

**REQUEST FOR APPLICATIONS (RFA)
FOR
MEDICATION ASSISTED TREATMENT (MAT)**

INTRODUCTION

Recovery-oriented Medication Assisted Treatment (MAT) to meet the individualized needs of persons seeking treatment for Opioid Use Disorder (OUD) consists of providing access to all reimbursable Federal Drug Administration (FDA) approved medications. Individuals receiving MAT must also receive medical, counseling, peer-based recovery support, educational, and other assessment and treatment services, in addition to prescribed medication. Additional assessment and treatment services include integration of communicable disease testing, immunizations, chronic disease prevention, and addressing comorbid conditions such as abscesses due to intravenous drug use, Hepatitis C, and/or co-occurring psychiatric disorders within the context of MAT.

ELIGIBILITY REQUIREMENTS

All MAT Contractor's must:

1. Have the ability to provide behavioral/counseling services, or a network of providers to refer patients to locally;
2. Have the capacity and agree to utilize the state's Clinical Management for Behavioral Health Services (CMBHS) reporting and monitoring system;
3. Agree to participate in the TxMOUD Treatment Network, including participating in the TxMOUD Community of Practice ECHO sessions and completing program evaluations.
4. Be licensed by the State of Texas as a Narcotic Treatment Clinic (<https://hhs.texas.gov/doing-business-hhs/provider-portals/health-care-facilities-regulation/narcotic-treatment-centers>);
5. At a minimum, have a provisional (initial) certification from the SAMHSA as an Opioid Treatment Program (<https://www.samhsa.gov/medication-assisted-treatment/opioid-treatment-programs/apply>);
6. Be registered by the Drug Enforcement Agency prior to administering or dispensing opioid drugs for the treatment of opioid use disorder (<https://www.deadiversion.usdoj.gov/drugreg/index.html>);
7. Provide documentation supporting accreditation by (1) one of the three (3) SAMHSA approved accrediting bodies and/or documentation that the Respondent has applied for accreditation. The SAMHSA accrediting bodies information is located: <https://www.samhsa.gov/medication-assisted-treatment/opioid-treatment-accrediting-bodies/approved>.
 - a. The federal opioid treatment standards found in Title 42 of the Code of Federal Regulations Part 8 (42 CFR Part 8), Opioid Treatment Providers are required to have current valid accreditation status.
 - b. If Respondent does not have accreditation, Respondent must provide a copy of the application to the accreditation body to which the Respondent has applied, including the date on which the Respondent applied for accreditation, the dates of any accreditation

surveys that are expected to take place, and the expected schedule for completing the accreditation process. Refer to SAMHSA SMA 162 Form for Provisional Certification of a New Opioid Treatment Program (<https://dpt2.samhsa.gov/sma162/>).

- c. Note: Respondents have up to one (1) year to become accredited; the one (1) year timeframe begins on the date Respondent applied for accreditation. If Respondent is selected for award, Respondent shall provide accreditation documentation, as outlined above, to HHSC.
8. For buprenorphine provision, MAT Contractors must have at least one health care provider who holds a current DEA X-waiver (a.k.a. DATA 2000 waiver).

AWARD PROCESS

MAT programs interested in contracting with the TxMOUD Treatment Network may submit an online request via the TxMOUD website (www.TxMOUD.org). Requests will be reviewed to confirm preliminary eligibility criteria are met. Contracts will be executed based on program ability to demonstrate all eligibility requirements are met, program needs, and ability to meet contract requirements and expectations. Contracted OTS programs will receive training and technical assistance (TTA) and will be listed on the TxMOUD website as part of the TxMOUD Treatment Network.

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MEDICATION ASSISTED TREATMENT (MAT) **STATEMENT OF WORK**

SECTION I. PURPOSE

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

TARGET POPULATION

Adult Texas residents who meet financial criteria for HHSC-funded MAT and have met the *Diagnostic and Statistical Manual of Mental Disorders – V* (DSM-V) criteria for an Opioid Use Disorder (OUD).

SECTION II. SERVICE REQUIREMENTS

A. Administrative Requirements

1. Administer and dispense medication for the treatment of OUD.
2. Ensure the organization's certification and licensure complies with applicable statutes, guidelines, and regulations related to MAT adopted by the Texas Health and Human Services Commission (a.k.a. System Agency), the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), Drug Enforcement Agency (DEA), and additional third-party accreditation requirements.
 - i. Comply with Texas Administrative Code (TAC) Title 25, Part 1, Chapter 229, and specifically [TAC, Title 25, Part 1, Chapter 229, Subchapter J](#);
 - ii. Comply with the Code of Federal Regulations, 42 CFR Part 8, Opioid Drugs, in Maintenance and Detoxification Treatment of Opiate Addiction; Final Rule; and
 - iii. Comply with System Agency Guidelines for the Use of Extended Release Injectable Naltrexone (Attachment C).
3. Establish and submit a policy and procedure on Patient selection criteria and appropriateness for each FDA-approved medication for the treatment of opioid use disorder.
4. Document all specified required activities and services in the Clinical Management for Behavioral Health Services (CMBHS) system.
5. Provide communicable disease testing, immunizations, chronic disease prevention, and address comorbid psychiatric disorders within the context of MAT to provide clients with an opportunity to improve the health and overall quality of life, while also promoting recovery. A consent shall be obtained and documented in CMBHS prior to performing any of the aforementioned services.
6. Document Financial Eligibility appropriately in CMBHS before charging any individuals for screening and assessment. MAT Contractor will not require payments from individuals determined by the Financial Eligibility function of CMBHS to be eligible for State-funded services for screening and assessments.
7. Set limits on counselor caseload size that ensures effective, individualized treatment. Document and justify in a policy and procedure the caseload size based on the service design, characteristics and needs of the funded population served, and any other relevant factors.
 - i. Counselor to Client ratio must not exceed 1:35 for clinicians treating the State funded population.
 - (1) Document "Assign Clinician" function in CMBHS to track caseload size.
8. Submit and perform Government Performance and Results Act (GPRA) assessments in CMBHS for individuals receiving treatment services using the funds from this Contract. These assessments will be completed at intake, six month follow up, and discharge. Additionally, the six month follow up may be conducted between months five through seven, depending on the individual's availability. Submit the individual GPRA reports monthly by the 15th day of the following month using a System Agency approved reporting template.

9. Adopt organizational policies and procedures and have them available for UTHSA review on the following:
 - i. A marketing plan to engage local referral sources and provide information to these sources regarding the availability of MAT and the eligibility criteria for admissions;
 - ii. All marketing materials shall publish the federal and State priority population admissions; and
 - iii. Related to the retention of Clients in services, including protocols for addressing Clients absent from treatment, policies defining treatment noncompliance, policy and procedure regarding discharging from MAT.
10. Actively attend and share representative knowledge about MAT Contractor's system and services at the following meetings:
 - i. Outreach, Screening, Assessment, and Referrals (OSAR) contractor's quarterly regional collaborative meetings within Grantee's region;
 - (1) OSAR Regional locations can be found at this website:
<https://hhs.texas.gov/services/mental-health-substance-use/mental-health-substance-use-resources/outreach-screening-assessment-referral-centers>
 - ii. Recovery Oriented Systems of Care (ROSC) meetings in Grantee's region;
 - (1) ROSC Regional locations can be found at this website:
<https://hhs.texas.gov/services/mental-health-substance-use/adult-substance-use/recovery-oriented-systems-care>
11. Ensure requirements of Texas residency eligibility, Financial Eligibility and clinical eligibility are met.
12. Develop a local agreement with the following to address referral process, coordination of services, education, and sharing of information as allowed per the consent and agreement form:
 - i. Department of Family and Protective Services (DFPS) local offices;
 - ii. Office Based Treatment (OBT) providers receiving federal and/or State funds;
 - iii. Local Prevention Resource Center that can be found at this website:
<https://hhs.texas.gov/services/mental-health-substance-use/adult-substance-use/adult-substance-misuse-prevention>
 - iv. System Agency-funded co-occurring psychiatric and substance use disorders (COPSD) providers; and
 - v. Federally Qualified Health Centers (FQHCs).
13. Have a Memorandum of Understanding (MOU) with the local Outreach, Screening, Assessment, and Referral (OSAR) provider in Grantee's region, which shall address, at a minimum, the following:
 - i. How MAT Contractor will report capacity and treatment availability information to each OSAR provider in the Region;
 - ii. Referral Processes when immediate capacity is not available;
 - iii. Whether MAT Contractor or OSAR provider will provide initial required interim services;
 - iv. Emergency referrals and transportation assistance for Clients in crisis;
 - v. MAT Contractor specific policy on how and when Clients are removed from the waiting list; and

- vi. Describe quarterly updating of specific contact information for key agency staff that handle day to day Client placement activities.
14. MAT Contractor shall have a MOU with Local Mental Health Authority (LMHA) or Local Behavioral Health Authority (LBHA) providers known as Health Authority (HA) in MAT Contractor's region which shall address, at a minimum, the following:
 - i. Objectives, roles, and responsibilities of each Party;
 - ii. Scope of services provided by each Party to meet the needs of the Clients served;
 - iii. Confidentiality requirements;
 - iv. Description of how quality of and efficacy of services provided will be assessed;
 - v. Include in MOU the federal and State priority populations and requirements;
 - vi. Include requirements for referral and referral follow up;
 - vii. Address non-duplication of services;
 - viii. Emergency referrals and transportation assistance for Clients in crisis;
 - ix. Coordination of enrollment and engagement of Clients in HA services;
 - x. Coordination with concurrent and subsequent services; and
 - xi. Documentation of referral, referral follow-up, and other case management services provided;
 - xii. Implementation and expiration dates; and
 - xiii. Contain signatures by both Parties.
 15. MAT Contractor shall have a MOU with Recovery Support Services (RSS) provider(s) in MAT Contractor's region which shall address, at a minimum, the following:
 - i. Appropriate referrals to and from MAT Contractor and RSS for indicated services;
 - ii. Coordination of the enrollment and engagement of Clients;
 - iii. Coordination of non-duplication of services;
 - iv. Collaboration between treatment staff and Recovery Support Services for improved client outcomes; and
 - v. Documentation of referral, referral follow-up and other case management services provided;
 - vi. Implementation and expiration dates; and
 - vii. Contain signatures by both Parties.
 - viii. RSS Organizations can be found at this website: <https://hhs.texas.gov/services/mental-health-substance-use/adult-substance-use/adult-substance-use-recovery-support-service-organizations>

B. Overdose Prevention and Reversal Education

1. Provide overdose prevention, reversal education, and materials to:
 - i. Individuals on the MAT Contractor's waiting list;
 - ii. All Clients prior to discharge, including those that received overdose prevention, reversal education, and materials prior to admission or on admission.
2. MAT Contractor will document all overdose prevention, reversal education, and materials that have been disseminated in CMBHS.
 - i. Information regarding bulk ordering of Naloxone can be found at this website:

- <https://www.morenarcanplease.com/>
3. Required overdose prevention activities will be conducted with Clients with an OUD and with Clients that use drugs intravenously to include:
 - i. Education on overdose prevention and risk reduction strategies;
 - ii. Education about and referral to community based and State funded services for Clients with intravenous drug use history;
 - iii. Referral to local community resources that work to reduce harm associated with high risk behaviors associated with drug use; and
 - iv. For detailed guidance, refer to SAMHSA’s Opioid Overdose Prevention Toolkit found at this website: <https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742>

C. Service Delivery

1. Admit individuals based on the following federal priority populations established for entering State funded substance use disorder services:
 - i. Pregnant injecting individuals must be admitted immediately;
 - ii. Pregnant individuals must be admitted immediately;
 - iii. Injecting drug users must be admitted within fourteen days.
2. Admit individuals based on the State priority populations, State priority populations have been established for entering State funded substance use disorder services:
 - i. Individuals identified as being at high risk for overdose must be admitted within 72 hours;
 - ii. Individuals referred by Department Family Protective Services (DFPS) must be admitted within 72 hours;
3. Establish screening procedures to identify individuals of federal and State priority populations.
4. Ensure successful referral and admittance within the time frame to another System Agency funded contractor, or System Agency Waiting List and Capacity Management Coordinator, if a placement is not possible.
5. Accept clients from every region in the State and from the OSAR, when capacity is available to accommodate federal and State priority population.
 - i. If two individuals are of equal priority status, preference may be given to the individual living in MAT Contractor’s service area region.
 - ii. MAT Contractor will include a statement in all brochures, and will post a notice in all applicable lobbies, the federal and State priority population admission requirements.
 - iii. When space is not available, MAT Contractor will contact the System Agency Waiting List and Capacity Management Coordinator regarding the DFPS priority population individual placed on the waitlist.
6. Send Monthly Capacity Report to the appropriate UTHSCSA TxMOUD mailbox (TxMOUD@uthscsa.edu) on the last day of the month by 5:00pm Central Time.
7. Maintain a wait list in CMBHS to track all eligible individuals who have been screened but cannot be admitted to MAT immediately.
8. Implement written procedures that address maintaining weekly contact with individuals

waiting for admission, as well as what referrals are made, when a Client cannot be admitted for services immediately.

9. Implement written procedures that address monthly contact with Clients currently receiving MAT services and waiting for a State-funded slot.
10. When MAT Contractor cannot admit a Client, MAT Contractor shall:
 - i. Ensure that an emergency medical care provider is notified if applicable;
 - ii. Coordinate with an alternate provider for immediate admission;
 - iii. Notify UTHSA at TxMOUD@uthscsa.edu so that assistance can be provided that ensures immediate admission to other appropriate services and proper coordination when appropriate.

D. Medication

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

E. Screening and Assessment

1. Comply with all rules in the TAC, Title 25, Part 1, Chapter 229, Subchapter J.
2. Utilize the *Diagnostic and Statistical Manual of Mental Disorders – V (DSM-V)* criteria for a substance use disorder to determine Client diagnosis.
3. When conducting a CMBHS Substance Use Disorder screening, MAT Contractor shall conduct the screening in a confidential, face-to-face interview unless there is documented justification for an interview by phone.
4. Conduct and document a CMBHS Substance Use Disorder Initial Assessment, and GPRA Assessment as directed by System Agency, with the Client. The CMBHS assessment will identify the impact of substances on the physical, mental health and other identified physical health issues including tuberculosis, Hepatitis B and C, sexually transmitted disease (STD and Human Immunodeficiency Virus (HIV)).

F. Testing

1. Provide, arrange and document interim services including screening for tuberculosis, hepatitis B and C, sexually transmitted diseases (STDs), and Human Immunodeficiency Virus (HIV) while only subcontracting laboratory services and hepatitis C virus testing components.
 - i. If the Client is living with HIV, refer the Client to appropriate community resources to complete the necessary referrals and health related paperwork. If the Client needs residential services refer to HHSC HIV-statewide provider if available.
2. Provide health screenings, testing, and prevention education.
 - i. MAT Contractor shall provide testing for Clients who self-identify as already testing positive for HIV or hepatitis B or C unless it is confirmed that the Client is currently

- receiving medical care those these conditions.
- ii. If the Client indicates that they had a positive test for tuberculosis (TB) in the past, MAT Contractor shall screen for TB to determine whether symptoms exist and a referral to the local health department for further assistance and/or treatment is needed.
 - iii. If any other screenings or tests indicate a need for medical services, MAT Contractor shall ensure that the Client is able to access those services.
 - iv. MAT Contractor shall contact the local health department to report all positive results for hepatitis B on pregnant women, and all positive results on HIV, gonorrhea, chlamydia, syphilis, and other relevant results.
3. Document and upload in CMBHS with Client signature the informed consent for routine opt-out testing:
- i. Tuberculosis;
 - ii. Hepatitis B;
 - iii. Hepatitis C;
 - iv. Gonorrhea;
 - v. Chlamydia;
 - vi. Human Immunodeficiency Virus (HIV) Initial;
 - vii. Human Immunodeficiency Virus (HIV) Confirmatory (Note: Confirmatory may only be billed after the results from the initial results are obtained.); and
 - viii. Diabetes (using A1c testing).
4. Testing and screening results shall be provided to the Client by MAT Contractor's physician or his/her designee. All positive results must be provided to the Client in person (face-to-face).
5. MAT Contractor shall ensure that screening and testing results are documented in the Client's CMBHS record and that medical needs resulting from testing are incorporated into the Client's treatment plan.
6. Physician may choose to consult with the Client on comorbid conditions and provide services upon admission or as indicated for the following:
- i. First-line wound care therapy which could include wound cleansing, use of systemic or topical antibiotics, use of pressure loading devices, perform compression, and apply dressing;
 - ii. Co-occurring psychiatric disorders (Note: The initial interview for diagnosis of psychiatric condition may not be billed as the initial evaluation for admission to MAT); and
 - iii. Hepatitis C Virus (HCV) treatment coordination.

G. Treatment Planning, Implementation, and Review

1. Comply with all rules in the TAC Title 25, Part 1, Chapter 229, Subchapter J and 42 CFR Part 8.
2. Collaborate actively with Clients and family, when appropriate, to develop and implement an individualized, written treatment plan that identifies services and support needed to address problems and needs identified in the assessment. The treatment plan shall document the

expected length of stay.

3. Document referral and referral follow up in CMBHS to the appropriate community resources based on the individual need of the Client.

H. Recovery Oriented Medication Assisted Treatment

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

I. Discharge

In regards to Client discharge from services, MAT Contractors must:

1. Comply with all applicable rules in the TAC Title 25, Part 1, Chapter 229, Subchapter J and 42 CFR Part 8.
2. Develop and implement an individualized discharge plan with the Client to assist in sustaining medication assisted Recovery.
3. MAT Contractor will identify a specific physician or authorized healthcare professional, as appropriate, to whom the Client is being discharged and will ensure that an appointment has been made with that provider to occur within 72 hours to maximize the Client's chances for success. The name, address, and telephone number of the provider caring for the Client after discharge will be recorded in the Client's record and given to the Client in writing.
4. Document the Client-specific information that supports the reason for discharge listed on the discharge report. Appropriate referrals shall be made and documented in CMBHS.
 - i. A Client's treatment is considered successfully completed, if both of the following criteria are met:
 - (1) Client has completed the clinically recommended number of treatment units (either initially projected or modified with clinical justification) as indicated in CMBHS; and
 - (2) All problems on the treatment plan have been addressed.
 - ii. MAT Contractor shall use the treatment plan component of CMBHS to create a final and completed treatment plan version.
 - iii. Problems designated as "treat" or "case manage" status shall have all objectives resolved prior to discharge;
 - iv. Problems that have been "referred" shall have associated documented referrals in CMBHS:
 - (1) Problems with "deferred" status shall be re-assessed. Upon successful discharge, all deferred problems shall be resolved, either through referral, withdrawal, treatment, or case management with clinical justification reflected in CMBHS, through the Progress Note and Treatment Plan Review Components; and

- (2) “Withdrawn” problems shall have clinical justification reflected in CMBHS, through the Progress Note and Treatment Plan Review Components.
- v. If the discharge plan includes the use of extended-release injectable naltrexone, the medical director or qualified designee will either administer the medication prior to discharge or MAT Contractor will ensure that the Client has immediate access to such medication services upon discharge.
- 5. In addition to TAC Title 25, Part 1, Chapter 229 Subchapter J, MAT Contractor shall follow TAC Title 25, Part 1, Chapter 448 standards listed below:
 - i. Subchapter B, Standard of Care Applicable to All Providers
 - (1) Rule §448.201: General Standard
 - (2) Rule §448.202: Scope of Practice
 - (3) Rule §448.203: Competence and Due Care
 - (4) Rule §448.204: Appropriate Services
 - (5) Rule §448.205: Accuracy
 - (6) Rule §448.206: Documentation
 - (7) Rule §448.208: Access to Services
 - (8) Rule §448.209: Location
 - (9) Rule §448.210: Confidentiality
 - (10) Rule §448.211: Environment
 - (11) Rule §448.212: Communications
 - (12) Rule §448.213: Exploitation
 - (13) Rule §448.214: Duty to Report
 - (14) Rule §448.215: Impaired Providers
 - (15) Rule §448.216: Ethics
 - (16) Rule §448.217: Specific Acts Prohibited
 - (17) Rule §448.218: Standards of Conduct
 - ii. Subchapter E, Facility Requirements
 - (1) Rule §448.504: Quality Management
 - (2) Rule §448.506: Required Postings
 - (3) Rule §448.508: Client Records
 - iii. Subchapter G, Client Rights
 - (1) Rule §448.704: Program Rules
 - (2) Rule §448.707: Responding to Emergencies

J. Staff Requirements

1. All personnel shall receive the training and Supervision necessary to ensure compliance with System Agency rules, provision of appropriate and individualized treatment, and protection of Client health, safety, and welfare.
2. Ensure that all direct care staff receive a copy of Contract.
3. Ensure that all direct care staff review all policies and procedures related to the Program or organization on an annual basis.
4. In addition, within 90 days of hire and prior to service delivery direct care staff shall have specific documented training in the following:

- i. Motivational Interviewing Techniques or Motivational Enhancement Therapy;
 - ii. Trauma, Abuse and Neglect, Exploitation, Violence, Post-Traumatic Stress Disorder, and related conditions as agency sees fit;
 - iii. Cultural Sensitivity and Competency, specifically including but not limited to gender and sexual identity and orientation;
 - iv. Overdose Prevention Training;
 - v. Harm Reduction trainings; and
 - vi. Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR Part 2 training.
5. Ensure all direct care staff complete annual education on HIPAA and 42 CFR Part 2 training.
6. Ensure all direct care staff complete a minimum of ten (10) hours of training each State Fiscal Year in any of the following areas:
- i. Motivational Interviewing Techniques;
 - ii. Culturally competencies;
 - iii. Reproductive health education;
 - iv. Risk and harm reduction strategies;
 - v. Trauma Informed Care; or
 - vi. Suicide prevention and intervention
7. Within six months of hire, direct care staff shall have documented training in the following:
- i. Medication Assisted Recovery, and/or
 - ii. Certified Medication Assisted Treatment Advocacy Training
 - iii. If training is not immediately available, please visit website: <https://opioidresponsetnetwork.org/> and document the attempts made to schedule and/or attend training to comply with the following requirements:
 - (1) Individuals responsible for planning, directing, or supervising treatment services shall be Qualified Credentialed Counselors (QCCs).
 - (2) Substance Use Disorder counseling shall be provided by a QCC, or Chemical Dependency Counselor Intern. Substance use disorder education and life skills training shall be provided by counselors or individuals who have appropriate specialized education and expertise. All counselor interns shall work under the direct Supervision of a QCC.
 - (3) MAT Contractor shall train staff and develop a policy to ensure that information gathered from Clients is conducted in a respectful, non-threatening, and culturally competent manner.
8. Ensure all MAT Contractor staff who will require access to CMBHS have attended a CMBHS training and have completed the HHSC Cybersecurity Training within the first 15 days following contract execution. HHSC Cybersecurity Training completion certificates should be sent to UTHSA at TxMOUD@uthscsa.edu.

K. Third-Party Payors

If third-party payors apply to a Client's service provision, MAT Contractors must:

- 1. Not seek reimbursement from UTHSA if the individual is covered by a third-party payor.
- 2. Demonstrate the capacity to bill insurance, Medicaid, and/or Medicare for individuals with

health insurance coverage.

- i. Contract with Medicaid and the identified Managed Care Organizations in service delivery Region
 - ii. Contract with Medicare in the service delivery Region.
3. Refer individuals to a treatment Program that is approved by the individual's third-party payor if MAT Contractor is not eligible for reimbursement.
- i. If the approved treatment Program refuses treatment services to the Client and documents that refusal, MAT Contractor may provide treatment services and bill UTHSA;
 - ii. The refusal, including third-party payor and approved treatment Program, is documented in the Client file;
 - (1) The Client meets the diagnostic criteria for substance use disorder; and
 - (2) If Client's third-party payor would cover or approves partial or full payment for treatment services, MAT Contractor may bill UTHSA for the non-reimbursed costs, including the deductible, provided:
 - a. The Client's parent/guardian refuses to file a claim with the third party payor, or refuses to pay either the deductible or the non-reimbursed portion of the cost of treatment, and MAT Contractor has obtained a signed statement from the parent/guardian of refusal to pay, and Grantee has received written approval from the System Agency substance use disorder treatment Program services clinical coordinator to bill for the deductible or non-reimbursed portion of the cost;
 - b. The Client or parent/guardian cannot afford to pay the deductible or the non-reimbursed portion of the cost of treatment; or
 - c. The Client or parent/guardian has an adjusted income at or below 200% of the Federal poverty guidelines.
 - iii. If a Client has exhausted all insurance coverage and requires continued treatment, MAT Contractor may provide the continued treatment services and bill UTHSA if the Client meets Section II (C) 1-3.

L. Annual Survey

MAT Contractor annual survey requirements include:

1. Collecting the MAT Programs Opioid Treatment Services (OTS) annual survey.
2. Using the System Agency approved client satisfaction OTS annual survey template for collecting information from clients who have received MAT Program services.
3. Developing and coordinating a process for collecting client survey data.
4. Submitting results of client survey in an annual report to UTHSA.

M. TxMOUD Training and Technical Assistance

MAT Contractors will participate in the following TxMOUD training and technical assistance (TTA) activities:

1. TxMOUD Community of Practice ECHO. Online TxMOUD Community of Practice ECHO sessions are held the third Tuesday of each month, from 12:00 – 1:00 PM CT. MAT Contractors will have at least one representation attend the monthly TxMOUD Community of Practice ECHO, as members of the learning network. MAT Contractors will also lead at

- lead one case or didactic presentation during the term of their contract;
- 2. Program and quality improvement evaluations. MAT Contractors will complete evaluations for all training and technical assistance programs completed, including TxMOUD Community of Practice ECHO, waiver training, San Antonio Substance Use Symposium, bootcamp, and technical assistance. MAT Contractors will complete evaluations on or before the date indicated on individual evaluation forms and surveys.
- 3. TxMOUD event attendance. MAT Contractors will attend TxMOUD custom technical assistance or training events when determined by TxMOUD to be directly relevant for the MAT Contractor and staff providing MAT or related services. If it is not possible for MAT Contractor to attend, a video/audio recording will be made available.

SECTION III: DELIVERABLES AND PERFORMANCE

A. Deliverables

- 1. MAT Contractor must submit all documents identified in the table in this section III to the designated UTHSCSA TxMOUD mailbox (TxMOUD@uthscsa.edu) by the required due date.
- 2. Ensure that staff providing MAT and/or counseling services maintain privacy and security controls related to Client confidential information.
- 3. MAT Contractor will submit a list of employees, Contracted labor, and subcontractors authorized to have access to secure data.

Deliverable Type	Due Date
MAT Contractor list of Employees	September 15 th and March 15 th , each fiscal year
CMBHS Documentation	Ongoing
Monthly Capacity Report	Ongoing
Waitlist entry and management	Ongoing
GPRA Assessment in CMBHS	15th of the Month (as applicable)
Annual Survey	September 30 th <i>Note: Deliverable begins on September 30, 2021</i>
Claims	Previous month claims, by 15 th of current month. The final claim for each fiscal year (September

*If the Due Date is on a weekend or holiday, submission is required on the next business day.

B. Performance and Outcome Measures

MAT Contractor must ensure compliance to the following outcome measures:

Medication Assisted Treatment (MAT) Program Services	
Number served:	Formula
1. Percent of Clients whose length of stay is at least one (1) year	65%
2. Percent of Clients with absence of drug use/misuse (including alcohol) this year	65%
3. Percent of Clients with no arrest since admission this year	90%

4. Percent of all new Clients who received at least one (1) immunization for tetanus or hepatitis A and B	75%
5. Percent of all new Clients who received all health screenings/testing (gonorrhea, chlamydia, hepatitis B and C, HIV, and TB)	75%
6. Percent of all new Clients who received diabetes screening and individualized BMI Information	90%
7. Percent of Clients discharging and/or actively engaged in stable/Recovery housing	80%
8. Percent employed at discharge and/or receiving supported employment services	60%
9. Percent of Clients receiving overdose prevention education and naloxone	100%
10. Percent of Clients reporting ongoing treatment RSS this year	50%

Outcome Measures Methodology

The MAT Program services outcome measures methodology are as follows:

1. Percent of Clients whose length of stay is at least one year:
 - a. The numerator is the number of Clients served who report being in MAT services for over one Fiscal Year on the annual OTS survey.
 - b. The denominator is the number served at the time of the OTS survey conducted on an annual Fiscal Year basis.
2. Percent of Clients with absence of drug use/misuse (including alcohol) this year:
 - a. The numerator is the number of Clients reporting absence of drug use/misuse (including alcohol) this Fiscal Year on the annual OTS survey.
 - b. The denominator is the number served at the time of the OTS survey conducted on an annual Fiscal Year basis.
3. Percent of Clients with no arrests since admission this year:
 - a. The numerator is the number of Clients reporting no arrests this Fiscal Year on the annual OTS survey.
 - b. The denominator is the number served at the time of the OTS survey conducted on an annual Fiscal Year basis.
4. Percent of all new Clients who received at least one immunization for tetanus or hepatitis A and B:
 - a. The numerator is the number of new Clients that received at least one immunization for Tetanus or Hepatitis A and B in one Fiscal Year on the annual OTS survey.
 - b. The denominator is the number served at the time of the OTS survey conducted on an annual Fiscal Year basis.
5. Percent of all new Clients who received all health screenings/testing (gonorrhea, chlamydia, hepatitis B and C, HIV and TB):
 - a. The numerator is the number of new Clients that received all health screenings/testing (gonorrhea, chlamydia, hepatitis B and C, HIV and TB) in one Fiscal Year on the annual OTS survey.
 - b. The denominator is the number served at the time of the OTS survey conducted on an annual Fiscal Year basis.
6. Percent of all new Clients who received diabetes screening and individualized BMI information:
 - a. The numerator is the number of new Clients that diabetes screening and individualized BMI information in one (Fiscal Year on the annual OTS survey).

- b. The denominator is the number served at the time of the OTS survey conducted on an annual Fiscal Year basis.
- 7. Percent of Clients discharging and/or actively engaged in stable/Recovery housing this year:
 - a. The numerator is the number of Clients reporting active engagement in stable and/or Recovery housing this Fiscal Year on the annual OTS survey.
 - b. The denominator is the number served at the time of the OTS survey conducted on an annual Fiscal Year basis.
- 8. Percent employed at discharge and/or receiving supported employment services:
 - a. The numerator the number of Clients reporting active employment this Fiscal Year on the annual OTS survey.
 - b. The denominator is the number served at the time of the OTS survey conducted on an annual Fiscal Year basis.
- 9. Percent of Clients receiving overdose prevention education and naloxone:
 - a. The numerator is the number of Clients that received overdose prevention education and naloxone in one Fiscal Year on the annual OTS survey.
 - b. The denominator is the number served at the time of the OTS survey conducted on an annual Fiscal Year basis.
- 10. Percent of Clients reporting ongoing treatment/RSS this year:
 - a. The numerator the number of Clients reporting ongoing treatment/RSS this Fiscal Year on the annual OTS survey.
 - b. The denominator is the number served at the time of the OTS survey conducted on an annual Fiscal Year basis.

SERVICE TYPE/UNIT RATE CHART
FY 2021

Service Type	Unit Rate*
Opioid Treatment Services	
Methadone	\$17.79
Buprenorphine	\$25.12
Extended-Release Injectable Naltrexone	\$1,246.55
Naltrexone Support Services	\$192.36
New Admission Health Screening Services	
Outpatient visit – Immunization Consent	\$42.14
Hepatitis B – Testing	\$12.39
Hepatitis C – Testing	\$17.11
HIV (initial) – Testing	\$28.89
HIV (confirmatory) – Testing	\$10.65
Gonorrhea – Testing	\$40.08
Chlamydia – Testing	\$40.08
Diabetes – Testing	\$11.64
TB Testing Intradermal	\$7.40
EKG/ECG – Report and Interpretation	\$6.72

EKG – Tracing Only, without Interpretation and Report	\$6.72
Pregnancy Test – Urine or Blood	\$10.46
Outpatient visit – Follow-up (Results/Linkages)	\$34.81
CoMorbid Services	
Hepatitis C – Treatment Coordination	\$58.46
Hepatitis C – Confirmatory Test	\$22.08
Hepatitis C – Viral Load Quantification	\$40.45
Initial interview for diagnosis of psychiatric condition	\$119.21
Thirty-minute physician visit for psychiatric follow-up	\$46.73
Wound care management	\$63.15
GPRA Assessment	\$41.00

*Unit Rate - Rates are subject to change