

Substance Use Disorder Program Guide

**Health and Human Services
Commission**

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TEXAS
Health and Human
Services

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Introduction

The Substance Use Disorder (SUD) Program Guide applies to Health and Human Services Commission (HHSC)-funded providers for the following SUD treatment programs:

- Treatment for Adults (TRA)
- Treatment for Females (TRF)
- Treatment for Youth (TRY)
- Co-occurring Psychiatric and Substance Use Disorders (COPSD)

The SUD Program Guide is designed to ensure the efficient and effective delivery of state-funded SUD treatment services in Texas based on:

- Substance Abuse Mental Health Services Administration's (SAMHSA) Substance Abuse Block Grant (SABG) requirements
- [2 Code of Federal Regulations \(CFR\), Section 200](#)¹
- [SAMHSA's Grants Glossary](#)²
- [Applicable Texas Administrative Code \(TAC\) rules, including 26 TAC, Section 441.101](#)³ (relating to Definitions)
- SUD treatment contract requirements

Additionally, the SUD Program Guide will inform providers of applicable documentation requirements Providers are required to follow.

The SUD Program Guide is intended as an instructional and reference guide for SUD Treatment Providers. If there is a discrepancy found, information which may need to be added, or a question on the contents, email the substance use disorder mailbox: Substance_use_disorder@hhs.texas.gov.

¹ <https://www.govinfo.gov/content/pkg/CFR-2013-title42-vol2/pdf/CFR-2013-title42-vol2-sec400-200.pdf>

² <https://www.samhsa.gov/grants/grants-glossary>

³ [https://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=441&rl=101](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=441&rl=101)

Definitions

The SUD Program Guide uses the following terms and definitions.

1. **Adjunct Services:** Clinically indicated services that are customized and may be delivered to support the recovery of the whole individual.
2. **Adult:** An individual 18 years of age or older, or an individual under the age of 18 whose disabilities of minority have been removed by marriage or judicial decree. See 25 TAC Chapter 441, Section 441.101(8) (relating to Definitions).
Note: See Program section of this SUD Program Guide. In addition, adhere to additional eligibility details in 25 TAC, Chapter 448, Section 448.905(e)-(g) (relating to Additional Requirements for Adolescent Programs).
3. **Capacity:** The maximum number of beds (residential) or slots (outpatient) a provider can serve at any given time based on the amount of HHSC funding awarded for each service type.
4. **Capacity Management Coordinator:** HHSC program subject matter expert who provide state level oversight on Clinical Management for Behavioral Health Services (CMBHS) capacity reporting.
5. **Case Management:** 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; referral to appropriate counseling; monitoring, developing, securing, and coordinating services; monitoring and evaluating client progress; and assuring that clients' rights are protected.
6. **Clinic Number:** An assigned facility inventory number provided by SAMHSA's Inventory of Behavioral Health Services for licensed sites, used by System Agency contracted treatment providers.
7. **Community Health Organization:** Health care organization which administers and coordinates the delivery of health care services to people living in a designated community or neighborhood.
8. **Culturally and Linguistically Appropriate Services Standards:** Guidance document comprising a set of requirements, implementation strategies, and additional resources to help providers/programs establish and expand culturally and linguistically appropriate services.

9. **Completer:** Individual has successfully completed treatment with provider and treatment is noted in HHSC clinical based record.
10. **Continuum of Care:** A treatment system in which a client enters treatment at a level appropriate to the client's needs and steps up to more intense treatment or down to less intense treatment as needed.
11. **Contract:** A written agreement, signed by both parties, to provide SUD services in Texas.
12. **Counseling:** Guidance on personal, social, or psychological problems that is provided by an appropriately licensed professional who provides coping strategies and tools for a client.
13. **Counseling:** Provision of assistance and guidance which provides coping strategies and tools for a client's quality of life.
14. **Dependent Children:** Biological child, stepchild, foster child, younger sibling, younger stepsibling, or a descendant of any of these individuals, claimed as a dependent even if in the custody of the state.
15. **Direct Care Staff:** Provider's staff whose duties include the responsibility for providing any substance-related disorder treatment, service, care, training, accompaniment and/or interaction, supervision, or other direct client services that involve face-to-face contact with a client. Excludes individuals with minimal incidental patient contact such as housekeeping, food service, and maintenance.
16. **Direct service(s):** Organization employees or contract employees provide or deliver services to accomplish the program objective(s).
17. **Education Services:** 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 client education, health education, community protection and safety education, literacy education, English as a second language, and General Educational Development.
18. **Employment Services:** 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 (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.

19. **Evidenced-Based Curriculum:** Practices that have been vetted through rigorous research to address a topic.
20. **Family Planning Services:** Educational, comprehensive medical or social services or activities which enable individuals, including minors, to determine the number and spacing of children and to select how this may be achieved. These services and activities include a broad range of acceptable and effective methods and services to limit or enhance fertility, including contraceptive methods (including natural family planning and abstinence), and the management of infertility (including referral to adoption). Specific component services and activities may include pre-conceptional counseling, education, and general reproductive health care, including diagnosis and treatment of infections which threaten reproductive capability. Family planning services do not include pregnancy care (including obstetric or prenatal care).
21. **Financial Eligibility:** A screening conducted to determine if a client may receive financial assistance from HHSC. CMBHS allows for documentation of a client's financial information obtained during the client screening and receive an automated response as to the client's financial eligibility status for services according to the provider type. CMBHS also allows the user to attach digital scans of paper documents to the client's electronic health record so they are easily available for future reference and oversight purposes.
22. **Homeless:** Individual without a fixed address, which includes homeless shelters.
23. **Integrated Care:** An approach to work collaboratively to benefit the client.
24. **Interim Services or Interim Substance Use Disorder Services:** Services that are provided until an individual is admitted to a SUD treatment program. The purposes of the services are to reduce the adverse health effects of such misuse, promote the health of the individual, and reduce the risk of transmission of disease. At a minimum, interim services include counseling and education about HIV and tuberculosis (TB), about the risks of needle-sharing, the risks of transmission to sexual partners and infants, and about steps that can be taken to ensure that HIV and TB transmission does not occur, as well as referral for HIV or TB treatment services if necessary. For pregnant women,

interim services also include counseling on the effects of alcohol and drug use on the fetus, as well as referral for prenatal care.

25. **Key Personnel:** A project contact, fiscal contact, and executive director and/or any other key stakeholders in the proposed project.
26. **Life Event Note:** A CMBHS entry by a provider to document a client/participant's life events, married/dating status, birth/death.
27. **Marketing Plan:** A written document that details the necessary actions to achieve the promotion and accomplishment of the contracted services.
28. **Medical Protocols:** Pre-established written procedures or guidelines for care of a specified clinical, medical situation, based on client presentation and including standing orders from a medical director.
29. **Motivational Interviewing Techniques:** A counselling method that involves enhancing a patient's motivation to change by means of four guiding principles, represented by the acronym RULE: Resist the righting reflex; Understand the patient's own motivations; Listen with empathy; and Empower the patient.
30. **Number Served:** Total number of individuals receiving services at a facility in a fiscal year. Individuals may be counted more than once as the individual moves through the various service types.
31. **Participant:** An individual who is receiving prevention or intervention services. See 25 TAC, Section 441.101 (85) (relating to Definitions).
Note: Participants also include persons prior to engagement in formal SUD treatment services or after participation in SUD treatment services.
32. **Program Director:** An individual identified at an organization with at least two years of post-Qualified Credentialed Counselor eligible licensure experience providing substance use disorder treatment.
33. **Provider:** The terms "Contractor," "Performing Agency," "Vendor," "Grantee," or other entity providing substance use disorder services under a contract with HHSC.
34. **Recreational Services:** Services or activities designed to provide, or assist individuals to take advantage of, individual or group activities directed towards promoting physical, cultural, and/or social development.

35. **Recovery:** A process of change through which people improve health and wellness, live self-directed lives, and strive to reach full potential in life.
36. **Recovery Support Services (RSS):** Non-clinical services and supports to help individuals initiate, support, and maintain recovery from SUD. Services include social support, linkage to and coordination among allied service providers to facilitate recovery and wellness. These services may be provided prior to, during, and after treatment, and are provided as separate and distinct services to individuals and families who desire and need RSS. For more information please visit the [Recovery Support Services](https://www.hhs.texas.gov/services/mental-health-substance-use/adult-substance-use/recovery-support-services)⁴ web page.
37. **Service Day:** A billable day on which a client receives services. For residential treatment services, this is every day the client is admitted into substance use disorder treatment services. For outpatient treatment services, this is every day the client receives service.
38. **Specialized Female:** Pregnant women and women with children (including women whose children are in custody of the state).
39. **State Fiscal Year:** September 1 of a calendar year through August 31 of the following calendar year.
40. **Substance Use Disorder Treatment Services:** A comprehensive term intended to describe activities undertaken to address any substance-related disorder as well as prevention activities. The term includes the provision of screening, assessment, referral, treatment for chemical dependency and chemical dependency counseling. Defined in TAC as Substance Abuse Services (25 TAC, Section 441.101).
41. **Trauma-Informed Care:** An approach to treating a person in a holistic manner, considering past trauma and the resulting coping mechanisms when attempting to understand behaviors while treating the client.
42. **Tuberculosis Services:** Counseling and testing the individual to determine whether the individual has been infected with mycobacteria tuberculosis, determine the appropriate form of treatment for the individual; and provide or refer the individual for appropriate medical evaluation and treatment.

⁴ <https://www.hhs.texas.gov/services/mental-health-substance-use/adult-substance-use/recovery-support-services>

43. **Wait List Coordinator:** HHSC program subject matter expert who provides state level oversight of the waitlist entries and the waitlists maintained by providers.

State Information, Rules, and Regulations

Grants Management

The [Texas Comptroller](https://comptroller.texas.gov/)⁵ has responsibility for grant management in the state. The Comptroller's website has information on:

- The [Uniform Grants Management Standards](https://www.texas.gov/e-grants)⁶ provides grant management standards, as well as the eGrants website, for state agencies to post grant applications and announcements.
- The [Electronic State Business Daily](http://www.txsmartbuy.com/sp)⁷ has postings for contracting of non-grant related goods and services.

American Society of Addiction Medicine

1. The American Society of Addiction Medicine (ASAM) has published a collection of objective guidelines to help clinicians standardize assessment processes and treatment planning and thereby assign a person to a level of care/service type; and provide ongoing integrated care and service planning. The ASAM Criteria are used in the CMBHS SUD Initial Assessment for providers to assign the most correct assessment. Rather than focusing on a diagnosis or an isolated symptom, the ASAM Criteria use a "multidimensional" assessment to determine how treatment may affect multiple life areas of the person. ASAM8 describes six major life areas or dimensions:
 - A. Acute Intoxication and/or Withdrawal Potential
 - B. Biomedical Conditions/Complications
 - C. Emotional/Behavioral/Cognitive Conditions and Complications
 - D. Readiness to Change
 - E. Relapse/Continued Use/Continued Problem Potential
 - F. Recovery Environment

⁵ <https://comptroller.texas.gov/>

⁶ <https://comptroller.texas.gov/purchasing/grant-management/>

⁷ <http://www.txsmartbuy.com/sp>

⁸ <https://www.asam.org/asam-criteria/about>

Administrative Requirements

1. The Standard of Care for providing SUD treatment services in Texas is described in [25 TAC Chapter 448](#).⁹
2. The [SUD Provider Portal](#)¹⁰ has forms, resources, and rules and statutes.

⁹ [https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=448](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=448)

¹⁰ <https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/substance-use-disorder-service-providers>

Federal Regulations

SAMHSA provides [SABG](#)¹¹ funding to HHSC to perform substance use services, including the provision of SUD treatment services.

The CFR are the uniform administrative requirements, cost principles, and audit requirements for SABG-funded contracts. The federal Office of Management and Budget circulars are available at [2 CFR Part 200](#).¹²

Substance Abuse Block Grant

1. SAMHSA awards the [SABG](#)¹³ to states.
2. The Catalog of Domestic Federal Assistance number for the Block Grant is 93.959.
3. As a subrecipient of the Block Grant, the Provider must adhere to applicable requirements. Some of these requirements are listed below:
 - a. TB Requirements 45 CFR 96.127
 - b. Treatment Services for Pregnant Women 45 CFR 96.131
 - c. Administrative Requirements 45 CFR 96.132
 - d. Restrictions on the Expenditure of the Grant 45 CFR 96.135
 - e. Payment Schedule Pursuant to 45 CFR 96.137
 - f. Capacity of Treatment for Intravenous Substance Abusers 45 CFR 96.126
 - g. Charitable Choice 45 CFR Part 54

Confidentiality Requirements

1. The [Health Insurance Portability and Accountability Act](#)¹⁴ (HIPAA) is the Privacy Rule standard, which addresses the use and disclosure of individuals' health information.
2. The [42 CFR](#)¹⁵ Part 2 includes the federal regulations governing the Confidentiality of Substance Use Disorder Patient Records.

¹¹ <https://www.samhsa.gov/grants/block-grants>

¹² <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200?toc=1>

¹³ <https://www.samhsa.gov/grants/block-grants/sabg>

¹⁴ <https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>

¹⁵ <https://www.samhsa.gov/about-us/who-we-are/laws-regulations/confidentiality-regulations-faqs>

3. All direct care staff must be trained within 90 days of hire, before direct access to clients, and annually to ensure compliance with substance use disorder treatment confidentiality regulations and requirements. All documents developed by the provider related to privacy and confidentiality that are not HHSC-approved should adhere to 42 CFR Part 2, including but not limited to: disclosure with client consent, disclosure without client consent, and court orders authorizing disclosure and use.

HHSC Resources

The following websites will enable providers to access information regarding HHSC SUD program services:

- [Substance Use Intervention](#)¹⁶
- [Substance Use Disorder Treatment](#)¹⁷
- [FY 2021 SUD Treatment Rate Sheet](#)¹⁸
- [Recovery Support Services](#)¹⁹
- [Outreach, Screening, Assessment, and Referral \(OSAR\)](#)²⁰
- [Youth Substance Use Treatment and Recovery Services](#)²¹
- [Local Mental Health Authorities/Local Behavioral Health Authorities](#)²²
- [Regulatory/Licensing](#)²³ (contains information on licensing individuals and entities that provide consumer and health goods and services to the public)
- [Licensing Services](#)²⁴
- [Culturally and Linguistically Appropriate Services](#)²⁵ Texas Cultural Competence Guidelines for Behavioral Health Organizations
- Technical Guidance Letters: HHSC may provide programmatic, clinical, or contractual guidance or clarification to Providers. HHSC-funded Providers will

¹⁶ <https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/substance-use-disorder-service-providers>

¹⁷ <https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/substance-use-disorder-service-providers>

¹⁸ <https://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/behavioral-health-provider/substance-use-intervention/sud-treatment-rate-sheet.xlsx>

¹⁹ <https://hhs.texas.gov/services/mental-health-substance-use/adult-substance-use/adult-substance-use-recovery-support-service-organizations>

²⁰ <https://hhs.texas.gov/services/mental-health-substance-use/mental-health-substance-use-resources/outreach-screening-assessment-referral-centers>

²¹ <https://hhs.texas.gov/services/mental-health-substance-use/youth-substance-use/youth-substance-use-treatment-recovery-services>

²² <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/preadmission-screening-resident-review-pasrr/local-mental-health-authoritieslocal-behavioral-health-authorities>

²³ <https://hhs.texas.gov/doing-business-hhs/provider-portals/health-care-facilities-regulation/chemical-dependency-treatment-facilities>

²⁴ https://vo.ras.dshs.state.tx.us/datamart/mainMenu.do;jsessionid=4HGD3dZEd1d0I7S_uQKPkeGAcQax2MGwihWNuskw.i-056811161c3095d2f

²⁵ <https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/behavioral-health-provider/lmha/tx-cultural-competence-guidelines-bh-orgs.pdf>

adhere to all guidance provided via broadcast and/or technical guidance letter as an extension of the service requirements.

- [Open Records Policy and Procedures](#)
- Provider communication to HHSC: Provider will submit written notice to the assigned contract manager via the Substance Abuse Contracts Management mailbox, substanceabuse.contracts@hhs.texas.gov, and the SUD Program mailbox, Substance Use Disorder@hhs.texas.gov.

HHSC Broadcast Messages

Provider assigns one or more staff responsibility for tracking policy updates posted on HHSC's identified platform and disseminating information within the Provider's organization.

System of Record

HHSC uses [CMBHS](#)²⁶ as the system of record for all HHSC SUD treatment contracts. CMHBS is a web-based data management system and electronic health record developed for use by providers and business entities involved with service delivery, management, and oversight. Unless HHSC recognizes an alternative system and provides alternative reporting in an agreement with a given Provider, the Provider must use CMBHS as the system of record.

CMBHS HHSC Responsibilities

HHSC will:

1. Provide customer support, initial CMBHS training, and subsequent ongoing end-user training.
2. Provide a help line telephone number for Providers to obtain access to CMBHS support.
3. Provide initial CMBHS training.
4. Provide subsequent ongoing end-user training.
5. Administratively discharge any active SUD treatment client when 50 calendar days have elapsed since the last billing end date for the client.
6. Limit or deny any Provider access to CMBHS at any time for any reason deemed appropriate by HHSC.
7. Place Provider in inactive status when the Provider ceases to have an executed contract with HHSC.
8. Make frequent updates to CMBHS components and functionality; Provider will use the updated components and functionality when directed by HHSC.
9. Administratively discharge any active HHSC-funded treatment client when 50 calendar days have elapsed since the last billing end date for the client.

CMBHS Provider Responsibilities

Providers will:

1. Ensure network capability and access to CMBHS for the Provider's workforce;

²⁶ <https://cmbhs.dshs.state.tx.us/cmbhs/WebPages/Default.aspx>

2. Ensure CMBHS is continuously available. To ensure CMBHS continues to be available, the Provider will:
 - A. Perform network monitoring to include troubleshooting or assistance with Provider-owned wide-area networks, local-area networks, router switches, network hubs, or other equipment and Provider's internet service provider;
 - B. Maintain responsibility for local server/network hardware;
 - C. Communicate and enforce network security policies and procedures to end-users and be responsible for data backup, restore, and contingency planning functions for all local data to include:
 - a. Create, delete, and modify end-user local-area networks-based accounts;
 - b. Chang/reset user local passwords, as necessary;
 - c. Administer security adds/changes and deletes for CMBHS;
 - d. Install, maintain, monitor, and support Provider local-area networks and wide-area networks; and
 - e. Select, purchase service from, and monitor performance of Provider's internet service provider.

CMBHS Access and Use

1. To obtain access to CMBHS, a Provider obtains an executed HHSC SUD treatment contract with HHSC and submits the organization's Texas Provider Identifier, National Provider Identifier, and other information as directed by HHSC.
2. After HHSC grants access to CMBHS, a Provider will:
 - A. Recognize CMBHS as the official system of record by HHSC for HHSC-funded treatment services and document all services and activities in CMBHS as directed by HHSC.
 - B. Designate a local Security Administrator and Assistant Security Administrator to set up and support the provider's ongoing use of the application.
 - C. Have their Security Administrator contact the CMBHS Help Line, located on the CMBHS website, for instructions on CMBHS training.

- D. Have their Security Administrator implement and maintain a system for management of user accounts/user roles to ensure that all the CMBHS user accounts are current. To ensure successful maintenance, the Security Administrator will:
- a. Establish a security policy that ensures adequate system security and protection of confidential information.
 - b. Notify the CMBHS Helpdesk within 10 business days of any change to the designated Security Administrator or the back-up Security Administrator.
 - c. Ensure access to CMBHS is restricted to only currently authorized users.
 - d. Ensure removal or modification, within 24 hours, access to users no longer authorized to have access to secure data in CMBHS.
 - e. Maintain CMBHS Authorized Users List which includes former and current Provider's employees, contracted labor, subcontractor, or any other users authorized to have access to secure data in CMBHS. The CMBHS Authorized Users List documents whose authority has been added and terminated; and the date the authority was added and terminated.
 - f. Maintain the CMBHS Authorized Users List on file and makes it available to HHSC within five business days of request.
 - g. Submit the CMBHS Security Attestation Form²⁷ and the CMBHS Authorized Users List bi-annually to:
SubstanceAbuse.Contracts@hhs.texas.gov.
 - h. Request help for approved users to maneuver within CMBHS by visiting the Help Screens located on the CMBHS Home Page or by contacting the HHSC Help Line for CMBHS support.
3. CMBHS uses the most current edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* and ASAM Criteria to guide and assist clinicians in determining the appropriate levels of care/service types on an individual level.
4. CMBHS Help Screens are important for staff with approved access in maneuvering within CMBHS and can be accessed on the CMBHS Home Page.

²⁷ <https://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/behavioral-health-provider/cmbhs/cmbhs-security-attestation-form.pdf>

5. CMHBS calculates a Day Rate Attendance Record for residential services:
 - A. If a Provider enters a client discharge in CMBHS on the same day as the client's physical discharge, CMHBS will not generate a Day Rate Attendance Record/claim.
 - B. If a provider does not discharge a client in CMBHS on the actual day of discharge, the system creates a daily Day Rate Attendance Record until the Discharge is completed in CMBHS.
 - C. A provider will select "No" under Provider Tools>Day Rate Attendance Record for any Day Rate Attendance Records generated because the discharge was not entered in CMBHS on the actual day of discharge.

Memorandums of Understanding

1. Provider reviews all memorandums of understanding (MOUs) and local agreements annually to ensure collaborative efforts are identified and understood by each party.
2. [MOUs with local Department of Family Services \(DFPS\) regional offices](#)²⁸:
 - A. HHSC has a state-level MOU with DFPS which allows HHSC-funded Providers to enter into a local agreement with the local DFPS regional office.
 - B. The agreement between the HHSC-funded Provider and local DFPS office must address:
 - a. Communication on referrals;
 - b. Transportation needs; and
 - c. Communication on status.
3. Providers will have an MOU within six months of initial contract execution with the:
 - A. OSAR in the Provider's region that includes:
 - a. How Provider will report daily capacity management and treatment availability information to each OSAR in the region;
 - b. Referral processes when immediate capacity is not available;
 - c. Adherence to confidentiality requirements;
 - d. Whether Provider or OSAR will provide required interim services;
 - e. Provider specific policy on how and when clients are removed from the wait list;
 - f. Quarterly updates of specific contact information for the staff who handle day-to-day client placement activities;
 - g. Implementation and expiration dates; and
 - h. Signatures by both parties.
 - B. Local mental health authority or local behavioral health authority in the Provider's region that includes:

²⁸ https://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/behavioral-health-provider/substance-use-intervention/dfps-mou_.docx

- a. Objectives, roles, and responsibilities of each party;
 - b. Scope of services provided by each party to meet the needs of the clients served;
 - c. Adherence to confidentiality requirements;
 - d. Description of how quality of and efficacy of services provided will be assessed;
 - e. Priority Populations for Treatment Programs and admission requirements;
 - f. Documentation of referral and referral follow-up in CMBHS;
 - g. Address non-duplication of services;
 - h. Emergency referrals and transportation assistance for clients in crisis;
 - i. Coordination of enrollment and engagement of clients in local mental and behavioral health authority services;
 - j. Coordination of concurrent and subsequent services;
 - k. Implementation and expiration dates; and
 - l. Signatures by both parties.
- C. Local community health organization that includes:
- a. Objectives, roles, and responsibilities of each party;
 - b. Scope of services provided by each party to meet the needs of the clients served;
 - c. Adherence to confidentiality requirements;
 - d. Documentation of referral and referral follow-up in CMBHS;
 - e. Coordination of concurrent and subsequent services;
 - f. Implementation and expiration dates; and
 - g. Signatures by both parties.
- D. TRA, TRF, TRY, and COPSD HHSC-funded provider(s) in Provider's region that includes:
- a. Appropriate referrals to and from Provider and RSS for indicated services;
 - b. Coordination of the enrollment and engagement of clients;
 - c. Coordination of non-duplication of services;

- d. Collaboration between treatment staff and recovery support services for improved participant outcomes;
 - e. Documentation of referral, referral outcome and other case management services provided in CMBHS;
 - f. Implementation and expiration dates; and
 - g. Signatures by both parties.
- E. RSS and Youth Recovery Communities (YRC) providers in Provider's region that includes:
- a. Appropriate referrals to and from treatment Provider and RSS or YRC provider for indicated services;
 - b. Follow-up contact from the YRC or RSS provider with Provider to facilitate the enrollment and engagement of clients;
 - c. Follow-up contact from the YRC or RSS provider with Provider to coordinate non-duplication of services;
 - d. Collaboration between treatment staff and YRC or RSS staff for improved participant outcomes;
 - e. Documentation of referral and referral follow-up in CMBHS;
 - f. Implementation and expiration dates; and
 - g. Signatures by both parties.

Organization Qualifications

Provider agrees to maintain the organizational and administrative capacity and capabilities to carry out all duties and responsibilities under the contract. Provider will ensure all assigned duties and responsibilities under the contract are performed by personnel who are properly trained and qualified for the functions contractually required to perform. Provider is obligated to perform all duties and responsibilities under the contract without degradation and in strict accordance with the terms of the contract.

Licensed Facility

Providers for SUD treatment services, as defined by Texas Health and Safety Code Chapter 464, will hold an active SUD treatment license issued by HHSC Regulatory or be exempt from licensure.

1. Charitable Choice recognizes faith-based chemical dependency treatment organizations in Texas.
2. Faith-based chemical dependency treatment organizations will comply with 42 U.S.C. 300x-65 and 42 CFR Part 54, 54.8(b) and 54.8(c)(4), Charitable Choice provisions and regulations. Provider will post a notice to advise all clients and potential clients that if the client objects to the religious character of Provider's organization, the client has the right to be referred to another HHSC-funded Provider that is not faith-based or that has a different religious orientation. Provider will use the model notice provided in Appendix A of 42 CFR Part 54. Provider will make the referral to another HHSC-funded Provider and will ensure client's transportation to the alternate HHSC-funded Provider within 48 hours after client request for referral.
3. In order to add or remove a licensed site to/from the contract, the Provider will:
 - A. Complete the Clinic Number Request Form; and
 - B. Submit the Clinic Number Request Form, and a copy of the Provider's current license to the assigned contract manager and the SA mailbox at SubstanceAbuse.Contracts@hhs.texas.gov
4. The assigned contract manager will reply when the clinic number is available for use.

5. The following will constitute grounds for termination of the contract or other remedies deemed appropriate by the HHSC:
 - A. Provider's failure to obtain a required license;
 - B. Revocation of Provider's license;
 - C. Surrender or suspension of Provider's license; or
 - D. Provider's ceasing to provide services at a licensed location.

Medicaid Enrollment

Providers must be enrolled as a provider with the Texas Medicaid and Healthcare Partnership and all Medicaid Managed Care Organizations in the Provider's service region. If not already enrolled by the contract start date, Provider must enroll for a National Provider Identifier and Texas Provider Identifier within the first quarter of the initial contract execution.

Note: Provider will not be able to gain access to CMBHS or be reimbursed for SUD treatment services until National Provider Identifier and Texas Provider Identifier numbers have been received and CMBHS access granted.

Services Provided by Electronic Means

Providers may use telehealth, which refers to the HIPAA compliant delivery and facilitation of medical, health, and health-related services; health information; and education services using telecommunications and digital communication technologies, as permitted in 25 TAC, Section 448.911 and Texas Health and Safety Code (HSC) Chapter 462, Sections 462.015 and 462.025.

Provider Requirements

Federal Priority Populations for Treatment Programs

1. Based on the federal priority populations established by the Block Grant regulations (eCFR, Title 45: Public Welfare, Part 96, 96.131), Texas is required to ensure the following three priority populations are prioritized:
 - A. Pregnant individuals who inject drugs will be admitted within 48 hours;
 - B. Pregnant individuals will be admitted within 48 hours; and
 - C. Individuals who inject drugs will be admitted within 14 days.
2. Providers will publicize the availability of services to such women at the facilities and the fact that pregnant women receive such preference. This may be done through:
 - A. Street outreach programs;
 - B. Ongoing public service announcements;
 - C. Regular advertisements in local/regional print media;
 - D. Posters placed in targeted areas; and
 - E. Frequent notification on availability of such treatment distributed to the network of community-based organizations, health care providers, and social service agencies.
3. Providers will establish a wait list that includes a unique client identifier for each priority population-covered individual seeking treatment, including individuals receiving interim services, while awaiting admission to treatment.

State Priority Populations for Treatment Programs

1. Texas has established priority populations for entering state-funded SUD services. State priority populations are secondary to the SAMHSA priority populations and include:
 - A. Individuals identified as being at high risk for overdose will be admitted to requested services within 72 hours;

- B. Individuals referred by DFPS will be admitted to requested services within 72 hours;
 - C. Individuals experiencing housing instability or homelessness will be admitted to requested services within 72 hours; and
 - D. All other populations.
2. To ensure priority populations are served in accordance with federal and state guidelines, Providers will:
- A. Establish screening procedures to identify individuals of federal and state priority populations;
 - B. Ensure successful referral and admittance within the time frame to another HHSC-funded Provider, or HHSC Wait List and Capacity Coordinator, and begin interim services;
 - C. Notify HHSC program staff if placement cannot be made to priority population; and
 - D. Accept individuals from every region in the state and from the OSAR, when capacity is available, to accommodate federal and state priority populations.
 - E. If two individuals are of equal priority status, preference may be given to the individual residing in Provider's service region.
 - F. Include the federal and state priorities in all brochures and post a notice in all applicable lobbies.

Client Placement/Recommended Level of Care

Providers will use the CMBHS Initial SUD assessment as a guide for directing clients to the appropriate level of care/service type.

Note: Providers must provide a justification in the comment section of the assessment on the recommendation tab in CMBHS for deviating from the level of care/service type other than that recommended through the CMBHS Initial SUD assessment. If multiple levels of care are displayed on the Recommendation tab of the SUD Initial Assessment, then the

provider must document a justification for the level of care selected.

Withdrawal management (detoxification services) may use the Detoxification assessment instead of the Initial SUD assessment. Detoxification services also require a medical director or his/her designee (physician assistant, nurse practitioner) to authorize all admissions, and to conduct a face-to-face examination (history and physical examination). The provider will document the face-to-face examination in CMBHS using the Progress Note>Type – Physician and will upload/attach the completed face-to-face examination to the Progress Note.

Daily Capacity Management Report

1. Providers will report daily available capacity, Monday through Friday, through CMBHS, by close of business each business day. Saturday and Sunday capacity management reports will be submitted Monday, by 11:00 a.m., Central Standard Time for the following services:
 - A. Residential detoxification;
 - B. Intensive residential; and
 - C. Supportive residential treatment services.
2. Providers will report the previous day's attendance in the daily capacity management report the next day, Monday through Friday, through CMBHS, by close of business each business day (e.g., Monday's daily attendance will be reported on Tuesday; Friday's attendance will be reported on the following Monday) for the following services:
 - A. Ambulatory detoxification; and
 - B. Outpatient treatment.
3. If a Provider's treatment facility has insufficient capacity to admit a pregnant female seeking services, the Provider will refer the pregnant female to another HHSC-funded Provider or OSAR.
4. If capacity is not available through referral, the Provider will email HHSC within 24 hours of the pregnant female requesting services, at Substance Use Disorder@hhs.texas.gov. This communication will also be accomplished through documentation of the Daily Capacity Report in CMBHS.
5. Within 48 hours of the pregnant individual requesting treatment services, the Provider will enroll the pregnant individual into interim services if no

treatment facility has the capacity to admit the pregnant individual. Interim services will include a referral for prenatal care, available to the pregnant individual not later than 48 hours after enrollment into interim services.

6. HHSC will ensure everyone who requests and needs treatment for intravenous substance use is admitted to a program of such treatment no later than:
 - A. 14 calendar days after making the request for admission to such a program; or
 - B. 120 calendar days after the date of such request, if no such program has the capacity to admit the individual on the date of such request and if interim services, including referral for prenatal care, are made available to the individual no later than 48 hours after such request.
7. A Capacity Reporting Conference Call occurs quarterly or at HHSC's discretion. Notification will be sent to all Providers and attendance is mandatory.

Informed Consent Documentation for Opioid Use Disorder

Informed consent documentation is required to record the client's treatment decision to address the opioid use disorder.

1. For individuals identified as having an opioid use disorder, the Provider will offer education and discuss treatment options to allow the individual to make an informed decision.
2. Providers will engage the individual in the process of informed consent using the [Informed Consent Forms](#).²⁹
 - A. [Form 4008](#),³⁰ Informed Consent for Opiate Use Disorder Individuals Seeking Treatment – Youths Ages 13 to 18
 - B. [Form 4009](#),³¹ Informed Consent for Pregnant Opioid/Opiate Use Disorder Individuals Seeking Treatment

²⁹ <https://www.hhs.texas.gov/laws-regulations/forms/4000-4999>

³⁰ <https://www.hhs.texas.gov/laws-regulations/forms/4000-4999/form-4008-informed-consent-opiate-use-disorder-individuals-seeking-treatment-youths-ages-13-18>

³¹ <https://www.hhs.texas.gov/laws-regulations/forms/4000-4999/form-4009-informed-consent-pregnant-opioidopiate-use-disorder-individuals-seeking-treatment>

C. [Form 4010](#),³² Informed Consent for Opiate Use Disorder Individuals Seeking Treatment – Adults

3. Providers will ensure appropriate signatures are obtained in accordance with the respective informed consent form.
4. Providers will upload the completed informed consent form in a CMBHS Administrative Note selecting the note drop down type Opioid Informed Consent.

Wait List

1. A Wait List Conference Call occurs quarterly or at HHSC's discretion. Notification will be sent to all Providers and attendance is mandatory.
2. Provider is responsible for maintenance and documentation of the Wait List in CMBHS. The Provider will place individuals on the Wait List who cannot be admitted into SUD treatment services within seven calendar days of request.
3. For individuals who cannot be placed in SUD treatment services within 14 days, HHSC will ensure that the program provides individuals with interim services (see definitions section) and Providers develop a mechanism for maintaining contact with the individuals awaiting admission.
4. Upon determining the appropriate level of care, the Provider will make a wait list entry in CMBHS describing the service type for which the individual is waiting and the priority population designation, if applicable. Provider will complete all wait list entry fields and ensure the following items are accomplished:
 - A. Arrange for appropriate services in another treatment facility or provide access to interim services as indicated within 48 hours when efforts to refer to other appropriate services are exhausted;
 - B. Have a written policy on wait list management that defines why, when, and how individuals are removed from the wait list for any purpose other than admission to treatment;
 - C. Ensure eligible individuals who cannot be admitted within one week of requesting services be placed on the CMBHS wait list;
 - D. Not hold empty beds or slots for anticipated clients for more than 48 hours;

³² <https://www.hhs.texas.gov/laws-regulations/forms/4000-4999/form-4010-informed-consent-opiate-use-disorder-individuals-seeking-treatment-adults>

- E. Immediately upon admission, Provider will close the wait list entry by entering removal reason "client started into wait list service" in CMBHS, indicating the date of admission as the wait list end date;
- F. Ensure, either directly or through referral, that individuals waiting for admission receive interim services as required by Block Grant requirements;
- G. Document a minimum weekly contact with all individuals on the wait list in CMBHS;
- H. Maintain weekly contact with individuals enrolled in interim services while awaiting admission to treatment; and
- I. Contact HHSC program specialist for assistance to ensure immediate admission to other appropriate services and proper coordination when appropriate.

Wait List Removal Reasons

1. Provider will document the wait list removal reason for a client who is removed from the waitlist in CMBHS. The wait list removal reasons are listed below:
 - A. Client Started in Service: Client admits into the service for which they were originally placed on the wait list (e.g., client was placed on the wait list for Intensive Residential Treatment and is admitted into Intensive Residential Treatment);
 - B. Client Withdrew Request for Services: Client informs the wait list coordinator there was no longer an interest in SUD treatment services (e.g., client is on the wait list for Intensive Residential Treatment and informed the wait list coordinator that they would like to be removed from the wait list and are no longer interested in attending Intensive Residential Treatment);
 - C. Client Started in Alternate Service: Client is on the wait list for a specific service type, but informed the wait list coordinator that the client elected to admit into an alternative service (e.g., client was on the waitlist list for Intensive Residential Treatment and self-elected to admit into Outpatient Treatment instead);

Note: This does not apply to individuals who are admitted into an interim service while awaiting admission into the client's

preferred service (e.g., client admitted into Outpatient Treatment while maintaining wait list placement for Intensive Residential Treatment).

- D. Client Referred to Another Provider: Client is removed from the wait list when referred to another provider (e.g., client is on a waitlist for a treatment facility out of client's preferred region and discovers the client cannot leave the preferred region; the out-of-region provider will refer the client to the preferred region provider);
- E. Client Did Not Present for Service: Client does not present for admission appointment and the facility removes the client from the waitlist (e.g., client does not present to treatment on the scheduled admission date therefore the provider removes the client from the wait list);

Note: Each Provider should develop policies and procedures to implement when a client does not present for services.

- F. Client Could Not Be Contacted: Client was removed from the waitlist because the provider was unable to contact the client (e.g., a provider has attempted to contact the client and has been unsuccessful at establishing contact);

Note: Each Provider should develop policies and procedures to implement for wait list removal when a client cannot be contacted.

- G. Client Deceased: The client has passed away; and
- H. Other: This wait list removal reason is to capture scenarios that arise and are not otherwise categorized by any of the above reasons. Please notify the HHSC Wait List Coordinator for technical assistance if your facility is frequently entering "Other" for the same scenario.

Interim Services

1. Provider will directly provide interim services to individuals on the wait list or refer the individual to another organization with capacity to admit the

individual to SUD treatment services. Interim services will be documented in CMBHS.

2. When required, the Provider will:
 - A. Provide interim services to an individual on a wait list until the individual is admitted to SUD treatment to reduce the adverse health effects of substance use, promote the health of the individual, and reduce the risk of transmission of communicable diseases. Individuals placed on a wait list must be offered interim services within 48 hours;
 - B. Screen and maintain documentation of interim services indicated by the screening and provided in CMBHS;
 - C. Document referrals in CMBHS for HIV and/or TB services (see definitions section), as appropriate; and
 - D. For pregnant women, include counseling and education on the effects of substance use (including alcohol, tobacco, and other substances) on the fetus as well as documented referral in CMBHS for prenatal care (if the client is not already engaged in prenatal care).

Third-Party Payors

1. Provider will recognize HHSC as payor of last resort. If services for a client are covered by a third-party payor the Provider is not eligible for HHSC reimbursement. Provider, if not able to accept third-party as payor, will refer the client to a treatment program approved by the client's third-party payor.
2. If the approved third-party payor declines to cover treatment services to the client and denial is documented, Provider may perform treatment services and bill HHSC provided:
 - A. The denial of coverage by third-party payor for approved treatment program is documented in the client file; and
 - B. The client meets the financial and diagnostic criteria for SUD.
3. If client's third-party payor approves partial or full payment for treatment services, Provider may bill HHSC for the non-reimbursed costs, including the deductible, provided:
 - A. The client's parent/guardian refuses to file a claim with the third-party payor, or refuses to pay either the deductible or the non-reimbursed portion of the cost of treatment; Provider has obtained a signed statement from the parent/guardian of refusal to pay; and Provider has received written approval from HHSC SUD Program Services subject

- matter expert to bill for the deductible or non-reimbursed portion of the cost;
- B. The client or parent/guardian cannot afford to pay the deductible or the non-reimbursed portion of the cost of treatment; or
 - C. The client or client's parent/guardian has an adjusted income at or below 200 percent of the federal poverty level.
 - D. If a client has exhausted all insurance coverage and requires continued treatment, Provider may provide the continued treatment services and bill HHSC if the client meets one of the above criteria.

Interpreter Services for Hearing Impaired Persons

1. Provider will ensure sign language services (telephone language services or interpreters) are available to clients who are deaf or hard-of-hearing and receiving HHSC-authorized SUD treatment services.
2. Provider will:
 - A. Offer interpreter services to clients to ensure effective communication as well as translated written and video materials, documents, forms, and information pamphlets regarding SUD treatment services;
 - B. Ensure family members or friends will not be used as interpreters in delivery of SUD treatment services;
 - C. Have staff members assist clients who are deaf or hard-of-hearing to provide guidance and ensure inclusion;
 - D. Maintain a current list of sign language interpreters who are available to provide interpreter services and make available to HHSC upon request; and
 - E. Comply with Title III of the American with Disabilities Act of 1990 and have telecommunications devices for the deaf and hard-of-hearing in offices where the primary means of offering goods and services is by telephone.
 - F. Ensure sign language interpreter services are provided by an interpreter who possesses at least one of the following certification levels issued by either Health and Human Services (HHS), Office for Deaf and Hard of Hearing Services;

- a. Board for Evaluation of Interpreters - Level III/IV, Oral Certificate: Comprehensive, Oral Certificate: Visible, Comprehensive Skills Certificate; or
 - b. National Registry of Interpreters for the Deaf - IC/TC, CI/CT, Reverse Skills Certificate, and Certified Deaf Interpreter.
3. Sign language interpreter services will be used in the delivery of SUD treatment services. This will include sign language interpreter services for parent/guardian participating in a HHSC-funded, family-focused curriculum.
4. When interpreter services for a hearing-impaired person are required, Provider will follow the instructions on the [Deaf and Hard of Hearing Services Request for Interpreter Services Form Instructions](#).³³
5. The Request for Interpreter Services Form should be completed and submitted to the assigned contract manager, via the SA Mailbox at: SubstanceAbuse.Contracts@hhs.texas.gov.

Billing for Treatment and Payment Restrictions

1. Providers will bill for only one level of care/service type per client, per day. Example: HHSC-funded Provider may not bill for both residential and outpatient treatment services concurrently.
2. Providers will not bill for a level of care/service type if another HHSC-funded treatment provider is providing and billing HHSC for the same level of care/service type for the same client.
3. Provider will not bill for concurrent services, with the following exceptions:
 - A. A client may concurrently receive medication-assisted treatment services and other treatment services;
 - B. A client may concurrently receive adjunct COPSD services with other treatment services;
 - C. A client enrolled in ambulatory detoxification services may be concurrently admitted into outpatient treatment services; or

³³ <https://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/behavioral-health-provider/substance-use-intervention/dhhs-request-intrepreter-services-instructions.docx>

4. If two or more Providers provide services to the same client under the exceptions stated in items a. through c. above, the Providers will:
 - A. Coordinate and not duplicate services; and
 - B. Document service coordination in CMBHS.
5. Providers will not bill HHSC for services provided:
 - A. At an unlicensed site if the site is required to have a licensed; or
 - B. By a staff person who does not meet HHSC's minimum requirements.
6. Provider may hold an empty residential treatment bed and bill for a client who is on a planned, approved absence for up to two consecutive service days, as follows:
 - A. Planned, approved absences include delivery of a child by a pregnant female, court appearance, and other emergencies;
 - B. The treatment plans for each pregnant female must ensure that a bed is available for the female upon her return after delivery.

NOTE: Reference Section XII. Service Delivery, Item E, 2. for more information;

- C. The time a provider holds an empty residential bed may not exceed 48 hours; and
- D. HHSC approval is needed after two calendar days for continued billing to state funded SUD treatment services.
- E. Provider will maintain documentation necessary to support all payment requests.
- F. Provider will adhere to all applicable residential treatment hour requirements for intensive or supportive residential treatment.
- G. Providers will not charge individuals for screenings and assessments until after financial assessment is completed in CMBHS and the individual is not eligible for state funding; and
- H. Any charges assessed to individuals for screenings and assessments must be accounted for as program income.
- I. Any charges to individuals must agree with the CMBHS financial eligibility percentage.

- J. All individuals eligible for state funding are not to be charged for screenings and assessments.
7. Provider agrees to the reimbursement by HHSC as full and complete payment for SUD treatment services provided and will not seek reimbursement from client for services covered under the agreement with HHSC.
8. Charges assessed and paid by the clients for services or activities while receiving services that are reimbursed under the HHSC agreement will be accounted for as program income and attributed to the program under which the client is served.
9. Providers may accept payments from clients for services provided the client is determined, in CMBHS, to be liable for a portion of service costs as determined by the financial eligibility.

Records Retention

1. Providers will recognize the Uniform Terms and Conditions section titles "Books and Records" as the authority on all records, both operational and client.
2. 2 CFR 200.334 retention requirements for operations records states the length for records retention; however, HHSC is opting to lengthen this term in accordance with the Uniform Terms and Conditions guidance stated above.
3. 42 CFR Part 2 and HIPAA do not have an identified retention period and defer to state guidance.

Subcontracting

Providers will:

1. When subcontracting an award from HHSC:
 - A. Not enter into agreements with subcontractors that are restricted or otherwise prohibited in the HHSC agreement.
 - B. Not subcontract with for-profit organizations under the HHSC agreement without prior written approval from HHSC.
 - C. Obtain written approval from HHSC prior to entering into a subcontract agreement equaling or exceeding \$100,000.00.
 - D. Obtain written approval from HHSC before modifying any subcontract agreement to cause the subcontract agreement to exceed \$100,000.00.

- E. Establish written policies and procedures for competitive procurement and monitoring of subcontractors and develop a subcontracting monitoring plan.
 - F. Monitor subcontractors for both financial and programmatic performance and maintain records of monitoring for HHSC review.
 - G. Submit quarterly monitoring reports to HHSC in a format determined or approved by HHSC when HHSC requests through written notification.
 - H. Ensure subcontractors are fully aware of the requirements by state/federal statutes, rules, and regulations and by the provisions of the HHSC agreement.
 - I. Ensure all subcontract agreements are in writing and include the following:
 - a. Name and address of all parties and the subcontractor's Vendor Identification Number) or Employee Identification Number;
 - b. Detailed description of the services to be provided;
 - c. Measurable method and rate of payment and total not-to-exceed amount of the contract;
 - d. Clearly defined and executable termination clause; and
 - e. Beginning and ending dates that coincide with the dates of the contract.
2. Ensure and be responsible for the performance of the subcontractor(s).
 3. Not enter into an agreement with a subcontractor, at any tier, that is debarred, suspended, had a contract terminated for fault by HHSC, or excluded from or ineligible for participation in federal assistance programs, or if the subcontractor would be otherwise ineligible to abide by the terms of the HHSC agreement.
 4. Include in all its agreements with subrecipients, subcontractors, and solicitations for subrecipient and subcontracts, without modification (except as required to make applicable to the subcontract):
 - A. HHSC Statement of Work;
 - B. HHSC Uniform Terms and Conditions;
 - C. HHSC Special Conditions;
 - D. HHSC Federal Assurances and Certifications; and
 - E. HHSC Non-Exclusive List of Applicable Laws.

5. Include a provision granting to HHSC, State Auditor's Office, Office of Inspector General and the Comptroller General of the United States, and any of agency representatives, the right of access to inspect the work and the premises on which any work is performed, and the right to audit the subcontractor.
6. Ensure all written agreements with subcontractors incorporate the terms of the HHSC agreement so that all terms, conditions, provisions, requirements, duties and liabilities under the Provider's agreement with HHSC is applicable to the services provided or activities conducted by a subcontractor are passed down to subcontractor. Understand that no provision of the subcontractor agreement creates a privity.

HIV/AIDS Model Workplace Guidelines

1. Provider implements the Department of State Health Services' HIV-STD Policy No.090.021, HIV/AIDS Model Workplace Guidelines for Businesses, State Agencies, and State Contractors.³⁴
2. Provider will educate employees and clients concerning HIV and its related conditions, including AIDS, in accordance with the Texas Health and Safety Code Sections 85.112-114.

³⁴ <https://www.dshs.state.tx.us/hivstd/policy/policies/090-021.shtm>

Personnel Requirements and Documentation

1. Provider will adhere to the personnel practices and development requirements located in 25 TAC, Chapter 448, Subchapter F (relating to Personnel Practices and Development). To ensure processes are compliant with all requirements, providers will:
 - A. Maintain current, factual, and accurate personnel documentation on each employee.
 - B. Ensure document authentication includes signature(s) and/or credentials when applicable, and date of signature.
 - C. Ensure the date of the action is recorded, if the document relates to past activity,
 - D. Ensure documentation is permanent and legible.
 - E. Ensure corrections on documentation are marked through with a single line, dated, and initialed by the writer.
2. Provider will maintain the following required personnel documentation, as applicable:
 - A. Copy of the current job description signed by the employee;
 - B. Application or resume with documentation of required qualifications and verification of required credentials;
 - C. Verification of work experience;
 - D. Annual performance evaluations;
 - E. Personnel data that include date hired, rate of pay, and documentation of all pay increases and bonuses;
 - F. Documentation of appropriate screening and/or background checks, to include probation or parole documentation;
 - G. Signed documentation of initial and other required training;
 - H. Records of any disciplinary actions;
 - I. Training records may be stored separately from the main personnel file but must be easily accessible upon request; and
 - J. Health-related information must be stored separately with restricted access in accordance with TAC.

3. To perform clinical functions, a person will be appropriately licensed to perform the function and be in good standing with the respective licensing board.
4. Based on the clinical license standards and requirements, providers should adhere to the appropriate TAC requirements:
 - A. Title 22, Part 30, Chapter 681 (relating to Professional Counselors);
 - B. Title 22, Part 34, Chapter 781 (relating to Social Worker Licensure);
 - C. Title 25, Part 1, Chapter 140, Subchapter I (relating to Licensed Chemical Dependency Counselors);
 - D. Title 22, Part 35, Chapter 801 (relating to Licensure and Regulation of Marriage and Family Therapists);
 - E. Title 22, Part 11, Chapter 221 (relating to Advanced Practice Nurses); and
 - F. Title 22, Part 9, as applicable (relating to Texas Medical Board).

Hiring a Person on Probation or Parole

1. Provider will adhere to 25 TAC, Section 448.601 (relating to Hiring Practices) when hiring a person who is on probation or parole. Provider will perform the following:
 - A. Develop and implement written policies and procedures to address the delivery of services by employees, subcontractor, or volunteers on probation or parole;
 - B. Notify the contract manager assigned to the contract, within 48 hours, of any employee, volunteers, or subcontractors who are on parole or probation if the employee, volunteer, or subcontractor provides or will provide direct client or participant services or who has or may have direct contact with clients or participants;
 - C. Maintain copies of all notices and responses, as required in item 3., for HHSC review; and
 - D. Ensure any individual on probation or parole is prohibited from performing direct client services or from having direct contact with clients until provider has obtained and assessed a criminal background check in accordance with applicable provisions in TAC and is assured of client safety.

Notice of Change of Contact Person or Key Personnel

The Provider will notify in writing the assigned System Agency contract manager within 10 business days of any change to the Provider's Contact Person or key personnel in accordance with 25 TAC, Section 448.501 (relating to Facility Organization).

Client Eligibility

Federal Block Grant-funded SUD treatment services will be provided to all eligible Texas residents. Client eligibility for Texas residency, financial eligibility, and clinical eligibility must be performed prior to billing HHSC for SUD treatment services.

Texas Residency Eligibility

1. Providers will document, in CMBHS, how the client provided proof of residency and the status of the proof. The client is not eligible for state funding until all required documents are submitted.
2. An individual is considered a Texas resident if individual has:
 - A. Proof of residency (utility bill, driver license or state issued ID, or other documents reflecting a residence inside Texas); or
 - B. Military status:
 - a. A member of the United States military serving in the army, navy, air force, marine corps, or coast guard) and has declared and reports Texas as the state of residence;
 - b. A spouse or dependent child of the military member declared and reports Texas as the state of residence; or
 - c. A spouse or dependent child of a former military member who declared and reported Texas as the member's state of residence.
3. If residency cannot be proven, the individual can claim residency by signing an attestation statement. The Provider is responsible for development of attestation statement document and adherence to the Texas residency requirements.

Financial Eligibility

1. The financial eligibility (FE) will be conducted and documented in CMBHS to determine the level of financial assistance from state funding.
2. The FE will be printed out, signed by the client or legally authorized representative, and staff. Maintain the signed copy for review.
3. The current eligibility qualification is for the individual to be 200 percent below the federal poverty level.

4. The FE is valid in CMBHS for 180 days and must be updated prior to expiration date or when there is a change in the client's residency, income, Medicaid status, or insurance coverage.
5. If the individual is unable to provide proof of financial status, the individual can attest by signing an attestation statement. For more information see Third-Party Payor section of this SUD Program Guide.

Medicaid Eligibility

1. When completing a FE, a Medicaid Eligibility Verification is routed to Medicaid in CMBHS and results will be received after the FE documentation of the client's financial situation including income, expenses, and family size is complete.
2. If the Medicaid Eligibility Verification result displays a Rejection Code, the Provider must contact Texas Medicaid and Healthcare Partnership and attempt to resolve the Rejection Code and document this in CMBHS on an Administrative Note – Selecting Administrative Note Type "Billing/Insurance."
3. Providers are required to resolve Medicaid eligibility and receive documentation on client status before billing HHSC for services.

Clinical Eligibility

1. Individuals are required to have Texas residency and meet the clinical criteria in the most current *DSM-5*.
2. The *DSM-5* is used to determine level of involvement with substances that range from mild, moderate, to severe.
3. SUDs span a wide variety of problems arising from substance use, and cover 11 different criteria:
 - A. Taking the substance in larger amounts or for longer than directed;
 - B. Wanting to cut down or stop using the substance but not managing to do so;
 - C. Spending a lot of time getting, using, or recovering from use of the substance;
 - D. Cravings and urges to use the substance;
 - E. Not managing to do what should be done at work, home, or school because of substance use;

- F. Continuing to use, even when it causes problems in relationships;
 - G. Giving up important social, occupational, or recreational activities because of substance use;
 - H. Using substances again and again, even when it puts you in danger;
 - I. Continuing to use, even when you know you have a physical or psychological problem that could be caused or made worse by the substance;
 - J. Needing more of the substance to get the effect you want (tolerance); and
 - K. Development of withdrawal symptoms, which can be relieved by taking more of the substance.
4. The *DSM-5* determines the severity of SUDs by identifying the following:
- A. Mild: Two or three symptoms indicate a mild SUD;
 - B. Moderate: Four or five symptoms indicate a moderate SUD; and
 - C. Severe: Six or more symptoms indicate a severe SUD.

Program Eligibility

1. TRA: Adult Texas residents who meet financial and clinical criteria for HHSC-funded SUD treatment services
2. TRF: Adult Texas residents who are pregnant and adult women with dependent children (including women whose children are in custody of the state) who meet financial and clinical criteria for HHSC-funded SUD treatment services
3. TRY: Youth Texas residents who meet financial and clinical criteria for HHSC-funded SUD treatment services
 - A. Provider will adhere to 25 TAC, Section 448.905(e)-(g) regarding program eligibility for TRA, TRF, and TRY services.

Service Delivery

Recommended Course of Treatment

The recommended course of treatment is calculated only in an Initial Substance Use Assessment. The provider may deviate from the listed ASAM Recommended Course of Treatment but must provide justification for the deviation in the comment field on the Recommendation tab.

Levels of Care in the Treatment Service Array

1. Residential Detoxification – Adult/Specialized Female
2. Ambulatory Detoxification – Adult/Specialized Female
3. Intensive Residential – Adult/Specialized Female/Youth
4. Supportive Residential – Adult/Specialized Female/Youth
5. Outpatient Services – Adult/Specialized Female/Youth
6. Intensive Residential – Women with Children
7. Supportive Residential – Women with Children
8. HIV Residential
9. Co-Occurring Psychiatric Disorder – Adult/Youth

Service Delivery Administrative Requirements

1. Providers will comply with all applicable rules adopted by HHSC related to SUD services and published in Title 25, Part 1 of the TAC, including the following chapters:
 - A. [Chapter 441](#)³⁵ (relating to State Mental Health Authority Responsibilities);
 - B. [Chapter 321](#)³⁶ (relating to Substance Use Services);
 - C. [Chapter 448](#)³⁷ (relating to Standards of Care); and

³⁵ [https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=441](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=441)

³⁶

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

³⁷ [https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=448](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=448)

- D. [Chapter 140, Subchapter I](#)³⁸ (relating to Licensed Chemical Dependency Counselors).

RESIDENTIAL DETOXIFICATION – Adult/Specialized Female

1. Purpose: To provide a structured residential environment for clients who are physically dependent upon alcohol and other drugs to safely withdraw from those substances; for clients who are intoxicated to be medically monitored until achieving a non-intoxicated state; and to prepare and engage clients for ongoing treatment services.
2. Level of Care: ASAM Level 3.7 Withdrawal Management – This level of care provides 24-hour nursing care with a physician’s availability for significant problems. This is the appropriate setting for clients with subacute biomedical and emotional, behavioral, or cognitive problems that are so severe that they require inpatient treatment.
3. Discharge Criteria:
 - A. Clinical determination and documentation reflect the individual has progressed sufficiently and no longer needs this level of service.
 - B. Individual circumstances indicate a higher or lower level of care is clinically justified.
 - C. Individual is not receptive to treatment even after reasonable efforts and accommodations have been made to engage the individual, and the individual is not at risk of harm if treatment is suspended.
 - D. External factors have forced individual to withdraw from treatment.
 - E. Individual withdraws or requests discharge from treatment.
 - F. Individual has been referred to local community services.

AMBULATORY DETOXIFICATION – Adult/Specialized Female

1. Purpose: To provide safe withdrawal for clients physically dependent upon alcohol and other drugs and who can also engage and participate in concurrent outpatient treatment services.
2. Level of Care: ASAM Level 2 WM Withdrawal Management
3. Discharge Criteria:
 - A. Clinical determination and documentation reflect the individual has progressed sufficiently and no longer needs this level of service.
 - B. Individual circumstances indicate a higher or lower level of care is clinically justified.
 - C. Individual is not receptive to treatment even after reasonable efforts and accommodations have been made to engage the individual, and the individual is not at risk of harm if treatment is suspended.
 - D. External factors have forced individual to withdraw from treatment.
 - E. Individual withdraws or requests discharge from treatment.
 - F. Individual has been referred to local community services.

INTENSIVE RESIDENTIAL – Adult/Specialized Female/Youth

1. Purpose: To provide high intensity treatment services in a residential setting that facilitate recovery from substance use disorders for clients who require a more structured environment.
2. Level of Care: ASAM Level 3.5 Clinically Managed High-Intensity Residential Services
3. Discharge Criteria:
 - A. Clinical determination and documentation reflect the individual has progressed sufficiently and no longer needs this level of service.
 - B. Individual circumstances indicate a higher or lower level of care is clinically justified.

- C. Individual is not receptive to treatment even after reasonable efforts and accommodations have been made to engage the individual, and the individual is not at risk of harm if treatment is suspended.
- D. External factors have forced individual to withdraw from treatment.
- E. Individual withdraws or requests discharge from treatment.
- F. Individual has been referred to local community services.

SUPPORTIVE RESIDENTIAL – Adult/Specialized Female/Youth

1. Purpose: To provide lower intensity treatment services in a residential setting that facilitate recovery from SUDs for individuals who require a more structured environment.
2. Level of Care: ASAM Level 3.1 Clinically Managed Low-Intensity Residential Services
3. Discharge Criteria:
 - A. Clinical determination and documentation reflect the individual has progressed sufficiently and no longer needs this level of service.
 - B. Individual circumstances indicate a higher or lower level of care is clinically justified.
 - C. Individual is not receptive to treatment even after reasonable efforts and accommodations have been made to engage the individual, and the individual is not at risk of harm if treatment is suspended.
 - D. External factors have forced individual to withdraw from treatment.
 - E. Individual withdraws or requests discharge from treatment.
 - F. Individual has been referred to local community services.

OUTPATIENT SERVICES – Adult/Specialized Female/Youth

1. Purpose: To provide treatment services that facilitate recovery from SUDs to clients who do not require a more structured environment such as residential services to meet treatment goals.
2. Level of Care:

- A. Adult and Specialized Female
 - a. Adheres to ASAM Level 1 Outpatient Services
 - b. Providers will assess the hours required for outpatient service and enter justification in CMBHS.
 - B. Youth Outpatient – ASAM Level 1 Outpatient Services
3. Service Requirements
- A. Provider will set limits on counselor caseload size to ensure effective, individualized treatment. Provider will justify and document in Provider’s policy and procedures the caseload size based on the service design, characteristics, and needs of the population served, and any other relevant factors.
 - B. Providers with Youth Outpatient treatment services that facilitate recovery from substance use disorders to youth clients implement, with fidelity, one of the following evidence-based models:
 - a. Cannabis Youth Treatment series
The prescribed services are as follows:
 - (1) Outpatient Individual – one on one counseling with client;
 - (2) Outpatient – Youth Counseling – group counseling;
 - (3) Outpatient – Youth Education – education on drug use;
 - (4) Adolescent Support – three hours per week to include activities such as: engagement, monitoring progress, making referrals, coordination with drug courts and schools, transportation, phone contacts;
 - (5) Family Support –activities such as home or office visits and curriculum-based family education;
 - (6) Family Counseling – parent education, family group counseling, and curriculum-based group counseling with only the clients and no family members; and
 - (7) Psychiatrist Consultation – if needed.
 - b. Seeking Safety Treatment Series
The prescribed services are as follows:
 - (1) Outpatient Individual – one on one counseling with client;
 - (2) Family Counseling - when appropriate and possible, two hours each month;

- (3) Outpatient – Youth Counseling – group counseling;
 - (4) Outpatient – Youth Education – education on drug use;
 - (5) Adolescent Support – three hours per week to include activities such as engagement; monitoring progress; making referrals; and coordination with drug courts, schools, transportation, and phone contacts; and
 - (6) Family Support - activities such as home or office visits, referrals, and phone contacts.
- c. The Seven Challenges
- The prescribed services are as follows:
- (1) Outpatient Individual – one on one counseling with client;
 - (2) Family Counseling – when appropriate and possible, two hours each month;
 - (3) Outpatient – Youth Counseling – group counseling;
 - (4) Outpatient – Youth Education – education on drug use;
 - (5) Adolescent Support – three hours per week to include activities such as engagement; monitoring progress; making referrals; and coordination with drug courts, schools, transportation; and phone contacts; and
 - (6) Family Support –activities such as: home or office visits, referrals, and phone contacts.
- d. Providers with Youth Outpatient may use the following Youth Outpatient Wraparound Services (Medicaid youth):
- (1) Provider may submit a claim in CMBHS for outpatient supplemental services for clients receiving Medicaid-funded outpatient SUD treatment services per treatment episode at a maximum of:
 - (A) Three hours of Adolescent Support per week as described in item (7) below;
 - (B) Three to four hours of Family Support Sessions as described in item (6) and (8) below; and
 - (C) Six Parent Education Sessions from one of the chosen evidence-based models and curriculums implemented with fidelity as described in the items below:
 - (a) Cannabis Youth Treatment Series;

(b) Seeking Safety Treatment Series; or

(c) The Seven Challenges.

- e. Provider will develop in cooperation with the client (and, with client consent, the client's family when clinically appropriate and as permitted by law) an individualized treatment plan that is documented and addresses all areas of concern identified in the assessment.
- f. Provider will use the following outpatient wraparound components of one of the chosen evidence-based models and curriculums implemented with fidelity: Adolescent Support (case management), Family Support (in-home or office), Parent Education Sessions, and Family Support Network.
- g. After the client is admitted for treatment and with the client's consent, Provider will contact and engage the client's family in the treatment process, assist the family in overcoming barriers to active participation, and identify appropriate services and treatment needs. Provider will monitor the client's and family's progress, monitor attendance, encourage the client to remain engaged in treatment, and make appropriate referrals. All family involvement will be documented.
- h. Provider will document adolescent support services, which will include activities that engage and link the family to needed services, including, but not limited to community support groups, appearances at drug courts, truancy courts and schools, phone contacts, appointment reminders, appointment follow-ups, and help with transportation (Adolescent Support Services).
- i. Provider will visit the client's home for the purpose of family substance abuse counseling (in-home visits). Through office or in-home visits, and with client's consent, Provider will assess the family environment, provide individualized treatment, develop a family commitment to recovery, encourage a three-way therapeutic alliance (between the family, client, and Provider) and translate the lessons the parents and clients are learning into specific changes in the family functioning. If Provider is unable to conduct an in-home visit, Provider will document the reason the home was not an appropriate location in which to meet with the client and the client's family.
- j. Provider will document all in-home visits and office visits, which will include updating the client and family treatment plan. Provider will

also maintain on file a signed and dated document that lists those in attendance during the family in-home visit or office visit. The evaluation or consultation will be documented.

- C. Providers may choose to use other models, practices, or curricula that are evidence-based and will need to be approved, in writing, by the HHSC. Communication will be sent to [Substance Use Disorder@hhs.texas.gov](mailto:Substance_Use_Disorder@hhs.texas.gov).

4. Discharge Criteria:

- A. Clinical determination and documentation reflect the individual has progressed sufficiently and no longer needs this level of service.
- B. Individual circumstances indicate a higher or lower level of care is clinically justified.
- C. Individual is not receptive to treatment even after reasonable efforts and accommodations have been made to engage the individual.
- D. External factors have forced individual to withdraw from treatment.
- E. Individual withdraws or requests discharge from treatment.
- F. Individual has been referred to local community services.

INTENSIVE RESIDENTIAL – Women with Children

1. Purpose: To provide high intensity treatment services in a residential setting that facilitate recovery from SUDs for clients who require a more structured environment.
2. Level of Care: ASAM Level 3.5 Clinically Managed High-Intensity Residential Services
3. Service Requirement: Provider will advocate with local authorities to treat the family as a unit and therefore admit both women and her children into treatment services, if appropriate.
4. Discharge Criteria:
 - A. Clinical determination and documentation reflect the individual has progressed sufficiently and no longer needs this level of service.
 - B. Individual circumstances indicate a higher or lower level of care is clinically justified.

- C. Individual is not receptive to treatment even after reasonable efforts and accommodations have been made to engage the individual, and the individual is not at risk of harm if treatment is suspended.
- D. External factors have forced individual to withdraw from treatment.
- E. Individual withdraws or requests discharge from treatment.
- F. Individual has been referred to local community services.

SUPPORTIVE RESIDENTIAL – Women with Children

1. Purpose: To provide high intensity treatment services in a residential setting that facilitate recovery from substance use disorders for clients who require a more structured environment.
2. Level of Care: ASAM Level 3.1 Clinically Managed Low-Intensity Residential Services
3. Service Requirement: Provider will advocate with local authorities to ensure women and their dependent children are treated as a unit and both the woman and her children will be admitted in treatment when possible.
4. Discharge Criteria:
 - A. Clinical determination and documentation reflect the individual has progressed sufficiently and no longer needs this level of service.
 - B. Individual circumstances indicate a higher or lower level of care is clinically justified.
 - C. Individual is not receptive to treatment even after reasonable efforts and accommodations have been made to engage the individual, and the individual is not at risk of harm if treatment is suspended.
 - D. External factors have forced individual to withdraw from treatment.
 - E. Individual withdraws or requests discharge from treatment.
 - F. Individual has been referred to local community services.

INTENSIVE RESIDENTIAL - Human Immunodeficiency Virus (HIV)

1. Purpose: To provide high intensity treatment services in a residential setting that facilitate recovery from SUDs for clients, with HIV, who require a more structured environment.
2. Level of Care: ASAM Level 3.5 Clinically Managed High-Intensity Residential Services
3. Service Requirements:
 - A. Implement the [Department of State Health Services' HIV-STD Policy No.090.021, HIV/AIDS Model Workplace Guidelines for Businesses, State Agencies, and State Contractors](#).³⁹
 - B. Educate employees and clients concerning HIV and its related conditions, including AIDS, in accordance with the Texas Health and Safety Code, Sections 85.112–85.114.
 - C. Provide and document medical monitoring and treatment of HIV and ensure the provision of expedited timely co-occurring needs and treatment for related conditions, addressing issues associated with antiviral drug resistance and adherence, symptoms associated with drug-induced side effects and prescribed prophylaxis for opportunistic infection(s).
 - D. Individual counselling and groups (including educational groups and other structured activities) will be documented in CMBHS and include goals for the client to achieve and involve discussion and active learning situations. Required topics include but are not limited to the following:
 - a. HIV disease management including medical adherence;
 - b. Nutrition;
 - c. Risk reduction, including the opportunity to address risk reduction in lifestyle specific settings;
 - d. Mental health;
 - e. Relapse prevention;
 - f. 12-step support; and

³⁹ <https://www.dshs.state.tx.us/hivstd/policy/policies/090-021.shtm>

- g. Life skills.
 - E. Provide directly or through referral, brief family intervention, support and educational groups, and associated family therapy designed to build support and resources for clients in treatment.
 - F. Facilitate two hours per month of HIV and Hepatitis C co-infection group counseling.
 - G. Provide and document a referral in CMBHS for psychiatric evaluations as needed and indicated.
 - H. Provide nursing care 24 hours a day, 7 days a week.
 - I. Provide client meals in accordance with recommended nutritional guidelines, specifically adjusted for persons living with HIV.
 - J. Maintain a clean client living environment in accordance with the Standard Precautions for All Patient Care⁴⁰ prescribed by the Centers for Disease Control and Prevention including linen care, hand-washing habits, food areas, flooring, and air conditioning.
 - K. Ensure access to recreational facilities and scheduled daily exercise / activity for all clients capable of participation.
 - L. Conduct discharge planning and emphasize referrals to community resources for continued medical care and other support services.
 - M. Document a referral and referral follow-up prior to discharge to HIV medical care and community resources for ongoing support.
4. Discharge Criteria:
- A. Clinical determination and documentation reflect the individual has progressed sufficiently and no longer needs this level of service.
 - B. Individual circumstances indicate a higher or lower level of care is clinically justified.
 - C. Individual is not receptive to treatment even after reasonable efforts and accommodations have been made to engage the individual, and the individual is not at risk of harm if treatment is suspended.
 - D. External factors have forced individual to withdraw from treatment.
 - E. Individual withdraws or requests discharge from treatment.
 - F. Individual has been referred to local community services.

⁴⁰ <https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html>

CO-OCCURRING PSYCHIATRIC DISORDER

1. Purpose: To provide adjunct services to clients with COPSD, emphasizing integrated treatment for both mental health needs and SUDs.
2. Level of Care: ASAM Level 1 Outpatient Services
3. Service Requirements:
 - A. Adheres to ASAM Level 1 Outpatient Services
 - a. Providers will assess the hours required for Outpatient service and enter justification in CMBHS.
 - b. Provide services in Provider's facility, at the client's home, or other locations where confidentiality can be maintained.
 - c. Ensure that services are provided in addition to, and not as a replacement for other services.
 - d. Conduct and document a full substance use disorder and mental health assessment. If the assessment identifies a potential mental health or substance use disorder problem, offer the client appropriate mental health and/or substance use disorder services either internally or through referral. Mental health services will be provided by a facility or qualified person authorized to provide such services.
 - e. Document in CMBHS on the client's treatment plan both mental health problems and SUD problems with a goal, objectives and strategies documented for each problem.
 - f. Provide and document in CMBHS services that assist in client stabilization, including Motivational Interviewing, referrals, case management and other counseling as indicated by the treatment plan based on the clinical assessment.
 - g. Address both psychiatric and substance use disorders simultaneously and assist clients in obtaining available services they need and choose, including self-help groups. Services will be provided within established practice guidelines for this population.
 - h. Provide individual counseling and case management as indicated below:
 - (1) Individual Counseling comprises counseling methods from qualified staff that assist clients in processing feelings in the area of gaining access to and remaining engaged in substance use disorder or mental health services or obtaining access to both.

(2) Case Management comprises services that assist and support the client in developing skills to gain access to needed medical, social, educational, and other services essential to meeting basic human needs.

i. Provide a minimum of one hour per week of documented service in CMBHS to each client.

4. Discharge Criteria:

- A. Clinical determination and documentation reflect the individual has progressed sufficiently and no longer needs this level of service.
- B. Individual is not receptive to treatment even after reasonable efforts and accommodations have been made to engage the individual, and the individual is not at risk of harm if treatment is suspended.
- C. External factors have forced individual to withdraw from treatment.
- D. Individual withdraws or requests discharge from treatment.
- E. Individual has been referred to local community services.
- F. Follow up after 60 days is completed and documented in CMBHS.

Additional Service Delivery Information

1. Requirements for Adolescent Programs will adhere to 25 TAC, Section 448.905 (relating to Additional Requirements for Adolescent Programs).
2. Requirements for women and children's facilities will adhere to 25 TAC, Section 448.910 (relating to Treatment Services for Women and Children) and enumerated subchapters.
3. Providers may bill HHSC for the Women and Children's Intensive Residential if one of the following requirements are met for each service day:
 - A. Client is in the third trimester of pregnancy or beyond;
 - B. Client leaves treatment services to be in the hospital for child delivery and the client returns from hospital, with child, to treatment services, within 48 hours, after the delivery unless prior authorization from HHSC is received in writing;
 - C. Client has at least one child physically residing overnight with the client in the facility. Provider may bill for this service type when the child is on a planned, approved absence for up to two consecutive days. The frequency

of approved absences will not exceed four service days in a 30-day period; or

- D. The client was referred by DFPS and DFPS will not allow at least one child to reside overnight at the facility. Provider will obtain written documentation from DFPS that within the first 30 days of the treatment episode, DFPS will allow the child to reside overnight with the client at the facility. During the first 30 days of the treatment episode, the child may be allowed to present at the facility. After 30 service days, if DFPS has not allowed the child to reside overnight at the facility with the client, Provider will cease billing for Women and Children's Intensive Residential Treatment services and move the client to Residential – Adult treatment.
4. If the client's situation does not meet one of the requirements in item 3, the client will be placed into Specialized Female or Adult services until one of the requirements in item 3 is met.

Outcome Measures

1. Federal Block Grant providers are required to input [Treatment Episode Data Set](#),⁴¹ often known as outcome measures, for clients. The Treatment Episode Data Set compile client-level data for SUD treatment admissions to state-funded treatment programs funded by SAMHSA. State data are compiled in CMBHS at the SUD Initial Assessment and Discharge Assessment. The outcome measures are subject to change based on SAMHSA guidance.
2. HHSC uses outcome measures to monitor Provider quality through acceptable industry standard, custom, and practice. The outcome measures for each program are listed below. Each of the below outcome measures, are subject to change.

Intensive Residential Treatment for TRA, TRF, and TRY

#	TRA and TRF Intensive Residential Treatment Outcome Measures	Percentage
1	Percent who successfully complete treatment services	52%
2	Percent abstinent at discharge	75%
3	Percent discharging to stable housing	70%
4	Percent admitted to/involved in ongoing treatment/recovery episode (supportive residential, outpatient, 12-step groups, and other RSS)	90%
5	Percent with no arrest since admission	90%
6	Percent employed at discharge	14%

1. Percent who successfully complete treatment services:
 - A. The numerator is the number of HHSC-funded clients who ended an intensive residential service during the fiscal year to date where the service end reason was not "non-compliant with service," "discharged without completing service," "client left service against professional advice," or blank due to an administrative discharge.
 - a. At the time of the service ending, the client must also have had all problems on the treatment plan addressed.

⁴¹ <https://www.samhsa.gov/data/data-we-collect/teds-treatment-episode-data-set>

- b. There must also be a service end or discharge assessment in the client's record, closed complete.
 - B. The denominator is the total number of HHSC-funded clients who ended an intensive residential service during the fiscal year to date.
- 2. Percent abstinent at discharge:
 - A. The numerator is the number of HHSC-funded clients who ended an intensive residential service for the fiscal year to date.
 - a. Clients must have been counted as completers.
 - b. Clients must be listed as abstinent from all substances for the past 30 days "In the Past 30 Days" section of the "General" tab of the service end or discharge assessment.
 - c. Length of stay is also factored into this calculation. For example, if the length of stay was 21 days and the valued entered is 21 days out of the last 30 days, then the client is counted in the numerator.
 - B. The denominator is the total number of HHSC-funded clients who ended an intensive residential service during the fiscal year to date and were counted as completers.
- 3. Percent discharging to stable housing:
 - A. The numerator is the number of HHSC-funded clients who ended an intensive residential service during the fiscal year to date.
 - a. Clients must have been counted as completers.
 - b. In the "Current Social Status" section of the "Family & Social" tab, the service end or discharge assessment must not list the client's current living situation as "homeless."
 - B. The denominator is the total number of HHSC-funded clients who ended an intensive residential service during the fiscal year to date and were counted as completers.
- 4. Percent admitted to/involved in ongoing treatment/recovery episode (supportive residential, outpatient, 12-step groups, and other RSS):
 - A. The numerator is the number of HHSC-funded clients who ended an intensive residential service during the fiscal year to date.
 - a. Clients must have been counted as completers.
 - b. Clients must have been admitted to, or started in, another level of service or be listed as attending a self-help or support group in the

"Current Social Status" section of the "Family & Social" tab of the service end or discharge assessment.

- c. This measure checks statewide to determine whether the client had a service begin for another level of care at any provider in CMBHS.
 - d. The provider also receives credit if, on the service end or discharge assessment, the answer to the question, "In the past 30 days, how many times have you attended self-help groups (e.g., AA, NA)?" or "In the past 30 days, how many times have you attended a community support group?" is greater than 0.
- B. The denominator is the total number of HHSC-funded clients who ended an intensive residential service during the fiscal year to date and were counted as completers.
5. Percent with no arrest since admission:
- A. The numerator is the number of HHSC-funded clients who ended an intensive residential service during the fiscal year to date.
 - a. Clients must have been counted as completers.
 - b. On the "Legal" tab of the service end or discharge assessment, the number of arrests in the past 30 days must be zero. If the length of stay was less than 30 days, the respondent will enter the number of arrests during the duration of the service type (e.g., if a client's length of stay was 0-21 days and the client was arrested 3 days prior to admission, but was not arrested during treatment, the answer to this question should be 0.)
 - B. The denominator is the total number of HHSC-funded clients who ended an intensive residential service during the fiscal year to date and were counted as completers.
6. Percent employed at discharge:
- A. The numerator is the number of HHSC-funded clients who ended an intensive residential service during the fiscal year to date.
 - a. Clients must have been counted as completers.
 - b. In the "Employment" section of the "Education & Employment" tab of the service end or discharge assessment, the client's employment status must be listed as employed "full time," "part time," or "not in the labor force" on the service end or discharge assessment.

- B. The denominator is the total number of HHSC-funded clients who ended an intensive residential service during the fiscal year to date and were counted as completers.

Additional TRY Intensive Residential

#	TRY Intensive Residential Treatment Outcome Measures	Percentage
1	Percent attending school or vocational training	85%
2	Percent who successfully complete treatment services	52%
3	Percent abstinent at discharge	75%
4	Percent admitted to/involved in ongoing treatment/recovery episode (supportive residential, outpatient, 12-step groups, and other RSS)	90%
5	Percent with no arrest since admission	90%

1. Percent attending school or vocational training:
 - A. The numerator is the number of HHSC-funded clients who ended an intensive residential service during the fiscal year to date.
 - a. Clients must have been counted as completers.
 - b. On the service end or discharge assessment, the answer to "Is the client enrolled in school?" must be "yes."
 - B. The denominator is the total number of HHSC-funded clients who ended an intensive residential service during the fiscal year to date and were counted as completers.

2. Percent who successfully complete treatment services:
 - A. The numerator is the number of HHSC-funded clients who ended an intensive residential service during the fiscal year to date where the service end reason was not "non-compliant with service," "discharged without completing service," "client left service against professional advice," or blank due to an administrative discharge.
 - a. At the time of the service end, the client must also have had all problems on the treatment plan addressed.
 - b. There must also be a service end or discharge assessment in the client's record, closed complete.
 - B. The denominator is the total number of HHSC-funded clients who ended an intensive residential service during the fiscal year to date.

3. Percent abstinent at discharge:

- A. The numerator is the number of HHSC-funded clients who ended an intensive residential service for the fiscal year to date.
 - a. Clients must have been counted as completers.
 - b. Clients must be listed as abstinent from all substances for the past 30 days "In the Past 30 Days" section of the "General" tab of the service end or discharge assessment.
 - c. Length of stay is also factored into this calculation; for example, if the length of stay was 21 days and the valued entered is 21 days out of the last 30 days, then the client is counted in the numerator.
 - B. The denominator is the total number of HHSC-funded clients who ended an intensive residential service during the fiscal year to date and were counted as completers.
4. Percent admitted to/involved in ongoing treatment/recovery episode (supportive residential, outpatient, 12-step groups, and RSS):
- A. The numerator is the number of HHSC-funded clients who ended an intensive residential service during the fiscal year to date.
 - a. Clients must have been counted as completers.
 - b. Clients must have been admitted to, or started in, another level of service or be listed as attending a self-help or support group in the "Current Social Status" section of the "Family & Social" tab of the service end or discharge assessment.
 - c. This measure checks statewide to determine whether the client had a service begin for another level of care at any provider in CMBHS.
 - d. The provider also receives credit if, on the service end or discharge assessment, if the answer to the question "In the past 30 days, how many times have you attended self-help groups? (e.g., AA, NA)" or "In the past 30 days, how many times have you attended a community support group?" is greater than 0.
 - B. The denominator is the total number of HHSC-funded clients who ended an intensive residential service during the fiscal year to date and were counted as completers.
5. Percent with no arrest since admission:
- A. The numerator is the number of HHSC-funded clients who ended an intensive residential service during the fiscal year to date.
 - a. Clients must have been counted as completers.

- b. On the “Legal” tab of the service end or discharge assessment, the number of arrests in the past 30 days must be zero. If the length of stay was less than 30 days, the respondent will enter the number of arrests during the duration of the service type. For example, if a client’s length of stay was 21 days and the client was arrested 3 days prior to admission, but was not arrested during treatment, the answer to this question should be 0.
- B. The denominator is the total number of HHSC-funded clients who ended an intensive residential service during the fiscal year to date and were counted as completers.

Supportive Residential for TRA and TRF

#	TRA and TRF Supportive Residential Treatment Outcome Measures	Percentage
1	Percent who successfully complete treatment services	46%
2	Percent abstinent at discharge	75%
3	Percent discharging to stable housing	80%
4	Percent admitted to/involved in ongoing treatment/recovery episode (supportive residential, outpatient, 12-step groups, and other RSS)	90%
5	Percent with no arrest since admission	90%
6	Percent employed at discharge	55%

1. Percent who successfully complete treatment services:
 - A. The numerator is the number of HHSC-funded clients who ended a supportive residential service during the fiscal year to date where the service end reason was not “non-compliant with service,” “discharged without completing service,” “client left service against professional advice,” or blank due to an administrative discharge.
 - a. At the time of the service end, the client must also have had all problems on the treatment plan addressed.
 - b. There must also be a service end or discharge assessment in the client's record, closed complete.
 - B. The denominator is the total number of HHSC-funded clients who ended a supportive residential service during the fiscal year to date.
2. Percent abstinent at discharge:

- A. The numerator is the number of HHSC-funded clients who ended a supportive residential service for the fiscal year to date.
 - a. Clients must have been counted as completers.
 - b. Clients must be listed as abstinent from all substances for the past 30 days in the "In the Past 30 Days" section of the "General" tab of the service end or discharge assessment.
 - c. Length of stay is also factored into this calculation. For example, if the length of stay was 21 days and the valued entered is 21 days out of the last 30 days, then the client is counted in the numerator.
 - B. The denominator is the total number of HHSC-funded clients who ended a supportive residential service during the fiscal year to date and were counted as completers.
3. Percent discharging to stable housing:
- A. The numerator is the number of HHSC-funded clients who ended a supportive residential service during the fiscal year to date.
 - a. Clients must have been counted as completers.
 - b. In the "Current Social Status" section of the "Family & Social" tab, the service end or discharge assessment must not list the client's current living situation as "homeless."
 - B. The denominator is the total number of HHSC-funded clients who ended a supportive residential service during the fiscal year to date and were counted as completers.
4. Percent admitted to/involved in ongoing treatment/recovery episode (supportive residential, outpatient, 12-step groups, and RSS):
- A. The numerator is the number of HHSC-funded clients who ended a supportive residential service during the fiscal year to date.
 - a. Clients must have been counted as completers.
 - b. Clients must have been admitted to, or started in, another level of service or be listed as attending a self-help or support group in the "Current Social Status" section of the "Family & Social" tab of the service end or discharge assessment.
 - c. This measure checks statewide to determine whether the client had a service begin for another level of care at any provider in CMBHS.

- d. The provider also receives credit if, on the service end or discharge assessment, the answer to the question, "In the past 30 days, how many times have you attended self-help groups (e.g. AA, NA)?" or "In the past 30 days, how many times have you attended a community support group?" is greater than 0.
 - B. The denominator is the total number of HHSC-funded clients who ended a supportive residential service during the fiscal year to date and were counted as completers.
- 5. Percent with no arrest since admission:
 - A. The numerator is the number of HHSC-funded clients who ended a supportive residential service during the fiscal year to date.
 - a. Clients must have been counted as completers.
 - b. On the "Legal" tab of the service end or discharge assessment, the number of arrests in the past 30 days must be zero.
 - c. If the length of stay was less than 30 days, the respondent will enter the number of arrests during the duration of the service type. For example, if a client's length of stay was 21 days and the client was arrested 3 days prior to admission, but was not arrested during treatment, the answer to this question should be 0.
 - B. The denominator is the total number of HHSC-funded clients who ended a supportive residential service during the fiscal year to date and were counted as completers.
- 6. Percent employed at discharge:
 - A. The numerator is the number of HHSC-funded clients who ended a supportive residential service during the fiscal year to date.
 - a. Clients must have been counted as completers.
 - b. In the "Employment" section of the "Education & Employment" tab of the service end or discharge assessment, the client's employment status must be listed as employed "full time," "part time," or "not in the labor force" on the service end or discharge assessment.
 - B. The denominator is the total number of HHSC-funded clients who ended a supportive residential service during the fiscal year to date and were counted as completers.

Additional TRY Supportive Residential

#	TRY Supportive Residential Treatment Outcome Measures	Percentage
1	Percent attending school or vocational training	90%
2	Percent who successfully complete treatment services	46%
3	Percent abstinent at discharge	75%
4	Percent admitted to/involved in ongoing treatment/recovery episode (supportive residential, outpatient, 12-step groups, and other RSS)	90%
5	Percent with no arrest since admission	90%

1. Percent attending school or vocational training:
 - A. The numerator is the number of HHSC-funded clients who ended an intensive residential service during the fiscal year to date.
 - a. Clients must have been counted as completers.
 - b. On the service end or discharge assessment, the answer to "Is the client enrolled in school?" must be "yes."
 - B. The denominator is the total number of HHSC-funded clients who ended an intensive residential service during the fiscal year to date and were counted as completers.
2. Percent who successfully complete treatment services:
 - A. The numerator is the number of HHSC-funded clients who ended a supportive residential service during the fiscal year to date where the service end reason was not "non-compliant with service," "discharged without completing service," "client left service against professional advice," or blank due to an administrative discharge.
 - a. At the time of the service end, the client must also have had all problems on the treatment plan addressed.
 - b. There must also be a service end or discharge assessment in the client's record, closed complete.
 - B. The denominator is the total number of HHSC-funded clients who ended a supportive residential service during the fiscal year to date.
3. Percent abstinent at discharge:
 - A. The numerator is the number of HHSC-funded clients who ended a supportive residential service for the fiscal year to date.
 - a. Clients must have been counted as completers.

- b. Clients must be listed as abstinent from all substances for the past 30 days in the "In the Past 30 Days" section of the "General" tab of the service end or discharge assessment.
 - c. Length of stay is also factored into this calculation. For example, if the length of stay was 21 days and the valued entered is 21 days out of the last 30 days, then the client is counted in the numerator.
 - B. The denominator is the total number of HHSC-funded clients who ended a supportive residential service during the fiscal year to date and were counted as completers.
- 4. Percent admitted to/involved in ongoing treatment/recovery episode (supportive residential, outpatient, 12-step groups, and other RSS):
 - A. The numerator is the number of HHSC-funded clients who ended a supportive residential service during the fiscal year to date.
 - a. Clients must have been counted as completers.
 - b. Clients must have been admitted to, or started in, another level of service or be listed as attending a self-help or support group in the "Current Social Status" section of the "Family & Social" tab of the service end or discharge assessment.
 - c. This measure checks statewide to determine whether the client had a service begin for another level of care at any provider in CMBHS.
 - d. The provider also receives credit if, on the service end or discharge assessment, the answer to the question, "In the past 30 days, how many times have you attended self-help groups (e.g. AA, NA)?" or "In the past 30 days, how many times have you attended a community support group?" is greater than 0.
 - B. The denominator is the total number of HHSC-funded clients who ended a supportive residential service during the fiscal year to date and were counted as completers.
- 5. Percent with no arrest since admission:
 - A. The numerator is the number of HHSC-funded clients who ended a supportive residential service during the Fiscal Year to date.
 - a. Clients must have been counted as completers.
 - b. On the "Legal" tab of the service end or discharge assessment, the number of arrests in the past 30 days must be zero.

- c. If the length of stay was less than 30 days, the respondent will enter the number of arrests during the duration of the service type. For example, if a client’s length of stay was 21 days and the client was arrested 3 days prior to admission, but was not arrested during treatment, the answer to this question should be 0.
- B. The denominator is the total number of HHSC-funded clients who ended a supportive residential service during the fiscal year to date and were counted as completers.

Outpatient for TRA and TRF

#	TRA and TRF Outpatient Treatment Outcome Measures	Percentage
1	Percent who successfully complete treatment services	42%
2	Percent abstinent at discharge	45%
3	Percent discharging to stable housing	55%
4	Percent admitted to/involved in ongoing treatment/recovery episode (supportive residential, outpatient, 12-step groups, and other RSS)	55%
5	Percent with no arrest since admission	90%
6	Percent employed at discharge	60%

1. Percent who successfully complete treatment services:
 - A. The numerator is the number of HHSC-funded clients who ended an outpatient service during the fiscal year to date where the service end reason was not “non-compliant with service,” “discharged without completing service,” “client left service against professional advice,” or blank due to an administrative discharge.
 - a. At the time of the service end, the client must also have had all problems on the treatment plan addressed.
 - b. There must also be a service end or discharge assessment in the client's record, closed complete.
 - B. The denominator is the total number of HHSC-funded clients who ended an outpatient service during the fiscal year to date.
2. Percent abstinent at discharge:
 - A. The numerator is the number of HHSC-funded clients who ended an outpatient service for the fiscal year to date.
 - a. Clients must have been counted as completers.

- b. Clients must be listed as abstinent from all substances for the past 30 days in the "In the Past 30 Days" section of the "General" tab of the service end or discharge assessment.
 - c. Length of stay is also factored into this calculation; for example, if the length of stay was 21 days and the valued entered is 21 days out of the last 30 days, then the client is counted in the numerator.
 - B. The denominator is the total number of HHSC-funded clients who ended an outpatient service during the fiscal year to date and were counted as completers.
- 3. Percent discharging to stable housing:
 - A. The numerator is the number of HHSC-funded clients who ended an outpatient service during the fiscal year to date.
 - a. Clients must have been counted as completers.
 - b. In the "Current Social Status" section of the "Family & Social" tab, the service end or discharge assessment must not list the client's current living situation as "homeless."
 - B. The denominator is the total number of HHSC-funded clients who ended an outpatient service during the fiscal year to date and were counted as completers.
- 4. Percent admitted to/involved in ongoing treatment/recovery episode (supportive residential, outpatient, 12-step groups, and other RSS):
 - A. The numerator is the number of HHSC-funded clients who ended an outpatient service during the fiscal year to date.
 - a. Clients must have been counted as completers.
 - b. Clients must have been admitted to, or started in, another level of service or be listed as attending a self-help or support group in the "Current Social Status" section of the "Family & Social" tab of the service end or discharge assessment.
 - c. This measure checks statewide to determine whether the client had a service begin for another level of care at any provider in CMBHS.
 - d. The provider also receives credit if, on the service end or discharge assessment, the answer to the question "In the past 30 days how many times have you attended self-help groups (e.g., AA, NA)?" or "In the past 30 days how many times you have attended a community support group?" is greater than 0.

- e. This measure checks statewide to determine whether the client had a service begin for another level of care at any provider in CMBHS.
 - B. The denominator is the total number of HHSC-funded clients who ended an outpatient service during the fiscal year to date and were counted as completers.
- 5. Percent with no arrest since admission:
 - A. The numerator is the number of HHSC-funded clients who ended an outpatient service during the fiscal year to date.
 - a. Clients must have been counted as completers.
 - b. On the "Legal" tab of the service end or discharge assessment, the number of arrests in the past 30 days must be zero.
 - c. If the length of stay was less than 30 days, the respondent will enter the number of arrests during the duration of the service type. For example, if a client's length of stay was 21 days and the client was arrested 3 days prior to admission, but was not arrested during treatment, the answer to this question should be 0.
 - B. The denominator is the total number of HHSC-funded clients who ended an outpatient service during the fiscal year to date and were counted as completers.
- 6. Percent employed at discharge:
 - A. The numerator is the number of HHSC-funded clients who ended an outpatient service during the fiscal year to date.
 - a. Clients must have been counted as completers.
 - b. In the "Employment" section of the "Education & Employment" tab of the service end or discharge assessment, the client's employment status must be listed as employed "full time," "part time," or "not in the labor force" on the service end or discharge assessment.
 - B. The denominator is the total number of HHSC-funded clients who ended an outpatient service during the fiscal year to date and were counted as completers.

Outpatient for TRY

#	TRY Outpatient Treatment Outcome Measures	Percentage
1	Percent attending school or vocational training	35%
2	Percent who successfully complete treatment services	42%
3	Percent abstinent at discharge	45%
4	Percent admitted to/involved in ongoing treatment/recovery episode (supportive residential, outpatient, 12-step groups, and other RSS)	55%
5	Percent with no arrest since admission	90%

1. Percent attending school or vocational training:
 - A. The numerator is the number of HHSC-funded clients who ended an intensive residential service during the fiscal year to date.
 - a. Clients must have been counted as completers.
 - b. On the service end or discharge assessment, the answer to "Is the client enrolled in school?" must be "yes."
 - B. The denominator is the total number of HHSC-funded clients who ended an intensive residential service during the fiscal year to date and were counted as completers.
2. Percent who successfully complete treatment services:
 - A. The numerator is the number of HHSC-funded clients who ended an outpatient service during the fiscal year to date where the service end reason was not "non-compliant with service," "discharged without completing service," "client left service against professional advice," or blank due to an administrative discharge.
 - a. At the time of the service end, the client must also have had all problems on the treatment plan addressed.
 - b. There must also be a service end or discharge assessment in the client's record, closed complete.
 - B. The denominator is the total number of HHSC-funded clients who ended an outpatient service during the fiscal year to date.
3. Percent abstinent at discharge:
 - A. The numerator is the number of HHSC-funded clients who ended an outpatient service for the fiscal year to date.

- a. Clients must have been counted as completers.
 - b. Clients must be listed as abstinent from all substances for the past 30 days in the "In the Past 30 Days" section of the "General" tab of the service end or discharge assessment.
 - c. Length of stay is also factored into this calculation. For example, if the length of stay was 21 days and the valued entered is 21 days out of the last 30 days, then the client is counted in the numerator.
- B. The denominator is the total number of HHSC-funded clients who ended an outpatient service during the fiscal year to date and were counted as completers.
4. Percent admitted to/involved in ongoing treatment/recovery episode (supportive residential, outpatient, 12-step groups, and other RSS):
- A. The numerator is the number of HHSC-funded clients who ended an outpatient service during the fiscal year to date.
- a. Clients must have been counted as completers.
 - b. Clients must have been admitted to, or started in, another level of service or be listed as attending a self-help or support group in the "Current Social Status" section of the "Family & Social" tab of the service end or discharge assessment.
 - c. This measure checks statewide to determine whether the client had a service begin for another level of care at any provider in CMBHS.
 - d. The provider also receives credit if, on the service end or discharge assessment, the answer to the question "In the past 30 days how many times have you attended self-help groups (e.g. AA, NA)?" or "In the past 30 days how many times you have attended a community support group?" is greater than 0.
 - e. This measure checks statewide to determine whether the client had a service begin for another level of care at any provider in CMBHS.
- B. The denominator is the total number of HHSC-funded clients who ended an outpatient service during the fiscal year to date and were counted as completers.
5. Percent with no arrest since admission:
- A. The numerator is the number of HHSC-funded clients who ended an outpatient service during the fiscal year to date.
- a. Clients must have been counted as completers.

- b. On the "Legal" tab of the service end or discharge assessment, the number of arrests in the past 30 days must be zero.
 - c. If the length of stay was less than 30 days, the respondent will enter the number of arrests during the duration of the service type; for example, if a client's length of stay was 21 days and the client was arrested three days prior to admission, but was not arrested during treatment, the answer to this question should be 0.
- B. The denominator is the total number of HHSC-funded clients who ended an outpatient service during the fiscal year to date and were counted as completers.

Residential Detoxification for TRA and TRF

#	TRA and TRF Residential Detoxification Outcome Measures	Percentage
1	Number of sessions using Motivational Interviewing Techniques per Client with multiple detoxification episodes (average count):	2
2	Percent who complete detoxification services	70%
3	Percent of referral to another level of care for Clients in an initial detoxification episode:	70%
4	Percent of referral to another level of care for Clients with multiple detoxification episodes:	70%

1. Number of sessions using Motivational Interviewing Techniques per client with multiple detoxification episodes (average count):
 - A. The numerator is the number of administrative notes with another note type of "motivational interviewing" for HHSC-funded clients who ended a residential detoxification service during the fiscal year to date.
 - a. Clients must have been counted as completers.
 - b. Client must have previously received a residential detoxification service documented in CMBHS at the same or another provider.
 - B. The denominator is the number of HHSC-funded clients who ended a residential detoxification service during the fiscal year to date:
 - a. Clients must have been counted as completers.
 - b. Clients must have previously received a residential detoxification service documented in CMBHS at the same or another provider.
2. Percent who successfully complete detoxification services:

- A. The numerator is the number of HHSC-funded clients who ended a residential detoxification service during the fiscal year to date where the service end reason is not "non-compliant with service," "discharged without completing service," "Client left service against professional advice," or blank due to an administrative discharge.
 - B. The denominator is the number of HHSC-funded clients who ended a residential detoxification service for the fiscal year to date.
3. Percent referred to another level of care for clients in an initial detoxification episode:
- A. The numerator is the number of HHSC-funded clients who ended a residential detoxification service for the fiscal year to date.
 - a. Clients must have been counted as completers.
 - b. The service ended must be the client's first residential detoxification episode.
 - c. There must be either a service that has begun for another level of care (at any provider in CMBHS) or a referral to another level of care for which the Referral Outcome lists "Presented for Referral" as the client outcome.
 - B. The denominator is the number of HHSC-funded clients who ended a residential detoxification service during the fiscal year to date.
 - a. Clients must have been counted as completers.
 - b. The service ended must be the client's first residential detoxification episode.
4. Percent referred to another level of care for clients with multiple detoxification episodes:
- A. The numerator is the number of HHSC-funded clients who ended a residential detoxification service during the fiscal year to date.
 - a. Clients must have been counted as completers.
 - b. Clients must have previously received a residential detoxification service documented in CMBHS at the same or another provider.
 - c. There must also be either a service that has begun for another level of care (at any provider in CMBHS) or a referral to another level of care for which the Referral Outcome lists "Presented for Referral" as the client outcome.

- B. The denominator is the number of HHSC-funded clients who ended a residential detoxification service during the fiscal year to date.
 - a. Clients must have been counted as completers.
 - b. Clients must have previously received a residential detoxification service documented in CMBHS at the same or another provider.

Ambulatory Detoxification for TRA and TRF

#	TRA and TRF Ambulatory Detoxification Outcome Measures	Percentage
1	Percent who complete detoxification services	52%
2	Percent of Clients with concurrent admission to outpatient treatment services	70%

1. Percent who successfully complete detoxification services:
 - A. The numerator is the number of HHSC-funded clients who ended an ambulatory detoxification service during the fiscal year to date where the service end reason is not “non-compliant with service,” “discharged without completing service,” “client left service against professional advice,” or blank due to an administrative discharge.
 - B. The denominator is the number of HHSC-funded clients who ended an ambulatory detoxification service for the fiscal year to date.
2. Percent of clients with concurrent admission to outpatient treatment services:
 - A. The numerator is the number of HHSC-funded clients who ended an ambulatory detoxification service during the fiscal year to date, and who also had an overlapping service begin for an outpatient service, either at the same or another provider.
 - B. The denominator is the number of HHSC-funded clients who ended an ambulatory detoxification service during the fiscal year to date.

Co-Occurring Psychiatric and Substance Use Disorder

#	Co-Occurring Psychiatric and Substance Use Disorder Services	Percentage
1	Client Engagement	55%
2	Substance Use Disorder Treatment Status at discharge	70%
3	Mental Health Treatment Status at discharge	10%
4	Percent discharging to stable housing	55%

1. Percent of client engagement
 - A. The numerator is the number of HHSC-funded clients who ended a COPSD service during the fiscal year to date who had at least one progress note (counseling or case management) during at least five distinct weeks.
 - B. The denominator is the total number of HHSC-funded clients who ended a COPSD service during the fiscal year to date and were counted as completers.
2. Percent of Substance Use Disorder Treatment Status at Discharge
 - A. The numerator is the number of HHSC-funded unduplicated clients who ended a COPSD service during the fiscal year to date who had at least one substance use disorder treatment service begin during the episode at same or different provider.
 - B. The denominator is the total number of HHSC-funded clients who ended a COPSD service during the fiscal year to date and were counted as completers.
3. Percent of Mental Health Treatment Status at Discharge
 - A. The numerator is the number of HHSC-funded unduplicated clients who ended a COPSD service during the fiscal year to date. There must also be activity in CMBHS associated with mental health services during the episode at same or different provider or a referral with a referral type of "Mental Health Treatment (Inpatient)" or "Mental Health Treatment (Outpatient)."
 - B. The denominator is the total number of HHSC-funded clients who ended a COPSD service during the fiscal year to date and were counted as completers.
4. Percent of clients Discharging to Stable Housing

- A. The numerator is the number of HHSC-funded clients who ended an outpatient service during the fiscal year to date.
 - a. Clients must have been counted as completers.
 - b. In the "Current Social Status" section of the "Family & Social" tab, the service end or discharge assessment must not list the client's current living situation as "homeless."
- B. The denominator is the total number of HHSC-funded clients who ended an COPSD service during the fiscal year to date and were counted as completers.

Transfer of Clients

1. Providers may need to transfer or accept clients in cases of contract termination, business termination, or procurement results.
2. HHSC will be involved in all matters concerning the transfer of HHSC-funded clients to ensure proper client authorizations, discharges, referrals, and acceptances are completed.
3. Providers transferring clients will ensure there are no admittances of HHSC-funded clients, after written communication from HHSC notifying Provider of contract end date and transfer protocol to ensure accurate count of clients.
4. HHSC will provide name and contact person of receiving Provider to Providers transferring clients.
5. HHSC will contact the receiving Provider and communicate the procedure for proper client transfer.
6. Providers will work collaboratively to ensure successful transfer of clients.

Quality Management

Quality Management Policies and Procedures

1. Providers will comply with the requirements stated in this section relating to the quality management process. To ensure Providers are in compliance the following will be accomplished:
 - A. Maintain policies and procedures as required by 1 TAC, Section 392.511 (relating to Policy and Procedures Manuals) and applicable laws.
 - B. Maintain policies and procedure as required by 25 TAC, Section 448.502 (relating to Operational Plan, Policies, and Procedures).
 - C. Develop and implement policies and procedures to protect the rights of youth, families, and adults admitted to SUD treatment services.
 - D. Implement policies and procedures to ensure clients are provided with the client's rights, responsibilities, and grievance procedure.
 - E. Develop and implement policies and procedures to ensure informed consent is received when admitting an individual with an opioid use disorder.
 - a. For all individuals seeking treatment services who are determined to have a diagnosis of opioid use disorder, Provider will engage the individual in completing the Informed Consent for Individuals Seeking Treatment Form.
 - b. The appropriate, signed Informed Consent for Individuals Seeking Treatment Form will be uploaded with the individuals' signature to an administrative note in CMBHS.
 - c. The appropriate Informed Consent should be completed based on the individual's circumstance.
2. Maintain policy and procedures and make available to HHSC upon request.

Quality Management Plan

1. Develop and implement a Quality Management Plan (QMP) that conforms with 25 TAC, Section 448.504 (relating to Quality Management) and make the QMP available to HHSC upon request.

2. The QMP must be developed no later than the end of the first quarter of the contract's first contracting term.
3. Provider will update and revise the QMP each biennium or sooner, if necessary.
4. Provider's governing body will review and approve the initial QMP, within the first quarter of the contract term, and each updated and revised QMP thereafter.
5. The QMP must describe the methods to measure, assess, and improve services in accordance with 25 TAC:
 - A. Section 448.203 (relating to Competence and Due Care);
 - B. Section 448.205 (relating to Accuracy);
 - C. Section 448.210 (relating to Confidentiality);
 - D. Section 448.701 (relating to Client Bill of Rights); and
 - E. Section 448.702 (relating to Client Grievances).

Continuous Quality Improvement

1. Participate in continuous quality improvement activities as defined and scheduled by HHSC including: data verification; performing self-reviews; submitting self-review results and supporting documentation for HHSC's desk reviews; and participating in HHSC's onsite or desk reviews.
2. Submit plan of improvement or corrective action plan and supporting documentation as requested by HHSC.
3. Participate in and actively pursue continuous quality improvement activities that support performance and outcomes improvement.
4. Respond to consultation recommendations by HHSC, which may include:
 - A. Staff training;
 - B. Self-monitoring activities guided by HHSC, including use of quality management tools to self-identify compliance issues; and
 - C. Monitoring of performance reports in HHSC electronic clinical management system.

Treatment Independent Peer Review

1. The Independent Treatment Peer Review is part of the cost of doing business and HHSC will strive to not select the same provider for consecutive annual reviews and to minimize the amount of time providers must dedicate to the review.
2. A staff member of the Provider may be selected for participation in the independent treatment peer review required by the Block Grant. If a member of the Provider's staff is selected to be a reviewer, the Provider will ensure that the staff member participates in the treatment peer review process. Selected individuals will be guided by HHSC Quality Management personnel to review CMBHS entries by peer sub recipient providers.

Disaster Services

1. In the event of a local, state, or federal emergency; criminal incident; public health emergency; and/or disaster, either natural and/or human-caused as declared by the Governor, the Provider will assist HHSC's Disaster Behavioral Health Services (DBHS) program in providing disaster services to mitigate the psychological trauma experienced by crime victims, survivors, and emergency responders to such an emergency, incident, and/or disaster. Disaster services may need to be provided outside the Provider's local service area. The Provider will assist survivors, emergency responders, and communities in returning to a normal (pre-disaster) level of functioning and will assist in reducing the psychological effects of acute and/or prolonged distress. In the event individuals already receiving mental health/substance use disorder services are affected, Provider will provide disaster services to the affected individuals, in conjunction with the individual's current support system. Provider will support DBHS in a manner that is: most responsive to the needs of the emergency, incident, or disaster; cost effective; and as unobtrusive as possible to the primary services provided by the Provider under their contract. Provider will be prepared to assist DBHS with little to no notice. Assistance may include:
 - A. Psychological First Aid;
 - B. Stress relief, Critical Incident Stress Management modalities;
 - C. Crisis counseling; and
 - D. Stress management and the provision of referral services.
2. Provider's responsibilities may include the following:
 - A. Every six months beginning with the first quarter, provide the DBHS office the names and 24-hour contact information of:
 - a. At least two individuals identified by Provider, to serve as the disaster behavioral health point of contact and trained in providing disaster behavioral health services (include information on whether these identified individuals have been trained in Psychological First Aid, National Incident Management System 100, 200, 300, 400, 700, 800 and/or Critical Incident Stress Management modalities on the HHSC's Form T, Disaster Contact List);
 - B. Provider's Risk Manager or Safety Officer; and
 - C. Provider's Chief Fiscal Officer or Agent.

3. Collaborate with HHSC to coordinate disaster/emergency, incident, and/or disaster response activities, including but not limited to:
4. Community post-emergency efforts;
5. Incident and/or disaster behavioral health needs assessments;
6. Report damage to facilities;
7. Impact on staff/clients (evacuated and or displaced from residence) and service provision.
8. Assign employees trained in Psychological First Aid, National Incident Management System 100, 200, 700, and/or Critical Incident Stress Management 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, medical operations centers, points of distribution, community support centers, death notification centers, family assistance centers, or other locations identified by DBHS.
9. 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. Crisis Counseling Assistance and Training Program services include housing, hiring, and co-managing Crisis Counseling Assistance and Training Program team(s); see further federal guidance in the [Crisis Counseling Assistance and Training Program Toolkit](#).⁴²
10. Participate in local and or state level emergency management and disaster response and recovery programs, exercises, drills, and trainings relating to the provision of behavioral health services in emergencies, criminal incidents and disasters that focus on prevention, preparedness, response, and recovery. Activities are coordinated by local and/or state office of emergency management annually.
11. HHSC will seek reimbursement for disaster response activities if funding becomes available. Provider will use standardized data gathering, expense tracking and reporting forms, as provided by the HHSC, to document expenses and services provided.

⁴² <https://www.samhsa.gov/dtac/ccp-toolkit>

12. Provider will adhere to the regulations and requirements of the Crisis Counseling Assistance and Training Program, as dictated by the Federal Emergency Management Agency and SAMHSA.

Frequently Used Acronyms at HHSC

Acronym	Full Name
ADA	Americans with Disability Act
ASAM	American Society of Addiction Medicine
CFR	Code of Federal Regulations
CLAS	Culturally and Linguistically Appropriate Services
CMBHS	Clinical Management of Behavioral Health Services
CMU	Contract Management Unit
COPSD	Co-Occurring Psychiatric and Substance Use Disorder
CQI	Continuous Quality Improvement
DFPS	Department of Family and Protective Services
<i>DSM-5</i>	<i>Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition</i>
eCFR	Electronic Code of Federal Regulations
ESBD	Electronic State Business Daily
FE	Financial Eligibility
FY	Fiscal Year
HA	Health Authorities
HIPAA	Health Insurance Portability and Accountability Act
HHSC	Health and Human Services Commission
LBHA	Local Behavioral Health Authority
LMHA	Local Mental Health Authority
LCDC	Licensed Chemical Dependency Counselor
LCSW	Licensed Clinical Social Worker
LMFT	Licensed Marriage and Family Therapist
LPC	Licensed Professional Counselor
MEV	Medicaid Eligibility Verification
NOGA	Notice of Grant Award
OSAR	Outreach, Screening, Assessment, and Referral
OD	Opioid Use Disorder
QCC	Qualified Credentialed Counselor
QMP	Quality Management Plan

Acronym	Full Name
RSS	Recovery Support Services
SAMHSA	Substance Abuse Mental Health Services Administration
SABG	Substance Abuse Prevention and Treatment Block Grant
SAPT	Substance Abuse Prevention and Treatment
SBIRT	Screening, Brief Intervention and Referral to Treatment
SOTA	State Opioid Treatment Authority
SUD	Substance Use Disorder
TAC	Texas Administrative Code
TB	Tuberculosis
TRA	Treatment for Adults
TRF	Treatment for Females
TRY	Treatment for Youth
UGMS	Uniform Grants Management Standards
W/C	Women and Children's (Intensive or Supportive) Residential Treatment
YRC	Youth Recovery Community