

## REQUEST FOR APPLICATION FOR THE TEXAS MEDICATION FOR OPIOID USE DISORDER (TxMOUD) TREATMENT NETWORK

### Introduction

Office-based treatment (OBT) services consist of office-based opioid treatment (OBOT) through the provision of buprenorphine and/or office-based addiction treatment (OBAT) through the provision of extended-release injectable naltrexone.

### Eligibility

1. Have at least one health care provider who holds a current DEA X-waiver to prescribe buprenorphine.
2. Have the ability to provide behavioral counseling services at your organization, or a network of providers to refer patients to locally.
3. Waivered providers must have undergone training and be able to use the state's Clinical Management for Behavioral Health Services (CMBHS) monitoring system.
4. Agree to participate in the TxMOUD Treatment Network, including presenting cases during TxMOUD Community of Practice ECHO sessions and completing program evaluations.

### Award Process

OBT programs interested in contracting with the TxMOUD Treatment Network may submit an online requests via the TxMOUD website ([www.TxMOUD.org](http://www.TxMOUD.org)). Requests will be reviewed to confirm preliminary eligibility criteria are met. Candidate programs will draft a workplan and attend a teleconference with members of the TxMOUD team to discuss program needs, ability to meet contract requirements, and establish expectations. Candidate programs will finalize their proposed workplan, which will be reviewed by the TxMOUD team. 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 outlined in the finalized workplan. Contracted OBT programs will receive training and technical assistance (TTA) and will be listed on the TxMOUD website as part of the TxMOUD Treatment Network.

### Statement of Work (SOW)

#### I. PURPOSE

To provide office-based treatment (OBT) services to alleviate the adverse physiological effects of withdrawal from the use of opioids as required to meet the individualized needs of the client. OBT Contractors will provide opioid treatment for opioid use disorders in combination with providing counseling and behavioral therapies. Office-based treatment (OBT) services consist of office-based opioid treatment (OBOT) through the provision of buprenorphine and/or office-based addiction treatment (OBAT) through the provision of extended-release injectable naltrexone.

#### TARGET POPULATION

Adult Texas residents who meet financial criteria for Health and Human Services Commission (HHSC or System Agency)-funded substance use disorder (SUD) services and have met the Diagnostic and Statistical Manual of Mental Disorders criteria for opioid use disorder.

#### II. OBT CONTRACTOR RESPONSIBILITIES

OBT Contractors responsibilities:

- A. Provide medications approved for office-based treatment of opioid use disorders along with providing counseling and behavioral therapy.
- B. Maintain, throughout the term of the Contract, the organization's certification and licensure compliance with applicable statutes, guidelines, and regulations related to

outpatient treatment services and office-based treatment as adopted by System Agency, the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT), and the Drug Enforcement Agency (DEA).

- C. Utilize and adhere to the most current Texas Health and Human Services Commission Department of State Health Services (DSHS)/Department of Aging and Disability Services Drug Formulary requirements, which includes the Reserve Drug Criteria and Audit Criteria also referenced in the Interim Formulary Updates and located at <http://dshs.texas.gov/mhprograms/Formulary.shtm>.
- D. Utilize the System Agency Attachment C “Guidelines for the use of the Extended-Release Injectable Naltrexone” as applicable (available upon request at <https://txmoud.org/> ).
- E. Ensure Physician(s), Physician’s Assistant(s) and Nurse Practitioner(s) providing OBOT services maintain their license to practice medicine and ensure the license remains in good standing for the duration of the Contract. OBT Contractor will ensure the Physician(s), Physician’s Assistant(s), and Nurse Practitioner(s) achieve the following:
  - 1. Obtain the Drug Addiction Treatment Act (DATA) of 2000 Waiver registration for dispensing buprenorphine as defined in the Controlled Substances Act.
- F. Ensure that medical and clinical staff providing OBT services maintain compliance with rules adopted by System Agency related to medication and counseling treatment, and records management as required by SAMHSA and the [Code of Federal Regulations](#) (CFR).
- G. Ensure that clinical staff providing direct OBT services maintain their professional license and are in compliance with professional rules adopted by System Agency as stated in Title 25 of the Texas Administrative Code (TAC), Chapter 140 Health Professions Regulation, [Subchapter I. Licensed Chemical Dependency Counselors \(LCDCs\) throughout the term of the Contract.](#)
- H. Establish a comprehensive resource network made up of community, health, and social service agencies serving or having interest in the target population. OBT Contractors will engage and collaborate with community resources through written agreements defining the collaborative relationships, including:
  - 1. System Agency-funded treatment:
    - a. Prevention
    - b. Recovery
    - c. Intervention
    - d. Mental health
    - e. Co-occurring Psychiatric Substance Use Disorders (COPSD) providers
  - 2. Local Mental Health Authorities (LMHAs), and/or Local Behavioral Health Authorities (LBHAs) within Contractor’s Health & Human Services (HHS) Region and service area including System Agency-funded providers or System Agency-funded Outreach, Screening, Assessment, and Referral (OSR) providers; and
  - 3. Local and regional health departments, local Federally Qualified Health Centers (FQHCs) and other primary care centers.
- I. Service Delivery
  - 1. If the client first presents either by phone or in person at OBT Contractor’s site, OBT Contractors will determine and document financial eligibility and conduct and document screening. OBT Contractors will conduct the screening in a confidential,

- face-to-face interview unless there is documented justification for an interview by phone. OBT Contractors will use the screening process to determine the individual's needs and OBT Contractors will make documented referral(s) to appropriate resources based on the screening.
2. OBT Contractors will admit priority populations in the following order:
    - a. Based on federal and state guidelines, pregnant injecting individuals must be admitted immediately;
    - b. Based on federal and state guidelines, pregnant individuals must be admitted immediately;
    - c. Based on federal guidelines, injecting drug users must be admitted within 14 days; and
    - d. Based on state guidelines, Department of Family and Protective Services (DFPS) referred individuals, and individuals at risk of opioid overdose must be admitted within 72 hours.
  3. If unable to provide admission to individuals within these priority populations according to guidelines:
    - a. OBT Contractors will coordinate with an alternate provider (OSAR and/or directly to funded providers) for immediate admission;
    - b. OBT Contractors will notify (specifically, the program services unit staff) so that assistance can be provided that ensures immediate admission to other appropriate services and proper coordination with DFPS staff when appropriate.
- J. OBT Contractor shall maintain a Memoranda of Understanding (MOU), during the term of this contract, with the following:
1. A DATA 2000 Waived physician, physician assistant, or nurse practitioner to provide patient evaluation and prescribing of buprenorphine. The agreement will include the following:
    - a. Referral process to and from LMHAs/LBHAs and prescribing physician;
    - b. Communication and transfer of records to and from the physician to the licensed outpatient staff. Records may include, but are not limited to, the following:
      - i. Admission notes from the physician with criteria met for office-based treatment (OBT);
      - ii. Urinalysis test/results;
      - iii. Medication orders to include milligrams, frequency, and duration; and
      - iv. Level of care determinations and frequency of outpatient counseling services.
    - c. Clinical data entry in CMBHS electronic medical record; and
    - d. Diversion control.
  2. Physician, Physician Assistant, and Nurse Practitioner ensures OBT approved client(s) receive evaluations and prescribes and administers extended-release injectable Naltrexone. The MOU will include the following:
    - a. Referral process to and from LMHAs/LBHAs and administering physician;
    - b. Communication and transfer of records to and from the physician to the licensed outpatient staff. Records may include, but are not limited to, the following:
      - i. Admission notes from the physician with criteria met for office-based treatment (OBT);
      - ii. Urinalysis test/results;
      - iii. Medication orders;
      - iv. Level of care determinations and frequency of outpatient counseling services.
    - c. Clinical data entry in CMBHS electronic medical record; and

3. Where applicable a pharmacy that details the process of reimbursement for Buprenorphine provision;

K. Provide Medication and Counseling Treatment:

1. Provide OBT through System Agency licensed SUD outpatient treatment provider including Adult Treatment (TRA) outpatient and/or Adult Specialized Female treatment (TRF) outpatient services.
2. Services will include individual and group counseling services, specialized female services when applicable, and behavioral therapies as well as medication, to include buprenorphine and/or extended-release injectable Naltrexone, to treat moderate to severe opioid use disorder. OBT Contractor will refer all OBT clients to the prescribing and administrating physician and if applicable, referrals to the contracted pharmacy for the provision of buprenorphine.

L. Provide Overdose Prevention and Reversal Education:

1. Provide overdose prevention education to clients on OBT Contractor's waiting list.
2. Provide overdose prevention education to all clients prior to discharge, including clients who received the overdose prevention education prior to admission;
3. Provide general overdose prevention and reversal education to all clients as a part of treatment education requirements to include education on how to access and administer naloxone;
4. Conduct overdose prevention activities with clients with opioid use disorders and those clients that use drugs intravenously to include:
  - a. Education on overdose prevention and risk reduction strategies;
  - b. Education about and referral to System Agency-funded HIV Outreach services for clients with IV drug use history;
  - c. Education about and referral to System Agency-funded Pregnant Postpartum Intervention (PPI) services for pregnant clients, postpartum clients, and clients involved with Child Protective Services (CPS);
  - d. Referral to local community resources that work to reduce harm associated with high risk behaviors associated with drug use; and
  - e. For detailed guidance please refer to SAMHSA's Opioid Overdose Prevention Tool Kit found at:  
<http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA13-4742>.

M. Immediately admit pregnant women, injecting drug users, individuals at high risk for overdose, and individuals referred by the DFPS presenting for treatment.

1. If unable to provide immediate admission to these populations, the OBT Contractor will notify Performing Agency so that assistance can be provided that ensures referral to an alternate provider for immediate admission (within 72 hours).
2. The OBT Contractor will have policies and procedures that conform with System Agency's definition for wait list and interim services.
3. The OBT Contractor will report available capacity and waiting list information Monday through Friday through CMBHS and comply with procedures specified by System Agency.
4. The OBT Contractor will report capacity at the end of each month by sending a capacity report to TxMOUD@uthscsa.edu.

N. Authorization for OBT Services

OBT Contractor shall request a service authorization in CMBHS prior to providing OBT services; additionally, OBT Contractor shall not provide the service until the service has

been authorized. OBT Contractor shall comply with the System Agency approved policies and procedures.

- O. Provide or arrange for interim services including screening for tuberculosis, hepatitis B and C, sexually transmitted diseases (STDs), and Human Immunodeficiency Virus (HIV) and document in CMBHS.
- P. Document medication and counseling services, including, but not limited to:
  - 1. OBT-related activities and services in CMBHS.
  - 2. The informed consent form and upload the informed consent form to an administrative note and record clinical documentation in the client's CMBHS record, e.g. diagnostic tests such as the Clinical Institute Withdrawal Assessment or Beck Depression Inventory, physician orders, etc.;
  - 3. In CMBHS counseling services, medication provision, and overdose prevention education within seven business days of service delivery. OBT Contractor will use the funds and associated billing codes provided through this Contract to directly provide the adult outpatient services;
  - 4. Physician orders and medication provision;
  - 5. Outpatient SUD counseling services including individual, group, and psychoeducation;
  - 6. The needs of the client using the CMBHS assessment tool;
  - 7. The treatment plan including discharge criteria, and discharge plan; and
  - 8. If a client is discharged, OBT Contractor will identify a specific physician or authorized healthcare professional, as appropriate, to whom the client is being discharged. The name, address, and telephone number of the provider caring for the client after discharge are to be recorded in the client's CMBHS record.
- Q. Ensure staff providing OBT and/or counseling services maintain privacy and security controls related to client confidential information.
- R. Ensure that clinical staff providing direct services have the training and expertise in:
  - 1. Motivational Enhancement Therapy (MET) or Motivational Interviewing (MI) techniques;
  - 2. Overdose prevention;
  - 3. Medication Assisted Treatment (MAT) Advocacy;
  - 4. Co-Occurring Psychiatric & Substance Use Disorders (COPSD);
  - 5. Trauma, abuse and neglect, violence, Post-Traumatic Stress Disorder (PTSD), and related conditions;
  - 6. Medicaid, Temporary Aid to Needy Families (TANF), and Children's Health Insurance Plan (CHIP) eligibility;
  - 7. Seeking Safety curriculum;
  - 8. Fetal Alcohol Spectrum Disorders (FASD);
  - 9. Cultural Competency, specifically including but not limited to gender and sexual identity and orientation; and
  - 10. Substance Use and Child Welfare by the National Center for Substance Abuse and Child Welfare, Tutorial 1: Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals.
- S. Conference Calls:

Ensure OBT Contractor's program directors and/or medical directors participate in monthly conference calls as scheduled by Performing Agency to address programmatic, documentation, or testing issues.

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T. TxMOUD Training and Technical Assistance

OBT Contractor 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 Central Time. OBT Contractor will attend TxMOUD Community of Practice ECHO, as members of the learning network. OBT Contractor will lead at least one (1) case or didactic presentation during the term of this agreement.
2. Program and quality improvement evaluations. OBT Contractor 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, technical assistance. OBT Contractor will complete evaluations on or before the date indicated on individual evaluation forms and surveys.
3. TxMOUD Event Attendance. OBT Contractors will attend TxMOUD custom technical assistance or training events when determined by TxMOUD to be directly relevant for the OBT Contractor and staff providing OBT or related services. If it is not possible for the OBT Contractor to attend, a video/audio recording will be made available.

U. Submission Schedule, Reporting, and CMBHS Requirements

OBT Contractor will:

1. Use the Texas Health and Human Services Commission CMBHS system for documenting OBT-related activities, services, and testing;
2. Establish and maintain a security policy that ensures adequate system security and protection of confidential information;
3. Ensure that access to CMBHS is restricted to only authorized users. OBT Contractor will, within 24 hours, will notify UTHSA at [TxMOUD@uthscsa.edu](mailto:TxMOUD@uthscsa.edu) to remove access for users who are no longer authorized to have access to secure data;
4. When requested by UTHSA, OBT Contractor will submit a list of OBT Contractor's employees, contracted labor and sub OBT Contractor's authorized to have access to secure data and HHSC Cybersecurity Training certificates for all OBT Contractor's CMBHS users;
5. Use the CMBHS components and/or functionality, in accordance with System Agency instructions. OBT Contractor will use the updated components and/or functionality as directed by System Agency. OBT Contractor's duty to submit documents survives the termination or expiration of this Contract;
6. In compliance with the Government Performance and Results Modernization Act (GPRA) of 1993 requirements set by The Substance Abuse and Mental Health Services Administration (SAMHSA), conduct a face-to-face intake, face-to-face six-month follow-up assessment, and a face-to-face discharge assessment with all clients. All contractors must follow all additional GPRA Reporting Requirements and submit GPRA assessments through CMBHS.
7. OBT Contractor will submit CMBHS forms and closeout documents identified in this Purchase Services Agreement to UTHSA by the required due date. The Daily Capacity Report, Wait List, and Executed MOUs are to be submitted by the OBT Contractor to UTHSA by the required date.

List of Employees/ Authorized Users in CMBHS & Cybersecurity Training Certificates	By September 15 <sup>th</sup> and April 15 <sup>th</sup> , and as requested
Monthly Capacity Report	Monthly, last Friday of each month by 5pm Central Time
Wait List (in CMBHS)	Daily, update as needed
Executed MOU with Physician(s)	By 60th day after Contract Start date
Executed MOU with Pharmacy	By 60th day after Contract Start date
Closeout documents	Due 45 days after state fiscal year end date

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

### III. PERFORMANCE MEASURES

OBT Contractor's performance of the requirements in this SOW and compliance with the Contract's terms and conditions.

Deliverables	Delivery Date
CMBHS documentation	Ongoing
Client Satisfaction Survey	Ongoing
OTS Survey	Annually

### OUTCOME MEASURES:

OBT Contractor will ensure that the majority of clients achieve sustained remission from the symptoms of their substance abuse disorder as indicated in the table below.

OBT - Adult Treatment (Male/Female)	
Number served	Formula
Percent of clients whose length of stay is at least one year	42%
Percent abstinent (includes individuals taking medication as prescribed) at discharge	45%
Percent discharging to stable housing	55%
Percent admitted to/involved in ongoing treatment/recovery episode (supportive residential, outpatient, 12-step groups, and other recovery support services)	55%
Percent with no arrest since admission	90%
Percent employed at discharge	60%

OBT – Adult Treatment (Specialized Female)	
Number served	Formula
Percent whose length of stay is at least one year	42%
Percent abstinent (includes individuals taking medication as prescribed) at discharge	40%
Percent discharging to stable housing	50%
Percent admitted to/involved in ongoing treatment/recovery episode (supportive residential, outpatient, 12-step groups, and other recovery support services)	90%
Percent with no arrest since admission	90%
Percent employed at discharge	45%

#### IV. PROGRAM SERVICE AREA

OBT Contractors will deliver services or activities to client from the following counties:  
State-wide

#### V. INVOICE AND PAYMENT

- A. OBT Contractor will submit billable medication service notes or billable progress notes in CMBHS to generate claims for OBOT services that are specified in Attachment B.
- B. OBT Contractor will submit invoices to UTHSA weekly, which are associated with the claims that have been submitting in CMBHS for the time frame specified on the invoice. Invoices will be accepted via the TxMOUD email (TxMOUD@uthscsa.edu). OBT Contractor will be reimbursed for services provided under this Purchase Services Agreement utilizing the established unit rates.
- C. OBT Contractor will demonstrate their capacity to bill insurance and Medicaid for those clients with insurance coverage. Funds under the Contract can only be used as payment of last resort which means that other applicable reimbursement resources such as Medicaid or other third-party payers will be billed first.
- D. OBT Contractor will operate within the funded capacity indicated in this Contract for the duration of the Purchase Services Agreement term. Submitted claims in excess of UTHSA’s state funded capacity will be approved for payment based on availability of funds, and contingent upon approval of a subsequent amendment.
- E. UTHSA, at its sole discretion, will adjust the funded capacity of this Purchase Services Agreement based on OBT Contractor’s performance and/or other criteria determined by UTHSA, and contingent on availability of funds. A Treatment Capacity Worksheet can be provided upon request to the assigned contract manager.
- F. Except as indicated by the CMBHS financial eligibility assessment, OBT Contractor will accept reimbursement or payment from UTHSA as payment in full for services or goods provided to clients or participant and OBT Contractor will not seek additional reimbursement or payment for services or goods, to include benefits received from federal, state, or local sources, from clients or participants.



### Service Type/Capacity/Unit Rate Chart

Medication	Service Type	Amount
<b>Office-Based Opioid Treatment (OBOT)</b>		
Buprenorphine	Adult OBOT Services	\$25.12/day
Buprenorphine	Specialized Female OBOT Services	\$27.21/day
<b>Office-Based Addiction Treatment (OBAT)</b>		
Naltrexone	Extended-Release Injectable Naltrexone* OBAT Services	\$1,264.55/ injection
Naltrexone	Medical Services-Naltrexone Extended- Release* OBAT Services	\$192.36/ administered

VI. **ADDITIONAL INFORMATION AT:** <https://txmoud.org/> (Request for Application)