

**ATTACHMENT E**  
**STATEMENT OF WORK – TRA-TRY-TRF – FY25**

**I. PURPOSE**

Contractor shall provide substance use disorder treatment services to the target population at one or more of the following service types/levels of care, per **SECTION II** of this Attachment. The service types/levels of care shown below are based on Texas Administrative Code (TAC) requirements, as referenced in the Substance Use Disorder (SUD) Program Guide, located at <https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/substance-use-disorder-service-providers>, and the American Society of Addiction Medicine (ASAM) criteria located at [www.asam.org](http://www.asam.org), which is a collection of objective guidelines that give clinicians a standardized approach to admission and treatment planning.

**II. TARGET POPULATION**

**A. Treatment For Adults (TRA)**

1. *Target Population*

Adult Texas residents who meet *Client Eligibility* for HHSC-funded substance use disorder services as stated in the SUD Program Guide, <https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/substance-use-disorder-service-providers>. Persons who are living with HIV are eligible for these programs/service types.

2. *Outpatient Treatment Services*

(ASAM Level 1 Outpatient Services)

3. *Intensive Residential Treatment Services*

(ASAM Level 3.5 Clinically Managed High-Intensity Residential Services)

4. *Residential Detoxification Services*

(ASAM Level 3.7 Medically Monitored Withdrawal Services)

5. *Ambulatory Detoxification Services*

(ASAM Level 2 Withdrawal Management)

**B. Treatment For Youth (TRY)**

1. *Target Population*

Youth Texas residents who meet *Client Eligibility* for HHSC-funded substance use disorder services as stated in the SUD Program Guide, <https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/substance-use-disorder-service-providers>.

2. *Outpatient Treatment Services*

(ASAM Level 1 Outpatient Services)

3. *Intensive Residential Treatment Services*

(ASAM Level 3.5 Clinically Managed High-Intensity Residential Services)

**C. Treatment For Females (TRF)**

1. *Target Population*

Adult pregnant women and women with Dependent Children (including women whose children are in custody of the State) who meet Client Eligibility for HHSC-funded substance use disorder services as stated in the Substance Use (SUD) Program Guide, <https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/substance-use-disorder-service-providers>.

2. *Outpatient Treatment Services*

(ASAM Level 1 Outpatient Services)

**III. SERVICE REQUIREMENTS**

Contractor shall comply with the following:

A. *Administrative Requirements*

1. Adhere to the most current SUD Program Guide.
2. Provide age-appropriate medical and psychological therapeutic services designed to treat an individual's SUD and restore functions while promoting recovery.
3. Adhere to Level of Care/Service Type licensure requirements.
4. Comply with all applicable Texas Administrative Code (TAC) rules adopted by HHSC related to SUD treatment.
5. Document all specified required activities and services in the Clinical Management for Behavioral Health Services (CMBHS) system. Documents that require client or staff signature shall be maintained according to TAC requirements and made available to HHSC and Local Authority for review upon request.
6. In addition to TAC and SUD Program Guide required Policies and Procedures, Contractor shall develop and implement organizational policies and procedures for the following:
  - a. A marketing plan to engage local referral sources and provide information to these sources regarding the availability of SUD treatment and the Client Eligibility criteria for admissions;
  - b. All marketing materials published shall include state and federal priority populations admissions;
  - c. Client retention in services, including protocols for addressing clients absent from treatment and policies defining treatment non-compliance; and
  - d. All policies and procedures shall be provided to HHSC and Local Authority upon request.

7. Ensure that Program Directors participate in their specific program and service type conference calls as scheduled by HHSC. Program Directors shall participate unless otherwise agreed to by HHSC in writing. Contractor's executive management may participate in the conference calls.
8. Actively attend and share representative knowledge about Contractor's system and services at the Outreach, Screening, Assessment, and Referral's (OSAR) quarterly regional collaborative meetings.
9. Adhere to Program requirements and provisions as provided in the SUD Program Guide.
10. Ensure compliance with Client Eligibility requirements to include: Texas residence eligibility, financial eligibility, and clinical eligibility as required in the SUD Program Guide.
11. For Female Program, document a Life Event Note in CMBHS upon active Client's delivery of a newborn.
12. Develop a local agreement with Texas Department of Family and Protective Services (DFPS) local offices to address referral process, coordination of services, and sharing of information as allowed per the consent and agreement form.
13. Adhere to Memorandum of Understanding requirements as stated in the SUD Program Guide.
14. For Female Program, maintain a list of community resources and document referrals when appropriate to ensure that children of the Client have access to services to address their needs and support healthy development including primary pediatric care, early childhood intervention services, and other therapeutic interventions that address the children's development needs and any issues of abuse and neglect.

*B. Service Delivery*

Contractor shall:

1. Adhere to the Federal Priority Populations for Treatment Programs and State Priority Populations for Treatment Programs as stated in the SUD Program Guide.
2. Daily Capacity Management Report: Contractors shall report the previous day's attendance to the Local Authority by 9:30 a.m. Central Time. For example: Monday's daily attendance may be reported on Tuesday and Friday's attendance may be reported on the following Monday. The Local Authority will enter this information in CMBHS as required in the SUD Program Guide.
3. When appropriate, provide pre-admission service coordination to reduce barriers to treatment, enhance motivation, stabilize life situations, and facilitate engagement in treatment.

C. *SCREENING AND ASSESSMENT*

Contractor shall:

1. Refer all uninsured individuals seeking service to the OSAR to document financial eligibility and conduct and document screening. This screening process will determine the individual's needs and will result in documented referral(s) to appropriate resources. If referral to services is made, an accompanying pre-authorization will be provided. Authorization is required for payment due to limited funding.

D. *Treatment Planning, Implementation And Review*

Contractor shall:

1. Comply with all applicable rules for SUD programs in the TAC regarding Treatment Planning, Implementation, and Review as referenced in *Information, Rules, and Regulations* of the SUD Program Guide.
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 and treatment intensity. Contractor shall use clinical judgment to assign a projected length of stay for each individual client.
3. Document referral and referral follow-up in CMBHS to the appropriate community resources based on the individual need of the Client.
4. The treatment plan shall be signed by a Qualified Credential Counselor (QCC) and filed in the Client record within five (5) service days of admission.

E. *Discharge*

Contractor shall:

1. Comply with all applicable rules in the TAC regarding Discharge, as referenced in the *Information, Rules, and Regulations* of the SUD Program Guide.
2. Develop and implement an individualized discharge plan with the Client to assist in sustaining recovery.
3. Document in CMBHS the Client-specific information that supports the reason for discharge listed on the discharge report. A QCC shall sign the discharge summary. Appropriate referrals shall be made and documented in the Client record. A client's treatment is considered successfully completed if the following criteria are met:
  - i. Client has completed the clinically recommended number of treatment units (either initially projected or modified with clinical justification) as indicated in CMBHS; and
  - ii. All problems on the treatment plan have been addressed.

4. Utilize the treatment plan component of CMBHS to create a final and completed treatment plan version.
5. Problems designated as “treat” or “case manage” status shall have all objectives resolved prior to successful discharge:
  - i. Problems that have been “referred” shall have associated documented referrals in CMBHS;
  - ii. 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
  - iii. “Withdrawn” problems shall have clinical justification reflected in CMBHS, through the Progress Note and Treatment Plan Review Components.

*F. Additional Service Requirements*

Contractor shall:

1. Comply with all applicable rules in the TAC for SUD programs, as stated in *Information, Rules, and Regulations* of the SUD Program Guide.
2. Deliver and provide access to services at times and locations that meet the needs of the target population. Provide or arrange for transportation to all required services not provided at Contractor’s facility.
3. Accept referrals from the OSAR.
4. Provide evidenced-based education at minimum on the following topics: (i) Tuberculosis; (ii) HIV; Hepatitis B and C; (iii) Sexually Transmitted Infections/Diseases; and (iv) health risks of tobacco and nicotine product use.
5. Provide Case Management as needed and indicated by assessment and treatment plan, with documentation in CMBHS, as Case Management is essential to the ultimate success of the Client.
6. Ensure client access to the full continuum of treatment services and shall provide sufficient treatment intensity to achieve treatment plan goals.
7. Provide all services in a culturally, linguistically, non-threatening, respectful and developmentally appropriate manner for clients, families, and/or significant others.
8. Provide trauma-informed services that address the multiple and complex issues related to violence, trauma, and substance use disorders.
9. For Youth Program, ensure that clients have the right to define their “families” broadly to include biological relatives, significant others, and be included in the SUD treatment process; Family Counseling, Family Group, etc., of the Family Support Network group of components of the curriculum.
10. Ensure that clients and their family are referred to community support services.
11. Provide overdose prevention and reversal education to all clients.
12. Specific overdose prevention activities shall be conducted with clients with opioid use disorders and those clients that use drugs intravenously.

13. Directly provide or refer to community support services for overdose prevention and reversal education to all identified at risk clients prior to discharge. Contractor will document all overdose prevention and reversal education in CMBHS.
14. Ensure access to adequate and appropriate medical and psychosocial tobacco cessation treatment as follows:
  - i. Assess all clients for tobacco use and all clients seeking to cut back or quit. If the Client indicates wanting assistance with cutting back or quitting, the Client will be referred to appropriate tobacco cessation treatment.
  - ii. For Youth Program, obtain parental consent, if applicable, to refer client for tobacco cessation materials.
15. For Female Program, provide and document in CMBHS research-based education on the effects of Alcohol, Tobacco and Other Drugs (AOD) on the fetus.
16. For Female Program, utilize evidence-based, trauma-informed curriculum in the treatment of women with substance use disorders.
17. Utilize HHSC as the payer of last resort if the Client has other/outside funding available (i.e., wages, insurance, etc.).

#### **IV. STAFF COMPETENCIES AND REQUIREMENTS**

1. All personnel shall receive the training and supervision necessary to ensure compliance with HHSC rules, provision of appropriate and individualized treatment, and standards regarding protection of client health, safety, and welfare.
2. Ensure that all direct care staff receive a copy of this Statement of Work and SUD Program Guide.
3. Ensure that all direct care staff review all policies and procedures related to the program or organization on an annual basis.
4. Ensure compliance for Personnel Practices and Development with TAC and HHSC SUD Program Guide requirements.
5. Within ninety (90) business days of hire and prior to service delivery direct care staff shall have specific documented training in the following:
  - i. Motivational Interviewing Techniques or Motivational Enhancement Therapy;
  - ii. Trauma-informed care;
  - iii. Cultural competency;
  - iv. Harm reduction trainings;
  - v. HIPAA and 42 CFR Part 2 training;
  - vi. Alcohol, Tobacco and Other Drugs on the Developing Fetus (applicable to Female Program only);
  - vii. Child welfare education (applicable to Female Program only); and
  - viii. State of Texas co-occurring psychiatric and substance use disorder (COPSD) training located at the following website: [www.centralizedtraining.com](http://www.centralizedtraining.com).
6. Ensure all direct care staff complete annual education on Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR Part 2 training.
7. Ensure all direct care staff complete a minimum of 10 hours of training each state fiscal year

in any of the following areas:

- i. Motivational Interviewing Techniques;
  - ii. Cultural competencies;
  - iii. Reproductive health education (applicable to Youth Program and Female Program only);
  - iv. Risk and harm reduction strategies;
  - v. Trauma-informed care;
  - vi. Substance exposed pregnancy (such as Fetal Alcohol Spectrum Disorder or Neonatal Abstinence Syndrome) (applicable to Female Program only);
  - vii. Child welfare education (applicable to Female Program only); or
  - viii. Suicide prevention and intervention.
8. Individuals responsible for planning, directing, or supervising treatment services shall be QCC.
  9. Contractor shall have a clinical program director known as “Program Director” with at least two (2) years of post-QCC licensure experience providing SUD treatment.
  10. SUD counseling shall be provided by a QCC, or Chemical Dependency Counselor Intern. SUD education and life skills training shall be provided by counselors or individuals who have been trained in the education. All counselor interns shall work under the direct supervision of a QCC.
  11. Licensed Chemical Dependency Counselors shall recognize the limitations of the licensee's ability and shall not provide services outside the licensee's scope of practice or licensure or use techniques that exceed the person's license authorization or professional competence.
  12. Develop policies and procedures on staff training, available for HHSC and Local Authority review, to ensure that service information gathered from clients in a respectful, non-threatening, and culturally competent manner.
  13. Adapt services and accommodate persons as appropriate to meet the needs of special populations.
  14. For Youth Program, adhere to TAC requirements related to Additional Requirements for Adolescent Programs regarding direct care staff knowledge, skills, and abilities.
  15. Ensure direct care staff have the knowledge, skills, and abilities to provide services to special populations, as they relate to the individual's job duties.
  16. Demonstrate through documented training, credentials and/or experience that all direct care staff in:
    - i. Youth programs are proficient in areas pertaining to youth services, including but not limited to areas regarding: substance use, misuse and substance use disorder treatment specific to youth treatment; appropriate treatment strategies, including family engagement strategies; and emotional, developmental, and mental health issues for youth.
    - ii. Female programs are proficient in areas pertaining to the needs of and provision of services to women and children.
  17. For Youth Program, choose and implement with fidelity one (1) of the following evidence-based models:
    - i. Cannabis Youth Treatment Series (CYT);
    - ii. Seeking Safety Treatment Services;
    - iii. The Seven Challenges; or

- iv. Contractor may choose to use additional models, practices, or curricula that are evidence-based and approved in writing by HHSC.

**V. LEVELS OF CARE/SERVICE TYPES**

**A. Treatment For Adults (TRA)**

**1. *Outpatient Treatment Services***

(ASAM Level 1 Outpatient Services)

Contractor will adhere to the following service requirements:

- i. Adhere to TAC requirements and SUD Program Guide for outpatient treatment programs/services.
- ii. Provide and document in CMBHS one (1) hour of group or individual counseling services for every six hours of educational activities.
- iii. Document in CMBHS a discharge follow-up no sooner than sixty (60) calendar days and no later than ninety (90) calendar days after discharge from the outpatient treatment services.

**2. *Intensive Residential Treatment Services***

(ASAM Level 3.5 Clinically Managed High-Intensity Residential Services)

Contractor will adhere to the following service requirements:

- i. Adhere to TAC requirements and SUD Program Guide for residential treatment programs/services.
- ii. Document in CMBHS a discharge follow-up sixty (60) calendar days and no later than ninety (90) calendar days after discharge from the residential treatment services.

**3. *Residential Detoxification Services***

(ASAM Level 3.7 Medically Monitored Withdrawal Services)

Contractor will adhere to the TAC applicable residential detoxification/withdrawal services requirements.

Contractor will adhere to the following service requirements:

- i. Adhere to the SUD Program Guide for detoxification/withdrawal management services.
- ii. Adhere to the following additional service delivery requirements:
  - a. Document in CMBHS a Detoxification Assessment for withdrawal management per CMBHS.
  - b. Document in CMBHS a discharge plan prior to discharge or transfer.
  - c. Document in CMBHS a discharge follow-up no more than ten (10) calendar days after discharge from withdrawal management services.
  - d. Develop and implement policies, procedures, and medical protocols to ensure client placement into the appropriate level of withdrawal management services in accordance with national guidelines, peer-reviewed literature, and best practices and have available for HHSC



and Local Authority review.

4. *Ambulatory Detoxification Services*

(ASAM Level 2 Withdrawal Management)

Contractor will adhere to the following service requirements:

- i. Adhere to the SUD Program Guide for detoxification/withdrawal management services.
- ii. Adhere to the following additional service delivery requirements:
  - a. Document in CMBHS a Detoxification Assessment for withdrawal management per CMBHS.
  - b. Document in CMBHS a discharge plan prior to discharge or transfer.
  - c. Document in CMBHS a discharge follow-up no more than ten (10) calendar days after discharge from withdrawal management services.
  - d. Develop and Implement Policies, Procedures, and Medical Protocols to ensure client placement into the appropriate level of withdrawal management services in accordance with national guidelines, peer-reviewed literature, and best practices and have available for HHSC and Local Authority review.
- iii. Contractor will adhere to the TAC applicable ambulatory services requirements. Ambulatory detoxification shall not be a stand-alone service. Contractor shall ensure the Client is simultaneously admitted to a substance use disorder treatment service while admitted to ambulatory detoxification services.

**B. Treatment For Youth (TRY)**

1. *Outpatient Treatment Services*

(ASAM Level 1 Outpatient Services)

Contractor shall:

- i. Adhere to TAC requirements and SUD Program Guide for outpatient treatment services.
- ii. Adhere with all applicable rules in the TAC Additional Requirements for Adolescent Programs.
- iii. Provide and document in CMBHS one hour of group or individual counseling services for every six hours of educational activities. Contractor shall document said services in CMBHS.
- iv. Document in CMBHS a discharge follow-up no sooner than sixty (60) calendar days and before ninety (90) calendar days after discharge from the outpatient treatment services.

2. *Intensive Residential Treatment Services*

(ASAM Level 3.5 Clinically Managed High-Intensity Residential Services)

Contractor will adhere to the following service requirements:

- i. Adhere to TAC applicable intensive residential services requirements.
- ii. Adhere to SUD Program Guide for residential services.
- iii. Adhere with all applicable rules in the TAC Additional Requirements for Adolescent Programs.
- iv. Document in CMBHS a discharge follow-up no sooner than sixty (60) calendar days after discharge from the residential treatment services in CMBHS.
- v. Facilitate regular communication between a youth Client and the Client's family and shall not arbitrarily restrict any communications without clear individualized clinical justification documented in the Client record.
- vi. Develop and implement written Policy and Procedures addressing notification of parents or guardians in the event a youth leaves a residential program without authorization and have available for System Agency and Local Authority review.
- vii. For pregnant and parenting Clients, Contractor shall the address needs of parents on the treatment plan either directly or through referral including but not limited to the following:
  - a. Gender-specific parenting education;
  - b. Reproductive health education and pregnancy planning;
  - c. DFPS coordination;
  - d. Family violence and safety;
  - e. Fetal and child development;
  - f. Current infant and child safety guidelines;
  - g. Financial resource needs; and
  - h. And any other needs of the Client's children.

### **C. Treatment For Females (TRF)**

#### *1. Outpatient Treatment Services*

(ASAM Level 1 Outpatient Services)

Contractor will adhere to the following service requirements:

- i. Adhere to TAC requirements and SUD Program Guide for outpatient treatment services.
- ii. Provide and document in CMBHS one (1) hour of group or individual counseling services for every six (6) hours of educational activities.
- iii. Document in CMBHS a discharge follow-up no sooner than sixty (60) calendar days and before ninety (90) calendar days after discharge from the outpatient treatment services.
- iv. As part of the education hours, Contractor will provide and document in CMBHS:
  - a. A minimum of one (1) hour per week (or one (1) hour per month for clients who have been transferred to outpatient after successfully completing a residential level of care) of evidence-based parenting education and document these services; and
  - b. A minimum of six (6) hours (or two (2) hours for clients who have

been transferred to outpatient after successfully completing a residential level of care) of reproductive health education prior to discharge and document these services.

- v. Provide and document in CMBHS research-based education on the effects of ATOD on the fetus.

**VI. REPORTING REQUIREMENTS**

1. Contractor shall submit required reports of monitoring activities to Local Authority by the required due date and report name described in Table 1: Submission Requirements:
  - i. Contractor shall submit all documents listed in Table 1 by the Due Date stated.
  - ii. Contractor will note that if the due date is on a weekend or holiday, the due date is the following business day.
  - iii. Contractor shall submit a CMBHS Security Attestation Form electronically on or before September 15<sup>th</sup> and March 15<sup>th</sup> to the Clinical Management for Behavioral Health Services System (CMBHS).
  - iv. For Adult and Youth Programs, Contractor shall submit a quarterly match report on HHSC approved template, which documents Contractor’s compliance to contribute five percent match. The report is due on the 9<sup>th</sup> calendar day of the month, following the closure of the state quarter.
    - i. Contractor’s duty to submit documents will survive the termination or expiration of this Contract.
  
2. HHSC and Local Authority will monitor Contractor’s performance of the requirements in this Attachment and compliance with the Contract’s terms and conditions.

<b>TABLE 1: Submission Requirements</b>		
<b>TREATMENT FOR ADULT (TRA)/TREATMENT FOR YOUTH (TRY)/TREATMENT FOR FEMALES (TRF)</b>		
<b>Deliverable (Report Name)</b>	<b>Due Date</b>	<b>Submission System</b>
CMBHS Security Attestation Form and list of authorized users	September 15 <sup>th</sup> and March 15 <sup>th</sup> annually	Clinical Management for Behavioral Health Services System (CMBHS).
Quarterly Match Report (TRA & TRY Only)	9 <sup>th</sup> day following quarter being reported	Email to Local Authority Contracts Department
Fiscal Year Match Report (TRA & TRY Only)	October 9 <sup>th</sup> (after the end of the state fiscal year)	Email to Local Authority Contracts Department

**VII. CLINICAL MANAGEMENT FOR BEHAVIORAL HEALTH SERVICES (CMBHS) SYSTEM MINIMUM REQUIREMENTS**

Contractor shall:



1. Designate a Security Administrator and backup Security Administrator.
2. Establish a Security Policy.
3. Notify CMBHS Help-desk within 10 business days of any changes to Security Administrator.
4. Ensure CMBHS user access, including removal of user access within 24 hours for those who are no longer authorized to have access to secure data.
5. In addition to CMBHS Helpdesk notification, Contractor shall submit a signed CMBHS Security Attestation Form and a list of Contractor's employees authorized to have access to secure data. The CMBHS Security Attestation Form shall be submitted electronically on or before the 15th day of September and March 15th, to the Clinical Management for Behavioral Health Services System (CMBHS).
6. Attend HHSC training on CMBHS documentation.

**VIII. SERVICE AREA**

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

**IX. 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.

**X. BILLING INSTRUCTIONS**

*General Revenue Service:*

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

*County Funds Services:*

Contractor shall submit an invoice for services to the Local Authority monthly.

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.

**XI. FUNDING**

*General Revenue TRA and TRY Only:*

Contractor shall contribute an amount equal to at least five percent (5%) of the total HHSC/Local Authority share of the Program Attachment expenditures in matching cash or in-kind



contributions from sources eligible to be used for matching purposes. Contractor shall comply with the Match requirements stated in the HHSC General Provisions.