**CONTRACT NO. XXXXXXXXXX GRANTEE: XXXXXXXXXX**

Hospital services staffed with medical and nursing professionals who provide 24-hour professional monitoring, supervision and assistance in an environment designed to provide safety and security during acute behavioral health crisis. Staff provides intensive interventions designed to relieve acute symptomatology and restore the patient's ability to function in a less restrictive setting.

# SECTION I. GRANTEE RESPONSIBILITIES

1. Programmatic Operation: Grantee shall:
	1. Operate the Community Mental Health Hospital (CMHH) within Grantee’s local service area with a capacity of XX beds with funds allocated by HHSC.
	2. Ensure that the CMHH must maintain, throughout the term of this Contract, a license as a private psychiatric hospital in accordance with Chapter 577 of the Texas Health and Safety Code and with 26 TAC Chapter 510 *et seq.* (Private Psychiatric Hospitals and Crisis Stabilization Units), or a General or Special Hospital in accordance with Chapter 241 of the Texas Health and Safety Code and with 25 TAC Chapter 133 *et seq.* (Hospital Licensing).
	3. Require the Hospital to provide Grantee with evidence that it maintains its accreditation with The Joint Commission (TJC), or other accrediting body granted deeming authority by the Centers for Medicare and Medicaid Services (CMS), as a hospital throughout the term of this Statement of Work.
	4. Enter Client Assignment and Registration (CARE) assignments, including discharges, for adults, children and adolescents served within the CMHH using the following codes. These codes shall be entered until such time that HHSC transitions the CMHH reporting requirements to the Campus-Based reporting requirements outlined in Section I. A. 5.
		1. Adults = H035; and
		2. Children and Adolescents = TC07.
2. Upon HHSC determination to transition the CMHH reporting requirement to Campus-Based reporting requirements, ensure or require that its Grantee ensure that

patient registration, diagnostics, admission and discharge data is reported by using the CARE screens and action codes listed below. For details related to the use of these screens and action codes, Grantee can refer to the CARE Reference Manual which can be found under the CARE (WebCARE) section on the portal at [https://hhsportal.hhs.state.tx.us/helpGuide/Content/16\_CARE/CAREWebCARE%20](https://hhsportal.hhs.state.tx.us/helpGuide/Content/16_CARE/CAREWebCARE%20Reference%20Manual.htm) [Reference%20Manual.htm:](https://hhsportal.hhs.state.tx.us/helpGuide/Content/16_CARE/CAREWebCARE%20Reference%20Manual.htm)Screen: Campus-Based Assignments (Add/Change/Delete), Action Code: 305;

1. Screen: Campus-Based Discharge/Community Placement (Add/Change/Delete), Action Code: 310;
2. Screen: Joint Community Support Plan (Add/Change/Delete), Action Code: 312;
3. Screen: Register Client, Action Code: 325;
4. Screen: Diagnostics (Add/Change/Delete), Action Code: 330;
5. Screen: Voluntary Admission and Commitment (Add/Change/Delete), Action Code 332; and
6. Screen: Campus-Based Residential Ward/Dorm (Add/Change/Delete), Action Code 615.
7. Screen: MH Bed Allocation Exception (Add/Change/Delete), Action Code 345
	1. Develop and use a local reporting unit(s) that will provide an assigned location for all clients served within the CMHH. This information shall also be entered into CARE when reporting on beds utilized at the CMHH.
	2. Funds allocated and paid under this Statement of Work, after any available third-party insurance, indigent care programs, or other local medical care programs, must cover the costs for all medical care and treatment including the cost of psychiatric and physician services and all non-prescription and prescription medications (including discharge medications) incurred by or on behalf of patients admitted to the CMHH. This includes all on-site medical care and treatment, as well as all outside medical care and treatment, emergency room and hospitalization costs, as well as any and all charges by specialists, consultants, and laboratories, incurred by or on behalf of patients admitted. No additional HHSC funds will be made available for this purpose.
	3. During the term of this Contract, HHSC will evaluate demand and utilization based upon occupancy within the county(ies) served. If HHSC determines that demand and utilization within the county(ies) served does not align with the total amount allocated to Grantee under this Statement of Work, with 90 days’ notice, HHSC may reduce, or increase funding to address statewide need.
	4. Maintain within its records:

Documentation on whether Grantee alone operates the CMHH, or whether Grantee contracts for services provided through the CMHH;

* 1. Ensure that no more than ten percent of individuals served in the CMHH are admitted to a State Mental Health Hospital.
1. Capacity and Patients Served:
	1. Grantee shall maintain occupancy at 90% or higher over the term of this Contract.
	2. The primary service area for patients served under this Statement of Work includes: XXXXXXXXX
	3. Grantee shall work with HHSC or designee on the capacity management program for State Mental Health Facilities (SMHF). As part of the capacity management program, HHSC or designee may request access to beds purchased under this Statement of Work to

assist with SMHF diversion activities. If capacity is available within the CMHH, then HHSC or designee may attempt to divert admissions from SMHFs to the CMHH. Individuals diverted may be from outside of Grantee’s primary local service area.

Grantee shall evaluate these individuals for admission and serve them with funds allocated as part of this Statement of Work.

* 1. Grantee shall also provide to HHSC a point(s) of contact who will be responsible for communication, correspondence, and reporting to HHSC or designee during and after business hours communicate about the activities described in this Statement of Work. Contracts shall respond to capacity management contacts initiated by HHSC within one

(1) hour.

1. Compliance with Applicable Law:

Grantee shall comply with all applicable state and federal laws and regulations related to:

* 1. The provision of inpatient mental health services, including, but not limited to:
		1. Emergency Medical Treatment and Labor Act, 42 U.S.C.A. § 1395dd;
		2. Texas Health and Safety Code Chapters 241, 571, 575, 576, and 577; and
		3. Title 25 Texas Administrative Code:
			1. Chapter 133 (Hospital Licensing)
			2. Chapter 404, Subchapter E (Rights of Persons Receiving Mental Health Services);
			3. Chapter 405, Subchapter E (Electroconvulsive Therapy);
			4. Chapter 414, Subchapter I (Consent to Treatment with Psychoactive Medication –

Mental Health Services); and

* + - 1. Chapter 415, Subchapter F (Interventions in Mental Health Programs).
		1. Title 26 Texas Administrative Code:
			1. Chapter 510 (Private Psychiatric Hospitals and Crisis Stabilization Units); and
			2. Chapter 568 (Standards of Care and Treatment in Psychiatric Hospitals).
	1. Medications and medication-related services provided to patients served under this Statement of Work as specified in 26 TAC Chapter 306, Subchapter G (Use and Maintenance of Health and Human Services Commission Psychiatric Drug Formulary).
	2. In addition to the reporting requirements outlined in 26 TAC Chapter 510 ( Private Psychiatric Hospitals and Crisis Stabilization Units), Grantee shall report the investigation disposition of all reports of death, abuse, neglect, exploitation, or illegal, unethical or unprofessional conduct using Exhibit B (Report of Outcome of Investigation of Death, Abuse, Neglect, Exploitation, or Illegal, Unethical or Unprofessional Conduct Form), incorporated by reference and posted at: [https://www.hhs.texas.gov/doing- business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health- provider-resources/community-mental-health-contracts](https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts).
1. Oversight Requirements: Grantee shall:

Develop written oversight policies and procedures, by which Grantee and the CMHH will manage the admission, service delivery, continuity of care and discharge requirements outlined in Section D. of this Statement of Work, coordinate with other local mental health authorities (LMHAs) affected by this Statement of Work, and report to HHSC in accordance

with the terms and conditions of this Statement of Work.

1. ADMISSION, CONTINUITY OF CARE, AND DISCHARGE REQUIREMENTS
	1. Grantee shall provide a full array of services that comply with the following principles for treatment:
		1. Follow the steps as outlined in Exhibit E (Psychiatric Emergency Flow Chart) , incorporated by reference and posted at: [https://www.hhs.texas.gov/doing-business- hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider- resources/community-mental-health-contracts.](https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts)
		2. Apply the Appropriate-Use and Medical Clearance criteria outlined below:
			1. Individuals under consideration for referral to the Hospital must meet the criteria in the Texas Health and Safety Code Chapters 571-576 applicable to voluntary admission or the civil commitment process;
			2. Acute and Chronic Medical Condition Criteria: The presence of any of the following represent acute or chronic medical conditions that the Hospital does not have the capability to treat and so, in accordance with the Emergency Medical Treatment & Labor Act (EMTALA) and state law, the Hospital will provide evaluation and treatment within its capability to stabilize the person and will arrange for the person to be transferred to a hospital that has the capability to treat the condition:
				1. Medical Emergency Indicators, including:

Overdose;

Chest pain;

Fluctuating consciousness;

Stab wound, bleeding, or serious injury;

Seizure activity;

Complications from Diabetes;

Injured in assault or flight;

Victim of a sexual assault; or

Resident of a nursing home or assisted living facility.

* + - * 1. Acute Medical Conditions, including:

Acute overdose resulting in any vital sign instability in the prior 24 hours;

Acute drug intoxication (blood alcohol level over 0.1);

Unconscious or fluctuating consciousness;

Delirium, including substance induced syndromes;

Uncontrolled seizure activity;

Recent trauma that has not received medical evaluation, including fractures, lacerations, burns, head trauma, and bleeding;

Recent assault or fight that has not received medical evaluation;

Recent sexual assault that has not received medical evaluation;

Blood pressure greater than 160/110;

Pulse less than 50, or any symptomatic bradycardia, in the prior 24 hours;

Pulse greater than 120 in the prior 24 hours;

Temperature above 101o F;

White blood count (WBC) greater than 15,000;

Hemoglobin (HGB) less than 10;

Hematocrit (HCT) less than 30;

Any abnormal electrolytes;

Creatinine4 phosphokinase (CPK) greater than 1500; or, CPK greater than 1000 with elevated temperature and muscular rigidity;

Serum glucose below 70 or over 400 during the prior 48 hours;

Acute O2 saturation below 90%;

Chest pain;

Shortness of breath;

Unstable arrhythmia;

Pulmonary edema;

Acute congestive heart failure;

Acute respiratory distress syndrome;

Acute asthma;

aa) Acute cardiovascular accident; bb) Acute CNS trauma;

cc) Gastrointestinal (GI) bleeding during the prior 48 hours;

dd) Requires indwelling tubing (for example, a nasogastric tube);

ee) Post-op instability, demonstrated as any instability in vital signs or laboratory values in the prior 48 hours; or

ff) Open wounds and/or wounds requiring sterile equipment to manage.

* + - * 1. Chronic Medical Conditions, including individuals who:

Require specialized cancer care, including radiation or chemotherapy;

Required medical care from a nursing home prior to admission;

Require care for decubiti – Stage 3-4;

Require blood or blood product transfusions;

Require continuous oxygen, oximetry, or support equipment (CPCPs, BiPAPs, O2 concentrators);

Are being treated for active tuberculosis (TB);

Require isolation for the purpose of infection control;

Require on-going intravenous (IV) therapy;

Have a subclavian line, arterial line, or require hyperalimentation or total parenteral nutrition (TPN);

Require suctioning;

Require peritoneal or hemodialysis treatments;

Require complex care or sterile equipment for managing the care of wounds

Require tracheotomy care and have a chronic condition that causes non- ambulation to an extent to preclude the engagement in treatment programming;

Are considered a high-risk pregnancy;

Have a multiparous pregnancy; or

Are pregnant and at 38-weeks gestation or later

* + 1. Effective, responsive, individualized, and least restrictive treatment;
		2. Treatment and care through the development and implementation of a Comprehensive Treatment Plan and Discharge Plan;
		3. Promotion of recovery, independence, and self-sufficiency;
		4. Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy rules;
		5. Comprehensive client/patient rights consistent with regulatory and Joint Commission requirements;
		6. Interdisciplinary, goal-directed and evidence-based treatment;
		7. Behavior management program;
		8. Culturally competent treatment; and
		9. Telemedicine provided in accordance with applicable rules and regulations.
	1. Grantee shall demonstrate efforts to reduce restraint and seclusion by adopting and implementing the following restraint/seclusion reduction tools:
		1. Using assessment tools to identify risk factors for violence and seclusion and restraint history;
		2. Using a trauma assessment;
		3. Using tools to identify persons with risk factors for death and injury;
		4. Using de-escalating or safety surveys; and
		5. Making environmental changes to include comfort and sensory rooms and other meaningful clinical interventions that assist people in emotional self-management.
	2. Grantee shall comply with the following standards regarding Admission, Continuity of Care and Discharge:
		1. All admissions must be approved by Grantee;
		2. When the CMHH admits a patient, a physician must issue and sign a written order admitting the patient;
		3. The CMHH must conduct an intake process as soon as possible, but not later than 24 hours after the patient is admitted;
		4. When the CMHH admits a patient, the CMHH must promptly notify Grantee of the admission and the admission status;
		5. Upon admission of a patient to the CMHH, Grantee must begin discharge planning for the patient;
		6. Discharge planning must involve the patient, CMHH treatment team, Grantee liaison staff or other Grantee designated staff, and if applicable, the designated Local Intellectual and Developmental Disability Authority (LIDDA) liaison staff;
		7. Discharge planning must include, at a minimum, the following activities:
			1. A determination of the following:
				1. The amount of medication that will be provided upon discharge or transfer, and the amount of medication the patient will need after discharge or transfer until the patient is evaluated by a physician; and
				2. The name of the individual or entity responsible for providing and paying for the medication needed after discharge or transfer until the patient is evaluated by a physician; and
			2. Development of a transportation plan.
1. Financial Operation:

Grantee shall:

* 1. Maintain a financial recordkeeping system that accounts for the expenditure of all CMHH funds allocated by HHSC.
	2. Report expenditure data using Form X (Community Hospital Report) and Report III

(Budget Report), both of which are incorporated by reference and posted at: [https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-](https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts) [services-providers/behavioral-health-provider-resources/community-mental-health-](https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts) [contracts.](https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts)

* 1. Ensure that the information submitted on Form X (Community Hospital Report) is consistent with the submitted information contained in Report III (Budget Report), both of which are incorporated by reference and posted at: [https://www.hhs.texas.gov/doing- business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health- provider-resources/community-mental-health-contracts](https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts).
1. Disaster Services

If the CMHH is not fully operational due to hurricane damage or other disaster, Grantee may utilize the funds allocated in this Statement of Work during the time the facility is not fully operational to purchase the following:

* 1. Crisis respite beds;
	2. Adult psychiatric inpatient beds;
	3. Child psychiatric inpatient beds;
	4. Psychiatric assessment and coordination; and
	5. Mental health transport.

# SECTION II. PERFORMANCE MEASURES:

HHSC shall use the terms of this Statement of Work, including without limitation, the following performance measures, to assess Grantee’s effectiveness in providing the services described in this Statement of Work.

Grantee shall perform the following activities and provide documentation to HHSC in the manner and timeframes specified below.

1. Programmatic Operation:
	1. In accordance with Information Item S, incorporated by reference and posted at: [https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health- services-providers/behavioral-health-provider-resources/community-mental-health- contracts,](https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts) Grantee shall submit to HHSC the total number of individuals admitted to the CMHH during the previous fiscal quarter. The CMHH will be required to maintain 90% occupancy. HHSC will monitor quarterly attainment toward annual occupancy performance. HHSC may, in its sole discretion, grant exceptions from expected attainment on a case-by-case basis for good cause shown.
	2. Grantee shall submit to HHSC the name of the designated point(s) of contact who will be responsible for communication, correspondence, and reporting to HHSC during and after business hours no later than 15 days after this Contract is executed.
	3. Grantee shall report on the daily utilization of beds using a Grantee-developed and HHSC-approved format, or by submitting Exhibit F (Daily Utilization Report) , incorporated by reference and posted at: [https://www.hhs.texas.gov/doing-business- hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-](https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts)

[resources/community-mental-health-contracts,](https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts) each business day by 10:00AM via email to Performance.Contracts@hhsc.state.tx.us with a copy to the HHSC Private Psychiatric Hospital subject matter expert.

1. Financial Operation:

Grantee shall:

* 1. In accordance with Information Item S, incorporated by reference and posted at: [https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health- services-providers/behavioral-health-provider-resources/community-mental-health- contracts,](https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts) complete and submit to HHSC a separate tab on Form X (Community Hospital Report) for each CMHH allocation received from HHSC. Grantee shall follow the instructions outlined below to ensure consistency when data is used in Joint Commission or other nationwide statistical reporting measures.
	2. Instructions for Completion of Form X, Utilization Tab, incorporated by reference and posted at: [https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral- health-services-providers/behavioral-health-provider-resources/community-mental- health-contracts](https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts):
		1. Seclusion/Restraint rate per 1,000 bed-days - This indicator measures the number of seclusion and restraint occurrences per 1,000 bed-days. (Seclusion and restraint occurrences/ [Total bed-days/1,000]).
		2. Patient injury rate per 1,000 bed-days - This indicator measures the number of patient injury occurrences per 1,000 bed-days. (Patient injury occurrences/ [Total bed- days/1,000]).
		3. On-the-job employee injuries per 1000 bed-days – This indicator measures the number of employee injury occurrences per 1,000 bed-days. (Employee injury occurrences/ [Total bed-days/1,000]).
		4. Number of consumers discharged (72 hours) - This indicator measures the number of consumers discharged from the hospital within 72 hours after admission. This is a raw cumulative figure for the quarter.
		5. Readmits (30 days) - This indicator measures the number of consumers readmitted to the hospital within thirty days of their discharge. This number is a raw cumulative figure for the quarter.
		6. Additional information described in Section II.A. of this Statement of Work.
	3. Instructions for Completion of Form X (Community Hospital Report), Financial Tab, incorporated by reference and posted at: [https://www.hhs.texas.gov/doing-business- hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider- resources/community-mental-health-contracts](https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts):
		1. Form X (Community Hospital Report) data shall match Report III (Budget Report) data, both of which are incorporated by reference and posted at: [https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health- services-providers/behavioral-health-provider-resources/community-mental-health- contracts.](https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts)
		2. Expenditures:
			1. Expenditures shall be direct costs and the administrative overhead allocated to the program if administrative overhead is applicable.
			2. If administrative overhead exceeds that allowable under this Statement of Work, Grantee shall fund the excess amount using non-General Revenue funding;
		3. Method of Finance:
			1. Grantee shall include only those funds that flow through the accounting records of the Grantee.
			2. Grantee shall not exceed the amount allocated by HHSC for General Revenue Allocated - Psychiatric Hospital.
			3. Grantee’s accounting for the grand total method of finance shall equal the grand total expenditures by column and in total.
	4. Complete and submit Report III (Budget Report), incorporated by reference and posted at: [https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health- services-providers/behavioral-health-provider-resources/community-mental-health-contracts](https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts), to HHSC in accordance with the specifications and timeframes listed in Information Items D and S, both of which are incorporated by reference and posted at: [https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services- providers/behavioral-health-provider-resources/community-mental-health-contracts](https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts).
1. If the CMHH is not fully operational due to hurricane damage or other disaster, Grantee shall report the quarterly expenditures to HHSC for each applicable service referenced in Section I.G.
2. Except as otherwise instructed in this Statement of Work, all reports, documentation, and other information required to be submitted by Grantee to HHSC shall be sent to HHSC via the Performance.Contracts@hhsc.state.tx.us email address.

# SECTION III. PAYMENT METHOD:

Quarterly Allocations

# SECTION IV. BUDGET:

The amount expended by Grantee for administration of the provision of services under this Statement of Work must not exceed 10% of the total-not-to-exceed amount of this Statement of Work as specified in Article VI of the Contract Signature Document.

# SECTION V. OUTCOME IF GRANTEE CANNOT COMPLETE REQUIRED PERFORMANCE

Unless otherwise specified in this Statement of Work, if Grantee cannot complete or otherwise comply with a requirement included in this Statement of Work, HHSC, at its sole discretion, may impose remedies or sanctions outlined under Contract Attachment C, Local Mental Health Authority Special Conditions, Section 7.09 (Remedies and Sanctions).