expand culturally and linguistically appropriate services;

e) Assist in the completion of Mental Health Adult Client or Child and Family surveys as required by HHSC;

f) Implement a Quality Management Program that includes:

(1) A structure, which ensures that the program is implemented, including the involvement of stakeholders;

(2) Allocation of resources supporting implementation;

(3) Oversight by staff members with appropriate experience in quality management;

(4) Activities and processes that address identified clinical and organizational problems including data integrity and the processes to evaluate and continuously improve data accuracy;

(5) An established set of remedies and timeline options for areas that need improvement or correction;

(6) Routine reporting of Quality Management Program activities to its governing body, providers, other appropriate organizational staff members, and community stakeholders;

(7) Consistent analysis of grievances, appeals, fair hearings, and expedited hearings, as well as data regarding incidents/accidents and mortality, as part of the Quality Management process;

(8) Measuring, assessing, and improving Grantee's local authority functions;

(9) Processes to systematically monitor, analyze, and improve performance of quality management activities, administrative services, client services, and outcomes for individuals;

(10) Biennial update of the Quality Management Plan approved by Grantee's Board of Trustees;

(11) Review of providers to determine whether they are consistent with HHSC-approved Evidence-Based Practices (EBPs), which is posted at https://www.hhs.texas.gov/about-hhs/process-improvement/improving-services-texans/behavioral-health-services/texas-resilience-recovery, assessment accuracy, and person-directed recovery planning requirements;

(12) Ongoing monitoring of the quality of access to services, service delivery, and continuity of care;

(13) Ongoing monitoring of medical services in accordance with Texas Administrative Code Title 25, Part 1, Chapter 415, Subchapter A (Prescribing of Psychoactive Medications);

(14) Provision of technical assistance to providers related to quality oversight necessary to improve the quality and accountability of provider services;

(15) Use of reports and data from HHSC to inform performance improvement activities, and assess unmet needs, service delivery problems, and effectiveness of authority functions for the LSA;

(16) Oversight of all services, contracts, employees, volunteers and subcontractors, regardless in any variance in amount of funding;

(17) Ensure compliance with HHSC-approved EBPs, incorporated by reference and posted at https://www.hhs.texas.gov/about-hhs/process-improvement/improving-services-texans/behavioral-health-services/texas-resilience-recovery, and fidelity protocols, per Information Item A, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts, and TRR UM Guidelines, incorporated by reference and posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/utilization-management-guidelines-manual, as well as monitor and maintain documentation of employee training per EBP, which includes the following guidelines:

(a) Fidelity monitoring (*i.e.*, measuring compliance with established standards or protocols) is required for the following Children's Mental Health (CMH) EBPs:

i. Cognitive Behavior Therapy;

ii. Trauma-Focused Cognitive Behavior Therapy;

iii. Seeking Safety;

iv. Skill streaming and Aggression Replacement Techniques (ST-ART); and

v. Wraparound Implementation.

(b) Fidelity monitoring, or measuring compliance with established standards or protocols, is recommended for the following CMH EBPs and promising practices:

i. Nurturing Parenting;

ii. Safety Planning Intervention

a. A "Safety Plan Intervention" (Stanley & Brown, 2011), which is posted at https://suicidesafetyplan.com/, is a brief 20 to 45 minute intervention that provides an individual with a set of steps that can be used progressively to attempt to reduce risk and maintain safety when suicidal thoughts emerge.

b. A Safety Plan Intervention (SPI) should follow a comprehensive risk assessment after strong rapport has been developed.

c. SPIs should be developed within a collaborative process among the provider, the individual at risk, and his or her close family and friends.

d. SPIs can be a stand-alone intervention utilized during crisis contacts (*e.g.*, in emergency departments, mobile crisis contacts), or as a part of an on-going treatment relationship.

iii. Conduct Suicide Screenings, such as:
a. C-SSRS – Columbia Suicide Severity Rating Scale;
b. PHQ9 – Patient Health Questionnaire (9-question version);
c. Sheehan – Suicide Tracking Scale; and
d. SAFE-T

iv. Parent-Child Psychotherapy, including Parent Child Interaction Therapy (PCIT)

v. Barkley's Defiant Child and Barkley's Defiant Teen

vi. Preparing Adolescents for Young Adulthood (PAYA)

vii. Incredible Years

viii. Motivational Interviewing

ix. Family Therapy

x. Play Therapy

(18) Mechanisms to measure, assess, and reduce incidents of client abuse, neglect, and exploitation and to improve the client-rights protection processes. Suspicion and incidents of abuse, neglect, or exploitation of children, or adults must be reported to the Department of Family & Protective Services as required by law. In addition, an employee, agent, or Grantee who suspects or has knowledge that an individual served is being abused, neglected or exploited shall e-mail a written report to performance.contracts@hhsc.state.tx.us within 48 hours after suspicion or learning of an incident allegedly perpetrated by an employee, agent, or Grantee. The report to HHSC must include the DFPS report number;

(19) Risk Management processes such as competency determinations and the management and reporting of incidents and deaths;

(20) Coordination of activities and information with the UM Program including participation in UM oversight activities as defined and scheduled by HHSC, which includes, but is not limited to, submission of data and supporting documentation, submission of self-audit reports, and participation in HHSC onsite reviews; and

(21) Oversight of new initiatives such as Crisis Redesign, Mental Health Service Delivery Re-Design, Local Provider Network Development, Jail Diversion, and Outpatient Competency Restoration;

g) Ensure that all providers are implementing Texas Resiliency and Recovery (TRR), which is posted at https://www.hhs.texas.gov/about-hhs/process-improvement/improving-services-texans/behavioral-health-services/texas-resilience-recovery, as specified by HHSC and provider EBPs, in accordance with HHSC fidelity requirements. Providers who do not meet adequate implementation shall submit a Plan of Improvement (POI) for identified problems and meet the following standards:

(1) Within five business days after receipt of a request from HHSC, develop a POI that adequately addresses the correction of any critical health, safety, rights, abuse or neglect issues identified by HHSC, and that includes a description of local oversight activities to monitor and maintain the correction of the identified problem, and submit to HHSC for approval; and

(2) Within 14 business days after receipt of a request from HHSC, develop a POI that adequately addresses the correction of organizational, clinical, or compliance problems identified by HHSC during oversight activities, which includes a description of local oversight activities to monitor and maintain the improvement of the identified problem, and submit to HHSC for approval in accordance with the Submission Calendar in Information Item S, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts.

h) If applicable, submit to HHSC evidence of initial or continued accreditation by a national accreditation organization (*e.g.*, American Association of Suicidology, Joint Commission, Commission on Accreditation of Rehabilitation Facilities (CARF), The Council on Quality and Leadership (CQL)), in accordance with the Submission Calendar in Information Item S, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts. The submission shall include the accreditation review report and any plan of improvement created by Grantee in response to the accreditation review report;

i) Ensure that Grantee's buildings and associated properties are compliant with the Texas Accessibility Standards (TAS), Texas Health and Safety Code, Texas Department of Licensing and Regulation requirements, and the National Fire Protection Association (NFPA) Life Safety Code or International Fire Code;

j) Ensure that Grantee's Americans with Disabilities Act (ADA) Self-Evaluation and Transition Plan (ADA Plan) is reviewed by Grantee at least annually and updated as necessary, and ensure that the following information is posted prominently at each service location:

(1) The name, address, telephone number, Telecommunications Device for the Deaf (TDD) telephone number, fax number, and e-mail address of the ADA and the Rehabilitation Act of 1973 Coordinator(s);

(2) The location at which the ADA Plan may be viewed; and

(3) The process for requesting and obtaining copies of the ADA Plan.

k) Grantee shall enforce a Tobacco-Free Workplace. Certification shall be Policy that meets or exceeds all of the following minimum standards:

(1) Prohibits the use of all forms of tobacco products, including but not limited to cigarettes, cigars, pipes, water pipes (hookah), bidis, kreteks, electronic cigarettes, smokeless tobacco, snuff, and chewing tobacco;

(2) Designates the property to which the policy applies ("designated area"). The designated area must at least comprise all buildings and structures where activities funded under this Contract are taking place, as well as Grantee owned, leased, or controlled sidewalks, parking lots, walkways, and attached parking structures immediately adjacent to the designated area;

(3) Applies to all employees and visitors in the designated area; and

(4) Provides for or refers employees to tobacco use cessation services. If Grantee cannot meet the minimum standards as set forth in this section, it must obtain a waiver from the HHSC.

l) Grantee shall incorporate jail diversion strategies into the authority's resilience and recovery practices to reduce involvement with the criminal justice system:

(1) Jail diversion strategies shall address the needs of children with serious emotional disturbances and adults with the following disorders as defined by the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5):

(a) schizophrenia,

(b) bipolar disorder,

(c) post-traumatic stress disorder,

(d) schizoaffective disorder, including bipolar and depressive types,

(e) anxiety disorder, and

(f) delusional disorder;

(2) Plans for jail diversion shall be incorporated into the Consolidated Local Service Plan.

m) Consumer Complaints: In accordance with Government Code Section 531.011, and HHS Consumer Inquiry and Complaint Policy, Circular C-052, which is posted at https://hhsconnection.hhs.texas.gov/sites/intranet/files/policies/ombudsman/c-052.pdf, HHSC shall collect consumer complaints and inquiry information from Grantee.

(1) Grantees shall:

(a) Establish a process for tracking, reporting, and analyzing consumer complaints and inquiries received locally to report to HHSC on a monthly schedule;

(b) Maintain records sufficiently to allow for verification, tracking, and analysis; and

(c) Report consumer complaint and inquiry information to HHSC via Form LL, incorporated by reference and posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts in accordance with Information Item S, incorporated by reference and posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts;

(2) The data submitted by Grantee shall include, at a minimum:
   (a) The numbers of inquiries and complaints,
   (b) The number of complaints resolved (from that month and previous months),
   (c) The number of complaints resolved that were substantiated,
   (d) The average time for resolution of complaints,
   (e) The percent resolved within 10 business days, and
   (f) Summaries of cases that illustrate relevant patterns or trends.

(3) Additionally, Grantee must post its complaint process and Client's Rights Officer's contact information on Grantee's website and establish a process for consumers to submit complaints and advise consumers how to contact the Office of the Ombudsman (OO) should Grantee not resolve the complaint to the client's satisfaction.

7. Disaster Services:

a) In the event of a local, state, or federal emergency, a criminal incident, a public health emergency, or a disaster, either natural or human-caused as declared by the Governor, Grantee shall:

(1) Assist HHSC's Disaster Behavioral Health Services (DBHS) program in providing disaster behavioral health services to mitigate the psychological trauma experienced by crime victims, survivors, and emergency responders from such an emergency, incident, or disaster. Disaster services may need to be provided outside Grantee's Local Service Area (LSA);

(2) Assist survivors, emergency responders, and communities in returning to a normal (pre-disaster) level of functioning and shall assist in reducing the psychological effects of acute or prolonged distress;

(3) Provide disaster behavioral health services to the affected individuals in conjunction with the individual's current support system, in the event that individuals already receiving mental health services are affected;

(4) Provide cost-effective disaster behavioral health services in a manner that is most responsive to the needs of the emergency, incident, or disaster and which is as unobtrusive as possible to the primary services provided by Grantee under this Contract;

(5) Be prepared to provide disaster behavioral health services with little or no advance notice; and

(6) Provide disaster behavioral health services that include but are not limited to: Psychological First Aid (PFA), stress relief, Critical Incident Stress Management (CISM) modalities, crisis counseling, stress management, and the provision of referral services. Grantee shall use standardized data gathering, expense tracking, and reporting forms as provided by the HHSC.

b) Grantee's responsibilities may include, without being limited to, the following:

1) Every six months beginning with the first quarter, Grantee shall provide the

DBHS office, using Form T, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts, the names and 24-hour contact information of:

(a) At least two individuals identified by Grantee who serve as the disaster behavioral health point of contact and are trained in providing disaster behavioral health services;

(b) Grantee's Risk Manager or Safety Officer; and

(c) Grantee's Chief Fiscal Officer or Agent.

2) Information submitted by Grantee shall include whether the identified individuals in 7(a)(1) have been trained in PFA National Incident Management System 100, 200, 300, 700, 800 and/or CISM modalities on the HHSC's Form T, Disaster Contact List, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts.

3) Grantee shall collaborate with HHSC to coordinate disaster/emergency, incident, and/or disaster response activities, including but not limited to community post-emergency, incident, and/or disaster behavioral health needs assessments, standard report of damage to facilities, impact on staff/consumers (evacuated or displaced from residence), and service provision.

4) Grantee shall assign employees trained in PFA, National Incident Management System 100, 200, 700 and/or CISM modalities to assist HHSC during local, state, or federally-declared disasters to meet staffing needs for Disaster District Committees, shelters, morgues, schools, hospitals, Disaster Recovery Centers (DRCs), Medical Operations Centers (MOC), Points of Distribution (POD), community support centers, death notification centers, family assistance centers (FAC), Family Recovery Centers (FRC), or other locations identified by DBHS.

5) Grantee shall contract with HHSC to provide crisis counseling services following federal disaster declarations that include Individual Assistance. These services are funded through the Federal Emergency Management Agency - Crisis Counseling Assistance and Training Program (FEMA-CCP). CCP services include housing, hiring, and co-managing CCP Team(s). (*See* the following link for further federal guidance: https://www.samhsa.gov/dtac/ccp-toolkit.) Contractual responsibilities include adhering to all HHSC required programmatic and financial deadlines, all federal grant guidelines and regulations, and ensuring grant funds are used as efficiently as possible to reduce the risk of fraud, waste, and abuse.

6) Grantee shall participate in emergency management and disaster preparedness response and recovery programs, exercises, drills, and trainings relating to the provision of behavioral health services in emergencies, criminal incidents, or disasters, which focus on prevention, preparedness, response, and recovery.

8. YES Waiver:

a) HHSC is the Texas Medicaid Agency and operates the Section 1915(c) Medicaid Home and Community-Based Services Waiver Program called "YES Waiver." The YES Waiver is administered under Social Security Act § 1915(c). The purpose of this Section is to outline the requirements of the Grantee in providing intake, Wraparound facilitation, and access to the core services for the YES Waiver ("the Waiver"). The YES Waiver serves to prevent or reduce institutionalization or other out-of-home placement of children and adolescents ages 3 through 18 with serious emotional disturbance (SED), enable more flexibility in providing intensive community-based services for children and adolescents with SED, and provide support for their families by improving access to services.

b) As part of the Medicaid application and clinical eligibility determination process, an individual's financial eligibility to receive services under the Waiver based upon Medicaid eligibility requirements is assessed in accordance with 26 TAC § 307.5, YES Eligibility Criteria, and all other eligibility requirements in the YES Manual. Parental income is not included in the determination of financial eligibility, thereby reducing the current incentive for parents to relinquish custody in order to obtain access to Medicaid coverage for mental health treatment.

c) Grantee shall comply with all policies outlined in the current version of the YES Manual and the YES Waiver User Guide (YES User Guide), the CMS YES Waiver Application, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/youth-empowerment-services-waiver-providers, and Title 26 TAC Chapter 307, Subchapter A (Youth Empowerment Services). To the extent this Statement of Work imposes a higher standard, or additional requirements beyond those required by the YES Manual, the terms of this Statement of Work will control. This includes but is not limited to:

(1) Local YES Administrative Activities:

(a) Including requirements found on the LMHA/LBHA website, at a minimum, for LMHA/LBHAs, WPOs, and CWPs:

i. Use HHSC-approved online content, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/youth-empowerment-services-waiver-providers, and information about the YES Waiver program;

ii. List the YES Waiver service array and CWPs available in the LMHA/LBHA service area;

iii. Provide information describing the Wraparound process; and

iv. Use any HHSC-approved multimedia content, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/youth-empowerment-services-waiver-providers, directed and intended for individuals and

providers.

(b) Managing and maintaining an Inquiry List of individuals who are seeking YES Waiver services. This inquiry list should include every caller who contacts the inquiry line to inquire about YES Waiver services even if they are immediately determined to not meet demographic eligibility criteria or are immediately referred to another Level of Care (LOC) or program. This includes but is not limited to:

i. Establishing and maintaining an Inquiry phone line with voice messaging capabilities;

ii. Notifying HHSC if the program experiences any technical issues that impede functionality of the Inquiry Line;

iii. Utilizing HHSC-approved language on the voice message, which shall include all required information (*see* User Guide for Inquiry Line Script, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/youth-empowerment-services-waiver-providers) when answering and returning calls to individuals;

iv. Operating a phone line that is monitored by a live person within normal business hours;

v. Answering or returning calls made to the Inquiry phone line within one business day;

vi. Registering interested individuals on the Inquiry List in the order in which their call is received;

vii. Scheduling an in-person clinical eligibility assessment within seven business days of the date that each individual was determined to meet demographic eligibility. Exceptions to the timeline are considered only at the request of the individual and/or LAR, and must be documented in the individual's case records; and

viii. Submitting a complete and up-to-date Inquiry List to HHSC by the fifth business day of the following month, utilizing the Inquiry List template provided by the HHSC, which is available on the YES Waiver Providers Website: https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/youth-empowerment-services-waiver-providers.

(c) Grantee shall not exceed their maximum enrollment number (capacity) without prior approval from HHSC. Grantee's capacity number is maintained on the YES Waiver Data webpage, which is incorporated by reference and can be found at https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/yes-waiver-data. Grantee shall not exceed the maximum enrollment threshold at any time of the contract year, subject to the following:

i. Except as authorized by HHSC to enroll an individual determined to be at imminent risk of relinquishment in accordance with 26 TAC Section 307.13 and the YES Manual, posted at https://hhs.texas.gov/doing-

business-hhs/provider-portals/behavioral-health-services-providers/youth-empowerment-services-waiver-providers;

ii. Except when an LMHA/LBHA accepts for transfer a client enrolled in the YES Waiver from another LMHA/LBHA; or

iii. Upon approval from HHSC to serve above the stated capacity.

(d) Grantee shall not maintain a wait list for individuals who have called in and inquired about YES Waiver services, or for YES Waiver enrollment for children determined to meet eligibility criteria for YES Waiver. LMHA/LBHA shall not assess individuals from the YES Inquiry List unless the LMHA/LBHA is below the maximum enrollment or authorized by HHSC to enroll a client determined to be at imminent risk of relinquishment, in accordance with 26 TAC Section 307.13 and the YES Manual, posted at https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/youth-empowerment-services-waiver-providers.

(e) Assist with the Waiver enrollment activities of interested individuals by completing all activities necessary for Waiver enrollment. This includes, but is not limited to, assisting in the completion of enrollment activities in accordance with the YES Manual posted at: https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/youth-empowerment-services-waiver-providers.

(f) Assisting individuals in obtaining and maintaining Medicaid eligibility;

(g) Assisting in the completion of necessary enrollment processes, including enrollment forms, provider selections, and notifications and transfers to selected providers as applicable.

(h) Maintaining open and professional communication and coordination with each Wraparound Provider Organization (WPO) and Comprehensive Waiver Provider (CWP);

(i) Responding to or delivering information or documentation to ensure health and safety of clients and timely delivery of YES Waiver services;

(j) Submitting Critical Incident Reports to HHSC within 72 hours of receiving the report, and in compliance with all other requirements contained in the YES Manual;

(k) Adhering to all other requirements in the YES Manual related to conducting child and family team meetings and updating the crisis and safety plan following a critical incident;

(l) Performing Quality Management (QM) activities. Grantee shall collect data, measure, assess, and work to improve dimensions of performance through focus on various aspects of care. Grantee shall include the following activities in the QM Plan outlined above in Section I(A)(5)(h):

i. Assisting in the timely provision of enrollment and delivery of services to Waiver participants;

ii. Adhering to established policies and procedures in the YES Manual and YES User Guide;

iii. Ensuring continuity of care, as applicable; and

iv. Participating in desk or onsite reviews conducted by YES QM department or Wraparound fidelity reviews conducted by HHSC or HHSC Designee at any time designated by HHSC.

(m) Responding to HHSC requests for information and documentation within three (3) business days, unless provided a HHSC-approved extension.

(2) Serve as a WPO when chosen by YES Waiver participants. This includes but is not limited to:

(a) Providing WPO services according to policies outlined as they exist during the Contract term in the YES Manual, which is posted at https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/youth-empowerment-services-waiver-providers, YES User Guide, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/youth-empowerment-services-waiver-providers, in the Centers for Medicare and Medicaid Services (CMS) waiver application, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/youth-empowerment-services-waiver-providers, and in 26 TAC Chapter 307, Subchapter A;

(b) Participating in onsite, telephonic, and/or virtual support with HHSC or an HHSC Designee related to Wraparound fidelity;

(c) Participating in trainings, technical assistance calls, or webinars scheduled and conducted by HHSC or HHSC Designee;

(d) Providing Wraparound according to fidelity requirements outlined by HHSC or HHSC Designee;

(e) Facilitating the development of Waiver participant Individual Plans of Care (IPCs) in accordance with the YES Manual, which is posted at https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/youth-empowerment-services-waiver-providers;

(f) Submitting Initial and Renewal IPCs within 10 business days of the latter of HHSC's authorizing the Clinical Eligibility Determination or being selected by the participant to serve as the WPO. Exceptions to the timeline are considered only at the request of the Waiver participant, LAR or medical consenter, and must be documented in the Waiver participant's case records.

(g) Submitting revision IPCs to CMBHS for approval within five business days of completion and in accordance with the YES Manual, incorporated by reference and posted at https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/youth-empowerment-services-waiver-providers;

(h) Developing the person-centered plan for waiver services using Wraparound Planning Process, in accordance with applicable Waiver standards, policies, and procedures, including 26 TAC Chapter 307, Subchapter A (Youth Empowerment Services);

(i) Providing transition planning and service coordination in accordance with requirements in the YES Manual, incorporated by reference and posted at https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/youth-empowerment-services-waiver-providers, and submitting transition plans within CMBHS in accordance with requirements in the YES Manual and YES User Guide, incorporated by reference and posted at https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/youth-empowerment-services-waiver-providers;

(j) Ensuring that staff providing Wraparound are within the recommended Wraparound provider organizational caseload ratios, including caseloads for other levels of care, outlined in the YES Manual, incorporated by reference and posted at https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/youth-empowerment-services-waiver-providers, and submitting a written request for HHSC Contract Manager approval to exceed caseload sizes, including caseloads for other levels of care, if the situation arises where that is necessary. The written request to exceed caseload sizes, including caseloads for other levels of care, should include a plan to remedy the issue and should be submitted to the HHSC Contract Manager for review and approval;

(k) Monitoring service utilization for compliance with the HHCS-approved IPC for each Waiver participant;

(l) Ensuring all YES providers meet all criminal history, state, and federal registry checks and training requirements, prior to delivery of services and thereafter as required in the YES Manual, incorporated by reference and posted at https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/youth-empowerment-services-waiver-providers,;

(m) Providing engagement activities to facilitate Waiver participation in all Waiver services in the IPC;

(n) Performing Quality Management (QM) activities: Grantee shall collect data, measure, assess and work to improve dimensions of performance through a focus on various aspects of care. Grantee shall include the following activities in the QM Plan outlined in Section I(A)(5)(h):

i. Providing timely access to services;

ii. Developing plans of care and services based on underlying needs and outcome statements;

iii. Ensuring services are provided according to the Waiver participant's HHSC-approved IPC;

iv. Ensuring documented attempts are made to engage natural and formal supports to participate in child and family team meetings;

v. Assuring development and revision of Waiver participant's Wraparound Plan and IPC;

vi. Ensuring health and safety risk factors are identified and updated;

vii. Collecting and analyzing critical incident data;
viii. Ensuring individual service providers are credentialed and trained;
ix. Adhering to established policies and procedures; and
x. Providing continuity of care.

(o) Maintaining open and professional communication and coordination with each Waiver Provider;
(p) Maintaining staff that are dedicated to providing Wraparound facilitation; and
(q) Submitting a written request for approval to operate a blended caseload if any Wraparound facilitators are providing all levels of care and any other services other than Wraparound. The written request to operate a blended caseload should be submitted to the HHSC Contract Manager for review and approval.

(3) Grantee's cooperation with HHSC shall include the following, at minimum:
(a) Cooperating with and assisting HHSC and any state or federal agency charged with the duty of identifying, investigating, sanctioning, or prosecuting suspected fraud and abuse, including the Office of Inspector General at HHSC;
(b) Allowing HHSC access to information or records related to Waiver participants, in accordance with applicable law, rules, or regulations, at no cost to the requesting agency;
(c) Allowing representatives of the HHSC, or the HHSC Designee who is responsible for Wraparound coaching and training and fidelity assessments, and the Texas Department of Family and Protective Services, Office of the Attorney General Medicaid Fraud, and United States Department of Health and Human Services full and free access to Grantee's staff or subcontractors and all locations where the Grantee or subcontractors perform activities related to the Waiver;
(d) Participating in Wraparound fidelity reviews, which includes providing requested client or organizational data and information to HHSC or HHSC Designee; and
(e) Participating in scheduled meetings, webinars, or trainings related to the YES Waiver or Wraparound.

B. Adult Services

1. Community Services:

a) Grantee shall provide the community-based services outlined in Texas Health and Safety Code Chapter § 534.053, which are incorporated into services defined in Information Item G, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts.

b) Grantee shall establish a reasonable standard charge for each service containing an asterisk (*) in Information Item G, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-

services-providers/behavioral-health-provider-resources/community-mental-health-contracts, as required under 25 TAC, Part 1, Chapter 412, Subchapter C (Charges for Community Services).

2. Populations Served:
   a) Adult Mental Health (MH) Priority Population: Adults who have severe and persistent mental illnesses such as schizophrenia, major depression, bipolar disorder, post-traumatic stress disorder, obsessive compulsive disorder, anxiety disorder, attention deficit/hyperactivity disorder, mood disorders, delusional disorder, bulimia nervosa, anorexia nervosa, or other severely disabling mental disorders which require crisis resolution or ongoing and long-term support and treatment.

   b) Initial Eligibility:
      (1) An individual age 18 or older who has a diagnosis of severe and persistent mental illness with the application of significant functional impairment and the highest need for intervention, which is operationalized as the uniform assessment; or

      (2) An individual age 18 or older who was served in children's MH services and meets the children's MH Priority Population definition prior to turning 18 is considered eligible for one year.

   c) Individuals with only the following diagnoses are excluded from this provision:
      (1) Substance Related Disorders as defined in the following DSM-5 diagnostic codes: F10.10-F19.99, Z72.0;

      (2) Mental disorders due to known physiological conditions as defined in the following DSM-5 diagnostic codes: F01-F09;

      (3) Intellectual and Developmental Disability (IDD) as defined in the following DSM-5 diagnostic codes: F70, F71, F72, F73, F79; and

      (4) Autism spectrum disorder as defined in the following DSM-5 diagnostic code F84.0.

   d) Service Determination:
      (1) In determining services to be provided to the adult MH Priority Population, the choice of and admission to medically necessary services is determined jointly by the individual seeking service and Grantee.

      (2) Criteria used to make these determinations are the Level of Care Recommended (*i.e.*, LOC-R) of the individual as derived from the Uniform Assessment (UA), incorporated by reference and posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/local-mental-health-authorities/adult-needs-strengths-assessment, the needs of the individual, Texas Resiliency and Recovery (TRR) Utilization Management (UM) Guidelines, incorporated by reference and posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/utilization-management-guidelines-manual, and the

availability of resources. Clients authorized for care by Grantee through a clinical override are eligible for the duration of the authorization.

e) Continued Eligibility for Services:

(3) Reassessment by the provider and reauthorization of services by Grantee determines continued need for services. This activity is completed according to the UA protocols), incorporated by reference and posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/local-mental-health-authorities/adult-needs-strengths-assessment, and TRR UM Guidelines, incorporated by reference and posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/utilization-management-guidelines-manual.

(4) Assignment of diagnosis in Client Assignment and Registration System (CARE) is required any time the diagnosis changes and at least annually from the last diagnosis entered into CARE.

f) Documentation Required:

In order to assign a primary diagnosis to an individual, documentation of the required diagnostic criteria, and the specific justification of significant functional impairment, shall be included in the client record. This information shall be included as a part of the required assessment information.

g) UA Requirements:

(1) The HHSC-approved UA for Adults includes the following instruments:

(a) Adult Needs and Strengths Assessment (ANSA);

(b) Diagnosis-Specific Clinical Rating Scales;

(c) Community Data; and

(d) Authorized LOC.

(2) The above instruments are required to be completed once an individual has been screened and determined in need of assessment by Grantee. The initial assessment is the clinical process of obtaining and evaluating historical, social, functional, psychiatric, developmental, or other information from the individual seeking services, in order to determine specific treatment and support needs.

(3) Staff administering the instruments must have documented training in the use of the instruments and must be a QMHP-CS, with the exception of the Diagnosis-Specific Clinical Rating Scales which may be administered by a QMHP-CS or Licensed Vocational Nurse (LVN). Staff administering the instruments must have documentation of certification in the ANSA. Certification must be updated annually through a HHSC-approved entity. Grantee can find information related to ANSA training and certification requirements posted at: https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/local-mental-health-authorities/adult-needs-strengths-assessment;

(4) The UA shall be administered according to the timeframes delineated in Information Item C, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts.

h) Adult Data Submission Requirements:

(1) Grantee shall submit all required information in compliance with the schedule established by HHSC through either CARE/WebCare or CMBHS as set forth in the following table:

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Required Submission	Approved Data Submission Methods			
	CMBHSOnline (Use of the CMBHS web interface)	**CMBHS Batch**	**CARE/WebCare Online**	**CARE/WebCare Batch**
TRR Adult UA using the Adult Needs and Strengths Assessment (ANSA)	**Yes**	**Yes**	**No**	**No**
Assignments (Service, Activity, and Destination)	**No**	**No**	**Yes**	**Yes**
Case Maintenance (Case delete, ID merge, and ID split)	**No**	**No**	**Yes**	**No**
Client Profile (New and Updated)	**Yes**	**No**	**Yes**	**Yes**
Diagnosis	**Yes**	**No**	**Yes**	**Yes**
Follow-up Contact	**No**	**No**	**Yes**	**Yes**
CARE County of Residence	**No**	**No**	**Yes**	**No**
Separations	**No**	**No**	**Yes**	**No**
Consent	**Yes**	**No**	**N/A**	**N/A**

(2) Grantee can only batch to CMBHS once it has submitted Form U, CMBHS Assessment Attestation, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts, regarding data exchange.

(3) Grantee shall no longer enter, and HHSC will no longer accept, UA information through WebCare or the CARE System. UA data must be entered into CMBHS online or through a HHSC-approved data exchange process.

3. Service Requirements:

Grantee shall:

a) Comply with UA requirements outlined in Section I(A)(3)(w) above. (UA is not required for individuals whose services are not funded with funds paid to Grantee under this Statement of Work);

b) Implement a Patient and Family Education Program (PFEP) in which clients and family are provided with education and educational materials related to diagnosis and medication. Guidelines to meet this requirement are available from the National

Institute of Mental Health (NIMH), and are incorporated by reference and can be found at http://www.nimh.nih.gov/health/index.shtml. SAMHSA's Illness Management and Recovery Evidence-Based Practices KIT, or alternative guidelines approved by HHSC and posted at https://www.hhs.texas.gov/about-hhs/process-improvement/improving-services-texans/behavioral-health-services/texas-resilience-recovery (on a schedule determined by HHSC) can be used to satisfy this requirement as well. If clients and/or their families and caregivers have not been educated about their diagnosis, the reason for the lack of education shall be documented in the clinical progress notes;

c) Implement Texas Resiliency and Recovery (TRR) and apply to all clients whose services are funded with Statement of Work funds:

(1) Develop a service delivery system in accordance with the most current versions of HHSC's TRR UM Guidelines, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/utilization-management-guidelines-manual, the Adult Needs and Strengths Assessment (ANSA), and the Fidelity Instruments, incorporated by reference and posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/local-mental-health-authorities/adult-needs-strengths-assessment;

(2) Ensure that each adult who is identified as being potentially in need of services is screened to determine if services may be warranted;

(3) Ensure that clients seeking services are assessed to determine if they meet the requirements of adult MH Priority Population, and, if so, ensure that a full assessment is conducted and documented using the most current versions of the HHSC UA instruments, incorporated by reference and posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/local-mental-health-authorities/adult-needs-strengths-assessment. Individuals who are admitted into services whose services are not funded in whole or in part with contract funds are exempt from inclusion in TRR regardless of adult MH Priority Population status;

(4) Make available to each client recommended and authorized for a Level of Care (LOC), as indicated by the Adult Needs and Strengths Assessment (ANSA) all services and supports within the authorized LOC (an authorized LOC is herein referred to as "LOC-A"):

(a) If a non-Medicaid-eligible individual cannot be served in the recommended LOC, or if the individual refuses the recommended LOC, the individual may be served at the next most appropriate LOC. If no services are available at the next most appropriate LOC, then the non-Medicaid-eligible individual shall be placed and monitored on a waiting list;

(b) Medicaid-eligible individuals may not have services denied, reduced, suspended, or terminated due to lack of available resources; and

(c) If a Medicaid-eligible individual refuses the recommended LOC, the individual may be served at the next most appropriate LOC, as long as the services within that LOC are appropriate and medically necessary to address the individual's mental illness;

(5) Ensure that Medicaid-eligible individuals are provided with any medically necessary Medicaid-funded MH services within the recommended LOC without undue delay;

(6) Ensure that Cognitive-Behavioral Therapy (CBT) is provided by a Licensed Practitioner of the Healing Arts (LPHA), practicing within the scope of a license, or, when appropriate and not in conflict with billing requirements, by an individual with a master's degree in a human services field (*e.g.*, psychology, social work, family therapy or counseling), who is pursuing licensure under the direct supervision of an LPHA. The LPHA providing CBT shall meet HHSC competency requirements as outlined in the Information Item A, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts;

(7) Ensure that providers of services and supports within TRR are trained in the HHSC-approved EBPs prior to the provision of these services and supports. HHSC-approved EBPs are:

(a) Assertive Community Treatment Services: Substance Abuse and Mental Health Services Administration (SAMHSA) Assertive Community Treatment Services;

(b) Counseling: Cognitive Behavioral Therapy;

(c) Psychosocial Rehabilitation: SAMHSA Illness Management and Recovery (annual re-certification required);

(d) Psychosocial Rehabilitation: Cognitive Adaptation Training (CAT);

(e) Supported Employment: Individual Placement and Support (IPS) from the IPS Employment Center at the Rockville Institute or SAMHSA-Supported Employment Toolkit;

(f) Supportive Housing: SAMHSA Permanent Supportive Housing Toolkit; and

(g) Co-Occurring Psychiatric and Substance Use Disorders (COPSD) (annual re-certification required);

(8) Ensure that supervisors of services and supports within TRR are trained as trainers in the HHSC-approved EBPs, are trained in the EBPs, or have provided the evidence-based practices prior to the supervision of the EBPs. Supervisors must complete this requirement within 180 calendar days of assuming a supervisory position. If supervisors are unable to complete this requirement within calendar 180 days of assuming the supervisory position, the LMHA/LBHA must submit a plan to HHSC outlining how the supervisor will fulfill this requirement;

(9) Use the UA and other relevant clinical information to document the assessment of individuals seeking services and to reassess current clients in services when

update assessments are due or significant changes in functioning occur, in order to determine the recommended LOC for a client;

(10) LMHAs and LBHAs shall capture referrals due to a positive postpartum depression screening in the "Referral Source" drop-down in the Adult Needs and Strengths Assessment (ANSA) and the Child and Adolescents Needs and Strengths Assessment (CANS). This data shall be submitted to HHSC. Diagnosis of Postpartum Depression by the LMHA or LBHA will be recorded in the uniform assessment diagnostic screen;

(11) Utilize information from the Adult Needs and Strengths Assessment (ANSA) and other relevant clinical information to:

(a) Recommend a LOC;

(b) Determine whether the client should be transferred to another provider; and

(c) Determine if a client should be discharged from services;

(12) Use the flexible funds that shall be made available by Grantee, in accordance with the TRR UM Guidelines;

(13) Assertive Community Treatment (ACT) Services provided by Grantee shall meet the minimum TRR UM Guidelines for LOC-4, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/utilization-management-guidelines-manual, and shall follow the most current Dartmouth Assertive Community Treatment Scale (DACTS) Fidelity Instrument, which is posted at https://www.hhs.texas.gov/about-hhs/process-improvement/improving-services-texans/behavioral-health-services/texas-resilience-recovery;

(14) Application of EBPs: If an individual has a documented need (that is, scoring a 2 or 3) on the Employment, Residential Stability or Substance Abuse items of the ANSA, Grantee shall document encounters using the H2014U3, H2017U3, and H2023 for Employment needs; H2014U2, H2017U2, H0046U2, and H0046U1U2 for Residential Stability; and base procedure codes H2011, H2014, H2017, H0034, and T1017 with the service identifier, "COPSD," for Co-occurring Psychiatric and Substance Use Disorders. These encounters will follow documentation rules outlined in 26 TAC Chapter 306, Subchapter F (Mental Health Rehabilitative Services), and 26 TAC Chapter 306, Subchapter A (Standards for Services to Individuals with Co-occurring Psychiatric and Substance Use Disorders).

(15) Serve individuals, with monies allocated through Crisis Redesign, for engagement, transition, and intensive ongoing services in accordance with TRR UM Guidelines, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/utilization-management-guidelines-manual. CARE Report III shall be completed in accordance with Instructions for MH Report III, Information Item D, and submission timelines as outlined in Information Item S, Submission Calendar, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-

health-provider-resources/community-mental-health-contracts. Performance measures are outlined in Section II. below; and

(16) Maintain access to CMBHS even if Grantee utilizes an approved batch process

d) Submit encounter data for all services according to the procedures, instructions, and schedule established by HHSC, including all required data fields and values in the current version of the HHSC Community Mental Health Service Array. The current version of HHSC Community Mental Health Service Array (*i.e.*, Report Name: INFO Mental Health Service Array Combined) can be found in the Mental and Behavioral Health Outpatient Warehouse (MBOW), in the General Warehouse Information, Specifications subfolder, which is posted at https://hhsc4svpop1.hhsc.txnet.state.tx.us/DataWarehousePage/;

e) Comply with the following Medicaid-related items:

(1) Contract with HHSC to be a provider of Medicaid MH Rehabilitative Services;

(2) Contract with HHSC to be a provider of Medicaid MH Case Management and with HHSC to participate in Medicaid Administrative Claiming;

(3) Recognize that funding earned through billings to Texas Medicaid and Healthcare Partnership (TMHP) for Medicaid MH Case Management and Medicaid MH Rehabilitative Services represents the federal share and the State match; and

(4) Submit billing for the provision of Medicaid MH Case Management and Medicaid MH Rehabilitative Services to TMHP in accordance with the Texas Medicaid Provider Procedures Manual, which is posted at https://www.tmhp.com/resources/provider-manuals/tmppm;

f) Utilize non-contract funds and other funding sources (*i.e.*, any person or entity that is legally responsible for paying for all or part of the services provided, including commercial health or liability insurance carriers, Medicaid, or other Federal, State, or local, or private, funding sources) whenever possible to maximize Grantee's financial resources. Grantee therefore must:

(1) Enter into network provider agreements with, and bill, managed care organizations (MCOs) for Medicaid- and CHIP-covered services, provided Grantee can reach mutually agreeable terms and conditions with Medicaid and CHIP MCOs;

(2) Become a Medicaid provider and bill the HHSC claims administrator for Medicaid-covered services provided to traditional Medicaid clients;

(3) Provide assistance to individuals to enroll in such programs when the screening process indicates possible eligibility for such programs;

(4) Comply with the Charges for Community Services Rule as set forth in 25 TAC Chapter 412, Subchapter C *et seq.* (Charges for Community Services), to maximize reimbursement from individuals with an ability to pay for services provided;

(5) Bill all other funding sources for services provided under this Contract before submitting any request for reimbursement to HHSC;

(6) Provide all billing functions at no cost to the client;

(7) Use Temporary Assistance for Needy Families (TANF), and Social Services Block Grant (SSBG or Title XX) funds to provide comprehensive community MH services to clients with severe and persistent mental illness; and

(8) Utilize funds under 42 USC § 1397 (Title XX) for the following services and expenditures for Title XX to clients in the adult MH Priority Population defined above in Section (I)(B)(2)(a):

(a) Case management services, which are services or activities for the arrangement, coordination, and monitoring of services to meet the needs of individuals and families. Component services and activities may include individual service plan development, counseling, monitoring, developing, securing, and coordinating services; monitoring and evaluating client progress; and assuring that clients' rights are protected. This service includes Routine Case Management as defined in Information Item G, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts;

(b) Education and Training Services, which are those services provided to improve knowledge or daily living skills and to enhance cultural opportunities. Services may include instruction or training in, but are not limited to, such issues as consumer education, health education, community protection and safety education, literacy education, English as a second language, and General Educational Development (G.E.D.). Component services or activities may include screening, assessment, and testing; individual or group instruction; tutoring; provision of books, supplies, and instructional material; counseling; transportation; and referral to community resources;

(c) Psychosocial Rehabilitative Services and Skills Training and Development Services as defined in Information Item G, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts;

(d) Housing services, which are those services or activities designed to assist individuals or families in locating, obtaining, or retaining suitable housing. Component services or activities may include tenant counseling; helping individuals and families to identify and correct substandard housing conditions on behalf of individuals and families who are unable to protect their own interests; and assisting individuals and families to understand leases, to secure utilities, or to make moving arrangements and minor renovations. This service includes Supportive Housing as defined in Information Item G, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-

portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts;

(e) Employment Services, which are those services or activities provided to assist individuals in securing employment or acquiring or learning skills that promote opportunities for employment. Component services or activities may include employment screening, assessment, or testing; structured job skills and job-seeking skills; specialized therapy (*e.g.*, occupational, speech, physical); special training and tutoring, including literacy training and pre-vocational training; provision of books, supplies, and instructional material; counseling; transportation; and referral to community resources. This service includes Supported Employment as defined in Information Item G, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts;

(f) Counseling services, which are services or activities that apply therapeutic processes to personal, family, situational, or occupational problems, in order to bring about a positive resolution of the problem and improve individual and family functioning or circumstances. This service includes Counseling as defined in Information Item G, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts. Problem areas may include:

i. Family and marital relationships;
ii. Parent-child problems; and/or
iii. Drug abuse when in conjunction with a serious emotional disturbance;

(g) Health related and home health services, which are those in-home or out-of-home services or activities designed to assist individuals and families to attain and maintain a favorable condition of health. Component services and activities may include providing an analysis or assessment of an individual's health problems and the development of a recovery plan; assisting individuals to identify and understand their health needs; assisting individuals to locate, provide/secure, and utilize appropriate medical treatment, preventive medical care, and health maintenance services, including in-home health services and emergency medical services; and providing follow-up services as needed. This service includes Pharmacological Management as defined in Information Item G, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts;

(h) Report this information on Form L, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts; and

(i) Other services meeting the requirements for TANF or Title XX funds, as approved by HHSC;

g) Provide services to all clients without regard to the client's history of arrest, charge, fine, indictment, incarceration, sentence, conviction, probation, deferred adjudication, or community supervision for a criminal offense;

h) Develop and implement written procedures to identify clients with Co-Occurring Psychiatric and Substance Use Disorders (COPSD), identify available resources, provide referrals and continuity of care for ongoing services as necessary to address the client's unmet substance-use treatment needs in accordance with 26 TAC Chapter 306, Subchapter A (Standards for Services to Individuals with Co-Occurring Psychiatric and Substance Use Disorder. Nothing herein shall prohibit a physician from considering a client's substance use in prescribing medications;

i) Conduct assessments in order to determine adult mental health Priority Population eligibility. Assessments not conducted in person must comply with the requirements in Section I(A)(5)(n) of this Attachment;

j) Submit financial data regarding co-pays, deductibles, and premiums related to Medicare Part D or other information related to expenditures for medications as requested by HHSC in the form and format prescribed by HHSC within its request; and

k) Implement crisis services in compliance with the standards outlined in Crisis Service Standards, Information Item V, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts.

C. Children Services

1. Community Services:

   a) Grantee shall provide the community-based services outlined in Texas Health and Safety Code Texas Health and Safety Code Chapter § 534.053, as incorporated into services defined in Information Item G, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts.

   b) Grantee shall establish a reasonable standard charge for each service containing an asterisk (*) in Information Item G, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts, as required under 25 TAC, Part 1, Chapter 412, Subchapter C (Charges for Community Services).

2. Populations Served:

   a) Child Mental Health (MH) Priority Population – The children's MH Priority Population are children ages three through 17 years of age with serious emotional disturbance (excluding a single diagnosis of substance abuse, intellectual or

developmental disability, or autism spectrum disorder), who have a serious functional impairment, or who:

(1) Are at risk of disruption of a preferred living or children care environment due to psychiatric symptoms; or

(2) Are enrolled in special education because of a serious emotional disturbance.

b) CMH Ineligible Codes:

(1) Ineligible single diagnoses of Substance Related Disorders are defined in the following DSM-5 diagnostic codes (same as Adult Mental Health (AMH)): F10.10, F10.121, F10.129, F10.14, F10.159, F10.180, F10.181, F10.20, F10.221, F10.229, F10.231, F10.232, F10.239, F10.24, F10.259, F10.26, F10.27, F10.280, F10.281, F10.182 F10.288, F10.921, F10.929, F10.94, F10.959, F10.96, F10.97, F10.980, F10.981, F10.982, F10.988, F10.99, F11.10, F11.121, F11.122, F11.129, F11.14, F11.181, F11.188, F11.20, F11.221, F11.222, F11.229, F11.23, F11.24, F11.182, F11.281, F11.282, F11.288, F11.921, F11.922, F11.929, F11.94, F11.981, F11.982, F11.988, F11.99, F12.10, F12.121, F12.122, F12.129, F12.159, F12.180, F12.188, F12.20, F12.221, F12.222, F12.229, F12.259, F12.280, F12.288, F12.921, F12.922, F12.929, F12.959, F12.980, F12.988, F12.99, F13.10, F13.121, F13.129, F13.14, F13.159, F13.180, F13.181, F13.182, F13.20, F13.221, F13.229, F13.231, F13.232, F13.239, F13.24, F13.259, F13.27, F13.280, F13.281, F13.282, F13.288, F13.921, F13.929, F13.94, F13.959, F13.97, F13.980, F13.981, F13.982, F13.988, F13.99, F14.10, F14.121, F14.122, F14.129, F14.14, F14.159, F14.180, F14.181, F14.182, F14.188, F14.20, F14.221, F14.222, F14.229, F14.23, F14.24, F14.259, F14.280, F14.281, F14.282, F14.288, F14.921, F14.922, F14.929, F14.94, F14.959, F14.980, F14.981, F14.982, F14.988, F14.99, F15. 229, F15.10, F15.121, F15.122, F15.129, F15.14, F15.159, F15.180, F15.181, F15.188, F15.20, F15.221, F15.222, F15.23, F15.24, F15.259, F15.280, F15.281, F15.288, F15.921, F15.922, F15.929, F15.93, F15.94, F15.959, F15.980, F15.981, F15.988, F15.99, F16.10, F16.121, F16.129, F16.14, F16.159, F16.180, F16.20, F16.221, F16.229, F16.24, F16.259, F16.280, F16.921, F16.929, F16.94, F16.959, F16.980, F16.983, F16.99, F17.200, F17.203, F17.208, F17.209, F18.10, F18.121, F18.129, F18.14, F18.159, F18.17, F18.180, F18.188, F18.20, F18.221, F18.229, F18.24, F18.259, F18.27, F18.280, F18.288, F18.921, F18.929, F18.94, F18.959, F18.97, F18.980, F18.988, F18.99, F19.10, F19.121, F19.129, F19.14, F19.159, F19.17, F19.180, F19.181, F19.182, F19.188, F19.20, F19.221, F19.229, F19.231, F19.239, F19.24, F19.259, F19.27, F19.280, F19.281, F19.282, F19.288, F19.921, F19.94, F19.959, F19.97, F19.980, F19.981, F19.982, F19.988, F19.99, Z72.0;

(2) Ineligible diagnoses for IDD (same as AMH): F70, F71, F72, F73, F79; and

(3) Ineligible diagnosis for Autism spectrum disorder: F84.0.

c) Age Limitations:

(1) Children under the age of three who have been diagnosed physical or mental health condition are to be served through the Early Childhood Intervention (ECI) program; and

(2) Children 17 years old or younger must be screened for CMH services. Children receiving CMH services who are approaching their 16th birthday and continue to need mental health services shall be screened for Transition-Age Youth (LOC-TAY) Services or be transferred to Adult Mental Health (AMH) Services on their 18th birthday. Children may be referred to another community provider, depending upon the individual's needs. Individuals reaching 18 years of age who continue to need mental health services may be transferred to AMH services without meeting the adult MH Priority Population criteria and served for up to one additional year. Individuals who are 18 years of age or older and have previously received CMH services must be screened for LOC-TAY or AMH services using HHSC-approved UA.

(3) For purposes of this Contract, definitions of "child," and "transition age youth" are as follows:

(a) "Child" means an individual who is at least three years of age, but younger than 17 years of age; and

(b) "Transition Age Youth" means an individual who is at least 16 years of age, but younger than 26 years of age.

d) Service Determination:

(1) In determining services and supports to be provided to the child and family, the choice of and admission to medically necessary services and supports are determined jointly by the child and/or family/LAR and the Grantee.

(2) Criteria used to make these determinations are from the recommended LOC (LOC-R) of the individual, as derived from the UA, the needs of the individual, TRR UM Guidelines, and the availability of resources.

(3) Children authorized for care by Grantee through a clinical override are eligible for the duration of the authorization. A clinical override for ineligible children may not exceed a maximum of two (2) consecutive authorizations.

e) Continued Eligibility for Services:

(1) Reassessment by the provider and reauthorization of services by Grantee determine whether a continued need for services is warranted. This activity is completed according to the UA protocols and TRR UM Guidelines every 90days or more frequently, as needed; and

(2) Assignment of diagnosis in CARE is required at any time the primary diagnosis changes and at least annually from the last diagnosis entered into CARE.

f) The LPHA's determination of diagnosis shall include an interview with the individual and/or guardian/LAR. In order to assign a diagnosis to an individual, documentation by Grantee of the required diagnostic criteria shall be included in Grantee's client record and transmitted to HHSC as part of the required assessment information.

g) UA Requirements:

(1) HHSC-approved UA, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/local-mental-health-authorities/child-adolescent-needs-strengths-assessment, for children includes the following instruments:
(a) Child and Adolescent Needs and Strengths Assessment (CANS);
(b) Community Data;
(c) Deviation Reason Required; and
(d) Authorized LOC.

(2) The above instruments are required to be completed once an individual has been screened and determined in need of assessment from Grantee. The initial assessment is the clinical process of obtaining and evaluating historical, familial, educational, social, functional, psychiatric, and developmental systems involved, or other information from the individual seeking services, in order to determine specific treatment and support needs.

(3) Staff administering the instruments shall be a Qualified Mental Health Professional - Community Services (QMHP-CS) and have documented training in the use of the instruments. Staff administering the instruments must have documentation of current certification in the CANS. Certification must be updated annually through a HHSC-approved entity. Grantee can find information related to CANS training and certification requirements posted at: https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/local-mental-health-authorities/child-adolescent-needs-strengths-assessment.

(4) The UA shall be administered according to the timeframes delineated in Information Item C, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts (Child and Adolescent Uniform Assessment).

h) Child Data Submission Requirements:

(1) Grantee shall submit all required information in compliance with the schedule established by HHSC through either CARE/WebCare or CMBHS, as set forth in the following table:

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Required Submission	Approved Data Submission Methods			
	CMBHSOnline (Use of the CMBHS web interface)	**CMBHS Batch**	**CARE/WebCare Online**	**CARE/WebCare Batch**
TRR Child UA using the Child and Adolescent Needs Assessment (CANS)	**Yes**	**Yes**	**No**	**No**
Assignments (Service, Activity, and Destination)	**No**	**No**	**Yes**	**Yes**
Case Maintenance (Case delete, ID merge, and ID split)	**No**	**No**	**Yes**	**No**
Client Profile (New and Updated)	**Yes**	**No**	**Yes**	**Yes**
Diagnosis	**Yes**	**No**	**Yes**	**Yes**
Follow-up Contact	**No**	**No**	**Yes**	**Yes**
CARE County of Residence	**No**	**No**	**Yes**	**No**
Separations	**No**	**No**	**Yes**	**No**
Consent	**Yes**	**No**	**N/A**	**N/A**

(2) Grantee may only batch to CMBHS if Grantee has submitted Form U, CMBHS Assessment Attestation, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts, regarding data exchange.

(3) Grantee shall no longer enter, and HHSC will no longer accept, UA information through WebCare or the CARE System.

(4) UA data must be entered into CMBHS online or through a HHSC-approved data exchange process.

3. Service Requirements:

a) Grantee shall comply with UA requirements outlined in Section I.A(3)(w) above. (UA is not required for individuals whose services are not funded with funds paid to Grantee under this Statement of Work).

b) Children's MH case managers can access and use Texas' Health and Human Services 211, https://www.211texas.org/cms/, to facilitate access to a continuum of services both locally and throughout the state.

c) Grantee shall implement a Patient and Family Education Program (PFEP) in which clients and family are provided with education and educational materials related to diagnosis and medication. Guidelines to meet this requirement are available from the NIMH, and are which is posted at http://www.nimh.nih.gov/health/index.shtml. Other alternative guidelines approved by HHSC and posted on the HHSC website at https://www.hhs.texas.gov/about-hhs/process-improvement/improving-services-texans/behavioral-health-services/texas-resilience-recovery (on a schedule determined by HHSC) can also be used to satisfy this requirement. If clients and/or their families and caregivers have not been educated about their diagnosis, the reason for the lack of education shall be documented in the clinical progress notes.

d) Grantee shall apply Texas Resiliency and Recovery (TRR) to all client services funded with contract funds in accordance with the following standards:

(1) Provide services in accordance with the most current versions of HHSC's TRR Utilization Management (UM) Guidelines, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/utilization-management-guidelines-manual, the Uniform Assessment (UA), including the CANS, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/local-mental-health-authorities/child-adolescent-needs-strengths-assessment, and Information Item V (for Crisis Services), which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts.

(2) Each child for whom services are requested shall be screened in order to determine if they are part of the children's MH Priority Population and if services are warranted.

(3) Children seeking services are assessed in order to determine if they meet the requirements of children's MH Priority Population, and, if so, a full assessment shall be conducted and documented using the most current versions of the HHSC UA instruments, including the CANS, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/local-mental-health-authorities/child-adolescent-needs-strengths-assessment. Individuals whose services are not funded with Contract funds are exempt from inclusion in TRR, regardless of children's MH Priority Population status.

(4) Make available to each client who is recommended and authorized for a LOC, as indicated by the UA, which includes the CANS, all services and supports within the LOC-A:

(a) Any eligible child may not be deviated downward more than one LOC without written documentation supporting clinical need for the deviation. If

client and LAR refuse the entire LOC, the child may not be deviated downward more than one LOC without written documentation that the child and LAR have received a detailed explanation of the increased risks that the child may experience by not receiving the appropriate LOC and the impact that providing a lower LOC may have on the treatment outcomes and negative impact on the prognosis of the child. (For example, LOC-4 may not be deviated downward to LOC-1.)

(b) Medicaid-eligible children may not have services denied, reduced, suspended, or terminated due to lack of available resources. If a Medicaid-eligible child, or his/her LAR, refuses the recommended LOC, the child may be served at the next most appropriate LOC as long as the services within that LOC are appropriate and medically necessary to address the child's emotional disturbance. The LOC should not be reduced if the child, or LAR refuses Family Partner services or family support groups only.

(5) Medicaid-eligible children shall be provided with any medically necessary Medicaid-funded MH services within the recommended LOC without undue delay;

(6) Grantee shall meet all training requirements, as well as require all TRR service subcontractors to meet all training requirements of the HHSC-approved EBPs, which is posted at https://www.hhs.texas.gov/about-hhs/process-improvement/improving-services-texans/behavioral-health-services/texas-resilience-recovery, prior to the provision of these services and supports as outlined in Information Item A, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts. Completion of the training requirements shall be documented and maintained by Grantee and Grantee's subcontractors.

(7) Wraparound Treatment Planning: This is a required component of Intensive Case Management (ICM) and shall be implemented as outlined in 26 TAC Chapter 306, Subchapter E. Training requirements are outlined in Information Item A, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts.

(a) Case Managers must provide a Wraparound Planning Process when providing Intensive Case Management in the TRR levels of care where ICM is a core service.

(b) Case Managers must provide a Wraparound Planning Process according to the HHSC-approved model, which is posted at https://www.nwic.org/, with further information posted at: https://theinstitute.umaryland.edu/our-work/texas-center/wraparound/.

(c) Grantee shall maintain sufficient staff to provide Wraparound services for eligible children authorized through LOC-4.

(8) Counseling: Counseling services shall be provided by a Licensed Practitioner of the Healing Arts (LPHA), practicing within the scope of a license, or, when

appropriate and not in conflict with billing requirements, by an individual with a master's degree in a human services field (*e.g.*, psychology, social work, counseling) who is pursuing licensure under the direct supervision of an LPHA. The following are HHSC-approved models of counseling and must adhere to training and/or competency requirements outlined in Information A and TRR UM Guidelines:

(a) Cognitive Behavioral Therapy (CBT);

(b) Trauma-Focused Cognitive Behavioral Therapy (TF-CBT);

(c) Parent-Child Psychotherapy and Parent Child Interaction Therapy (PCIT);

(d) Family Therapy; and

(e) Play Therapy.

(9) Grantee shall ensure that supervisors of services and supports within TRR are trained in the HHSC-approved EBPs, which is posted at https://www.hhs.texas.gov/about-hhs/process-improvement/improving-services-texans/behavioral-health-services/texas-resilience-recovery, and preferably have provided the EBPs prior to the supervision of the EBPs. Supervisors must complete this requirement within 180 calendar days of assuming a supervisory position. If supervisors are unable to complete this requirement within 180 calendar days of assuming the supervisory position, the LMHA/LBHA must submit a plan to HHSC outlining how the supervisor will fulfill this requirement. Clinical supervisors providing Skills Training and Development services for a QMHP-CS in training must be currently licensed as a QMHP-CS.

(10) Use the UA, which includes CANS, to:

(a) Document the assessment of individuals seeking services;

(b) Reassess current children in services when update assessments are due, which is every 90 days, or when service needs have changed, in order to determine the recommended LOC for a child as indicated in Information Item C, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts;

(c) Help family partners guide the treatment/recovery plan, and support, and engage families utilizing skills training, education, resources, and advocacy; and

(d) Review the recovery plan to determine if the plan adequately assists the individual in achieving recovery through the identified goals, objectives, and needs in collaboration with the child and/or LAR:

i. at intervals outlined in the TRR UM Guidelines, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/utilization-management-guidelines-manual;

ii. as clinically indicated; or

iii. as guided/requested by the individual, LAR, or primary caregiver.

(11) Grantee shall develop a safety plan in the individual's chart when suicide risk is present.

(12) Grantee shall set aside Flexible Funds totaling $1,500 per child for 10% of those children eligible to receive LOC-4 or authorized in Level of Care Residential Treatment Center (LOC-RTC). Use of Flexible Funds should occur in accordance with the TRR UM Guidelines. Flexible funds to support family visitation are approved for children authorized in LOC-RTC.

(13) Grantee shall hire or contract with a Certified Family Partner to provide peer mentoring and support to parents/primary caregivers of children. Certified Family Partners hired or contracted must meet the qualifications outlined in 26 TAC §306.305.

(14) Grantee shall ensure that the Family Partner:

(a) Receives the appropriate training and supervision (by a Qualified Mental Health Professional - Community Services (QMHP-CS) or higher); and

(b) Attends the monthly HHSC-scheduled Certified Family Partner (CFP) technical assistance call. Grantee can find the CFP technical assistance call schedule at: https://txhhs.sharepoint.com/sites/hhsc/hsosm/iddbhs/bhs/mhppp/mhs/cmhs/cfp/SitePages/Certified-Family-Partners.aspx.

(15) Grantee shall identify a person licensed as a QMHP-CS or higher to supervise the Certified Family Partner(s):

(a) The CFP Supervisor must successfully complete the Certified Family Partner supervisor's training within one year of assuming this role; and

(b) The CFP Supervisor must attend the regularly scheduled HHSC CFP Technical Assistance Call. The CFP Supervisor may delegate attendance to the CFP during the CFP Supervisor's absence.

(16) Grantee shall serve individuals with funding allocated through Crisis Redesign for engagement, transition, and intensive ongoing services in accordance with TRR UM Guidelines, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/utilization-management-guidelines-manual.

(17) CARE Report III shall be completed in accordance with Information Item D and submission timelines as outlined in Information Item S, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts.

(18) Performance measures are outlined below in Section II.

(19) Grantee shall make family support groups, which shall meet at least on a monthly basis, available to the caregivers of children with serious emotional disturbances.

(20) Grantee shall maintain access to CMBHS even if Grantee utilizes an approved batch process.

e) Submit encounter data for all services according to the procedures, instructions, and schedule established by HHSC, including all required data fields and values in the current version of the HHSC Community Mental Health Service Array. The current version of HHSC Community Mental Health Service Array (*i.e.*, Report Name: INFO Mental Health Service Array Combined) can be found in the Mental and Behavioral Health Outpatient Warehouse (MBOW) in the Consumer Analysis (CA) General Warehouse Information, Specifications subfolder, which is posted at https://hhsc4svpop1.hhsc.txnet.state.tx.us/DataWarehousePage/.

f) Grantee shall comply with the following Medicaid-related requirements:

(1) Contract with HHSC to be a provider for Medicaid MH Rehabilitative Services and Medicaid MH Case Management;

(2) Contract with HHSC to participate in Medicaid Administrative Claiming;

(3) Recognize that funding earned through billings to Texas Medicaid & Healthcare Partnership (TMHP) for Medicaid MH Case Management and Medicaid MH Rehabilitative Services represents the federal share and the State match;

(4) Submit billing for the provision of Medicaid MH Case Management and Medicaid MH Rehabilitative Services to TMHP in accordance with the Texas Medicaid Provider Procedures Manual, which is posted at https://www.tmhp.com/resources/provider-manuals/tmppm; and

(5) Adhere to MH Rehabilitative Service delivery requirements outlined in 26 TAC Chapter 306, Subchapter F.

g) Grantee shall utilize non-contract funds and other funding sources (*i.e.*, any person or entity who has the legal responsibility for paying all or part of the services provided, including commercial health or liability insurance carriers, Medicaid, or other Federal, State, or local, or private, funding sources) whenever possible to maximize Grantee's financial resources. Grantee shall comply with the following requirements:

(1) Provided the Grantee can reach mutually agreeable terms and conditions with Medicaid and CHIP managed care organizations (MCOs), Grantee shall enter into network provider agreements with and bill MCOs for Medicaid- and CHIP-covered services;

(2) Become a Medicaid provider and bill the HHSC claims administrator for Medicaid-covered services provided to traditional Medicaid clients;

(3) Provide assistance to individuals to enroll in such programs when the screening process indicates possible eligibility for such programs;

(4) Comply with the Charges for Community Services Rule as set forth in 25 TAC Chapter 412, Subchapter C *et seq.* (Chares for Community Services), to maximize reimbursement from individuals with an ability to pay for services provided.

(5) Maintain appropriate documentation from the third-party payors reflecting attempts to obtain reimbursement;

(6) Bill all other funding sources for services provided under this Contract before submitting any request for reimbursement to HHSC; and

(7) Provide all billing functions at no cost to the client.

h) Grantee shall use Temporary Assistance for Needy (TANF), and Social Services Block Grant (SSBG or Title XX) funds to provide comprehensive community MH services to clients with serious emotional disturbances. Grantee shall utilize the SSBG under 42 USC § 1397 *et seq.* (also known as Title XX of the Social Security Act) for following services to clients in the children's MH Priority Population:

(1) Case management services, which are services or activities for the arrangement, coordination, and monitoring of services to meet the needs of individuals and families. Component services and activities may include individual service plan development, counseling, monitoring, developing, securing, and coordinating services; monitoring and evaluating client progress; and assuring that clients' rights are protected. This service includes Routine Case Management, Intensive Case Management, and Family Case Management as defined in Information Item G, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts;

(2) Education and Training Services, which are those services provided to improve knowledge or daily living skills and to enhance cultural opportunities. Services may include, but are not limited to, instruction or training in such issues as consumer education, health education, community protection and safety education, literacy education, English as a second language, and General Educational Development (G.E.D.). Component services or activities may include, but are not limited to, screening, assessment, and testing; individual or group instruction; tutoring; provision of books, supplies, and instructional material; counseling; transportation; and referral to community resources. This service includes Skills Training and Development Services as defined in Information Item G, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts;

(3) Counseling services, which are services or activities that apply therapeutic processes to personal, family, and situational problems in order to bring about a positive resolution of the problem and improve individual and family functioning or circumstances. Problem areas may include:

(a) Family relationships;

(b) Parent-child problems;

(c) Depression;

(d) Child abuse;

(e) Anxiety;

(f) Trauma responses (child traumatic stress or Post-Traumatic Stress Disorder); or

(g) Substance use and misuse when in conjunction with a serious emotional disturbance. This service includes Counseling as defined in Information Item G, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts;

(4) Health-related and home health services are those in-home or out-of-home services or activities designed to assist individuals and families to attain and maintain a favorable condition of health. Component services and activities may include providing an analysis or assessment of an individual's health problems and the development of a recovery plan; assisting individuals to identify and understand their health needs; assisting individuals to locate, provide/secure, and utilize appropriate medical treatment, preventive medical care, and health maintenance services, including in-home health services and emergency medical services; and providing follow-up services as needed. This service includes Pharmacological Management as defined in Information Item G, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts;

(5) Special services for clients involved, or at risk of involvement, with criminal/delinquent activity—which are those services or activities for clients who are, or who may become, involved with the juvenile justice system. Component services or activities are designed to enhance family functioning and modify the client's behavior with the goal of developing socially appropriate behavior, and may include counseling, intervention therapy, and residential and medical services if included as an integral but subordinate part of the service. This service includes Skills Training and Family Trainings as defined in Information Item G, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts;

(6) Other services meeting the requirement of TANF or Title XX funds as approved by HHSC; and

(7) Report this information on Form L, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts.

i) Grantee shall provide services to all clients without regard to the client's history of arrest, charge, fine, indictment, incarceration, sentence, conviction, probation, deferred adjudication, or community supervision for a criminal offense.

j) Grantee shall develop and implement written procedures to identify clients and to ensure continuity of screening, assessment, and treatment services provided to

individuals with Co-Occurring Psychiatric and Substance Use Disorders (COPSD), in accordance with 26 TAC Chapter 306, Subchapter A.

(1) Grantee shall ensure that both mental health and substance use needs are being concurrently addressed.

(2) Grantee shall for continuity-of-care purposes:

(a) Identify available resources (internal and external); and

(b) Provide referrals and referral follow-up for ongoing services as clinically indicated to address the client's substance use needs while receiving mental health services, and document in his/her electronic health record.

(3) Nothing herein shall prohibit a physician from considering a client's substance use in prescribing medications.

k) Coordinate Residential Treatment Center (RTC) services as required in Attachment A08, Residential Treatment Center Integration, and:

(1) Designate a Point of Contact (POC) to coordinate the referral process for children referred to a HHSC-funded RTC, and participate HHSC RTC Technical Assistance Calls as scheduled and conducted by HHSC;

(2) Conduct initial and on-going diagnostic assessments with the individual to determine children's MH Priority Population eligibility. (Use of ongoing synchronous audiovisual or synchronous audio-only technology for diagnostic assessments, utilizing data collected from the child, the child's LAR, and/or child's RTC therapist, are only approved for children referred to a HHSC-funded RTC outside of Grantee's LSA);

(3) Enroll the child into Level of Care Residential Treatment Center (LOC-RTC) within 14 calendar days of admission to a HHSC-funded RTC;

(4) Provide core services (*i.e.*, routine case management and family partner supports) which are available within the LOC-RTC, as outlined in the TRR UM Guidelines, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/utilization-management-guidelines-manual; and

(5) Collaborate with the child, or his/her LAR, and the RTC, to ensure continuity of care and transitional outpatient services post-discharge from a HHSC-funded RTC.

l) Grantee shall implement crisis services in compliance with the standards outlined in Information Item V, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts.

m) Grantee shall require the Children's Mental Health Director to attend the regularly scheduled HHSC Children's Mental Health Directors Technical Assistance Call, or any other Children's Mental Health Director-specific calls as scheduled and conducted by HHSC, upon which Grantee will be notified by written communication.

SECTION II. SERVICE TARGETS, OUTCOMES, AND PERFORMANCE MEASURES

A. Grantee shall meet the service targets, performance measures, and outcomes outlined below. Detailed information pertaining to calculations and data sources can be found in Information Item C, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts.

B. Remedies and Sanctions associated with these service targets, performance measures, and outcomes will be imposed in accordance with the terms included in this Statement of Work or Article VII of Contract Attachment D, Local Mental Health Authority Special Conditions, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts.

C. At-Risk Performance Measures

Ten percent of funds allocated from the Community Mental Health Services-Adults (*i.e.*, General Appropriations Act, Article II, HHSC Appropriation D.2.1), Community Mental Health Services-Children (*i.e.*, General Appropriations Act, Article II, HHSC Appropriation D.2.2) and Community Mental Health Crisis Services (*i.e.*, General Appropriations Act, Article II, HHSC Appropriation D.2.3) appropriations are held at risk and subject to recoupment if Contractor does not meet At-Risk Performance Measure targets. At-Risk Measures shall be assessed 37 calendar days following the close of Quarter 2 (measuring Quarters 1 and 2) and Quarter 4 (Measuring Quarters 3 and 4). Quarters start September 1st of each year and end August 31st of each year. The Adult Improvement and Child Improvement measures are weighted at 2.0 percent of total general revenue funding; the remaining measures are weighted equally at 1.2 percent of general revenue funding. For each outcome target Grantee does not meet, HHSC shall recoup a percentage of Grantee's general revenue funding for the current two quarters. Funding shall be recouped from the Adult, Child, and Crisis strategies in proportion to the percentage of funding in each strategy. Grantees meeting all At-Risk Measure targets may be eligible for redistribution of recouped general revenue funds.

1. Adult Improvement: At least 20.0% of adults authorized into a Full Level of Care (FLOC), as defined in Information Item C, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts, shall show improvement in at least one of the following ANSA domains/modules: Risk Behaviors, Behavioral Health Needs, Life Domain Functioning, Strengths, Adjustment to Trauma, or Substance Use.
    a) If the percentage improved is at least 19.0% but less than 20.0%, the amount recouped is 0.4%.
    b) If the percentage improved is at least 18.0% but less than 19.0%, the amount recouped is 0.8%.

c) If the percentage improved is at least 17.0% but less than 18.0%, the amount recouped is 1.2%.

d) If the percentage improved is at least 16.0% but less than 17.0%, the amount recouped is 1.6%.

e) If the percentage improved is less than 16.0%, the amount recouped is 2.0%.

2. Child Improvement: At least 25.0% of children authorized in a FLOC (as defined in Information Item C, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts) shall show reliable improvement in at least one of the following CANS domains/modules: Child Risk Behaviors, Behavioral and Emotional Needs, Life Domain Functioning, Child Strengths, Adjustment to Trauma, or Substance Use.

   a) If the percentage improved is at least 23.8% but less than 25.0%, the amount recouped is 0.4%.

   b) If the percentage improved is at least 22.5% but less than 23.8%, the amount recouped is 0.8%.

   c) If the percentage improved is at least 21.3% but less than 22.5%, the amount recouped is 1.2%.

   d) If the percentage improved is at least 20.0% but less than 21.3%, the amount recouped is 1.6%.

   e) If the percentage improved is less than 20.0%, the amount recouped is 2.0%.

3. School Performance: At least 60.0% of children authorized in a FLOC (as defined in Information Item C, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts) shall have acceptable or improved school performance.

   a) If the percentage improved is at least 57.0% but less than 60.0%, the amount recouped is 0.24%.

   b) If the percentage improved is at least 54.0% but less than 57.0%, the amount recouped is 0.48%.

   c) If the percentage improved is at least 51.0% but less than 54.0%, the amount recouped is 0.72%.

   d) If the percentage improved is at least 48.0% but less than 51.0%, the amount recouped is 0.96%.

   e) If the percentage improved is less than 48.0%, the amount recouped is 1.2%.

4. Community Tenure: At least 96.8% of individuals (adults and children) authorized in a FLOC (as defined in Information Item C, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-

contracts) shall avoid hospitalization in a HHSC Inpatient Bed throughout the measurement period.

a) If the percentage avoiding hospitalization is at least 92.0% but less than 96.8%, the amount recouped is 0.24%.

b) If the percentage avoiding hospitalization is at least 87.1% but less than 92.0%, the amount recouped is 0.48%.

c) If the percentage avoiding hospitalization is at least 82.3% but less than 87.1%, the amount recouped is 0.72%.

d) If the percentage avoiding hospitalization is at least 77.4% but less than 82.3%, the amount recouped is 0.96%.

e) If the percentage avoiding hospitalization is less than 77.4%, the amount recouped is 1.2%.

5. Effective Crisis Response: At least 75.1% of crisis episodes during the measurement period shall not be followed by admission to a HHSC Inpatient Bed within 30 days of the first day of the crisis episode.

a) If the percentage avoiding hospitalization is at least 71.3% but less than 75.1%, the amount recouped is 0.24%.

b) If the percentage avoiding hospitalization is at least 67.6% but less than 71.3%, the amount recouped is 0.48%.

c) If the percentage avoiding hospitalization is at least 63.8% but less than 67.6%, the amount recouped is 0.72%.

d) If the percentage avoiding hospitalization is at least 60.1% but less than 63.8%, the amount recouped is 0.96%.

e) If the percentage avoiding hospitalization is less than 60.1%, the amount recouped is 1.2%.

6. Hospital 7-Day Follow-up, Encounter-Based: At least 62.3% of individuals discharged from a state hospital, an HHSC Contracted Bed, a CMHH, or a PPB shall receive an in-person, synchronous audiovisual, or synchronous audio-only contact within 0-7 calendar days of discharge.

a) If the percentage avoiding hospitalization is at least 59.2% but less than 62.3%, the amount recouped is 0.24%.

b) If the percentage avoiding hospitalization is at least 56.1% but less than 59.2%, the amount recouped is 0.48%.

c) If the percentage avoiding hospitalization is at least 53.0% but less than 56.1%, the amount recouped is 0.72%.

d) If the percentage avoiding hospitalization is at least 49.8% but less than 53.0%, the amount recouped is 0.96%.

e) If the percentage avoiding hospitalization is less than 49.8%, the amount

recouped is 1.2%.

7. Crisis 7-Day Follow-up: At least XX.X% of adults and children in LOC-A 0 shall receive an in-person, synchronous audiovisual, or synchronous audio-only follow–up service contact within 1–7 calendar days after the date of the last crisis service in the crisis episode. HHSC has not established a minimum threshold for this measure, therefore, Grantee will be held harmless until such time that a minimum threshold is established and incorporated into this Contract via amendment.
   a) If the percentage receiving follow-up is at least XX.X% but less than XX.X%, the amount recouped is 0.24%.
   b) If the percentage receiving follow-up is at least XX.X% but less than XX.X%, the amount recouped is 0.48%.
   c) If the percentage receiving follow-up is at least XX.X% but less than XX.X%, the amount recouped is 0.72%.
   d) If the percentage receiving follow-up is at least XX.X% but less than XX.X%, the amount recouped is 0.96%.
   e) If the percentage receiving follow-up is less than XX.X%, the amount recouped is 1.2%.

D. Adult Services

Adult service performance measures shall be assessed 37 calendar days following the close of Quarter 2 (measuring Quarters 1 and 2) and Quarter 4 (Measuring Quarters 3 and 4). Quarters start September 1st of each year and end August 31st of each year. Remedies and sanctions associated with failure to achieve the following measures are specified in Article VII of the Local Mental Health Authority Special Conditions, as applicable.

1. Adult Service Target:

Target is . This target equals the average monthly number of adults authorized in a FLOC (as defined in Information Item C, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts). The statewide performance level for this target is 100%.

2. Adult Monthly Service Provision:

An average of at least 65.6% of adults authorized in a FLOC, as defined in Information Item C, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts, shall receive at least one in-person, synchronous audiovisual, or synchronous audio-only encounter each month. FLOCs (as defined in Information Item C, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts) included in this measure are LOC-1S, LOC-2, LOC-3, and LOC-4. LOC-1M is excluded from this measure. Additionally, individuals who are both

recommended and authorized for LOC-1S are excluded from this measure. Encounters may be for any service and for any length of time.

3. ACT Authorization Target:

An average of at least 54.0% of all adults recommended for LOC-4 shall be authorized into LOC-3 or LOC-4.

4. Criminal Justice Outcomes:

HHSC has not established a minimum threshold for this measure, but reviews the percentage of adults authorized in a FLOC (as defined in Information Item C, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts) with ANSA scores that trigger the Criminal Behavior module of the ANSA who have acceptable or improved functioning in the Criminal Behavior module.

5. Depression Response at Six Months:

At least 10.4% of adults authorized in a FLOC (as defined in Information Item C, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts) with a diagnosis of major depression and an initial Quick Inventory of Depressive Symptomatology (QIDS) score greater than or equal to 11 shall have a follow-up QIDS score at six months that is reduced by 50% or greater from the initial QIDS score and is less than or equal to 7.

6. Educational or Volunteering Strengths:

At least 26.5% of adults authorized in a FLOC (as defined in Information Item C, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts) shall have acceptable or improved employment–preparatory skills as evidenced by either the Educational or Volunteering Strengths items on the ANSA.

7. Employment Functioning:

At least 39.8% of adults authorized in a FLOC (as defined in Information Item C, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts) shall have acceptable or improved employment.

8. High-Need Adult Functioning:

HHSC has not established a minimum threshold for this measure, but reviews the percentage of adults authorized in a FLOC (as defined in Information Item C, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-

resources/community-mental-health-contracts) with LOC-R 4 who have acceptable or improved functioning in the Life Domain Functioning or the Strengths domain of the ANSA.

9. Residential Stability:

At least 84.0% of adults authorized in a FLOC (as defined in Information Item C, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts) shall have acceptable or improved residential stability.

10. Retention of High Need Adults:

HHSC has not established a minimum threshold for this measure, but reviews the percentage of adults authorized in a FLOC (as defined in Information Item C, incorporated by reference, and posted at: https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts) in the prior measurement period with Assessment Type A (admit) and LOC-R 4 who have:

a) An in-person, synchronous audiovisual, or synchronous audio-only service contact 90-180 calendar days following the admit assessment; and

b) A second Assessment Type A (admit) or C (continuing) 90-210 calendar days after the admit assessment.

11. Retention of Justice-Involved Adults:

HHSC has not established a minimum threshold for this measure, but reviews the percentage of adults authorized in a FLOC (as defined in Information Item C, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts) in the prior measurement period with Assessment Type A (admit) and ANSA scores that trigger the Criminal Behavior module who have:

a) An in-person, synchronous audiovisual, or synchronous audio-only service contact 90-180 days following the admit assessment; and
b) A second assessment Type A (admit) or C (continuing) 90-210 days after the admit assessment.

12. Adults Served with TANF or Title XX:

Expected Fiscal Year targets are listed in Information Item C (which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts).

E. Child Services

Children's service performance measures shall be assessed 37 calendar days following the close of Quarter 2 (measuring Quarters 1 and 2) and Quarter 4 (Measuring Quarters 3 and 4).

Quarters start September 1st of each year and end August 31st of each year. Remedies and sanctions associated with failure to achieve the following measures are specified in Article VII of the Local Mental Health Authority Special Conditions, as applicable.

1. Child Service Target:

Target is . This target equals the average monthly number of children authorized in a FLOC, as defined in Information Item C, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contractshttps://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts, and LOC-YES (i.*e.*, Youth Empowerment Services). The statewide performance level for this target is 100%.

2. Child Monthly Service Provision:

An average of at least 65.0% of children authorized in a FLOC (as defined in Information Item C, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts) shall receive at least one in-person, synchronous audiovisual, or synchronous audio-only encounter each month. Encounters may be for any service and for any length of time.

3. Juvenile Justice Avoidance:

At least 95.0% of children authorized in a FLOC (as defined in Information Item C, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts) shall have no arrests (acceptable) or a reduction of arrests (improving) from time of first assessment to time of last assessment.

4. Living and Family Situation:

At least 67.5% of children authorized in a FLOC (as defined in Information Item C, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts), shall have acceptable or improved family and living situations.

5. Children Served with TANF or Title XX Funds:

Expected Fiscal Year targets are listed in Information Item C (which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts).

6. Family Partner Response:

At least 65.2% of children authorized in FLOC (as defined in Information Item C, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-

portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts) who receive any Family Partner Support Services shall have acceptable functioning or reliable improvement in one or more of the following CANS Caregivers Needs domain items: Family Stress, Involvement with Care, or Knowledge.

7. Retention of Justice–Involved Children:

HHSC has not established a minimum threshold for this measure, but reviews the percentage of children authorized in a FLOC (as defined in Information Item C, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts) in the prior measurement period with Assessment Type A (admit) and CANS scores that trigger the Juvenile Justice module who have:

a) An in-person, synchronous audiovisual, or synchronous audio-only service contact 90-180 calendar days following the admit assessment; and

b) A second assessment Type A (admit) or C (continuing) 90-210 calendar days after the admit assessment.

8. Juvenile Justice Outcomes:

HHSC has not established a minimum threshold for this measure, but reviews the percentage of children authorized in a FLOC (as defined in Information Item C, which is posted at https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts) with CANS scores that trigger the Juvenile Justice module who have acceptable or improved functioning in the Juvenile Justice module.

F. Crisis Services

Adult service performance measures shall be assessed 37 calendar days following the close of Quarter 2 (measuring Quarters 1 and 2) and Quarter 4 (Measuring Quarters 3 and 4). Quarters start September 1st of each year and end August 31st of each year. Remedies and sanctions associated with failure to achieve the following measures are specified in Article VII of the Local Mental Health Authority Special Conditions, as applicable.

1. Hospitalization Rate:

The equity-adjusted rate of HHSC Inpatient Bed Days in the population of the local service area shall be less than or equal to 1.9%.

2. Access to Crisis Response Services:

At least 61.9% of crisis hotline calls shall result in in-person, synchronous audiovisual, or synchronous audio-only encounters on the same day or within one day of a hotline call.

3. Adult Jail Diversion:

The equity-adjusted percentage of valid Texas Law Enforcement Telecommunications System (TLETS) bookings across the adult population with a match in CARE shall be less than or equal to 10.46%.

4. Hospital 30-Day Readmission:

No more than 10.3% of adults, children discharged from a state hospital, ana HHSC Contracted Bed, a CMHH, or a PPB and reassigned to the LMHA/LBHA shall be readmitted to an HHSC Inpatient Bed within 30 days of discharge.

G. Long Term Services and Supports

Grantee shall act upon at least 70.0% of referrals within 15 calendar days of receipt from the Long-Term Services and Supports (LTSS) Screen. Grantee shall demonstrate successful action on a referral by utilizing the H0023 procedure code (grid code 100) for adults and the H0023HA procedure code (grid code 200) for children.

H. YES Waiver

1. Inquiry List Submission:

At least 80% of preferred Inquiry List Templates shall be submitted according to the schedule outlined in the YES Manual (incorporated by reference and posted at https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/youth-empowerment-services-waiver-providers).

2. Inquiry List – Clinical Eligibility Assessment:

At least 90% of individuals who meet demographic eligibility criteria shall receive a clinical eligibility assessment for YES Waiver within seven business days of meeting demographic eligibility criteria.

3. Inquiry List – Return Calls:

100% of individuals who inquire about YES Waiver services shall receive a return call according to the schedule outlined in the YES Manual (incorporated by reference and posted at https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/youth-empowerment-services-waiver-providers).

4. Critical Incident Reporting:

At least 90% of critical incidents shall be submitted according to the schedule outlined in the YES Manual (incorporated by reference and posted at https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/youth-empowerment-services-waiver-providers).

5. Wraparound Provider Organization Caseload Ratios:

At least 90% of YES Waiver wraparound facilitator staff shall meet the Wraparound facilitator-to-client ratio of one facilitator to ten clients.

6. Transition Plan Development and Submission:

At least 90% of individuals aging out, transitioning to a different LOC, or graduating

shall have a Transition plan that was developed and submitted within required timeframes outlined in the YES Manual (incorporated by reference and posted at https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/youth-empowerment-services-waiver-providers).

7. Wraparound Staff Training and Credentialing:

At least 90% of Wraparound staff and subcontractor files shall be compliant with employment checks and training requirements.

SECTION III. PAYMENT METHOD

Quarterly Allocation.

SECTION IV. OUTCOME IF GRANTEE CANNOT COMPLETE REQUIRED PERFORMANCE

Unless otherwise specified in this Statement of Work, if Grantee cannot complete or otherwise comply with a requirement included in this Statement of Work, HHSC, at its sole discretion, may impose remedies or sanctions outlined under Contract Attachment D, Local Mental Health Authority Special Conditions, Section 7.09 (Remedies and Sanctions).