STATEMENT OF WORK

SECTION I: PURPOSE

Contractor shall provide recovery-oriented Medication Assisted Treatment (MAT) to meet the individualized needs of persons seeking treatment for Opioid Use Disorder (OUD) by providing access to all reimbursable Federal Drug Administration (FDA) approved medications. Individuals receiving MAT must receive medical, counseling, peer-based recovery support, educational, and other assessment and treatment services, in addition to prescribed medication.

SECTION II: SERVICE REQUIREMENTS

Contractor shall:

A. Administrative Requirements

1. Administer and dispense medication for the treatment of OUD.
2. Ensure the organization's certification and licensure complies with applicable statutes, guidelines, and regulations related to MAT adopted by System Agency, the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), Drug Enforcement Agency (DEA), and additional third-party accreditation requirements.
    a. Comply with Texas Administrative Code (TAC) Title 25, Part 1, Chapter 229, and specifically, TAC, Title 25, Part 1, Chapter 229, Subchapter J;
    b. Comply with the Code of Federal Regulations, 42 CFR Part 8, Opioid Drugs, https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=d2c3f348c7ccf0c14db942bd214afc11&ty=HTML&h=%20L&mc=true&r=PART&n=pt42.1.8; Final Rule; and
    c. Comply with System Agency Guidelines for the Use of Extended Release Injectable Naltrexone.
3. Establish and submit a policy and procedure on patient selection criteria and appropriateness for each FDA-approved medication for the treatment of opioid use disorder.
4. Document all specified required activities and services in the Clinical Management for Behavioral Health Services (CMBHS) system.
5. Provide communicable disease testing, immunizations, chronic disease prevention, and address comorbid psychiatric disorders within the context of MAT to provide Clients with an opportunity to improve the health and overall quality of life, while also promoting recovery. A consent shall be obtained and documented in CMBHS prior to performing any of the aforementioned services.
6. Coordinate with local OSAR to document Financial Eligibility appropriately in CMBHS before charging any individuals for screening and assessment. Contractor will not require payments from individuals determined by the Financial Eligibility function of CMBHS to be eligible for state-funded services.
7. Set limits on counselor caseload size that ensures effective, individualized treatment. Document and justify in a policy and procedure the caseload size based on the service design, characteristics

and needs of the funded population served, and any other relevant factors.

a. Counselor to Client ratio must not exceed 1:35 for clinicians treating the state-funded population.
    i. Document "Assign Clinician" function in CMBHS to track caseload size.

8. Perform and submit Governmental Performance and Results Act (GPRA) assessments for all participants who are engaged in treatment services.
    a. The primary counselor shall conduct the GPRA assessment immediately after the client is stabilized or within four weeks after admission, whichever is sooner.
    b. The GPRA assessments will be completed at intake, six-month follow-up, and discharge. Additionally, the six-month follow-up must be conducted between months five through seven, depending on the client's availability. Contractor must use CMBHS to conduct, document and enter assessments as close to real time as possible. Contractor will aim to upload their data into CMBHS within 1 day – but it must be entered into CMBHS no later than 7 days – after the GPRA assessment is conducted.
    c. Contractor shall maintain a minimum 80% follow-up rate for the six-month assessment, regardless of discharge status (including closed cases, administrative discharges, and participants who have left the program).
    d. When directed, Contactor shall conduct new initial GPRA assessment for all clients in services at the beginning of each fiscal year.
9. Adopt organizational policies and procedures and have them available for System Agency and Local Authority review on the following:
    a. A marketing plan to engage local referral sources and provide information to these sources regarding the availability of MAT and the eligibility criteria for admissions;
    b. All marketing materials shall publish the federal and state priority population admissions (as defined further below in Section II(C)(1)-(2)); and
    c. Related to the retention of Clients in services, including protocols for addressing Clients absent from treatment, policies defining treatment non-compliance, and policy and procedure regarding discharging from MAT.
10. Actively attend and share representative knowledge about Contractor's system and services at the following meetings:
    a. Outreach, Screening, Assessment, and Referrals (OSAR) contractor's quarterly regional collaborative meetings within Contractor's region;
        i. OSAR Regional locations can be found at this website: https://hhs.texas.gov/services/mental-health-substance-use/mental-health-substance-use-resources/outreach-screening-assessment-referral-centers
    b. Recovery Oriented Systems of Care (ROSC) meetings in Contractor's region;
        i. ROSC Regional locations can be found at this website: https://hhs.texas.gov/services/mental-health-substance-use/adult-substance-use/recovery-oriented-systems-care
    c. Contractor shall ensure all project materials include the following attribution statement: "This project is supported by Texas Targeted Opioid Response, a public health initiative operated by the Texas Health and Human Services Commission through federal funding from the Substance Abuse and Mental Health Services Administration grant award

number – [insert grant number].” The grant awards number will be provided by System Agency.

11. Ensure requirements of Texas residency eligibility, Financial Eligibility, and clinical eligibility are met, as determined by CMBHS client profile, CMBHS SUD assessment, and financial eligibility documentation in CMBHS; as referenced above in Section II(A)(6).
12. Develop a local agreement with the following to address referral process, coordination of services, education, and sharing of information as allowed per the CMBHS consent form:
    a. Department of Family and Protective Services (DFPS) local offices;
    b. Office Based Treatment (OBT) providers receiving federal and/or State funds;
    c. Local Prevention Resource Center that can be found at this website: https://hhs.texas.gov/services/mental-health-substance-use/adult-substance-use/adult-substance-misuse-prevention
    d. System Agency-funded co-occurring psychiatric and substance use disorders (COPSD) providers; and
    e. Federally Qualified Health Centers (FQHC’s).
13. Have a Memorandum of Understanding (MOU) with the local Outreach, Screening, Assessment, and Referral (OSAR) provider in Contractor’s region, which shall address, at a minimum, the following:
    a. How Contractor will report capacity and treatment availability information to each OSAR provider in the region;
    b. Referral processes when immediate capacity is not available;
    c. Whether Contractor or OSAR provider will provide initial required interim services;
    d. Emergency referrals and transportation assistance for Clients in crisis;
    e. Contractor-specific policy on how and when Clients are removed from the waiting list; and
    f. Describe quarterly updating of specific contact information for key agency staff that handle day to day Client placement activities.
14. Contractor shall have a MOU with Local Mental Health Authority (LMHA) or Local Behavioral Health Authority (LBHA) providers known as Health Authority (HA) in Contractor’s region which shall address, at a minimum, the following:
    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. Confidentiality requirements;
    d. Description of how quality of and efficacy of services provided will be assessed;
    e. Include in MOU the federal and State priority populations and requirements;
    f. Include requirements for referral and referral follow up;
    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 HA services;
    j. Coordination with concurrent and subsequent services; and
    k. Documentation of referral, referral follow-up, and other case management services provided;
    l. Implementation and expiration dates; and

m. Contain signatures by both Parties.

15. Contractor shall have a MOU with Recovery Support Services (RSS) provider(s) in Contractor's region which shall address, at a minimum, the following:
    a. Appropriate referrals to and from Contractor 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 RSS for improved Client outcomes; and
    e. Documentation of referral, referral follow-up and other case management services provided;
    f. Implementation and expiration dates; and
    g. Contain signatures by both Parties;
    h. RSS Organizations can be found at this website: https://hhs.texas.gov/services/mental-health-substance-use/adult-substance-use/adult-substance-use-recovery-support-service-organizations
16. Contractor shall ensure all presentation and training materials include the following disclaimer statement: "The views expressed do not necessarily reflect the official policies of the Department of Health and Human Services or Texas Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. or Texas Government."
17. Contractor shall submit public-facing project materials to Local Authority/System Agency for approval at least two weeks prior to publication. Public-facing materials include but are not limited to press releases, publications, reports, fact sheets, and advertisements. Local Authority/System Agency will provide guidance on the approval process and timeline.
18. Contractor must adhere to the TTOR Brand Guidelines for all communications. Contractor may apply for an exception to be approved by System Agency, but at a minimum Contractor shall utilize the approved voice, tone, brand architecture, and TTOR logo described in the TTOR Brand Guidelines. The TTOR Brand Guidelines provide a guide for the TTOR team and all TTOR-funded projects to ensure brand consistency. The TTOR Brand Guidelines will be provided by System Agency.

B. Overdose Prevention and Reversal Education

1. Provide overdose prevention, reversal education, and materials to:
    a. Individuals on the waiting list, as applicable;
    b. All Clients prior to discharge, including those that received overdose prevention, reversal education, and materials prior to admission or on admission.
2. Contractor will document all overdose prevention, reversal education, and materials that have been disseminated in CMBHS.
    a. Information regarding bulk ordering of Naloxone can be found at this website: https://www.morenarcanplease.com/
3. Required overdose prevention activities will be will be conducted with Clients with an OUD and with Clients that use drugs intravenously to include:
    a. Education on overdose prevention and risk reduction strategies;

b. Education about and referral to community based and State-funded services for Clients with intravenous drug use history;
c. Referral to local community resources that work to reduce harm associated with high-risk behaviors associated with drug use; and
d. For detailed guidance, refer to SAMHSA's Opioid Overdose Prevention Toolkit found at this website: https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742

C. Service Delivery

1. Admit individuals through OSAR based on the following federal priority populations established for entering state-funded substance use disorder services, in accordance with 45 CFR §96.131:
    a. Pregnant injecting individuals must be admitted immediately;
    b. Pregnant individuals must be admitted immediately; and
    c. Injecting drug users must be admitted within fourteen (14) days.
2. Admit individuals through OSAR based on the state priority populations. State priority populations have been established for entering State funded substance use disorder services:
    a. Individuals identified as being at high risk for overdose must be admitted within 72 hours;
    b. Individuals referred by Department of Family Protective Services (DFPS) must be admitted within 72 hours;
    c. All other populations.
3. Establish screening procedures to identify individuals of federal and state priority populations for referral to OSAR.
4. Coordinate with OSAR to ensure successful referral and admittance within the above referenced time frame to another System Agency-funded contractor. If unable to secure successful referral and admittance, OSAR shall contact System Agency at TTOR@hhsc.state.tx.us.
5. Accept Clients from every region in the State and from the OSAR, when capacity is available to accommodate federal and State priority population.
    a. If two individuals are of equal priority status, preference may be given to the individual living in Contractor's service area region.
    b. Contractor will include a statement in all brochures, and will post a notice in all applicable lobbies, of the federal and State priority population admission requirements.
    c. When space is not available, Contractor will coordinate with OSAR to contact the System Agency Waiting List and Capacity Management Coordinator regarding the DFPS priority population individual placed on the waitlist.
6. Contractor will report available capacity and waiting list information Monday through Friday to Local Authority by 9:00am so that Local Authority may enter in CMBHS and comply with procedures specified by System Agency.
7. Contractor shall follow the National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care, 2013 available at https://thinkculturalhealth.hhs.gov/clas (or the most current version) for all served populations, and utilize the most current version of "Texas Cultural Competence Guidelines for Behavioral Health Organizations" available under the "Guidelines and Handbooks" header: https://hhs.texas.gov/doing-business-hhs/provider-

portals/behavioral-health-services-providers/local-mental-health-authorities. This guidance document comprises a set of requirements, implementation strategies, and additional resources to help providers/programs establish and expand culturally and linguistically appropriate services.

8. At System Agency discretion, Contractor shall coordinate services with System Agency-identified stakeholders to improve access to the continuum of services offered by the System Agency. Coordination may include, but is not limited to, scheduled meetings, collaboration on related initiatives, and service referrals.

D. Medication

1. Contractor's physician shall prescribe and monitor adequate dosage levels for each Client.
2. Contractor's physician shall not impose and/or limit dosage capitations for any prescribed medication for the treatment of opioid use disorder.

E. Screening and Assessment

1. Refer potentially eligible individuals to OSAR to complete screening and assessment.
2. Conduct and document a CMBHS GPRA as directed by System Agency, with the Client.
3. Contractor shall conduct and document a CMBHS Substance Use Disorder Update Assessment with the Client six months after admission and then annually thereafter.

F. Testing

1. Provide, arrange and document interim services including screening for tuberculosis, hepatitis B and C, sexually transmitted diseases (STD's), and Human Immunodeficiency Virus (HIV) while only subcontracting laboratory services and hepatitis C virus testing components.
    a. If the Client is living with HIV, refer the Client to appropriate community resources to complete the necessary referrals and health-related paperwork. If the Client needs residential services refer to HHSC HIV-statewide provider if available.
2. Provide health screenings, testing, and prevention education.
    a. Contractor shall provide testing for Clients who self-identify as already testing positive for HIV or hepatitis B or C unless it is confirmed that the Client is currently receiving medical care for these conditions.
    b. If the Client indicates that they had a positive test for tuberculosis (TB) in the past, Contactor shall screen for TB to determine whether symptoms exist and provide a referral to the local health department for further assistance and/or treatment if needed.
    c. If any other screenings or tests indicate a need for medical services, Contractor shall ensure that the Client is able to access those services.
    d. Contractor shall contact the local health department to report all positive results for hepatitis B on pregnant women, and all positive results on HIV, gonorrhea, chlamydia, syphilis, and other relevant results.
3. Document and upload in CMBHS with Client signature the informed consent for routine opt-out testing:

a. Tuberculosis;
b. Hepatitis B;
c. Hepatitis C;
d. Gonorrhea;
e. Chlamydia;
f. Human Immunodeficiency Virus (HIV) Initial;
g. Human Immunodeficiency Virus (HIV) Confirmatory (Note: Confirmatory may only be billed after the results from the initial results are obtained.); and
h. Diabetes (using A1c testing).

4. Testing and screening results shall be provided to the Client by Contractor's physician or his/her designee. All positive results must be provided to the Client in person (face-to-face).
5. Contractor shall ensure that screening and testing results are documented in the Client's CMBHS record and that medical needs resulting from testing are incorporated into the Client's treatment plan.
6. Physician may choose to consult with the Client on comorbid conditions and provide services upon admission or as indicated for the following:
    a. First-line wound care therapy which could include wound cleansing, use of systemic or topical antibiotics, use of pressure loading devices, perform compression, and apply dressing;
    b. Co-occurring psychiatric disorders (Note: The initial interview for diagnosis of psychiatric condition may not be billed as the initial evaluation for admission to MAT); and
    c. Hepatitis C Virus (HCV) treatment coordination.

G. Treatment Planning, Implementation, and Review

1. Comply with all rules in the TAC Title 25, Part 1, Chapter 229, Subchapter J and 42 CFR Part 8.
2. Collaborate actively with Clients and family, when appropriate, to develop and implement an individualized, written treatment plan that identifies services and support needed to address problems and needs identified in the assessment. The treatment plan shall document the expected length of stay.
3. Document referral and referral follow up in CMBHS to the appropriate community resources based on the individual needs of the Client.

H. Recovery Oriented Medication Assisted Treatment

1. Contractor will provide access to peer-based recovery support for all individuals served.
    a. Upon System Agency request, Contractor will provide space for Medication Assisted Recovery Patient advocacy groups to train and support Clients receiving services and staff providing services.
    b. Contractor will utilize and reference the following: http://www.williamwhitepapers.com/pr/__books/full_texts/2010Recovery_orientedMethadoneMaintenance.pdf

I. Discharge

1. Comply with all applicable rules in the TAC Title 25, Part 1, Chapter 229, Subchapter J and 42 CFR Part 8.
2. Develop and implement an individualized discharge plan with the Client to assist in sustaining medication assisted recovery.
3. Contractor will identify a specific physician or authorized healthcare professional, as appropriate, to whom the Client is being discharged and will ensure that an appointment has been made with that provider to occur within 72 hours to maximize the Client's chances for success. The name, address, and telephone number of the provider caring for the Client after discharge will be recorded in the Client's record and given to the Client in writing.
4. Document the Client-specific information that supports the reason for discharge listed on the discharge report. Appropriate referrals shall be made and documented in CMBHS.
    a. A Client's treatment is considered successfully completed, if both of the following criteria are met:
        i. Client has completed the clinically recommended number of treatment units (either initially projected or modified with clinical justification) as indicated in CMBHS; and
        ii. All problems on the treatment plan have been addressed.
    b. Contractor shall use the treatment plan component of CMBHS to create a final and completed treatment plan version.
    c. Problems designated as "treat" or "case manage" status shall have all objectives resolved prior to discharge;
    a. Problems that have been "referred" shall have associated documented referrals in CMBHS:
        i. Problems with "deferred" status shall be re-assessed. Upon successful discharge, all deferred problems shall be resolved, either through referral, withdrawal, treatment, or case management with clinical justification reflected in CMBHS, through the Progress Note and Treatment Plan Review Components; and
        ii. "Withdrawn" problems shall have clinical justification reflected in CMBHS, through the Progress Note and Treatment Plan Review Components.
    b. If the discharge plan includes the use of extended-release injectable naltrexone, the medical director or qualified designee will either administer the medication prior to discharge or Contractor will ensure that the Client has immediate access to such medication services upon discharge.
5. In addition to TAC Title 25, Part 1, Chapter 229 Subchapter J, Contractor shall follow TAC Title 25, Part 1, Chapter 448 standards listed below:
    a. Subchapter B, Standard of Care Applicable to All Providers
        i. Rule §448.201: General Standard
        ii. Rule §448.202: Scope of Practice
        iii. Rule §448.203: Competence and Due Care
        iv. Rule §448.204: Appropriate Services
        v. Rule §448.205: Accuracy
        vi. Rule §448.206: Documentation

vii. Rule §448.208: Access to Services
viii. Rule §448.209: Location
ix. Rule §448.210: Confidentiality
x. Rule §448.211: Environment
xi. Rule §448.212: Communications
xii. Rule §448.213: Exploitation
xiii. Rule §448.214: Duty to Report
xiv. Rule §448.215: Impaired Providers
xv. Rule §448.216: Ethics
xvi. Rule §448.217: Specific Acts Prohibited
xvii. Rule §448.218: Standards of Conduct

b. Subchapter E, Facility Requirements
   i. Rule §448.504: Quality Management
   ii. Rule §448.506: Required Postings
   iii. Rule §448.508: Client Records
c. Subchapter G, Client Rights
   i. Rule §448.704: Program Rules
   ii. Rule §448:707: Responding to Emergencies

J. Staff Requirements

1. All personnel shall receive the training and supervision necessary to ensure compliance with System Agency rules, provision of appropriate and individualized treatment, and protection of Client health, safety, and welfare.
2. Ensure that all direct care staff receive a copy of this Contract.
3. Ensure that all direct care staff review all policies and procedures related to the Program or organization on an annual basis.
4. Contractor shall ensure that appropriate staff participate in System Agency webinars, conference calls, and trainings at the specified dates, times, and locations as required by System Agency.
5. Within 90 days of hire and prior to service delivery, direct care staff shall have specific documented training in the following:
   a. Motivational Interviewing Techniques or Motivational Enhancement Therapy;
   b. Trauma, Abuse and Neglect, Exploitation, Violence, Post-Traumatic Stress Disorder, and related conditions as agency sees fit;
   c. Cultural Sensitivity and Competency, specifically including but not limited to gender and sexual identity and orientation;
   d. Overdose Prevention Training;
   e. Harm Reduction trainings; and
   f. Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR Part 2 training.
6. Ensure all direct care staff complete annual education on HIPAA and 42 CFR Part 2 training.
7. Ensure all direct care staff complete a minimum of ten (10) hours of training each State Fiscal Year in any of the following areas:

a. Motivational Interviewing Techniques;
b. Cultural competencies;
c. Reproductive health education;
d. Risk and harm reduction strategies;
e. Trauma Informed Care; or
f. Suicide prevention and intervention.

8. Within six (6) months of hire, direct care staff shall have documented training in the following:
    a. Medication Assisted Recovery, and/or
    b. Certified Medication Assisted Treatment Advocacy Training
    c. If training is not immediately available, please visit website: https://opioidresponsenetwork.org/ and document the attempts made to schedule and/or attend training to comply with the following requirements:
        i. Individuals responsible for planning, directing, or supervising treatment services shall be Qualified Credentialed Counselors (QCC's).
        ii. Substance Use Disorder counseling shall be provided by a QCC, or Chemical Dependency Counselor Intern. Substance use disorder education and life skills training shall be provided by counselors or individuals who have appropriate specialized education and expertise. All counselor interns shall work under the direct supervision of a QCC.
        iii. Contractor shall train staff and develop a policy to ensure that information gathered from Clients is conducted in a respectful, non-threatening, and culturally competent manner.

K. Third-Party Payors

1. Contractor shall not seek reimbursement from System Agency/Local Authority if the individual is covered by a third-party payor.
2. Demonstrate the capacity to bill insurance, Medicaid, and/or Medicare for individuals with health insurance coverage.
    a. Contract with Medicaid and the identified Managed Care Organizations in service delivery region;
    b. Contract with Medicare in the service delivery region.
3. Refer individuals to a treatment Program that is approved by the individual's third-party payor if Contractor is not eligible for reimbursement.
    a. If the approved treatment Program refuses treatment services to the Client and documents that refusal, Contractor may submit to OSAR for authorization to provide treatment services and bill System Agency/Local Authority.
    b. The refusal, including third-party payor and approved treatment Program, shall be documented in the Client file;
        i. The Client meets the diagnostic criteria for substance use disorder; and
        ii. If Client's third-party payor would cover or approves partial or full payment for treatment services, Contractor may bill System Agency/Local Authority 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, and Contractor has obtained a signed statement from the parent/guardian of refusal to pay, and Contractor has received written approval from the System Agency/Local Authority substance use disorder treatment Program services clinical coordinator 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 parent/guardian has an adjusted income at or below 200% of the Federal poverty guidelines.

c. If a Client has exhausted all insurance coverage and requires continued treatment, Contractor may submit to OSAR for authorization to provide the continued treatment services and bill System Agency/Local Authority if the Client meets Section II (C) 1-3, Service Delivery.

L. Annual Survey

1. Collect the MAT Programs Opioid Treatment Services (OTS) annual survey.
2. Use the System Agency approved Client satisfaction OTS annual survey template for collecting information from Clients who have received MAT Program services.
3. Develop and coordinate a process for collecting Client survey data.
4. Submit results of Client survey in an annual report to System Agency/Local Authority.

SECTION III: CLINICAL MANAGEMENT FOR BEHAVIORAL HEALTH SERVICES (CMBHS) SYSTEM MINIMUM REQUIREMENTS

A. Contractor shall designate a Security Administrator and a back-up Security Administrator. The Security Administrator is required to implement and maintain a system for management of user accounts/user roles to ensure that all the CMBHS user accounts are current.

B. Contractor shall establish and maintain a security policy that ensures adequate system security and protection of confidential information.

C. Contractor shall notify the CMBHS Helpdesk within ten (10) business days of any change to the designated Security Administrator or the back-up Security Administrator.

D. Contractor shall ensure that access to CMBHS is restricted to only authorized users. Contractor also shall, within 24 hours, remove access to users who are no longer authorized to have access to secure data.

E. In addition to CMBHS Helpdesk notification, Contractor shall submit a signed CMBHS Security

Attestation Form and a list of Contractor's employees, contracted laborers and subcontractors authorized to have access to secure data. The CMBHS Security Attestation Form shall be submitted electronically within 15 calendar days of contract execution to the designated Substance Abuse mailbox (SubstanceAbuseContracts@hhsc.state.tx.us).

SECTION IV: DELIVERABLES

A. Contractor must submit all documents listed in Section IV, B., table 1 of this document by the required due date.

1. Contractor will note that if the due date is on a weekend or holiday, the due date is the following business day.
2. Contractor shall submit a CMBHS Security Attestation Form electronically on or before September 15th and March 15th.
3. Contractor's duty to submit documents will survive the termination or expiration of the Contract.

B. System Agency and Local Authority will monitor Contractor's performance of the requirements in this Attachment and compliance with the Contract's terms and conditions.

Medication Assisted Treatment (MAT) Services		
Deliverable Type	**Due Date**	**Submission Method**
CMBHS Security Attestation Form and List of Employees	September 15th and March 15th, each fiscal year	Electronically
CMBHS Documentation	Daily	CMBHS
GPRA Assessment	Ongoing	CMBHS

SECTION V: SERVICE AREA

Services or activities will be provided to individuals from the following counties: Collin County

SECTION VI: PAYMENT METHOD

Fee for service billing based on current State rates for Substance Abuse Services. Contractor will be paid on a monthly basis for all authorized services on eligible individuals.

SECTION VII: BILLING INSTRUCTIONS

Contractor shall submit claim generating documentation through CMBHS by the third (3rd) calendar day of the month following the month of service. Local Authority will pay Contractor promptly after receipt of payment from System Agency.

Except as indicated by the CMBHS financial eligibility assessment, Contractor shall accept reimbursement or payment from the Local Authority as payment in full for services or goods provided to Clients or participants, and Contractor shall not seek additional reimbursement or payment for services or goods, to include benefits received from federal, state, or local sources, from Clients or participants.