

ATTACHMENT A

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I. BACKGROUND AND TARGET POPULATION

Jail-Based Competency Restoration (JBCR or Program) programs provide competency restoration services to adults who are deemed incompetent to stand trial (IST) pursuant to Texas Code of Criminal Procedure (CCP), Chapter 46B. JBCR programs minimize the cost associated with forensic inpatient treatment in state hospitals while maximizing community access to services provided by the local mental health authorities (LMHAs) and local behavioral health authorities (LBHAs).

II. GRANTEE RESPONSIBILITIES

Grantees, who are an LMHA or LBHA who have written contracts with a county jail to provide county-based jail-based competency restoration services, shall:

1. Comply with 26 Texas Administrative Code (TAC), Chapter 307, Subchapter C, relating to Jail-Based Competency Restoration Program.
2. Comply with CCP, Chapter 46B, Article 46B.091 relating to Jail-Based Competency Restoration Program implemented by County.
3. In accordance with CCP, Chapter 46B, Article 46B.091, allow System Agency to inspect the county-based JBCR Program prior to serving individuals in the JBCR Program and as further deemed appropriate by System Agency.
4. Reduce the demand for forensic state hospital bed days in the area served by the Program by reducing the number of maximum security and non-maximum security defendants in the Clearinghouse (waitlist) determined to be IST due to mental illness and/or Co-Occurring Psychiatric and Substance Use Disorders (COPSD) issues.
5. Provide prompt access to clinically appropriate JBCR services for eligible participants determined IST and not suitable for release on bail to be served in an Outpatient Competency Restoration (OCR) Program. Services shall include treatment of underlying mental illness, and the provision of education and skills training. Education and skills training shall enable Program participants to obtain a factual and rational understanding of legal proceedings and restore their ability to consult with legal counsel. Treatment shall encompass the principles of effective psychiatric rehabilitation.
6. Provide a cost-effective alternative to competency restoration in a State Mental Health Facility (SMHF).
7. Minimize or ameliorate the stress of incarceration, to the extent possible, for participants in the Program. The amelioration shall include maintenance of therapeutic environment in the evenings and on weekends, and special training for jail security staff who work in the Program.
8. Maintain good communication and collaboration and develop and maintain continuity of care coordination with the jail, LMHA, LBHA or subcontractors of the LMHA or LBHA, SMHFs, and other entities to assure proper Program operations and participant care.
9. Achieve a total rate of 55% of all Program participants restored to competency within the timeframe specified in CCP, Chapter 46B, Article 46B.073(b)(1) and (2), including any applicable extensions granted by the court. Collect data to support the effectiveness

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and cost savings of the Program and report such data utilizing **ATTACHMENT A-3, TARGET FORM AND EXPENDITURE REPORT**.

10. Collect data to indicate number of individuals not restored to competency and/or who were screened out of or deemed inappropriate for the Program, and report such data utilizing **ATTACHMENT A-3, TARGET FORM AND EXPENDITURE REPORT**.
11. Serve 9 participants. The following criteria for participation shall be met:
 - i. Participants shall be individuals who are determined by the court to be IST pursuant to Texas Code of Criminal Procedure, Chapter 46B.
 - ii. Participants should not be eligible for release on bail and deemed appropriate for treatment in an OCR program.
 - iii. Potential participants who are found to have an intellectual or developmental disability in the absence of any serious mental illness must be referred to the Local Intellectual and Developmental Authority (LIDDA) through the LMHA, LBHA, or subcontractors of the LMHA or LBHA to determine appropriate services for these individuals; and
 - iv. Evaluation for eligibility shall also include assessment and testing to include participant's current psychological functioning, and the likeliness to restore to competency in the foreseeable future.

III. POLICIES AND PROCEDURES

In accordance with 26 TAC, Chapter 307, Subchapter C, §307.113, Grantee shall develop written policies and procedures for System Agency review and approval. Upon System Agency approval, Grantee shall implement such written policies and procedures that:

1. Describe eligibility, intake and assessment, and treatment planning , and transition and discharge processes to include coordination and continuity of care planning with an LMHA, LBHA, or LIDDA, or an LMHA, LBHA, or LIDDA subcontractor.
2. Assess participants for suicidality and homicidality and address any facility-based issues as well as address the degree of suicidality and homicidality by developing an individualized suicide and homicide prevention plan.
3. Outline the provider staff members' ability to monitor and report to the court a participant's restoration to competency status and readiness for return to court as specified in CCP, Chapter 46B, Article 46B.079.
4. Track the maximum length of stay for a participant based on criminal charges. The expiration date of the competency restoration commitment shall be forwarded to the clearinghouse waitlist via **ForensicAdmissions@hhsc.state.tx.us** if the participant is transferred to a state mental health facility.
5. Address how provider staff members ensure the ongoing care, treatment, and overall therapeutic environment during evenings and weekends including, but not limited to behavioral health crisis or physical health crisis consistent with 26 TAC, Chapter 301, Subchapter G, §301.351(relating to Crisis Services).
6. Address how a participant's competency is maintained after restoration and before adjudication or discharge to the community. If a person is awaiting transfer to a mental health facility, residential care facility, or outpatient competency restoration, and is not transferred, and if the psychiatrist or psychologist determines that the defendant has not

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been restored to competency by the end of the period authorized by CCP, Chapter 46B, Article 46B.091(j), the defendant will be returned to the court for further proceedings pursuant to CCP, Chapter 46B, Article 46B.091(j-1).

IV. STAFFING, OPERATIONS AND OVERSIGHT REQUIREMENTS

1. Grantee responsibilities for Staff Member Training:
 - i. Staff Member Training. Recruit, train, and maintain qualified provider staff members, with documented competency, in a manner that complies with the following:
 1. 26 TAC, Chapter 307, Subchapter C;
 2. 26 TAC, Chapter 301, Subchapter G, Division 2, §301.327(e) concerning Access to Mental Health Community Services;
 3. 26 TAC, Chapter 301, Subchapter G, Division 2, §301.329 concerning Medical Records System; and
 4. 26 TAC, Chapter 301, Subchapter G, Division 2, §301.331 concerning Competency and Credentialing
 - ii. Train all staff members. Prior to providing services, all staff members shall be trained and demonstrate competence with:
 1. The requirements set forth in 25 TAC, Chapter 404, Subchapter E (relating to Rights of Persons Receiving Mental Health Services).
 2. Identification, prevention, and reporting abuse, neglect, and exploitation in accordance with the following:
 - a. Texas Commission on Jail Standards;
 - b. Texas Department of Family and Protective Services, Adult Protective Services standards;
 - c. Those standards set forth by the HHSC Office of the Ombudsman; and
 - d. Texas Human Resources Code, Chapter 48
 3. Using a protocol for preventing and managing aggressive behavior, including preventative de-escalation intervention strategies.
 - iii. Document services to Program participants. Maintain records that document Program services are delivered by staff members who act within their scope of practice and have demonstrated the following minimum knowledge, technical, and interpersonal competencies prior to providing services:
 1. Knowledge that mental health and substance use disorders are potentially recurrent relapsing disorders.
 2. Knowledge of the current Diagnostic and Statistical Manual version specified by System Agency, diagnostic criteria for psychiatric disorders and substance use disorders, and the relationship between psychiatric disorders and substance use disorders.
 3. Knowledge appropriate to their roles in the provision of effective mental health services, including counseling, psychosocial rehabilitation, and illness management and recovery for Program participants, such as Cognitive Behavioral Therapy or Dialectical Behavioral Therapy.
 4. Knowledge regarding the increased risks of self-harm, suicide, and violence in Program participants.

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5. Knowledge of the elements of an individualized treatment plan for Program participants.
6. Basic knowledge of pharmacology as it relates to Program participants; and
7. Understanding the benefit of incorporating peers as part of the Program participant's substance use and/or mental health recovery program.
- iv. Criminal History Background Checks. Conduct criminal history background checks prior to the provision of Program services that ensure staff members, officers, agents, interns, residents, or volunteers have not been convicted of or received a probated sentence or deferred adjudication for any criminal offense that would constitute a bar to employment in accordance with the Texas Health and Safety Code, Title 4, Subtitle B, Chapter 250, § 250.006.
- v. Registry Clearance. Perform a registry clearance for each staff member by conducting a review for reports of misconduct, including abuse, neglect, and exploitation, through the following:
 1. Employee Misconduct Registry maintained by System Agency in accordance with 26 TAC, Chapter 561, in its entirety; and
 2. Nurse Aide Registry maintained by System Agency in accordance with 26 TAC, Chapter 556, in its entirety.
- vi. License Verification. Conduct primary source verification for all licensed staff providing services under this Contract. Require licensed staff promptly and fully disclose any potential action that may affect his/her licensure. Conduct and document annual license reverification. All staff members who are required to be licensed must be in good standing with the State of Texas.
2. Grantee responsibilities for Program Staffing:
 - i. Program Staffing: Ensure the Program coordinator is a Licensed Practitioner of the Healing Arts (LPHA), who shall also act as a liaison between the Program and the court(s).
 - ii. Multidisciplinary Team. Ensure a multidisciplinary treatment team (Team) provides clinical treatment directed toward the specific objective of restoring the Program participants to competency to stand trial.
 - iii. LMHA, LBHA, or subcontractors of the LMHA or LBHA Responsibilities. Grantee shall:
 1. Participate in continuity of care planning for participants.
 2. Report encounters with participants in the System Agency-approved clinical records management system.
3. Grantee responsibilities for Quality Management:
 - i. Quality Management. Utilize an electronic program management application to track the following aspects of the Program:
 1. Effectiveness;
 2. Efficiency;
 3. Reduction in risk;
 4. Access to care; and
 5. Customer satisfaction.
 - ii. Committee. Establish a quality assurance/quality improvement committee to:
 1. Review outcome data.
 2. Identify and implement corrective action; and

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3. Follow-up on compliance with corrective action plans.
4. Grantee responsibilities for Admission, Treatment, and Continuity of Care
 - i. Admission Procedures.
 1. Screen individuals for appropriate JBCR services.
 2. Obtain court orders that ensure individual has been court-ordered to participate in the Program.
 3. Complete a client profile for each JBCR Program participant through System Agency's Clinical Management for Behavioral Health Services (CMBHS) System no later than 24 hours following admission to the Program per client profile.
 4. Ensure Program participant is examined by a physician for a psychiatric evaluation within 48 hours of admission.
 5. Ensure staff members initiate the intake assessment of a Program participant no later than 24 hours after such participant has been court-ordered to treatment. The intake process shall include:
 - a. An assessment of suicidality and homicidality.
 - b. An explanation of the Program participants' rights, orally and in writing as outlined in this Contract; and
 - c. Register each Program participant in Client Assignment and Registration (CARE)
 5. Grantee responsibilities for Treatment:
 - i. Verification: Ensure staff members deliver and document a minimum of one daily face-to-face service for each Program participant.
 - ii. Individualized Treatment Plan. Ensure staff members complete an individualized treatment plan with the Program participant within five (5) business days of a participant's admission. The individualized treatment plan shall include the Program participant and any family members or other members of a participant's natural support system. The individualized treatment plan shall address the following needs, as applicable:
 1. Trauma-informed care.
 2. Physical health concerns/issues.
 3. Medication and medication management.
 4. Level of family and community support.
 5. Mental health concerns or issues.
 6. Intellectual and developmental disabilities.
 7. Substance use disorder or Co-Occurring Psychiatric and Substance Use Disorders concerns or issues; and
 8. Discharge plans developed in conjunction with the Program participant, Legally Authorized Representative (LAR), and LMHA, LBHA, or MCO, as appropriate, in the event the Program participant is released to the community upon restoration.
 - iii. Legal Education. Ensure staff members use a System Agency approved competency training module to provide legal education for each Program participant. Submission of the System Agency approved competency training module is due September 1st of each state fiscal year.

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- iv. Learning Formats. Ensure each Program participant is educated in multiple learning formats including, but not limited to:
 - 1. Discussion.
 - 2. Reading; and
 - 3. Video and experiential methods such as role-playing, or mock trial.
 - 4. Program participants with accommodation needs shall receive adapted materials and approach, as need.
- v. Weekly Treatment Hours. Ensure staff members provide weekly treatment hours consistent with the treatment hours provided as part of a competency restoration program at a State Mental Health Facility (SMHF), including but not limited to, 15 hours of weekly rehabilitative services, skills training, substance use disorder treatment and counseling.
- vi. Evaluation. Confirm specific deficits identified during the competency restoration evaluation were listed individually in the individual treatment plan and targeted specifically in the Program participant's treatment.
- vii. Competency Restoration Services. Ensure staff members provide competency restoration services that deliver a full array of mental health and COPSD treatment services that were effective, responsive, individualized, culturally competent, trauma informed, and person-centered. Services shall include, but are not limited to:
 - 1. Psychiatric evaluation;
 - 2. Medications;
 - 3. Nursing services;
 - 4. General medical care;
 - 5. Psychoactive medication, including court-ordered medication;
 - 6. Rehabilitative services, including skills training or psychosocial rehabilitation;
 - 7. Peer provider services, if available,
 - 8. and, Counseling as clinically indicated for competency restoration
- viii. Case Conferences. Ensure staff members conduct treatment team staffing to reassess Program participant's progress toward restoration of competence on a weekly basis, and as needed, to allow the Team to measure the effectiveness of interventions, and to incorporate additional treatment and educational elements into the individual treatment plan.
- ix. Psychiatric Medication. When necessary, seek a court order for psychiatric medications in accordance with the Texas Health and Safety Code, Title 7, Chapter 574, §574.106, and the CCP, Chapter 46B, if the Program participant refuses to give informed consent regarding treatment with psychoactive medication.
- x. Update Court. Require staff members submit a written update to the committing court(s) of the Program participants' status. This update shall be submitted a minimum of once a month.
- xi. Treatment Compliance. Provide treatment services in accordance with all applicable federal or state laws, rules, regulations, standards and guidelines, as amended, including but not limited to, the following:
 - a) Texas Code of Criminal Procedure, Chapter 46B.
 - b) Texas Health and Safety Code, Chapter 574.
 - c) 25 TAC, Chapter 405, Subchapter K, in its entirety.
 - d) 25 TAC, Chapter 414, Subchapter I, in its entirety.

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- e) 25 TAC, Chapter 414, Subchapter K, in its entirety.
 - f) 25 TAC, Chapter 414, Subchapter L, in its entirety.
 - g) 25 TAC, Chapter 415, Subchapter A, in its entirety.
 - h) 25 TAC, Chapter 415, Subchapter F, in its entirety.
 - i) 26 TAC, Chapter 306, Subchapter A, in its entirety.
 - j) 26 TAC, Chapter 307, Subchapter C, in its entirety.
 - k) 37 TAC, Part 9, in its entirety.
 - l) Health Insurance Portability and Accountability Act of 1996 (HIPAA).
 - m) Other applicable federal and state laws, including, but not limited to:
 - n) 42 CFR, Volume 1, Chapter 1, Subchapter A, Part 2, Subpart D, in its entirety.
 - o) 42 CFR, Volume 1, Chapter 1, Subchapter A, Part 51, Subpart D, in its entirety.
 - p) 45 CFR, Volume 1, Chapter 1, Subtitle A, Part 160, in its entirety.
 - q) 45 CFR, Volume 1, Chapter 1, Subtitle A, Part 164, in its entirety.
 - r) Texas Health and Safety Code, Chapter 81, Subchapter F.
 - s) Texas Health and Safety Code, Chapters 181, 595, and 611; and §§533.009, 533.035(a), 576.005, 576.0055, 576.007, and 614.017.
 - t) Texas Government Code, Chapter 552, in its entirety.
 - u) Texas Government Code, Chapters 552 and 559, and §531.042.
 - v) Texas Human Resources Code, Chapter 48, in its entirety.
 - w) Texas Occupations Code, Chapter 159, in its entirety; and
 - x) Texas Business and Commerce Code, Chapter 521, Subchapter B, § 521.053.
6. Grantee Responsibilities for Transition Services and Discharge Planning.
- i. Transition Services.
 - 1. Ensure staff members provide transition services that encourage timely resolution of Program participant's legal issues to minimize the length of time a participant is incarcerated. Transition services shall be delivered in a designated space that is separate from the space used for the general population of the jail if a Program participant is
 - a. Restored to competency.
 - b. Deemed not likely to restore and awaiting an inpatient forensic hospital bed; or
 - c. Deemed not likely to restore and awaiting return to the community.
 - ii. Discharge Planning. Grantee shall:
 - 1. Ensure the Program complies with the applicable federal and state laws, rules, regulations, standards, or guidelines, amended, , and this Contract.
 - 2. Ensure the psychiatrist or psychologist submits to the court(s) a complete evaluation report pursuant to CCP, Chapter 46B, Article 46B.079.
 - 3. Notify the court(s) pursuant to CCP, Chapter 46B, Article 46B.079 (Notice and report to court) and Article 46B.091(i).
 - 4. Coordinate with the court(s) and the System Agency if a Program participant has not been restored to competency by the end of the 60th day and inpatient or outpatient competency restoration services may be appropriate and available as permitted under CCP, Chapter 46B, Article 46B.091(j) and (j-1).
 - 5. Require staff members, upon admission of a Program participant, to begin discharge planning, and initiate continuity of care coordination with the LMHA, LBHA, subcontractors of the LMHA or LBHA, or SMHF, as appropriate.

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6. Require a reasonable and appropriate discharge plan be developed in accordance with 26 TAC, Part 1, Chapter 306, Subchapter D, Division 5, in its entirety. The discharge plan shall be developed in conjunction with the Program participant, the Team, the designated LMHA, LBHA, subcontractors of the LMHA or LBHA, or other provider, the LAR, the court(s), and any other person authorized by the Program participant. The Program is responsible for notifying parties involved in discharge planning of scheduled staffing and reviews. The discharge plan shall include:
 - a. A description of recommended clinical services and supports needed by the Program participant after discharge or transfer.
 - b. A description of problems identified at discharge or transfer, which may include any issues that disrupt the Program participant's stability.
 - c. The Program participant's goals, interventions, and objectives as outlined in the participant's individual treatment plan; and
 - d. A final diagnosis.
7. Ensure the final discharge plan is signed by the treating physician, Program participant, and the LAR. Copies of this plan shall be provided to the LMHA, LBHA, subcontractors of the LMHA or LBHA, or another provider, as applicable.
8. At a minimum, discharge planning shall:
 - a. Deliver counseling to prepare the Program participant, LAR, and designated advocate, if any, for care after discharge or transfer; and
 - b. Identify a community provider, and clinical services and supports, in conjunction with the Program participant, LAR and designated advocate, to determine location of referral services or supports after discharge or transfer;
 - c. Provide ten (10) days of psychoactive medication if a Program participant is being discharged to the community;
 - d. Facilitate ongoing services in the most appropriate available Level of Care prior to discharge from the Program;
 - e. Require the Program to work immediately with community partners and the Program participant to provide needed supports and access to treatment;
 - f. Identify methods to work closely with the court(s) to avoid unexpected discharge of Program participants. In the event of an unexpected discharge, ensure staff members work immediately with community partners and the Program participant to provide needed supports and access to treatment. Upon discharge or transfer of a Program participant, the participant's medical record shall identify services provided, diagnoses, medication, individual treatment plan, medication allergies, or other known precautions; and.
 - g. Ensure after a Program participant is restored to competency or deemed not likely to restore, staff members work closely with the court(s) to encourage timely resolution of the Program participant's legal issues to minimize the amount of time the Program participant is incarcerated while waiting for the case to be resolved.

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V. SYSTEM AGENCY RESPONSIBILITIES

System Agency will provide consultation to Grantee in the review, assessment and development of the JBCR Program, including by:

1. Meeting regularly (e.g., monthly or more frequently as needed) with Grantee through coordination calls to assess Grantee's technical assistance needs and to monitor status of the JBCR Program development.
2. Provide timely review and input of program goals and objectives.
3. Provide subject matter expertise and guidance on relevant data, programs, research and best practices.
4. Providing active input with information and resources that can help to support the activities of the Grantee.
5. Provide input and review of Grantee's quarterly reports.

VI. CLINICAL MANAGEMENT FOR BEHAVIORAL HEALTH SERVICES (CMBHS)

1. Grantee shall ensure that it has appropriate internet access and a reasonable number of computers of sufficient capability to use CMBHS. If Grantee purchases equipment with System Agency funds, the equipment shall be inventoried, maintained in working order, and appropriately secured.
2. Grantee shall notify System Agency immediately if a security violation is detected, or if Grantee has any reason to suspect that the security or integrity of CMBHS data has been or may be compromised in any way. Grantee is required to update records on a daily basis to reflect any changes in CMBHS user account status.
3. Grantee shall ensure that adequate internal controls, security, and oversight are established for the approval and electronic transfer of information regarding payments and reporting requirements. Grantee shall ensure that the electronic payment requests and reports transmitted contain true, accurate, and complete information.
4. System Agency may limit or deny Grantee access to CMBHS at any time, at its sole discretion, and Grantee shall not incur any liability for failure to meet any Contract requirements resulting from such limited or denied access.
5. Grantee shall use the following CMBHS components/functionality, in accordance with System Agency's instructions:
 - a. Staff Member;
 - b. User Profiles;
 - c. Assign Roles; and
 - d. Enrolled individuals Profile.
6. Grantee's network monitoring shall include contracting or providing troubleshooting or assistance with Grantee-owned Wide Area Networks (WANs), Local Area Networks (LANs), router switches, network hubs or other equipment and Internet Service Provider (ISP). Grantee is responsible for maintaining local procedures to end-users and is responsible for data backup, data restoration, and contingency planning functions for all local data. Grantee shall:
 - a. Create, delete, and modify end-user LAN-based accounts;
 - b. Change/reset user local passwords as necessary;

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- c. Administer security additions/changes and deletions for CMBHS;
 - d. Install, maintain, monitor, and support Grantee LANs and WANs; and
 - e. Select, purchase service from, and monitor performance of its ISP.
7. System Agency will provide support for CMBHS including problem tracking and problem resolution. System Agency will provide telephone numbers for Grantee to access expert assistance for CMBHS related problem resolution. System Agency will provide initial CMBHS training which Grantee is required to attend. Grantee shall provide subsequent ongoing end-user training, as needed.
8. Grantee shall designate a security administrator and a back-up security administrator. The security administrator is required to implement and maintain a system for management of user accounts/user roles to ensure that all the CMBHS user accounts are current. Grantee shall develop and maintain a written security policy that ensures adequate system security and protection of confidential information to prevent unauthorized disclosure and to respond to, notify participants of, and mitigate any unauthorized use or disclosure of confidential information. Grantee shall fulfill the following requirements:
- a. Grantee shall submit a signed **ATTACHMENT A-2, SECURITY ADMINISTRATOR ATTESTATION AND AUTHORIZED USERS LIST** to provide the names of employees and contracted laborers authorized to have access to secure data. Grantee shall ensure that access to CMBHS is restricted to currently authorized users only. System Agency shall, within 24 hours, remove access to users who are no longer authorized to have access to secure data. Grantee shall also use **ATTACHMENT A-2, SECURITY ADMINISTRATOR ATTESTATION AND AUTHORIZED USER LIST** to provide the name, phone number, and email address of the primary and secondary security administrators no later than two weeks following the effective date of the Contract and every six (6) months thereafter. Information will be submitted via e-mail to the following e-mail address: mhcontracts@hhsc.state.tx.us, as well as to the assigned Contract Manager.
 - b. Grantee shall use **ATTACHMENT A-2, SECURITY ADMINISTRATOR ATTESTATION AND AUTHORIZED USERS LIST** to notify System Agency within ten (10) business days of any change to the designated security administrator or the back-up security administrator.

VII. PERFORMANCE MEASURES:

System Agency will monitor Grantee's performance of the requirements in **ATTACHMENT A** and compliance with the Contract's terms and conditions. The Parties agree that, upon request from System Agency, Grantee will reasonably revise any performance measure to System Agency's satisfaction and in accordance with the requirements set forth in the Contract.

The Grantee shall complete the following activities and provide documentation in the manner and timeframes specified below:

- 1. Grantee shall submit JBCR outcome measures to System Agency using **ATTACHMENT A-3, TARGET FORM AND EXPENDITURE REPORT**, as outlined in 26 TAC Chapter 307, Subchapter C, §307.129, relating to Outcome Measures and Expenditures. Submissions are due semi-

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- annually, on March 31st and September 30th of each state fiscal year.
2. Grantee shall report to System Agency the use of a restraint or seclusion no later than 24 hours after the occurrence as outlined in 25 TAC Chapter 415, Subchapter F.
 3. Grantee shall submit to System Agency **ATTACHMENT A-1, DEATH OF A PERSON SERVED**, no later than 24 hours after each occurrence.
 4. Grantee shall notify System Agency of a Program participant deemed not likely to be restored to competency no later than the 60th day after the date the participant began to receive services in the Program.
 5. Grantee shall examine a Program participant by a physician for a psychiatric evaluation no later than 48 hours following admission.
 6. The provider shall collect data on the following outcomes and submit the data to System Agency utilizing **ATTACHMENT A-3, TARGET FORM AND EXPENDITURE REPORT**:
 - i. Individual outcomes:
 1. The number of individuals charged with a felony.
 2. The number of individuals charged with a misdemeanor.
 3. The average number of days for an individual charged with a felony to be restored to competency.
 4. The average number of days for an individual charged with a misdemeanor to be restored to competency.
 5. The number of individuals charged with a misdemeanor and not restored to competency for whom an extension was sought.
 6. The number of individuals restored to competency.
 7. The average length of time between determination of non-restorability and transfer to a state mental health facility or residential care facility.
 8. The percentage of individuals restored to competency in 60 days or less.
 9. The number of jail inmates found IST who were screened out of or deemed inappropriate for the Program and the reason why; and
 10. The number of individuals not restored to competency and who were transferred to a state mental health facility or residential care facility; and
 - ii. Administrative outcomes:
 1. The costs associated with operating the JBCR Program or county based JBCR Program; and
 2. The number of:
 - a. reported and confirmed cases of abuse, neglect, and exploitation.
 - b. reported and confirmed cases of violations of rights of persons receiving mental health services.
 - c. restraints and seclusions used.
 - d. emergency medications used.
 - e. serious injuries; and
 - f. deaths, in accordance with Title 25, Chapter 415, Subchapter F §415.272 (relating to Documenting, Reporting, and Analyzing Restraint or Seclusion).
 7. Grantee shall serve 9 number of Program participants admitted with mental illness and/or COPSD diagnosis and submit documentation in **ATTACHMENT A-3, TARGET FORM AND EXPENDITURE REPORT**. Submissions are due semi-annually, on March 31st and September 30th of each state fiscal year.

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8. If data is currently collected and reported through an existing System Agency system (e.g. CMBHS), Grantee must follow all provisions outlined in **ATTACHMENT F, DATA USE AGREEMENT**. If requested by System Agency, Grantee may be required to enter data into a System Agency reporting system.
9. Grantee shall submit **ATTACHMENT A-2, SECURITY ADMINISTRATOR ATTESTATION & AUTHORIZED USERS LIST**, no later than March 31st and September 30th of each state fiscal year.
10. Grantee shall report in CMBHS the rate of all JBCR Program participants restored to competency no later than March 31st of each state fiscal year for September-February data and September 30th of each state fiscal year for March-August data.
11. Grantee shall submit to System Agency a detailed strategy plan for monitoring and auditing the number of hours worked by Grantee and subgrantees, no later than 60 calendar days after the effective date of this contract.
12. Grantee shall submit a copy of all written policies and procedures required in this Contract to System Agency for review and approval. Submission is due September 1st of each state fiscal year.
13. Notwithstanding data reported in CMBHS, all other required reports, documentation, and other information, including any pertaining to performance measures, shall be submitted electronically to **MHContracts@hhsc.state.tx.us**, as well as to the assigned System Agency Contract Manager and the System Agency Program Contact.

If System Agency determines Grantee needs to submit deliverables by mail or fax, Grantee shall send the required information to one of the following addresses:

U.S. Postal Mail

Health and Human Services Commission
Mental Health Contracts Management Unit (Mail Code 2058)
P. O. Box 13247
Austin, TX 78711-3247

Overnight Mail

Health and Human Services Commission
Mental Health Contracts Management Unit (Mail Code 2058)
909 West 45th Street, Bldg. 552
Austin, TX 78751

VIII. INVOICE AND PAYMENT:

1. System Agency will reimburse Grantee actual, allocable, and eligible costs incurred to complete activities outlined in this Statement of Work. Reimbursement is subject to funding limitations found in 45 CFR Part 96.
2. Grantee shall request monthly reimbursement, solely for Contract activities on or before the 15th day of the month after the month of service (e.g., September submission due October 15th) using the State of Texas Purchase Voucher (Form 4116), which is incorporated by reference and can be downloaded at <https://hhs.texas.gov/laws-regulations/forms/4000->

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[4999/form-4116-state-texas-purchase-voucher](#).

3. All invoice requests not received based on the schedule noted above in Section VIII.2, are considered late and will require justification from the Grantee for the late submission.
4. Grantee's monthly State of Texas Purchase Voucher Form 4116 must include:
 - i. Name, address, and telephone number of Grantee;
 - ii. HHSC contract number or purchase order number;
 - iii. Identification of services provided;
 - iv. Dates on which services were provided;
 - v. The total amount of the reimbursement request; and
 - vi. Supporting documentation, which includes:
 1. A copy of Grantee's General Ledger proving expenditure of funds by cost category; and
 2. Any other documentation required by this Contract or otherwise requested by System Agency.
5. Grantee must submit monthly reimbursement requests to [HHSC AP@hhsc.state.tx.us](mailto:HHSC_AP@hhsc.state.tx.us), and copy MHContracts@hhsc.state.tx.us and System Agency's designated Contract manager. System Agency recommends using the following naming convention on the subject line of all monthly reimbursement requests: *"Invoice Submission: Central Texas MHMR d/b/a Center for Life Resources, HHS001375500001, [Invoice Number], [Invoice Amount], [Service Month]."*
6. All Contract costs must be individually identifiable, verifiable, and necessary to satisfy the requirements of this Contract.