

**North Texas Behavioral Health Authority
As the Local Behavioral Health Authority**

**Request for Application
Open Enrollment**

**Adult and Child/Youth Mental Health and Substance Use Disorder Services
RFA# 2016-001**

April 15, 2016

1 North Texas Behavioral Health Authority (Local Authority) is the Department of State Health Services
2 (DSHS) designated Local Behavioral Health Authority established to plan, coordinate, develop policy,
3 develop and allocate resources, supervise, and ensure the provision of community based mental health
4 and substance use disorder services for the residents of Dallas, Ellis, Navarro, Hunt, Kaufman, and
5 Rockwall Counties.

6
7 The Local Authority's Mission is:

8 North Texas Behavioral Health Authority seeks to create a well managed, integrated and high quality
9 delivery system of behavioral health services available to qualified consumers residing in Dallas, Ellis,
10 Navarro, Hunt, Kaufman, and Rockwall Counties.

11
12 The Local Authority's Procurement of Outpatient Behavioral Health Services:

13 Pursuant to Texas Administrative Code §412.55 and 412.754, the Local Authority is authorized to acquire
14 community services for individuals with mental illness and substance use disorders (together known as
15 behavioral health disorders) by certain procurement methods. This Request for Applications (RFA) is a
16 process to solicit applications from interested persons and organizations (Applicants) for the purpose of
17 entering into one or more contracts (Contracts) to provide effective, evidenced-based behavioral health
18 services to adults and children/youth with mental illness and/or substance use disorders. The individuals
19 to be served under this arrangement must meet the DSHS definition for the Priority Population for Mental
20 Health or the definition of eligibility for persons with substance use disorders both of which are included
21 in Attachment A; and must reside in Dallas, Ellis, Navarro, Hunt, Kaufman, or Rockwall Counties. This
22 Request for Applications is a client choice driven system and there is no warranty or guarantee that
23 successful Applicant will be utilized by a client or any number of clients.

24 **The goals of any/each Contract awarded under the RFA are:**

- 25 1. To provide needed comprehensive community mental health services as described in
26 **Attachment B**; or
- 27 2. To provide needed community substance use disorder services as described in **Attachment C**.
- 28 3. To create meaningful collaborations between the Local Authority and the health care providers
29 in the community.
- 30 4. To provide quality clinical care and achieve the desired outcomes at the most
31 efficient cost possible.
- 32 5. To provide smooth transitioning of clients to ensure continuity of care, clinical outcomes, and
33 customer service are not adversely affected.

34 Successful Applicants will provide Services that build upon and augment existing community resources
35 and that provide for or enhance an existing continuum of care for Clients. The Local Authority will use a
36 pre-defined process to review all applications, to insure that there is no conflict of interest. All Applicants

37 must have provided the services they are proposing to provide for at least two years prior to FY 2016 and
38 be capable of providing Services that address the issues of client choice, quality, clinical decision making,
39 and ultimate cost-benefit while assuring adherence to existing standards of care and service definitions.
40 All Contracts approved and executed for this initial RFA will Terminate on August 31, 2017 with an
41 automatic extension through August 31, 2018 depending on funding availability.

42 **Target Population**

43 The target population for this RFA consists of individuals with mental illness who have been
44 identified by the Local Authority as being a member of the Mental Health Priority Population or have an
45 assessed Substance Use Disorder and are unable to pay for services. Eligibility definitions are found in
46 **Attachment A.**

47

48 **Eligible Applicants**

49 Applicants must be eligible to do business in Texas, and be registered with the Texas Secretary of
50 State to the extent required by Texas law. Applicants must demonstrate the ability to provide services in
51 compliance with Local Authority's contract requirements. Organizations must have provided behavioral
52 health services in the NorthSTAR service area for two years prior to September 1, 2016. Mental Health
53 providers must have the ability to provide all core services as identified in Attachment B and to provide
54 or arrange for all coordinated services. Professionals must hold valid Texas licenses and/or certifications
55 to the extent required to perform any individual component of the Services. In the situation where a
56 consortium of providers is applying, a single entity responsible for the services delivered must be
57 identified and the financial agent must be an organization with a demonstrated ability to manage funds.
58 In order to ensure continuity of services it is preferred that every Applicant be contracted in the networks
59 of Service Area MCOs or have a plan to develop such contracts. Due to restrictions on the expenditure of
60 Substance Abuse Prevention and Treatment (SAPT) Block Grant funds, all applicants applying to provide
61 Substance Use Disorder services must qualify as a public or nonprofit private entity prior to the execution
62 of provider contract.

63

64 **Local Authority Responsibilities**

65 The Local Authority's responsibilities will include, but are not limited to, making appropriate
66 referrals for services, authorizing services to be rendered when that is a stated requirement, reviewing
67 claims and paying for services as defined in the Contract with the Applicant. The Local Authority is also
68 responsible for utilization management and quality assurance. The Local Authority ensures that the
69 services address the needs of the persons served as required by the State Authority, and that those services
70 comply with the rules and standards adopted by DSHS. The Local Authority directs its activities based
71 on its mission which can be found on page 1 of this RFA.

72 The Local Authority will be responsible for determining if a client meets the Priority Population
73 definition. The Successful Applicant must complete an appropriate Assessment on each client and
74 identify the services to be provided.

75 Quality Management staff will perform regular reviews of clinical services and program
76 standards.

77

78

79

80 **Payments/Rates**

81

82 NTBHA does not yet have the allocation of funds that will be available for each of the services and
83 service packages listed in this RFA. MH Services Applicants must agree to serve as a Comprehensive
84 Service Provider, providing all of the services that are listed in Attachment B other than those identified
85 as Optional. Applicants who served less than 200 persons in FY 2015 may propose a fee for service rate.
86 Those who served more than 200 persons in FY 2015 must propose a case rate for MH services. The case
87 rate may be a flat rate or vary by Level of Care. Substance Use Disorder Applicants may propose a case
88 rate or fee for service rate. If a fee for service rate is proposed it must be consistent with the Units of
89 service listed in Attachment D. Final rates will be determined during contract negotiation.

90 **Successful Applicant Responsibilities**

91 The Successful Applicant(s) shall maintain all records regarding treatment and/or services to
92 Clients under this Contract for a period of five (5) years, and must allow the Local Authority immediate
93 access during regular business hours to such records upon request. Successful Applicant(s) will be
94 required to comply with all state and federal laws regarding the confidentiality of clients' records and
95 nondiscrimination. Successful Applicant(s) must comply with all applicable requirements of the Local
96 Authority's then-current contract with DSHS. Successful Applicants must provide consumer benefits
97 services to assist individuals in applying for third-party benefits. Successful Applicants must provide
98 Disaster Services as specified in the Performance Contract between the DSHS and the Local Authority
99 contract in the event of an emergency. Successful Applicant(s) must also agree that their names may be
100 used, along with descriptions of the facilities, care, and services in information distributed by the Local
101 Authority in the list of its providers. Successful Applicant(s) will actively assist in the disbursement of
102 Client and advocate satisfaction surveys. Successful Applicant(s) must develop a method to resolve
103 disagreements with clients and stakeholders which will include client involvement. The process for
104 Client appeals and dispute resolution must be approved by the Local Authority. Successful Applicant(s)
105 will be responsible for peer review and quality management. Successful Applicant(s) must agree to
106 mediation if unable to resolve disputes with the Local Authority. Successful Applicant(s) will cooperate
107 and assist with and will not at any time prevent or hinder a client from changing providers. Provider and
108 its employees, as applicable, are responsible, at Provider's sole expense, to comply with all training
109 requirements the Local Authority mandates for Successful Applicant.

110 **Proposal Instructions**

111 Applicants must follow the attached outline for submissions to facilitate objective review.

112 Applicant may submit the application in hard copy or electronically. If submitted in hard copy,
113 one document must be labeled 'original', and must be accompanied by five (5) additional copies by mail
114 or in person to the address below no later than **5:00 p.m., Central Daylight Time, May 13, 2016 to:**

115 North Texas Behavioral Health Authority
116 Attn. Brittony McNaughton
117 1201 Richardson Drive, #270
118 Richardson, TX 75080

119 Hard copy applications must be received sealed and marked "RFA# 2016-001". If submitted
120 electronically, applications must be submitted in PDF format and attached in an e-mail that identifies it as
121 the 'original' application. RFA number must be on the "Subject Line" of the email. Applications must
122 be submitted no later than **5:00 p.m., Central Daylight Time, May 13, 2016 to:**
123 bmcnaughton@ntbha.org

124
125 Applications may be amended at any time prior to the Submission Date, provided that Local Authority is
126 notified of any such amendment and the amendment is signed by the Applicant certifying authenticity.
127 Local Authority reserves the right to reject any and all Proposals, to waive technicalities, and to accept
128 any advantages deemed beneficial to the Local Authority and its clients. It is our intent to evaluate
129 proposals, and negotiate costs and/or services in order to achieve the best value for Local Authority
130 clients. The negotiation process will be done in a confidential manner with no disclosures being made to
131 other Applicants until after the Contract(s) is awarded.

132 **Timetable:**

Date	Event
April 15, 2016	RFA Issuance
May 13, 2016	Applications due; 5:00 pm CDT
Any time after receipt of application	Applications assessed and contract negotiation may begin
Anytime after receipt of application	Contract may be presented to the Board of Directors for approval and executed
January 1, 2017	Proposed start date

133 North Texas Behavioral Health Authority reserves the right to modify these dates according to the North
134 Texas Behavioral Health Authority Board of Directors meeting schedule and at the discretion of the
135 North Texas Behavioral Health Authority Transition Coordinator. Contract negotiations and Board of
136 Directors approval may take up to 90 days. Training and credentialing may take an additional 60 days as
137 certain trainings must be provided prior to delivery of service.

138 **Application Outline**

139 Throughout this Application Outline, provide detailed information regarding the scope of the Applicant's
140 business. Questions fall under the following sections:

- 141 I. Business Demographics
- 142 II. Organizational Structure
- 143 III. Quality Management/Utilization Management
- 144 IV. Services
- 145 V. Budget/Financial
- 146 VI. Risk Profile
- 147 VII. Managed Care Profile
- 148 VIII. Information System
- 149 XI. Assurances Document

150 Four Attachments are provided as information regarding the Local Authority which may assist in
151 developing the Proposal.

- 152 Attachment A -- Eligible Population Definitions
- 153 Attachment B -- MH Service Descriptions and Information
- 154 Attachment C -- SUD Service Descriptions and Information
- 155 Attachment D - FY2016 Substance Abuse Treatment Rates

156 Please be sure to answer every question. If the question does not apply to the Applicant, simply and
157 clearly document "N/A". Evaluation of Applicant eligibility is based on completed questions. ALL
158 unanswered questions will be considered omissions. Answer all questions in the order of this proposal
159 outline. Use the forms attached or prepare responses in the same format. Clearly designate each item in
160 the document as it appears in this outline (by number, letter, and question). Place tab dividers at the
161 beginning of each section (Roman Numerals) to match those shown above in this Proposal Outline
162 section. The document should be double spaced, type size at least 10 pitch. The Local Authority reserves
163 the right to review only completed Proposals. The Local Authority reserves the right to hold subsequent
164 face to face or telephone interviews for clarification and/or negotiation purposes. Interviews will not be
165 solicited for the purpose of completing incomplete proposals. Multiple omissions and/or incomplete
166 responses may result in disqualification. All supporting documentation should be attached to the
167 appropriate section of the Proposal and in the order described in this Application Outline section.

168 Questions regarding this proposal should be **emailed to Brittony McNaughton at**
169 **bmcnaughton@ntbha.org**. Questions should reference the line number from the RFA. Amendments
170 including questions and answers will be distributed to all those known to have received a copy of the
171 RFA from the Local Authority and posted on the NTBHA website. Applicants are responsible for being
172 aware of amendments and considering these in the final proposal.

173 False statements by any Applicant may disqualify the Application. The Local Authority reserves the right
174 to reject any or all Applications and reopen the RFA process in total.

175 Interviews or site visits may be conducted to further evaluate competitive proposals, to negotiate rates,
176 and to select one or more Applicants for award and negotiation of a Contract. In this situation, no
177 Applicant will be given information, support, or resources that will give the Applicant a competitive
178 advantage over the other Applicants.

179 Each Applicant who submits a complete Application but is not awarded a Contract will be notified in
180 writing that the proposal is no longer being considered.

181
182 **Following Contract award, the contents of all applications may be made available upon written**
183 **request. Therefore, any information contained in the application that is deemed to be proprietary**
184 **in nature must clearly be so designated in the application. Such information may still be subject to**
185 **disclosure under the Public Information Act depending on opinions from the Attorney General's**
186 **office.**

187 188 **APPLICATION**

189 190 **I. Business Demographics**

191 Name _____

192 Title of Business _____

193 SS# _____ and/or Tax ID _____

194 Address _____

195 City _____

196 County _____ Zip Code _____

197 Business Phone _____ Fax # _____

198 Website address _____

199 Contact Person _____

200 Title _____
201 Phone # _____ Fax # _____

202 Billing Address if Different From Above (include Street, City, State, and Zip Code)
203 _____
204 _____

205 Billing Manager _____
206 Phone # _____ Fax # _____

207 Other Business Locations in this Market Area: (include Street, City, County, and Zip)
208 1. _____
209 2. _____
210 3. _____
211 4. _____

212 Provide a map of locations which specifies the Services provided, capacity and languages spoken (by
213 Service) at each location - Label as **Exhibit IA**.

214 Other Owners/Partners:
215 Name % Ownership If corporate, list organization
216 1. _____
217 2. _____
218 3. _____
219 4. _____

220 Type of organization (i.e., non-profit corporation, Limited Liability Company, general partnership, etc.):
221 Note: Local Authority will not be permitted to execute a Substance Use Disorder Services contract with
222 any entity other than a public or nonprofit private entity under this RFA due to restrictions on the expenditure
223 of Substance Abuse Prevention and Treatment (SAPT) Block Grant funds.
224 _____
225 _____
226 _____

227 Provide a copy of Provider's Articles of Incorporation and 501(c)(3) certificate, or other
228 bylaws/governing documents as appropriate – Label as **Exhibit IB**.

229
230 Years in Operation _____
231 Hours of Operation _____

232 Certification Number if a Historically Underutilized Business: _____, or
233 qualifications if HUB eligible, but not certified: _____

234 **II. Organizational Structure**

235 A. Attach a copy of the organizational chart, including names, titles and vacant positions, clearly
236 indicating who will be the main point of contact with respect to any Contract -- Label as **Exhibit**
237 **IIA**

238 B. List the names and business affiliations of board members or other governing body:
239 _____
240 _____
241 _____
242 _____

243
244
245
246
247
248

III. Quality Management/Utilization Management

249
250
251

A. List all licenses, credentials, certifications, and/or accreditations the Applicant organization/professional currently holds related to the Services. Provide copies of all licenses, certifications, accreditations -- Label as **Exhibit IIIA**.

252
253
254
255

B. Provide a summary of the staff available to perform the services including corresponding education and license credentials. Designate if they are full time, part time, or on call. Applicants will be expected to provide a staff roster during contract negotiation with the same categories of information as those in the summary.

256
257
258

C. Attach the Applicant's Quality Assurance/Management Plan and Quality Management Program Reports for the last six (6) months -- Label as **Exhibit IIIB**.

259
260
261
262

D. Describe the Applicant's internal utilization management procedures. Describe methods for ensuring that individuals are receiving services in accordance with internal standards of care. Provide copies of recent reports showing the Applicant's performance relative to its utilization management requirements -- Label as **Exhibit IIIC**.

263
264
265
266

E. Provide a summary of the most recent client satisfaction surveys or other ongoing efforts to obtain and evaluate client satisfaction -- Label as **Exhibit IIID**. Describe how this information was obtained.

267

IV. Services

268
269

A. Describe how Applicant plans to communicate with the Local Authority regarding the Client referral process, specifically what are the parameters around access.

270
271
272
273

B. Describe in detail the array of Behavioral Health Services the Applicant would offer under its Proposal. Identify units of Service, where Services are offered, who would provide Services (education and credentials), and the times of day and days of the week the Services would be available. Indicate the capacity of all services. Include a copy of Services schedules and descriptions -- Label as **Exhibit IV**.

274
275
276

C. Describe the frequency and type of in-service training currently offered by the Applicant or provided to employees including, but not limited to, training related to patient rights and standards of services.

277
278
279

D. Describe the Applicant's history of working with the eligible population to be served on an outpatient basis and experience of working with persons who are not compliant with treatment. Detail the specific population the Applicant intends to serve. Include ages and level of severity.

280
281
282
283

E. Describe the Applicant's ability to work with persons who are hearing impaired, persons who have limited language skills and persons who speak a language other than English. Describe how the Applicant ensures cultural competency on the part of staff with regard to ethnic, racial, religious and sexual orientation differences.

284 F. Describe or attach policies and procedure which describe any process the Applicant presently
285 has to receive communication from clients, family members and advocates, and to receive and resolve
286 complaints and grievances.

287 G. Describe how you will meet the cultural and linguistic needs of the clients in the Local
288 Authority's local service area.

289 H. Describe where and when you will provide Services within the Local Authority's local service
290 area, and how persons with disabilities will be able to access those Services.

291

292 **V. Budget/Financial**

293 A. Attach copies of the Applicant's last three years audited financial reports -- Label as
294 **Exhibit V.**

295 B. Identify current business properties that are owned or leased by Applicant and which will be
296 used in administering or providing services. If leasing properties, note the upcoming expiration date of
297 the leases.

298 C. Describe any arrangements to subcontract part or all of these services. All subcontracts must
299 be approved by the Local Authority, in its sole discretion. Name all proposed subcontractors and provide
300 information on their staff credentials, licenses and certifications.

301 D. If any individual employed by or with material interest in Applicant organization is delinquent
302 on Child Support Payments, explain arrangement to supervise and monitor.

303 **VI. Risk Profile**

304

305 A. Attach a copy of the Risk Management Plan - Label as **Exhibit VIA.**

306 B. Is Applicant currently under investigation, or had a license or accreditation revoked, by any
307 state/federal/local authority or licensure agency, within the last five (5) years? If yes, explain in detail.

308 C. Does anyone working for Applicant providing direct care or in management have any felony
309 convictions? If yes, explain. Describe the process, if any, for checking on previous convictions of
310 employees or applicants for employment. Attach any policies and procedures regarding the hiring and
311 retention of persons with criminal histories -- Label as **Exhibit VIB.** Are criminal history checks done on
312 all Applicant staff annually?

313 D. Has Applicant had any judgments or settlements entered against it in the last ten (10) years? If
314 so, explain in detail.

315 E. Has either the Applicant or any of its employees had any validated fraud, client abuse, client
316 neglect, or rights violations claims in the last three (3) years? If so, explain in detail. Describe the
317 process, if any, for checking on previous confirmed fraud, client abuse, client, neglect, or rights violations
318 of employees or applicants for employment, such as through CANRS, the Nurse Aide Registry, and the
319 Employee Misconduct Registry. Describe or attach any current policies and procedures regarding client
320 abuse, client neglect, or rights violations and the training of staff on these issues -- Label as **Exhibit VIC.**

321 F. Has Applicant been placed on vendor hold within the past five (5) years by any funding agency
322 or company? If yes, explain.

323 G. Does Applicant have a Letter of Good Standing which verifies that it is not delinquent in
324 payment of Texas State Franchise Tax? Corporations that are non-profit or exempt from Franchise Tax
325 are not required to have this letter, but instead must submit a 501C IRS Exemption form from the
326 Comptroller Office. Attach and label as **Exhibit VID**.

327 H. Is Applicant currently held in abeyance or barred from the award of a federal or state contracts
328 including Medicaid or Medicare contracts? Has this occurred in the last 5 years? If so, explain.

329 I. Has Applicant ever filed bankruptcy? If yes, describe in detail.

330 J. Has Applicant ever defaulted on any business lease arrangement? If so, describe in detail.

331

332 K. Provide a Certificate of Insurance showing liability insurance coverage (property and vehicles,
333 including riders) and including directors' and officers' professional liability, errors and omissions, general
334 liability, workers compensation and medical malpractice insurance -- Label as **Exhibit VIE**.

335 L. Attach any policies and procedures regarding medical records security -- Label as **Exhibit**
336 **VIF**.

337

338 M. Provide the name of Workers' Comp carrier if Applicant has Workers' Comp coverage or self
339 funding documents if self funded -- Label as **Exhibit VIF**.

340 **VII. Managed Care Profile**

341 A. List current contracts with Medicaid MCOs in the service area. If the list does not include all
342 Medicaid MCOs in the service area that pay for services to the eligible population the Applicant will
343 serve, then describe plans to secure contracts with all Medicaid MCOs.

344 B. Provide Applicant's Medicaid Provider number(s). Have these ever been suspended or
345 revoked? If so, explain.

346 C. Provide Applicant's Medicare Provider number(s). Have these ever been suspended or
347 revoked? If so, explain.

348 D. Has Applicant ever been dropped from a managed care network? If so, explain.

349 E. Describe any contracts, Memoranda of Understanding, or employment relationships Applicant
350 has with other state, city or county agencies in the Dallas, Ellis, Navarro, Hunt, Kaufman, and Rockwall
351 Counties health care community.

352

353 **VIII. Information Systems**

354

355 Applicant shall be required to submit client and service information to Local Authority's data system.
356 Describe Applicant's current IS resources and expertise.

357 **XI Assurances Document**

358 Applicant assures the following:

359 1. That all addenda and attachments to the RFA as distributed by the Local Authority and designated
360 by the checklist have been received.

- 361 2. No attempt will be made by the Applicant to induce any person or firm to submit or not to submit
362 a proposal, unless so described in your response document.
- 363 3. The Applicant does not discriminate in its services or employment practices on the basis or race
364 color, religion, sex, national origin, disability, veteran status, or age.
- 365 4. All cost and pricing information is reflected in the RFA response documents or attachments.
- 366 5. Applicant accepts the terms, conditions, criteria, and requirement set forth in the RFA.
- 367 6. Applicant accepts the Local Authority's right to cancel the RFA at any time prior to Contract
368 award.
- 369 7. Applicant accepts the Local Authority's right to alter the time tables for procurement as set forth
370 in the RFA.
- 371 8. The Application submitted by the Applicant has been arrived at independently without
372 consultation, communication, or agreement for the purpose of restricting competition.
- 373 9. Unless otherwise required by law, the information in the Application submitted by the Applicant
374 has not been knowingly disclosed by the Applicant to any other Applicant prior to the notice of
375 intent to award.
- 376 10. No claim will be made for payment to cover costs incurred in the preparation of the submission of
377 the Application or any other associated costs.
- 378 11. Local Authority has the right to complete background checks and verify information.
- 379 12. The individual signing this document and the Contract is authorized to legally bind the Applicant.
- 380 13. The address submitted by the Applicant to be used for all notices sent by the Local Authority is
381 current and correct.
- 382 14. No employee of the Local Authority or DSHS, and no member of the Local Authority's Board
383 will directly or indirectly receive any pecuniary interest from an award of the proposed Contract.
384 If the Applicant is unable to make the affirmation, then the Applicant must disclose any
385 knowledge of such interests.
- 386 15. That the Respondent is not currently held in abeyance or barred from the award of a federal or
387 state contract.
- 388 16. That the Respondent is not currently delinquent in its payments of any franchise tax or state tax
389 owed to the state of Texas, pursuant to Texas Business Corporation Act, Texas Civil Statutes,
390 Article 2.45.
- 391 17. Applicant shall disclose whether any of the directors or personnel of Applicant has either been an
392 employee or a trustee of Local Authority within the past two (2) years preceding the date of
393 submission of the Proposal. This requirement applies to all personnel, whether or not identified as
394 key personnel. If such employment has existed, or a term of office served, the Proposal shall state
395 in an attached writing the nature and time of the affiliations as defined.
- 396 18. Applicant shall identify in an attached writing any trustee or employee of Local Authority who
397 has a financial interest in Applicant or who is related within the second degree by consanguinity
398 or affinity to a person having such financial interest. Such disclosure shall include a complete
399 statement of the nature of such financial interest and the relationship, if applicable. Moreover,
400 Applicant shall state in an attached writing whether any of its directors or personnel knowingly
401 has had a personal relationship with employees or officers of Local Authority within the past two
402 (2) years.
- 403 19. No former employee or officer of DSHS, DADS, and/or Local Authority directly or indirectly
404 aided or attempted to aid in procurement of Applicant's service.

- 405 20. Applicant shall disclose in an attached writing the name of every Local Authority key person with
406 whom Applicant is doing business or has done business during the 365 day period immediately
407 prior to the date on which the Application is due; failure to include such a disclosure will be a
408 binding representation by Applicant that the natural person executing the Application has no
409 knowledge of any key persons with whom Applicant is doing business or has done business
410 during the 365 day period prior to the immediate date on which the Application is due.
- 411 21. Under Section 231.006, Family Code, the vendor or applicant certifies that the individual or
412 business entity named in this contract, bid, or application is not ineligible to receive the specified
413 grant, loan, or payment and acknowledges that this contract may be terminated and payment may
414 be withheld if this certification is inaccurate. For purposes of the foregoing sentence, “vendor or
415 applicant” shall mean Applicant; contract, bid or application shall mean the Proposal; and “this
416 contract” shall mean any Contract awarded to the Successful Applicant.

417 _____
418 Signature Authority for the Provider Title of Organization Date

419

420

Attachment A

421

Mental Health

422

Priority Population Definition

423

The Priority Population for mental health services as defined by DSHS consists of:

424

Child and Youth Mental Health (MH) Priority Population – children/youth ages 3 through 17 with a diagnosis of mental illness (excluding a single diagnosis of substance abuse, IDD, autism or pervasive development disorder) who exhibit serious emotional, behavioral or mental health disorders and who:

426

427

(1) Have a serious functional impairment; or

428

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

429

430

(3) Are enrolled in a school system’s special education program because of serious emotional disturbance.

431

432

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

433

434

435

436

437

The following information must be used to operationalize these definitions to determine if an individual meets this definition. Only the Local Authority may determine an individual is a member of the Priority Population.

438

439

440

Service Determination

441

In targeting services to the Priority Population, the choice of and admission to services is determined jointly by the person seeking services and the Local Authority. Criteria used to make these determinations are the diagnosis, the level of functioning of the individual (GAF Score), the needs of the individual, and the availability of resources.

442

443

444

445

DSHS Funding

446

Funds appropriated by the Legislature for mental health services may be spent only to provide services to the Priority Population. Successful Applicants who wish to offer services to people other than those in the Priority Population may do so using non-departmental funds.

447

448

449

450

Substance Use Disorder Eligible Population Definition

451

452

453

A. ELIGIBLE POPULATION:

454

Adult and Youth Texas residents who meet financial criteria for DSHS-funded substance use disorder services and meet *The Diagnostic and Statistical Manual of Mental Disorders* criteria for a substance use disorder.

455

456

457

ADULT AND CHILD MH SERVICE DEFINITIONS**Adult Mental Health**

-

#	Service	Description
1.	Outreach.	Activities provided to reach and link to services individuals who often have difficulty obtaining appropriate behavioral health services due to factors such as acute behavioral symptomatology, economic hardship, homelessness, unfamiliarity with or difficulty in accessing community behavioral health care services and other support services, fear of mental illness, and related factors. This service may be provided in a variety of settings, including homes, schools, jails, streets, shelters, public areas, or wherever the individual is found.
2.	Screening <i>This service satisfies the requirements of Title 7 of the Texas Health and Safety Code §534.053(a)(1)</i>	Activities performed by a Qualified Mental Health Professional – Community Services (QMHP-CS) to gather triage information to determine the need for in-depth assessment. The QMHP-CS collects this information through face-to-face or telephone interviews with the individual or collateral.
3.	* Psychiatric Diagnostic Interview Examination <i>This service satisfies the requirements of Title 7 of the Texas Health and Safety Code §534.053(a)(3)</i>	Psychiatric Diagnostic Interview Examination. A licensed professional practicing within the scope of his or her license must provide this service and document as described in the most current version of Title 25 Texas Administrative Code (TAC), Part 1, Chapter 412, Subchapter G, Section 412.322(b) <i>Mental Health (MH) Community Services Standards</i> .
4.	Pre-Admission Assessment <i>This service satisfies the requirements of Title 7 of the Texas Health and Safety Code §534.053(a)(3)</i>	Pre-Admission QMHP-CS Assessment – A face-to-face assessment of the individual conducted by a QMHP-CS for the purposes of determining eligibility for services which includes gathering and documenting the information in accordance with 25 TAC, Part 1, Chapter 412, Subchapter G, Section 412.314(d)(2) and Section 412.322(a)(1)-(10) <i>MH Community Services Standards</i> .
5.	Engagement Activity	Activities with the client or collaterals (in accordance with confidentiality requirements) in order to develop treatment alliance and rapport with the client and includes activities such as enhancing the individual's motivation, providing an explanation of services recommended, education on service value, education on adherence to the recommended level of care (LOC) and its importance in recovery, and short term planned activities designed to develop a therapeutic alliance and strengthen rapport. This service shall not be provided in a group.

#	Service	Description
6.	<p>* Routine Case Management</p> <p><i>This service satisfies the requirements of Title 7 of the Texas Health and Safety Code §534.053(a) (4), (5)</i></p>	<p>Primarily site-based services that assist an adult, child or youth, or caregiver in gaining and coordinating access to necessary care and services appropriate to the individual's needs. Routine Case Management activities shall be provided in accordance with 25 TAC, Part 1, Chapter 412, Subchapter I, <i>MH Case Management Services</i>.</p> <p><u>Contractor shall not subcontract for the delivery of these services.</u></p>
7.	<p>* Counseling</p> <p><i>This service satisfies the requirements of Title 7 of the Texas Health and Safety Code §534.053(a)(3)</i></p>	<p>Individual, family and group therapy focused on the reduction or elimination of a client's symptoms of mental illness and increasing the individual's ability to perform activities of daily living. Cognitive-Behavioral Therapy (CBT) is the selected Evidence-Based Practice (EBP) for adult counseling services. For persons with Post Traumatic Stress Disorder (PTSD), Cognitive Processing Therapy (CPT) is the selected EBP for trauma victims. Counseling shall be provided by a Licensed Practitioner of the Healing Arts (LPHA), practicing within the scope of his or her own license or by an individual with a master's degree in a human services field pursuing licensure under the direct supervision of an LPHA, if not billed to Medicaid. This service includes treatment planning to enhance recovery and resiliency. Providers will be required to follow the DSHS Cognitive Behavioral Therapy Competency Policy for guidelines regarding who is able to provide both CBT & CPT and the requirements to do so.</p>
8.	Peer Support	<p>Activities provided between and among clients who have common issues and needs that are client-motivated, initiated, and/or managed and promote wellness, recovery, and an independent life in the community.</p> <p>Contractor may use General Revenue funding to assist in the delivery of services provided under Texas Resilience and Recovery (TRR), or provide outreach through peer facilitated services, e.g., drop in centers, peer counseling, peer support groups, and peer led education groups. This service does not include Mental Health Rehabilitative Services provided by "Peer Providers."</p>

		MEDICATION SERVICES
9.	<p>* Supplemental Nursing Services</p> <p><i>This service satisfies the requirements of Title 7 of the Texas Health and Safety Code §534.053(a)(6)</i></p>	<p>A service provided to a client by a licensed nurse or other qualified and properly trained personnel working under the supervision and delegation of a physician or Registered Nurse (RN), as provided by state law, to ensure the direct application of a psychoactive medication to the client's body by any means (including handing the client a single dose of medication to be taken orally), and to assess target symptoms, side effects and adverse effects, potential toxicity, and the impact of psychoactive medication for the client and family. This service includes such activities as checking a client's vital signs, refilling pill packs, monitoring self-administration of medications, pill pack counts, conducting lab draws, and evaluating the severity of side effects during a home visit. This service does not include physician services, nursing services incidental to physician services, case management, or the rehabilitative services of "psychiatric nursing services" or "medication related services." This service may be provided in a clinic setting, client home, or other community setting.</p>
10.	<p>* Pharmacological Management</p> <p><i>This service satisfies the requirements of Title 7 of the Texas Health and Safety Code §534.053(a)(3), (6)</i></p>	<p>A service provided by a physician or other prescribing professional which focuses on the use of medication and the in-depth management of psychopharmacological agents to treat a client's signs and symptoms of mental illness.</p>

#	Service	Description
		REHABILITATIVE SERVICES
11.	<p>* Crisis Intervention Services</p> <p><i>This service satisfies the requirements of Title 7 of the Texas Health and Safety Code §534.053(a)(1), (3), (7)</i></p>	<p>Interventions in response to a crisis in order to reduce symptoms of severe and persistent mental illness or emotional disturbance and to prevent admission of an individual or client to a more restrictive environment. Shall be provided in accordance with 25 TAC, Part 1, Chapter 416, Subchapter A, <i>MH Rehabilitative Services</i>, Rule §416.7. The provision of Crisis Intervention Services to collaterals is limited to the coordination of emergency care services as defined, and outlined in the provision of crisis services within 25 TAC, Part 1, Chapter 412, Subchapter G, Division 3, <i>MH Community Standards</i>.</p>
12.	<p>* Medication Training and Support</p> <p><i>This service satisfies the requirements of Title 7 of the Texas Health and Safety Code §534.053(a)(6)</i></p>	<p>Education and guidance about medications and their possible side effects as described in 25 TAC, Part 1, Chapter 416, Subchapter A <i>MH Rehabilitative Services</i>, Rule §416.8, , provided to consumers and family members. The department has reviewed and approves the use of the materials that are available on the department's internet site at http://www.dshs.state.tx.us/mhsa/patient-family-ed/</p>
13.	<p>* Psychosocial Rehabilitative Services</p> <p><i>This service satisfies the requirements of Title 7 of the Texas Health and Safety Code §534.053(a)(1),(3), (7)</i></p>	<p>Social, educational, vocational, behavioral, and cognitive interventions provided by members of a client's therapeutic team that address deficits in the individual's ability to develop and maintain social relationships, occupational or educational achievement, independent living skills, and housing, that are a result of a severe and persistent mental illness. This service includes treatment planning to facilitate recovery. Shall be provided in accordance with 25 TAC, Part 1, Chapter 416, Subchapter A, <i>Mental Health Rehabilitative Services</i>.</p>
14.	<p>* Skills Training and Development Services</p> <p><i>This service satisfies the requirements of Title 7 of the Texas Health and Safety Code §534.053(a)(3), (7)</i></p>	<p>Training provided to a client that addresses the severe and persistent mental illness and symptom-related problems that interfere with the individual's functioning, provides opportunities for the individual to acquire and improve skills needed to function as appropriately and independently as possible in the community, and facilitates the individual's community integration and increases his or her community tenure. This service may address skill deficits in vocational and housing. Shall be provided in accordance with 25 TAC, Part 1, Chapter 416, Subchapter A <i>Mental Health Rehabilitative Services</i>, Rule §416.10.</p>

#	Service	Description
		SPECIALIZED SERVICES
15.	<p>* Co-Occurring Psychiatric Substance Use Disorder (COPSD)</p> <p>This service approach satisfies the requirements of Title 7 of the Texas Health and Safety Code §534.053(a)(3), (7)</p> <p>OPTIONAL</p>	<p>Intervention services offered within programs that are part of the TRR service array to meet the needs of people with co-occurring disorders. COPSD treatments integrate mental health and substance abuse interventions at the level of provider engagement. COPSD is integrated treatment provided by the same clinicians or teams of clinicians, working in one setting, to provide appropriate mental health and substance abuse interventions in coordination to support persons in their recovery.</p> <p>Provider treatment specialists are trained to treat both substance use disorders and serious mental illnesses. Treatment is initiated in a stage-wise approach with different service provided at different stages. Motivational interventions are utilized in all stages inclusive of the engagement and persuasion stage. Counseling services guided by a cognitive-behavioral approach are utilized in active treatment and relapse prevention stages.</p> <p>Intervention services are provided in multiple formats including individual, peer/group, self-help, and family. Medication services are coordinated with other services to promote recovery.</p>
		REHABILITATIVE SERVICES
16.	<p>* Supported Employment</p> <p><i>This service satisfies the requirements of Title 7 of the Texas Health and Safety Code §534.053(a)(3), (7)</i></p>	<p>Intensive services designed to result in employment stability and to provide individualized assistance to clients in choosing and obtaining employment in integrated work sites in regular community jobs. Includes activities such as assisting the individual in finding a job, helping the individual complete job applications, job development*, and assisting with learning job-specific skills. This service includes treatment planning to facilitate recovery. Concurrent rehabilitative training should be identified as a separate encounter with the appropriate rehabilitative service code.</p> <p>*Job development is an activity essential to providing evidence-based supported employment. It is a systematic approach by the employment specialist that focuses on developing relationships with potential employers in an effort to find job matches for clients. It includes advocating with employers, employer negotiations and other networking activities. Job development may count as a collateral contact only when:</p> <ol style="list-style-type: none"> 1. a contractor has a dedicated employment specialist** who is providing the job development service and; 2. the job development contact is focused on a specific consumer <p>**For the purposes of this document, a dedicated employment specialist is someone who spends 90% of their time providing supported employment services.</p>

17.	<p>*Assertive Community Treatment (ACT) Urban ACT and Rural ACT</p> <p><i>This service model satisfies the requirements of Title 7 of the Texas Health and Safety Code §534.053(a)(3), (7)</i></p> <p>OPTIONAL</p>	<p>ACT is a team-based program that provides treatment, rehabilitation and support services to clients who have a history of multiple hospitalizations (two or more in 180 days or four or more in two years) or at least one hospitalization of greater than 30 days duration in the last two years. Clients identified as needing ACT services shall be prioritized for supported housing, supported employment, and co-occurring psychiatric and substance use disorder (COPSD) services as needed. ACT uses an integrated services approach merging clinical and rehabilitation staff expertise (e.g., psychiatric, substance abuse, vocational/employment, supported housing) within one mobile service delivery system. Accordingly, there will be minimal referral of clients to other programs for treatment, rehabilitation, and support services. Limited use of group activities designed to reduce social isolation, or address substance use/abuse issues is also acceptable as part of ACT.</p> <p>ACT includes an Urban ACT program and Rural ACT program serving clients with an LOC-R = 4. The Urban ACT team serves a client base of 60 or more within a local service area or has a population density of 300 or more persons per square mile in the local service area. The Rural ACT team serves a client base of less than 60 within a local service area. Both the Urban ACT and Rural ACT programs shall follow the program description, Fidelity Measures,</p> <p><u>Urban ACT:</u> The Urban ACT team shall maintain a small client-to-staff ratio of 10:1. Urban ACT is a self-contained program with staff members dedicated to the ACT team. The client-to-staff ratio shall take into consideration evening and weekend hours, needs of special populations, and geographical areas to be covered. Flexibility, accessibility, and timeliness of service delivery are reflected in the team's ability to provide needed support and skills training to clients and their natural support system on evenings and weekends as needed. For all the Urban ACT consumers combined the Urban ACT team shall provide an average of 10 service hours per month; and a minimum of 3.5 hours of service per client per month. Services are provided away from the office 80 percent of the time. The Urban ACT team shall maintain 24 hour responsibility and availability for covering and managing psychiatric crises for Urban ACT clients. Urban ACT team staffing shall include .15 full time equivalent (FTE) psychiatrist for every 30 consumers (or. 25 per 50 consumers) who works directly with and is assigned to the ACT team and at least 1.0 dedicated FTE RN providing direct services. The ACT Team Leader or Program Manager is an LPHA except in the case where an LMHA is granted a waiver from DSHS. Eighty percent of the ACT team members must have at least a bachelor's degree or be licensed. This service includes treatment planning to facilitate recovery.</p>
-----	---	---

#	Service	Description
	*Assertive Community Treatment (ACT) Urban ACT and Rural ACT (cont.)	<p><u>Rural ACT:</u></p> <p>The Rural ACT team must maintain a small caseload to include no more than eight ACT consumers (client- to staff ratio of 8:1) in addition to consumers served in other LOCs. Total caseload should be lower than caseloads for staff who serve consumers in LOCs other than ACT. The client-to-staff ratio shall take into consideration evening and weekend hours, needs of special populations, and geographical areas to be covered; as well as to provide the intensity of services needed based on the clinical severity for consumers in ACT and to meet service requirements for the consumers they serve in any of the LOCs. Flexibility, accessibility, and timeliness of service delivery are reflected in the team's ability to provide needed support and skills training to clients and their natural support system on evenings and weekends as needed. For all the Rural ACT consumers combined the Rural ACT team shall provide an average of 10 service hours per month; and a minimum of 3.5 hours of service per client per month. Services are provided away from the office 80 percent of the time. The Rural ACT team shall maintain 24 hour responsibility and availability for covering and managing psychiatric crises for Rural ACT clients. The psychiatrist shall be available to provide services to individuals in ACT services and shall be available for consultation by Rural ACT team staff at all times. An RN shall be a part of the Rural ACT team, although the RN may also have other duties within a community mental health center. The ACT Team Leader or Program Manager is an LPHA except in the case where an LMHA is granted a waiver from DSHS. Eighty percent of the ACT team members must have at least a bachelor's degree or be licensed. This service includes treatment planning to facilitate recovery.</p>

		CRISIS SERVICES
19.	* Crisis Flexible Benefits	Non-clinical supports that reduce the crisis situation, reduce symptomatology and enhance an individual's ability to remain in the home or community. Benefits in adult mental health services include spot rental, partial rental subsidies, respite, utilities, emergency food, housewares, clothing, transportation assistance, and residential services.
20.	* Safety Monitoring	Ongoing observation of an individual to ensure the individual's safety. An appropriate staff person must be continuously present in the individual's immediate vicinity, provide ongoing monitoring of the individual's mental and physical status, and ensure rapid response to indications of a need for assistance or intervention. Safety monitoring includes maintaining continuous visual contact with frequent face-to-face contacts as needed.
21.	* Crisis Follow-Up and Relapse Prevention This service satisfies the requirements of <i>Title 7 of the Texas Health and Safety Code §534.053(a)(3)</i>	A service provided to or on behalf of individuals who are not in imminent danger of harm to self or others but require additional assistance to avoid recurrence of the crisis event. The service is provided to ameliorate the situation that gave rise to the crisis event, ensure stability, and prevent future crisis events.
22.	* Crisis Transportation	Transporting individuals receiving crisis services or Crisis Follow-up and Relapse Prevention services from one location to another. Transportation is provided in accordance with state laws and regulations by law enforcement personnel, or, when appropriate, by ambulance or qualified staff.

Children's Mental Health

	Service	Description
1.	Outreach	Activities provided to reach and to link services to individuals who often have difficulty obtaining appropriate behavioral health services due to factors such as acute behavioral symptomatology, economic hardship, homelessness, unfamiliarity with or difficulty in accessing community behavioral health care services and other support services, fear of mental illness, and related factors. This service may be provided in a variety of settings, including homes, schools, jails, streets, shelters, public areas, or wherever the individual and their family are found.

2.	Screening <i>This service satisfies the requirements of Title 7 of the Texas Health and Safety Code §534.053(a)(1)</i>	Activities performed by a Qualified Mental Health Professional – Community Services (QMHP-CS) to gather triage information to determine the need for in-depth assessment. The QMHP-CS collects this information through face-to-face or telephone interviews with the individual, caregiver, or collateral. The service includes screenings to determine if the individual’s need is emergent or urgent (which is conducted prior to the face-to-face assessment to determine the need for emergency services).
3.	* Psychiatric Diagnostic Interview Examination <i>This service satisfies the requirements of Title 7 of the Texas Health and Safety Code §534.053(a)(3)</i>	Psychiatric Diagnostic Interview Examination provided by a licensed professional practicing within the scope of their license must provide this service and document as described in the most current version of Title 25 Texas Administrative Code (TAC), Part 1, 412, Subchapter G, Section 412.315(a)(5) MH Community Services Standards.
4.	Pre-Admission Assessment <i>This service satisfies the requirements of Title 7 of the Texas Health and Safety Code §534.053(a)(3)</i>	Pre-Admission QMHP-CS Assessment – A face-to-face assessment of the individual conducted by a QMHPCS for the purposes of determining eligibility for services which includes gathering and documenting the information described in the most current version of 25 TAC, Part 1, Chapter 412, Subchapter G, Section 412.314(d)(2) and Section 412.322(a)(1)-(10) MH Community Services Standards.
5.	Engagement Activity	Short term planned activities with the child/youth, caregiver and/or legally authorized representative (LAR) to develop treatment alliance and rapport with the child/youth, caregiver and/or LAR. Activities include but are not limited to: enhancing the child/youth and/or caregiver/LAR’s motivation to participate in services; explaining recommended services; and providing education regarding value of services, adherence to the recommended level of care and its importance in recovery. This service shall not be provided in a group, and shall be provided in accordance with confidentiality requirements.

	Service	Description
6.	* Routine Case Management <i>This service satisfies the requirements of Title 7 of the Texas Health and Safety Code §534.053(a)(4), (5)</i>	Primarily site-based services that assist a child/youth, or caregiver/LAR in obtaining and coordinating access to necessary care and services appropriate to the individual's needs. Routine Case Management activities shall be provided in accordance with 25 TAC, Part 1, Chapter 412, Subchapter I, MH Case Management Services. <u>Contractor shall not subcontract for the delivery of these services.</u>

7.	<p>* Intensive Case Management</p> <p><i>This service satisfies the requirements of Title 7 of the Texas Health and Safety Code §534.053(a)(4), (5)</i></p>	<p>Activities to assist a child/youth and caregiver/LAR in obtaining and coordinating access to necessary care and services appropriate to the individual's needs. Wraparound Planning is used to develop the Case Management Plan. Intensive Case Management activities shall be provided in accordance with 25 TAC, Part 1, Chapter 412, Subchapter I, MH Case Management Services. Contractor shall not subcontract for the delivery of these services.</p>
8.	<p>* Counseling</p> <p><i>This service satisfies the requirements of Title 7 of the Texas Health and Safety Code §534.053(a)(4)(5)(6)(7))</i></p>	<p>Individual, family, and group therapy focused on the reduction or elimination of a child/youth's symptoms of emotional disturbance and increasing the individual's ability to perform activities of daily living. Cognitive Behavioral Therapy (CBT) is the selected treatment model for Children's Mental Health (CMH) counseling services. Trauma-Focused Cognitive Behavioral Therapy is the approved counseling treatment model for children/youth with trauma disorders or children/youth whose functioning or behavior is affected by their history of traumatic events. DSHS approved CBT protocols for treating children/youth for depression and anxiety are outlined in the Texas Resilience and Recovery Utilization Management Guidelines. Providers will be required to follow the DSHS Cognitive Behavioral Therapy Competency Policy for guidelines regarding who is able to provide both CBT & CPT and the requirements to do so.</p> <p>Additional models of counseling available to children age 3-5 include Parent-Child Psychotherapy (Dyad Therapy) and Play Therapy. These models must be used as outlined in the Texas Resilience and Recovery Utilization Management Guidelines.</p> <p>Counseling services includes treatment planning to enhance recovery and resiliency.</p> <p>All counseling services shall be provided by a Licensed Practitioner of the Healing Arts (LPHA), practicing within the scope of his or her own license or by an individual with a master's degree in a human services field pursuing licensure under the direct supervision of an LPHA, if not billed to Medicaid.</p>

	Service	Description
		MEDICATION SERVICES
9.	<p>* Supplemental Nursing Services</p> <p><i>This service satisfies the requirements of Title 7 of the Texas Health and Safety Code §534.053(a)(6)</i></p>	<p>A service provided to an individual by a licensed nurse or other qualified and properly trained personnel working under the supervision and delegation of a physician or registered nurse (RN), as provided by state law, to ensure the direct application of a psychoactive medication to the individual's body by any means (including handing the individual a single dose of medication to be taken orally), and to assess target symptoms, side effects and adverse effects, potential toxicity, and the impact of psychoactive medication for the client and family. This service includes such activities as checking an individual's vital signs, refilling pill packs, monitoring self-administration of medications, pill pack counts, conducting lab draws, and evaluating the severity of side effects during a home visit. This service does not include physician services, nursing services incidental to physician services, case management, or the rehabilitative services of "psychiatric nursing services" or "medication related services." This service may be provided in a clinic setting, individual home, or other community setting.</p>
10.	<p>* Pharmacological Management</p> <p><i>This service satisfies the requirements of Title 7 of the Texas Health and Safety Code §534.053(a)(3),(6)</i></p>	<p>A service provided by a physician or other prescribing professional which focuses on the use of medication and the in-depth management of psychopharmacological agents to treat a client's signs and symptoms of mental illness.</p>

REHABILITATIVE SERVICES		
11.	<p>* Crisis Intervention Services</p> <p><i>This service satisfies the requirements of Title 7 of the Texas Health and Safety Code §534.053(a)(1),(3),(7)</i></p>	<p>Interventions in response to a crisis in order to reduce symptoms of severe and persistent mental illness serious emotional disturbance and to prevent admission of an individual to a more restrictive environment.</p> <p>Crisis Intervention services shall be provided in accordance with 25 TAC, Part 1, Chapter 416, Subchapter A, MH Rehabilitative Services, Rule §416.7. The provision of Crisis Intervention Services to collaterals is limited to the coordination of emergency care services as defined, and outlined in the provision of crisis services within 25 TAC, Part 1, Chapter 412, Subchapter G, Division 3, MH Community Standards.</p>
12.	<p>* Medication Training and Support</p> <p><i>This service satisfies the requirements of Title 7 of the Texas Health and Safety Code §534.053(a)(6)</i></p>	<p>Education and guidance about medications and their possible side effects as described in 25 TAC, Part 1, Chapter 416, Subchapter A MH Rehabilitative Services, Rule §416.8, , provided to children, youths, and caregivers and/or LAR. The department has reviewed and approves the use of the materials that are available on the department’s internet site_ http://www.dshs.state.tx.us/mhsa/patient-family-ed/</p>
13.	<p>* Skills Training and Development Services</p> <p><i>This service satisfies the requirements of Title 7 of the Texas Health and Safety Code §534.053(a)(3), (7)</i></p>	<p>Training provided to an individual and/or the primary caregiver or legally authorized representative (LAR) that addresses the serious emotional disturbance and symptom-related problems that interfere with the individual’s functioning, provides opportunities for the individual to acquire and improve skills needed to function as appropriately and independently as possible in the community, and facilitates the individual’s community integration and increases his or her community tenure. For 17-year-old youth, skills training and development may also include supported employment and supported housing services delivered as defined above for Adult Mental Health Services. Must be provided in accordance with 25 TAC, Part 1, Chapter 416, Subchapter A MH Rehabilitative Services, Rule §416.10.</p>
14.	<p>* Family Case Management</p> <p><i>This service satisfies the requirements of Title 7 of the Texas Health and Safety Code §534.053(a)(3), (4)</i></p>	<p>Activities to assist the individual’s family members in accessing and coordinating necessary care and services appropriate to the family members’ needs. The need for Family Case Management shall be documented in the individual’s Case Management Plan.</p>

15.	<p>* Family Training</p> <p><i>This service satisfies the requirements of Title 7 of the Texas Health and Safety Code §534.053(a)(4)</i></p>	<p>Training provided to the individual’s primary caregivers to assist the caregivers in coping and managing with the individual’s emotional disturbance. This includes instruction on basic parenting skills and other forms of guidance that cannot be considered rehabilitative skills training. Concurrent rehabilitative training should be identified as a separate encounter with the appropriate rehabilitative service code.</p>
16.	<p>* Family Partner Supports</p> <p><i>This service satisfies the requirements of Title 7 of the Texas Health and Safety Code §534.053(a)(4)</i></p>	<p>Peer mentoring and support provided by Certified Family Partners to the primary caregivers of a child who is receiving mental health community services. This may include introducing the family to the treatment process; modeling self-advocacy skills; providing information, making referrals; providing non-clinical skills training; assisting in the identification of natural/non-traditional and community supports. Family Partners are the parent or LAR of a child or youth with a serious emotional disturbance and have at least one year of experience navigating a child-serving system (e.g. mental health, juvenile justice, social security, special education) as the LAR to that child or youth. (TAC Title 25 Part 1 Chapter 412 Subchapter G Division 1)</p>
17.	<p>* Parent Support Group</p> <p><i>This service satisfies the requirements of Title 7 of the Texas Health and Safety Code §534.053(a)(4)</i></p>	<p>Routinely scheduled support and informational meetings for the individual’s primary caregivers.</p>
CRISIS SERVICES		
18.	<p>* Crisis Flexible Benefits</p>	<p>Non-clinical supports that reduce the crisis situation, reduce symptomatology, and enhance the ability of the child/youth to remain in the home. Examples in children’s mental health services include home safety modifications, child care to allow the family to participate in treatment activities, and transportation assistance.</p>
19.	<p>* Safety Monitoring</p>	<p>Ongoing observation of an individual to ensure the individual’s safety. An appropriate staff person shall be continuously present in the individual’s immediate vicinity, provide ongoing monitoring of the individual’s mental and physical status, and ensure rapid response to indications of a need for assistance or intervention. Safety monitoring includes maintaining continuous visual contact with frequent face-to-face contacts as needed.</p>

20.	<p>* Crisis Follow-Up and Relapse Prevention</p> <p><i>This service satisfies the requirements of Title 7 of the Texas Health and Safety Code §534.053(a)(3)</i></p>	<p>A service provided to or on behalf of individuals who are not in imminent danger of harm to self or others but require additional assistance to avoid recurrence of the crisis event. The service is provided to ameliorate the situation that gave rise to the crisis event, ensure stability, and prevent future crisis events.</p>
21.	<p>* Crisis Transportation</p>	<p>Transporting individuals receiving crisis services or Crisis Follow-up and Relapse Prevention services from one location to another. Transportation is provided in accordance with state laws and regulations by law enforcement personnel, or, when appropriate, by ambulance or qualified staff.</p>
22.	<p>* Supported Employment</p> <p><i>This service satisfies the requirements of Title 7 of the Texas Health and Safety Code §534.053(a)(3), (7)</i></p>	<p>Intensive services designed to result in employment stability and to provide individualized assistance to clients in choosing and obtaining employment in integrated work sites in regular community jobs. Includes activities such as assisting the individual in finding a job, helping the individual complete job applications, job development*, and assisting with learning job specific skills. This service includes treatment planning to facilitate recovery. Concurrent rehabilitative training should be identified as a separate encounter with the appropriate rehabilitative service code.</p> <p>*Job development is an activity essential to providing evidence-based supported employment. It is a systematic approach by the employment specialist that focuses on developing relationships with potential employers in an effort to find job matches for clients. It includes advocating with employers, employer negotiations and other networking activities. Job development may count as a collateral contact only when:</p> <ul style="list-style-type: none"> a contractor has a dedicated employment specialist** who is providing the job development service and; the job development contact is focused on a specific consumer <p>**For the purposes of this document, a dedicated employment specialist is someone who spends 90% of their time providing supported employment services.</p>

Adult and Children’s Mental Health

		Description
1.	Super User	The CANS or ANSA Super User is the organization’s identified “local expert” or “trainer” in enhancing the reliability of the CANS or the ANSA, who is easily identifiable and accessible to staff. Preferably, the CANS/ANSA Super User is a team lead or clinical supervisor/manager. The following are examples of activities that the CANS/ANSA Super User will likely engage in: individual/group supervision, follow-up face-to-face trainings, desk reviews, inter-rater reliability reviews, and support of CANS/ANSA users with CANS/ANSA administration and scoring.

* Note: Contractor shall establish a reasonable standard charge for each service containing an asterisk (i.e., *) above.

Activities to assist the individual’s family members in accessing and coordinating necessary care and services appropriate to the family members’ needs. The need for Family Case Management shall be documented in the individual’s Case Management Plan.

Reference to Department of State Health Services Mental Health Texas Resilience and Recovery (TRR) UM Guidelines:

<http://www.dshs.state.tx.us/mhsa/trr/um/>

Documentation for services provided as Rehabilitative Services for Persons with Mental Illness must be completed prior to the submission of a claim for payment. Each service unit requires at least minimal documentation of certain key elements:

Element #	Key Documentation Element
1	With whom the contact occurred (the consumer or other person). If a person other than the consumer was contacted, the note must identify the consumer on whose behalf the contact was made.
2	Description of the service that was provided
3	The date and time of day that the service was delivered (i.e., the start time)
4	The amount of time that the service was provided. (If the providers want to record both start and stop times, the amount of service will be inferred.)
5	Who provided the services. This is indicated by the signature of the service provider on the progress note. The signature must include the credentials of professions who deliver a service. In day programs, the person initiating the progress note must sign the note. Day programs must also maintain staff rosters for review.
6	The setting in which the service was provided (e.g., home, shelter, job site, school, clubhouse, etc.).
7	The goal or objective of the treatment plan addressed by the service.
8	Progress or lack of progress in achieving treatment goals/objectives.

Attachment C
Substance Use Disorder – Adult and Youth Service Definitions

Applicant may propose to provide substance abuse treatment for one or more of the following service types. The complete list of those individual services as well as the current rates are indicated in the Program Services and Unit Rates tables in **Attachment D**. Applicants may choose to provide a service type within a Program without providing each service type under that Program, (e.g., Applicant may provide TRA Adult Outpatient Services without providing TRA Adult Intensive Residential Services). All services must be provided in accordance with all applicable rules adopted by DSHS related to substance use disorder services and published in Title 25 of the Texas Administrative Code (TAC), including the following Chapters:

- (1) Chapter 441 - General Provisions;
- (2) Chapter 442 - Investigations and Hearings;
- (3) Chapter 447 - Department-funded Substance Abuse Programs;
- (4) Chapter 448 - Standards of Care; and
- (5) Chapter 140, Subchapter I - Counselor Licensure.

TREATMENT - ADULT (TRA)

- Adult Residential Detoxification
- Adult Ambulatory Detoxification
- Adult Intensive Residential
- Adult Supportive Residential
- Adult Outpatient Services
- Opioid Substitution Therapy

TREATMENT - SPECIALIZED FEMALE (TRF)

- Adult Specialized Female Residential Detoxification
- Adult Specialized Female Ambulatory Detoxification
- Adult Specialized Female Intensive Residential
- Adult Specialized Female Supportive Residential
- Adult Women and Children Intensive Residential
- Adult Women and Children Supportive Residential
- Adult Specialized Female Outpatient Services

TREATMENT - YOUTH (TRY)

- Youth Intensive Residential Services
- Youth Supportive Residential Services
- Youth Outpatient Services

Attachment D

FY2016 Substance Abuse Treatment Rates As of 10/17/14

Treatment Service Types	Prog ID	HHSAS Program Code	Activity Unit Rate	per hour/day test/visit	Days or Units (LOS)	Estimated Average Cost/Client
Adult Residential Intensive	SA/TRA	373	\$85	day	28	\$2,380
Adult Residential Supportive	SA/TRA	373	\$41	day	35	\$1,435
Adult Residential Detox	SA/TRA	373	\$180	day	5	\$900
Adult Ambulatory Detox	SA/TRA	373	\$85	day	6	\$510
Adult Outpatient Services						
Adult Outpatient Group Counseling	SA/TRA	373	\$18	hour	10	\$180
Adult Outpatient Group Education	SA/TRA	373	\$17	hour	32	\$544
Adult Outpatient Individual	SA/TRA	373	\$58	hour	9	\$522
Opioid Substitution Therapy (OST)						
Buprenorphine	SA/TRA	373	\$18	day	365	\$6,570
Methadone	SA/TRA	373	\$11	day	365	\$4,015
Infectious/Chronic Disease Screening and Testing						
Outpatient Visit - Immunization Consent	SA/TRA	373	\$40.27	visit	1	\$40.27
Hepatitis B	SA/TRA	373	\$11.84	test	1	\$11.84
Hepatitis C	SA/TRA	373	\$16.35	test	1	\$16.35
HIV (initial)	SA/TRA	373	\$27.60	test	1	\$27.60
HIV (confirmatory)	SA/TRA	373	\$10.18	test	1	\$10.18
Gonorrhea	SA/TRA	373	\$40.21	test	1	\$40.21
Chlamydia	SA/TRA	373	\$40.21	test	1	\$40.21
Diabetes	SA/TRA	373	\$11.12	test	1	\$11.12
Outpatient Visit - Follow-up (Results/Linkages)	SA/TRA	373	\$33.27	visit	1	\$33.27
Adult Spec Fem Residential Intensive	SA/TRF	434	\$91	day	30	\$2,730
Adult Spec Fem Residential Supportive	SA/TRF	434	\$79	day	30	\$2,370
Adult Spec Fem Residential Detox	SA/TRF	434	\$180	day	5	\$900
Adult Spec Fem Ambulatory Detox	SA/TRF	434	\$85	day	6	\$510
Adult Spec Fem W/C Residential Intensive	SA/TRF	434	\$189	day	45	\$8,505
Adult Spec Fem W/C Residential Wraparound Services-LESS THAN 21	SA/TRF	434	\$52	day	35	\$1,820
Adult Spec Fem W/C Residential Wraparound Services- 21 and OVER	SA/TRF	434	\$103	day	35	\$3,605
Adult Spec Fem W/C Residential Supportive	SA/TRF	434	\$177	day	35	\$6,195
Adult Specialized Female Outpatient Services						
Adult Spec Female Outpatient Group Counseling	SA/TRF	434	\$18	hour	10	\$180
Adult Spec Female Outpatient Group Education	SA/TRF	434	\$17	hour	32	\$544
Adult Spec Female Outpatient Individual	SA/TRF	434	\$58	hour	9	\$522
Youth Residential Intensive	SA/TRY	387	\$161	day	60	\$9,660
Youth Intensive Residential Wraparound Services-Room & Board (Medicaid Youth)	SA/TRY	387	\$25	day	60	\$1,500
Youth Residential Supportive	SA/TRY	387	\$102	day	30	\$3,060
Youth Outpatient Services						
Youth Outpatient Group Counseling	SA/TRY	387	\$18	hour	3	\$54
Youth Outpatient Group Education	SA/TRY	387	\$17	hour	9	\$153
Youth Outpatient Individual	SA/TRY	387	\$58	hour	2	\$116
Youth Adolescent Support	SA/TRY	387	\$60	hour	2	\$120
Youth Adolescent Support-Medicaid Youth Wraparound	SA/TRY	387	\$60	hour	5	\$300
Youth Family Counseling	SA/TRY	387	\$75	hour	16	\$1,200
Youth Family Counseling-Medicaid Youth Wraparound-Parent Education Sessions	SA/TRY	387	\$75	hour	6	\$450
Youth Family Support	SA/TRY	387	\$75	hour	4	\$300
Youth Family Support-Medicaid Youth Wraparound	SA/TRY	387	\$75	hour	4	\$300
Youth Psychiatrist Consultation	SA/TRY	387	\$125	hour	1	\$125

Outpatient Group and Individual contract award dollars are grouped under Individual.

Wraparound Services are available only in conjunction with Medicaid clients and contract award dollars are grouped under regular services.

Individual test and connected outpatient visit contract award dollars are grouped under Outpatient Visit - Immunization Consent and are only available for TRA programs that provide Opioid Services. These services will be reimbursed at the Medicaid rate listed.

Attachment E

Selection and Notification of Award

North Texas Behavioral Health Authority Transition Coordinator shall convene a committee to make the evaluation of applications that result in the recommendation for Contract negotiation.

The successful Respondent shall receive a written notice of award from North Texas Behavioral Health Authority no later than ten (10) days after selection for award.