

**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

Amended May 19, 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.

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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. **Contract terms and conditions**
24 **are contingent upon availability of funds.**

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

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

35 Successful Applicants will provide Services that build upon and augment existing community resources
36 and that provide for or enhance an existing continuum of care for Clients. The Local Authority will use a
37 pre-defined process to review all applications, to insure that there is no conflict of interest. All Applicants
38 must have provided the services they are proposing to provide for at least two years prior to FY 2016 and
39 be capable of providing Services that address the issues of client choice, quality, clinical decision making,
40 and ultimate cost-benefit while assuring adherence to existing standards of care and service definitions.
41 All Contracts approved and executed for this initial RFA will Terminate on August 31, 2017 with an
42 automatic extension through August 31, 2018 depending on funding availability.

43 **Target Population**

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

48 **Eligible Applicants**

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

65 **Local Authority Responsibilities**

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

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

77 Quality Management staff will perform regular reviews of clinical services and program
78 standards.

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Payments/Rates

MH Services Applicants must agree to serve as a Comprehensive Services Provider, providing all of the services that are listed in Attachment B, other than those identified as Optional.

The rate under this RFA will be the existing rate as of May 30, 2016 for each Provider as specified in their current contract with ValueOptions. That rate will be honored up to August 31, 2017 contingent upon availability of funds.

A standard rate for each service will be established, and a new RFA published, for contracts to begin on September 1, 2017.

86 Successful Applicant Responsibilities

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

106 Proposal Instructions

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

108 Applicant may submit the application in hard copy or electronically. If submitted in hard copy,
109 one document must be labeled 'original', and must be accompanied by five (5) additional copies by mail
110 or in person to the address below no later than **5:00 p.m., Central Daylight Time, May 31, 2016 to:**

111 North Texas Behavioral Health Authority
112 Attn. Brittony McNaughton
113 1201 Richardson Drive, #270
114 Richardson, TX 75080

115 Hard copy applications must be received sealed and marked “RFA# 2016-001”. If submitted
116 electronically, applications must be submitted in PDF format and attached in an e-mail that identifies it as
117 the ‘original’ application. RFA number must be on the “Subject Line” of the email. Applications must
118 be submitted no later than **5:00 p.m., Central Daylight Time, May 31, 2016** to:
119 bmcnaughton@ntbha.org
120

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

128 **Timetable:**

Date	Event
April 15, 2016	RFA Issuance
May 31, 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

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

134 **Application Outline**

135 Throughout this Application Outline, provide detailed information regarding the scope of the Applicant’s
136 business. Questions fall under the following sections:

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

146 Three Attachments are provided as information regarding the Local Authority which may assist in
147 developing the Proposal.

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

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

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

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

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

177
178 **Following Contract award, the contents of all applications may be made available upon written**
179 **request. Therefore, any information contained in the application that is deemed to be proprietary**
180 **in nature must clearly be so designated in the application. Such information may still be subject to**
181 **disclosure under the Public Information Act depending on opinions from the Attorney General’s**
182 **office.**

183
184 **APPLICATION**

185
186 **I. Business Demographics**

187 Name _____
188 Title of Business _____
189 SS# _____ and/or Tax ID _____
190 Address _____
191 City _____
192 County _____ Zip Code _____

193 Business Phone _____ Fax # _____
194 Website address _____

195 Contact Person _____
196 Title _____
197 Phone # _____ Fax # _____

198 Billing Address if Different From Above (include Street, City, State, and Zip Code)
199 _____
200 _____

201 Billing Manager _____
202 Phone # _____ Fax # _____

203 Other Business Locations in this Market Area: (include Street, City, County, and Zip)
204 1. _____
205 2. _____
206 3. _____
207 4. _____

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

210 Other Owners/Partners:

211	Name	% Ownership	If corporate, list organization
212	1. _____		
213	2. _____		
214	3. _____		
215	4. _____		

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

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

225
226 Years in Operation _____
227 Hours of Operation _____

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

230 II. Organizational Structure

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

234 B. List the names and business affiliations of board members or other governing body:

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III. Quality Management/Utilization Management

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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**.

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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.

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

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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**.

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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.

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IV. Services

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

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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**.

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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.

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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.

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

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

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

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

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288 **V. Budget/Financial**

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

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

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

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

299 **VI. Risk Profile**

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

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

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

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

311 E. Has either the Applicant or any of its employees had any validated fraud, client abuse, client
312 neglect, or rights violations claims in the last three (3) years? If so, explain in detail. Describe the
313 process, if any, for checking on previous confirmed fraud, client abuse, client, neglect, or rights violations
314 of employees or applicants for employment, such as through CANRS, the Nurse Aide Registry, and the

315 Employee Misconduct Registry. Describe or attach any current policies and procedures regarding client
316 abuse, client neglect, or rights violations and the training of staff on these issues -- Label as **Exhibit VIC**.

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

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

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

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

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

327
328 K. Provide a Certificate of Insurance showing liability insurance coverage (property and vehicles,
329 including riders) and including directors' and officers' professional liability, errors and omissions, general
330 liability, workers compensation and medical malpractice insurance -- Label as **Exhibit VIE**.

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

333
334 M. Provide the name of Workers' Comp carrier if Applicant has Workers' Comp coverage or self
335 funding documents if self funded -- Label as **Exhibit VIF**.

336 **VII. Managed Care Profile**

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

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

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

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

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

348 349 **VIII. Information Systems**

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

353 **XI Assurances Document**

354 Applicant assures the following:

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

396 Applicant shall state in an attached writing whether any of its directors or personnel knowingly
397 has had a personal relationship with employees or officers of Local Authority within the past two
398 (2) years.

399 19. No former employee or officer of DSHS, DADS, and/or Local Authority directly or indirectly
400 aided or attempted to aid in procurement of Applicant's service.

401 20. Applicant shall disclose in an attached writing the name of every Local Authority key person with
402 whom Applicant is doing business or has done business during the 365 day period immediately
403 prior to the date on which the Application is due; failure to include such a disclosure will be a
404 binding representation by Applicant that the natural person executing the Application has no
405 knowledge of any key persons with whom Applicant is doing business or has done business
406 during the 365 day period prior to the immediate date on which the Application is due.

407 21. Under Section 231.006, Family Code, the vendor or applicant certifies that the individual or
408 business entity named in this contract, bid, or application is not ineligible to receive the specified
409 grant, loan, or payment and acknowledges that this contract may be terminated and payment may
410 be withheld if this certification is inaccurate. For purposes of the foregoing sentence, "vendor or
411 applicant" shall mean Applicant; contract, bid or application shall mean the Proposal; and "this
412 contract" shall mean any Contract awarded to the Successful Applicant.

413 _____
414 Signature Authority for the Provider Title of Organization Date

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Attachment A

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Mental Health

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Priority Population Definition

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

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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:

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(1) Have a serious functional impairment; or

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

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

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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.

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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.

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Service Determination

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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.

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DSHS Funding

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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.

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A. ELIGIBLE POPULATION:

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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.

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

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#	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>
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#	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: Rates for the services containing an asterisk above are as described in the “Payments/Rates” section of the RFA.

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. 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

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.