

management services as part of their treatment process. Individuals served under this Agreement may either be:

- a. currently receiving case management (from a case management provider external to the substance abuse treatment provider network);
- b. accepted as new case management clients (by a case management provider external to the substance abuse treatment provider network); or
- c. referred to case management providers a case management provider external to the substance abuse treatment provider network) as part of their treatment process.

The purpose for this linkage to community case management services is to ensure that, to the maximum extent possible, Eligible Clients receive “follow along” case management services throughout their recovery process, from admission to treatment through post-treatment phases of recovery, with particular attention to the significant housing, employment/training, child care, and other services needs of these target populations.

3. Services. Services that will be required for potential Eligible Clients referred by Community Court are the same as those described above for the homeless adult target population (except Outreach), as many of the adults referred by Community Court may also be homeless. (No outreach is required for this target population since all individuals in this population will be referred by Community Court.) Therefore, the continuum of services available for adults referred by Community Court will include services from Intake/Assessment/Referral through Case Management, and Support Services as described above. . Also, provided on-site at the Community Court, on-site acu-detox services, and other non-traditional supports (e.g. clothing, hygiene items) items are reimbursable costs under this Agreement. New services required by Community Court during the 2008 Renewal Term (i.e., added during calendar year 2008) may be added to the slate of authorized, reimbursable costs under this Agreement contingent upon specific, written approval of the Department.
4. Transitional Housing Services. Housing provided an Eligible Client with case management for a period not to exceed 3 months for the purpose of moving the Eligible Client towards greater self-sufficiency during concurrent outpatient treatment.
5. Annual Maximum Benefit. Annual maximum benefit per individual is determined by referral from the Community Court.

#### *C. Description of Required Services for High-Risk Women*

1. Referrals. Referrals into Services for this population may come from the individuals themselves (prospective Eligible Clients), family members or significant others, advocates, community service providers, other substance abuse service providers, area DSHS Outreach, Screening, and Referral programs, and other referral sources

such as the Department of Family and Protective Services (DFPS), jails, probation departments, and the courts.

2. Case Management. In order to increase the likelihood of client success, all high-risk women referred for Services should be linked to case management services as part of their treatment process. Eligible clients served under this Agreement may be:
  - a. currently receiving case management (from a case management provider external to the substance abuse treatment provider network);
  - b. accepted as new case management clients (by a case management provider external to the substance abuse treatment provider network); or
  - c. referred to case management providers (external to the substance abuse treatment provider network) as part of their treatment process.

The purpose for this linkage to community case management services is to ensure that, to the maximum extent possible, Eligible Clients receive “follow-along” case management services throughout their recovery process, from admission to treatment through post-treatment phases of recovery, with particular attention to the significant housing, employment/training, child care, and other service needs of this target population.

3. Services. Services that will be required for this target population include the following (to the fullest extent possible given service types and capacity within the local community, as determined by ATCMHMR and agreed to by the Department):
  - a. Intake/Assessment/Referral – A comprehensive, clinical substance abuse assessment will be required for all potential Eligible Clients and can be conducted by any provider in the service network based on the potential Eligible Client’s entry point into the system and his/her level of need for Services. Mental health assessments will also be completed as indicated by the individual client history and presenting problems. Expenses incurred for assessments conducted at the Community Court are not a reimbursable cost under this Agreement unless specifically authorized by the Department in writing.
  - b. Detoxification – Per DSHS definition, detoxification is chemical dependency treatment designed to systematically reduce the amount of alcohol and other toxic chemicals in an Eligible Client’s body, manage withdrawal symptoms, and encourage the Eligible Client to seek ongoing treatment for chemical dependency. These services shall be provided as necessary for the individual Eligible Client, and in compliance with Facility Licensure Rules for Level I Treatment Services as defined by DSHS.

These services shall be provided when necessary, as not all Eligible Clients will need this level of care at the time of admission. For the high-risk women’s target population, detoxification services may be either residential or ambulatory. The setting of the services will be determined based on all factors considered during the assessment process. As part of the Utilization Management (UM) function, ATCMHMR will determine (according to standardized and industry-compatible guidelines) the most clinically appropriate setting for these services for each individual Eligible Client.

For detoxification for dually diagnosed Eligible Clients, ATCMHMR will provide for both residential and outpatient treatment (within available capacity). If outpatient treatment is appropriate ATCMHMR could provide this through its "ambulatory detoxification" programs. As previously indicated, ANY direct client services (any service other than those described as MSO functions) provided to an Eligible Client by ATCMHMR will not be a reimbursable cost under this Agreement. If residential detoxification is necessary, then ATCMHMR shall direct the Eligible Client to residential detoxification.

- c. Detox Evaluation Management Services - Group and Residential Support and Case Management (As defined by DSHS, case management involves an accountable staff person providing services that include: (a) linking clients with needed services; (b) helping clients develop skills to use basic community resources and services; and (c) monitoring and coordinating the services received by clients)
- d. Residential Treatment – This may include Level II and/or Level III residential treatment services as defined and licensed by DSHS. Residential services require Eligible Clients to reside (sleep overnight) at the facility for a specified period of time while undergoing chemical dependency treatment. For Level II services, an average of 20 hours of structured activities per week are provided to each Eligible Client, including three hours of chemical dependency counseling (including at least one hour of individual counseling), fourteen hours of additional counseling, chemical dependency education, or life skills training, and three hours of structured social and/or recreational activities. For Level III services, an average of ten hours of structured activities per week are provided to each Eligible Client, including at least two hours of chemical dependency counseling (with at least one hour of individual counseling every two weeks) and eight hours of additional counseling, chemical dependency education, or life skills training.

Residential treatment services for the high-risk women's population will also include "Specialized Female Services," which are residential treatment services for the women and their dependent children. In Level II (specialized treatment services of up to six months, based on Eligible Client needs), the children live with their mother in the treatment facility and the treatment programming includes components for increasing the mother's parenting knowledge, skills, resources as well as treatment planning and treatment-related services specifically for the children. In a Level III program (over a course of up to 90 days), the children do not live with the women in treatment, but the programming for the women still includes a component to address the parenting needs of women in the program who have dependent children (on the outside) with whom they will be reunited later.

- e. Day Treatment Services – These are intensive outpatient treatment services provided for approximately five (5) hours per day, for a total of at least twenty (20) hours of services per week provided to each Eligible Client. The Eligible Client does not reside at the treatment facility. Day treatment services for dually diagnosed Eligible Clients will also be required as part of the continuum of services (per UM criteria and determination of client need) but will not be considered a reimbursable cost under this Agreement. (Note: ATCMHMR, as

the MSO, is not eligible for reimbursement under this Agreement for direct services provided to Eligible Clients by the Center.)

- f. Outpatient and Continuing Care/Aftercare Services – These Level III and Level IV services usually include individual and/or group counseling services and the continuation of transitioning the Eligible Client into other community-based support systems (such as Alcoholics Anonymous/Narcotics Anonymous (AA/NA) groups, sponsors in the community, etc.). These services are provided for a specified time period while the Eligible Client continues to work and/or reside in a stable living environment. Per DSHS rules, for Level III services, an average of ten hours of structured activities per week are provided to each Eligible Client, including at least two hours of chemical dependency counseling (with at least one hour of individual counseling every two weeks) and eight hours of additional counseling, chemical dependency education, or life skills training. Per DSHS rules, Level IV Treatment Services provide an average of two hours of structured activities per week for each Eligible Client, including at least one hour of chemical dependency counseling and one hour of additional counseling, life skills training, or chemical dependency education.
- g. Case Management and Support Services – As defined by DSHS, case management involves services provided by an accountable staff person which include: 1) linking an Eligible Client with needed services; 2) helping an Eligible Client develop skills to use basic community resources and services; and 3) monitoring and coordinating the services received by an Eligible Client. These services provide a critical linkage between each aspect of the individual Eligible Client's recovery. The role of the case manager is to guide an individual Eligible Client through the recovery system, helping him or her access the Services they need when they need them. Case management for Eligible Clients served under this Agreement will involve following the Eligible Client throughout the service continuum, providing the case management activities described above at each step and from the earliest point possible in the Eligible Client's treatment process.

ATCMHMR is responsible for ensuring that Eligible Clients served under this Agreement are 1) currently receiving case management (from a community case management provider external to the substance abuse treatment provider network); 2) accepted as new case management clients, (by a case management provider external to the substance abuse treatment provider network); or 3) referred to case management providers (external to the substance abuse treatment provider network) as part of their treatment process. Case management under this Agreement will be provided by existing service providers of case management including, but not limited to, Caritas, the Salvation Army, the Salvation Army Passages Program, LifeWorks, SafePlace, Push-Up Foundation's Supportive Housing Programs, ATCMHMR, American Youth Works, Blackland Community Development Corporation, Community Advocates for Teens and Parents, Foundation for the Homeless, and YWCA of Greater Austin, but will not be considered a reimbursable cost under this Agreement.

In order for an individual Eligible Client to successfully recover from addiction, support services must be available at every step (as needed by the individual Eligible Client). Such services are especially important toward the end of the

treatment process in order to help the individual Eligible Client remain abstinent from drugs and alcohol. Job training/placement, affordable housing, and child care for dependent children are three primary support services that contribute to Eligible Client success. Support services will be made available through existing providers in the community, but will not be considered a reimbursable cost under this Agreement. Under this Agreement, treatment service providers are responsible for making appropriate referrals and follow-up on these referrals for key support services as required by each Eligible Client during the treatment process.

- h. Transitional Housing Services. Housing provided an Eligible Client with case management for a period not to exceed 3 months for the purpose of moving the Eligible Client towards greater self-sufficiency during concurrent outpatient treatment.
4. Annual Maximum Benefit. Annual maximum benefit per individual Eligible Client is two treatment episodes per year. One treatment “episode” means all services provided from an Eligible Client’s assessment and admission to treatment (entry at one service level) through that Eligible Client’s discharge from the last service provided during the treatment period [in other words, an individual Eligible Client can access the full continuum – all or part – up to two times per calendar year]. Exceptions to this annual limit may be made by ATCMHMR after a complete review by ATCMHMR’s Utilization Management (UM) unit. Copies of UM reports granting exceptions will be forwarded to the Department within thirty (30) days of granting the exception. At any time, Department may request a review of this procedure in order to lessen or cease granting such exceptions, or to change the criteria utilized in granting such exceptions.

*D. Description of Required Services for High-Risk Youth.*

Services provided will consist of intervention counseling services and the following treatment services: Residential, Day Treatment and Outpatient Services. Other services will be provided as resources are identified and developed.

1. Referrals. Referrals into services for this population may come from the Youth and Family Assessment Center, the Children's Partnership, self-referral (prospective Eligible Clients), family members or significant others, advocates, community service providers, other substance abuse service providers, area DSHS Outreach, Screening and Referral programs, established neighborhood conference committees and other non-court sources or diversion services.
2. Case Management. In order to increase the likelihood of Eligible Client success, all high-risk youth referred for services (treatment) should be linked to case management services as part of their treatment process. Individual Eligible Clients served under this Agreement may either be:
  - a. currently receiving case management (from a case management provider external to the substance abuse treatment provider network);
  - b. accepted as new case management clients (by a case management provider external to the substance abuse treatment provider network); or

- c. referred to case management providers (from non-court sources external to the substance abuse treatment provider network) as part of their treatment process.

The purpose for this linkage to community case management services is to ensure that, to the maximum extent possible, Eligible Clients receive “follow-along” case management services throughout their recovery process, from admission to treatment through post-treatment phases of recovery, with particular attention to the significant housing, educational, and other service needs of these target populations.

- 3. Services. Services required for this target population include the following (to the fullest extent possible given service types and capacity within the local community, as determined by ATCMHMR and agreed to by the Department):
  - a. Intake/Assessment/Referral – A comprehensive, clinical substance abuse assessment will be required for all potential Eligible Clients and can be conducted by any provider in the service network based on the potential Eligible Client’s entry point into the system and his/her level of need for services. Mental health assessments will also be completed as indicated by the individual Eligible Client history and presenting problems. Provider may decline MSO reimbursement for this service.
  - b. Intervention Counseling Services-Intervention services (selective/indicated programming)\* include individual counseling with Eligible Clients and/or family members. The intensity of services will be based upon Eligible Client need. Referrals from the Youth and Family Assessment Center and the Children’s Partnership and other referrals sources will be considered eligible for Intervention services through this Agreement.
  - c. Residential Treatment – This may include Level II and/or Level III residential treatment services as defined and licensed by DSHS. Residential services require Eligible Clients to reside (sleep overnight) at the facility for a specified period of time while undergoing chemical dependency treatment. For Level II services, an average of 20 hours of structured activities per week are provided to each Eligible Client, including three hours of chemical dependency counseling (including at least one hour of individual counseling), fourteen hours of additional counseling, chemical dependency education, or life skills training, and three hours of structured social and/or recreational activities. For Level III services, an average of ten hours of structured activities per week are provided to each Eligible Client, including at least two hours of chemical dependency counseling (with at least one hour of individual counseling every two weeks) and eight hours of additional counseling, chemical dependency education, or life skills training.
  - d. Day Treatment Services. These are intensive outpatient treatment services provided for approximately five (5) hours per day, for a total of at least twenty (20) hours of services per week provided to each Eligible Client. The Eligible Client does not reside at the treatment facility. Providers are expected to provide services to both single and dual diagnoses Eligible Clients. Day treatment services for dually diagnosed Eligible Clients will also be required as part of the continuum of services (per UM criteria and determination of client need) but will not be considered a reimbursable cost under this Agreement. (Note:

ATCMHMR, as the MSO, is not eligible for reimbursement under this Agreement for direct services provided to Eligible Clients by the Center.)

- e. Outpatient and Continuing Care/Aftercare Services. These Level III and IV services usually includes individual and/or group counseling services and the continuation of transitioning the Eligible Client into other community-based support systems (such as Alcoholics Anonymous/Narcotics Anonymous (AA/NA) groups, sponsors in the community, etc. These services are provided for a specified time period while the Eligible Client continues to work and/or reside in a stable living environment. Per DSHS rules, Level III services provide an average of ten hours of structured activities per week for each Eligible Client including at least two hours of chemical dependency counseling (with at least one hour of individual counseling every two weeks) and eight hours of additional counseling, chemical dependency education, or life skills training. Per DSHS rules, Level IV treatment services provide an average of two hours of structured activities per week for each Eligible Client, including at least one hour of chemical dependency counseling and one hour of additional counseling, life skills training, or chemical dependency education.
- f. Case Management and Support Services – As defined by DSHS, case management involves services provided by an accountable staff person which include: 1) linking an Eligible Client with needed services; 2) helping an Eligible Client develop skills to use basic community resources and services; and 3) monitoring and coordinating the services received by an Eligible Client. These services provide a critical linkage between each aspect of the individual Eligible Client's recovery. The role of the case manager is to guide an individual Eligible Client through the recovery system, helping him or her access the services they need when they need it. Case management for Eligible Clients served under this Agreement will involve following the Eligible Client throughout the service continuum, providing the case management activities described above at each step and from the earliest point possible in the Eligible Client's treatment process.

ATCMHMR is responsible for ensuring that Eligible Clients served under this Agreement are: 1) currently receiving case management, (from a community case management provider external to the substance abuse treatment provider network); 2) accepted as new case management clients, (by a case management provider external to the substance abuse treatment provider network); or 3) referred to case management providers (from non-court sources external to the substance abuse treatment provider network) as part of their treatment process. Case management under this Agreement will be provided by existing service providers of case management including, but not limited to, Caritas, the Salvation Army, the Salvation Army Passages Program, LifeWorks, SafePlace, Push-Up Foundations' Supportive Housing Programs, ATCMHMR, American Youth Works, Blackland Community Development Corporation, Community Advocates for Teens and Parents, Foundation for the Homeless, Phoenix Academy of Austin, and YWCA of Greater Austin, but will not be considered a reimbursable cost under this Agreement.

In order for an individual to successfully recover from addiction, support services must be available at every step (as needed by the individual client). Such

services are especially important toward the end of the treatment process in order to help the individual remain abstinent from drugs and alcohol. Job training/placement, affordable housing, and child care for dependent children are three primary support services that contribute to Eligible Client success. Support services will be made available through existing providers in the community, but will not be considered a reimbursable cost under this Agreement. Under this Agreement, treatment service providers are responsible for making appropriate referrals and follow-up on these referrals for key support services as required by each Eligible Client during the treatment process.

- g. Annual Maximum Benefit for Treatment Services. Annual maximum benefit per individual Eligible Client is two treatment episodes per year. One treatment “episode” means all services provided from the Eligible Client’s assessment and admission to treatment (entry at one service level) through the Eligible Client’s discharge from the last service provided during the treatment period. In other words, an individual Eligible Client can access the full continuum – all or part – up to two times per calendar year] Exceptions to this annual limit are contingent upon a complete review by ATCMHMR’s Utilization Management (UM) unit. Copies of UM report granting exceptions will be forwarded to the Department within thirty (30) days of granting the exception. At any time, Department may request a review of this procedure in order to lessen or cease granting such exceptions, or to change the criteria utilized in granting such exceptions. If an exception to the annual maximum benefit is denied, UM will advise referral source and client of appeals process.
- h. Annual Maximum Benefit for Intervention Services. Annual maximum benefit for a participant and/or family members is two intervention service episodes per year. One intervention service “episode” means intervention counseling services from the Eligible Client’s assessment and participation in intervention counseling, through the exit summary. Exceptions to this annual limit are contingent upon a complete review by ATCMHMR’s Utilization Management (UM) unit. Copies of UM report granting exceptions will be forwarded to the Department within thirty (30) days of granting the exception. At any time, Department may request a review of this procedure in order to lessen or cease granting such exceptions, or to change the criteria utilized in granting such exceptions. . If an exception to the annual maximum benefit is denied, UM will advise referral source and client of appeals process.



*E. Description of Required Services for Adults Referred By Parenting In Recovery*

1. Referrals. Referrals into Services for this population will come from Parenting in Recovery. Individuals (adults) referred by Parenting In Recovery will need to meet the Eligibility Criteria in order to receive Services. However, Parenting in Recovery may require additional treatment services to be provided specifically for an individual Eligible Clients (such as Detoxification Detox Evaluation Management Services) and may stipulate certain Eligibility Criteria are waived for these particular services. In such cases, ATCMHMR should obtain written authorization from the Department to waive the stipulated Eligibility Criteria for these clients and/or particular services to be delivered under this Agreement. Waiver of criteria will apply only to the specific Eligible Client and/or services set forth in the written authorization.
2. Case Management. In order to increase the likelihood of client success, all adults referred by the Parenting In Recovery should be linked to case management services as part of their treatment process. Individuals served under this Agreement may either be:
  - a. currently receiving case management (from a case management provider external to the substance abuse treatment provider network);
  - b. accepted as new case management clients (by a case management provider external to the substance abuse treatment provider network); or
  - c. referred to case management providers a case management provider external to the substance abuse treatment provider network) as part of their treatment process.

The purpose for this linkage to community case management services is to ensure that, to the maximum extent possible, Eligible Clients receive “follow along” case management services throughout their recovery process, from admission to treatment through post-treatment phases of recovery, with particular attention to the significant housing, employment/training, child care, and other services needs of these target populations.

3. Services. Services that will be required for this target population include the following (to the fullest extent possible given service types and capacity within the local community, as determined by ATCMHMR and agreed to by the Department):
  - a) Intake/Assessment/Referral – A comprehensive, clinical substance abuse assessment will be required for all potential Eligible Clients by designed treatment provider in the service network based on the potential Eligible Client’s entry point into the system and her level of need for Services. Mental health assessments will also be completed as indicated by the individual client history and presenting problems. Expenses incurred for assessments conducted by the provider are not a reimbursable cost under this Agreement unless specifically authorized by the Department in writing.

- b) Residential Treatment – 90 days of Level II residential treatment service is defined and licensed by DSHS. Residential services require Eligible Clients to reside (sleep overnight) at the facility for a specified period of time while undergoing chemical dependency treatment. For Level II services, an average of 20 hours of structured activities per week is provided to each Eligible Client. Included are three hours of chemical dependency counseling (including at least one hour of individual counseling), fourteen hours of additional counseling, chemical dependency education, or life skills training, and three hours of structured social and/or recreational activities

Residential treatment services for the Parenting In Recovery women's population will also include "Specialized Female Services," which are residential treatment services for the women and their dependent children. In Level II (specialized treatment services of up to 90 days, based on Eligible Client needs), the children live with their mother in the treatment facility and the treatment programming includes components for increasing the mother's parenting knowledge, skills, resources as well as treatment planning and treatment-related services specifically for the children.

4. Annual Maximum Benefit. Annual maximum benefit per individual Eligible Client is two treatment episodes per year. One treatment "episode" means all services provided from an Eligible Client's assessment and admission to treatment (entry at one service level) through that Eligible Client's discharge from the last service provided during the treatment period [in other words, an individual Eligible Client can access the full continuum – all or part – up to two times per calendar year]. Exceptions to this annual limit may be made by ATCMHMR after a complete review by ATCMHMR's Utilization Management (UM) unit. Copies of UM reports granting exceptions will be forwarded to the Department within thirty (30) days of granting the exception. At any time, Department may request a review of this procedure in order to lessen or cease granting such exceptions, or to change the criteria utilized in granting such exceptions.

#### IV SERVICE NETWORK

##### 1. Activities Related to MSO Function

Under this Agreement, ATCMHMR will be responsible for the provision of the following activities related to the MSO Functions. All MSO Services listed will be provided by the Center during the 2008 Renewal Term of this Agreement.

*Note: It is understood that the systems listed below as items 1-8 include methodologies, data gathering and reporting, and other components, the specifics of which are not listed here. City and County reserve the right to review the specific components and operations of these systems and related data supporting the implementation of these systems, and to request changes as reasonably determined to be necessary by City and County in order to achieve the ultimate goals of this Agreement. Requests for change shall be in writing and effective at such time as agreed upon by the Center.*

- i. Credentialing. The credentialing process shall ensure that the network is comprised of providers and organizations that are qualified to provide Services in compliance with National Committee for Quality Assurance (NCQA) standards. Established standards will be consistently used in the appointment and reappointment of providers throughout the term of this Agreement. Examples of activities included under this function are: primary source verification for facility licensure; verification of staff licensure, education and professional liability insurance coverage; and checks on providers' and organizations' claims histories.
- ii. "Gate" Functions (Single Point of Entry). ATCMHMR is responsible for determining whether a potential Eligible Client meets the Eligibility Criteria. The goal of the gate function is to ensure that Eligible Clients are given appropriate and adequate choices (as available) of providers. Management of referrals will be timely, geared to the acuity of the Eligible Client's needs, and geographically appropriate, as determined by City and County. Calls will be made to the Utilization Management (UM) department of the Center for eligibility determination and service authorization. All pertinent data will be entered in the Center's MSO managed care software.

Center will directly provide eligibility determination. City, County and Center will agree upon the types of documentation that Center must maintain to support these determinations of eligibility. City and County may periodically review and/or monitor the Eligibility Criteria, as reasonably determined by City and County.

- iii. Utilization Management (UM). ATCMHMR shall, through its Utilization Management (UM) activities, strive to ensure that all Eligible Clients are given equal access to Services, at the least restrictive and most appropriate level of care to maintain optimum functioning for the individual Eligible Client. The UM process matches the Eligible Client's need to appropriate site of service and supports and assists in the development of a focused, goal-oriented plan of care. Utilization data will be reviewed by the Center and the service provider network at least quarterly (or more often, if requested by City and/or County) to assess trends and identify areas needing improvement.
- iv. Quality Management (QM). Quality Management compiles data and reports output and outcome results compared to annual objectives on a variety of indicators (i.e., number of Eligible Clients served, consumer satisfaction, continuity of care, reduction of distress, and recidivism rates). Quality Management also monitors and profiles sentinel risk factors. Quality Management utilizes a continuous quality improvement (CQI) process to ensure that quality services are provided to Eligible Clients.
- v. Management Information Systems. The information system will contain information necessary to ensure the appropriate management of the network.
- vi. Financial Management. The Center will make its best effort to utilize its Financial Management processes to ensure that claims are paid in a timely manner and at the appropriate rates. All claims received shall be reviewed for specific information to verify that the claim is valid. Claims with inaccuracies will be returned to the provider for correction. A record of

inaccurate claims will be logged. The Center will assist providers with rate development with all rates subject to Department approval, said approval not to be unreasonably withheld. The Center will submit all rate requests (e.g., for new services, new providers, and/or rate changes) to the Department in writing, with complete supporting documentation to explain the basis for the rate calculation and to justify the rate requested. These requests by the Center must be fully negotiated with the provider and submitted to the Department for approval in a timely manner such that Department approval might be reasonably obtained prior to the effective date of the rate requested. In any case, rates will not be considered approved or authorized without specific written approval/authorization by the Department.

- vii. Administration/Contract Management. Specific procedures have been developed by the Center, which define the processes for development, negotiation, and execution of service contracts. All contracts are reviewed to ensure a balance of choice, access and quality at a reasonable cost.
- viii. Network Development and Management. This MSO function includes an ongoing assessment of the needs of the consumer, accessibility of services, and quality of services provided. This function also includes training, technical assistance, and monitoring of the current service providers and identification of new service providers as necessary to meet the specific service requirements of City and County under this Agreement. The Center MSO is also responsible for marketing efforts for the service network to ensure all community-based service organizations in the Austin/Travis County community are adequately informed of the MSO and the substance abuse treatment network, and of the target populations to be served under this Agreement. These marketing and community education efforts are key to ensuring the full integration of this system into the community.

## 2. Network Service Providers

The Service Network for the 2008 Renewal Term will initially consist of the following entities:

- i. Austin Travis County Mental Health Mental Retardation Center (ATCMHMR). In addition to acting as the MSO, ATCMHMR will also participate in the project by providing certain direct services to Eligible Clients, which are necessary for an adequate service continuum for substance abuse and related behavioral healthcare treatment, especially for these target populations. It should be noted that due to its current MSO operations, the Center has been required to change the way business is conducted, with a solid boundary between the Center's MSO role/function and its provision of mental health, mental retardation and substance abuse services. ATCMHMR will not be reimbursed under this Agreement for clinical Services provided by the Center's various programs since City and County have separate contractual arrangements with the Center for the purchase of these mental health, mental retardation, and substance abuse treatment Services delivered by Center to the community.

Other members of the Service Network include:

- ii. Austin Recovery, Inc. Austin Recovery, Inc. offers a continuum of services from detoxification (Level I) to residential and day treatment (Level II and III) to outpatient (Levels III and IV). The Austin Recovery, Inc. facilities serve both males and females. Within the continuum of services, Austin Recovery, Inc. offers two residential, specialized treatment programs for women. One, a Level II program, also houses the woman's dependent children; the other program, Level III, houses the women only, but also provides programming to address parent/child needs, and is for a shorter term. Services may also include: Men's and Women's Transitional Housing for Community Court referrals.
- iii. Seton/Shoal Creek. Seton/Shoal Creek offers specialized detoxification programs for dual diagnosed (Level I) males and females. Referral must come from Austin Recovery, Inc.
- iv. Push-Up Foundations, Inc. Push-Up Foundations offers Assessment, Outpatient treatment (Level III and IV) and Aftercare for women, men, and youth. The programs are located in East Austin, target the East Austin community, and provide culturally sensitive, culturally comprehensive services. Services may also include: Men's and Women's Transitional Housing for Community Court referrals.
- v. Phoenix Academy. Phoenix Academy offers Residential and Day Treatment for chemically abusing/dependent youth.
- vi. Clean Investments. Clean Investments offers Outpatient treatment (Level III and IV) to adults referred by the Community Court and to community referred at risk Youth.
- vii. Austin Drug & Alcohol Abuse Program ("ADAAP"). ADAAP offers Outpatient treatment (Level III and IV) to Spanish speaking Community Court referred clients.
- viii. Choosing How I live (CHILL). Offers pre-readiness treatment to clients referred by Community Court and youth outpatient.
- ix. Intervention providers currently credentialed under the network authorized to provide services to Youth and Family Assessment Center and The Children's Partnership youth and other referral sources.

One of the functions of ATCMHMR as the MSO, over time, will be to identify other potential service providers for the treatment continuum that Eligible Clients require. ATCMHMR may use a Request for Proposals (RFP) or other appropriate process which provides adequate competition as required by law to select additional providers to expand capacity and/or fill gaps in Services as necessary for this project with prior written approval of the Department. Center must inform Department in writing of the specific needs and circumstances to be addressed and must secure Department's written approval in advance of any efforts by Center to secure additional providers for the service network operated under this Agreement.

In addition, existing service providers may request to provide services for additional populations identified as eligible under this Agreement. ATCMHMR shall be responsible for defining minimal performance standards for existing providers to ensure the provider has the necessary administrative and programmatic infrastructure to expand their service array or service population. These criteria may include: past performance, ATCMHMR monitoring results, Department monitoring results, independent audit findings, and any other information deemed relevant to the provider's administrative and programmatic performance and capacity. Center must inform Department in writing of the specific needs and circumstances to be addressed and must secure Department's written approval in advance of any efforts by Center to add additional services or target populations to the existing provider network operated under this Agreement.

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\*The Institute of Medicine has defined selective and indicated programming as follows: Selective programming (e.g. mentoring programs aimed at children with school performance or behavioral problems) target those at higher-than-average risk for substance abuse. Indicated programming (e.g. parenting programs for parents with substance abuse problems) target those already using or engaging in other high-risk behaviors (such as delinquency) to prevent chronic use.

## 2008 SAMSO Budget

### F. Budget Funding Sources and Distribution

#### FUNDING SOURCES:

CITY OF AUSTIN.....	\$627,043.00
TRAVIS COUNTY.....	\$611,799.00
TRAVIS COUNTY (GRANT FUNDS) .....	\$294,315.00
COMMUNITY COURT .....	<u>\$310,000.00</u>
TOTAL.....	\$1,843,157.00

#### DISTRIBUTION:

##### **I. Homeless, High Risk Women & Youth , and Community Court Target Populations**

MSO SERVICES ..... 12%  
Maximum.....\$185,861.00     (12% x \$1,548,842.00)

DIRECT SERVICES (through Providers).....88%  
Maximum: .....\$1,362,981.00     (88% x \$1,548,842.00)

Youth Services. \$ 135,000 of Travis County's contribution to this Agreement will be used exclusively for youth services, as described in Section III.D of the 2008 Renewal Term Work Statement, "Description of Required Services for High-Risk Youth."

##### **II. Parenting In Recovery Target Population (Grant Funds)**

MSO SERVICES ..... 5 %  
Maximum.....\$14,015.00     (5 % x \$280,300.00)

DIRECT SERVICES (through Providers)  
Maximum: .....\$280,300.00

#### **2. Maximum Total Contract Funds – 2008 Renewal Term**

A maximum total amount of contract funds in the amount of \$1,843,157.00 ("Contract Funds") is available during the 2008 Renewal Term (January 1, 2008 – December 31, 2008).

#### **3. Contract Funds – ATCMHMR**

##### **I. Homeless, High Risk Women & Youth, and Community Court Target Populations**

- ATCMHMR may receive a maximum of 12% of the total amount of non-grant Contract Funds, or up to \$185,861.00, for the satisfactory implementation and provision of MSO services for the 2008 Renewal Term of this Agreement.

ATCMHMR will be reimbursed for MSO services by requesting an MSO charge of 13.636345% of the total amount of accurate, approved claims (for direct services provided to Eligible Clients under this agreement) for each calendar month of the

2008 Renewal Term up to the annual maximum payment of \$185,861.00 for MSO services for the 2008 Renewal Term.

## **II. Parenting In Recovery Target Population (Grant Funds)**

- ATCMHMR may receive a maximum of 5% of the total amount of Contract Funds provided by grant money for direct services, or up to \$14,015.00, for the satisfactory implementation and provision of MSO services for the 2008 Renewal Term of this Agreement.

ATCMHMR will be reimbursed for MSO services by requesting an MSO charge of 4.9946 % of the total amount of accurate, approved claims (for direct services provided to Eligible Clients under this agreement) for each calendar month of the 2008 Term up to the annual maximum payment of \$14,015.00 for MSO services for the 2008 Renewal Term.

### **a. Contract Funds – Network Service Providers**

Network Providers. ATCMHMR will negotiate contracts with fee-for-service rates with each of the community-based Network service providers for the 2008 Renewal Term. Costs of Services provided by those providers will be paid for by ATCMHMR using Direct Service Contract Funds in an amount not to exceed the amount shown above in the 2008 Renewal Term Work Statement (up to \$1,643,281.00) to the Network service providers based on the Services they provide under this Agreement and in accordance with this Work Statement.

### **b. Request for Payment and Status of Funds**

#### Request for Payment:

Per the terms and conditions of this Interlocal Agreement, ATCMHMR will file a complete and correct (as determined by City and County) Request for Payment and Status of Funds Report (“Request for Payment”) with the Department within twenty (20) days of the end of each month in which treatment services were delivered to Eligible Clients. The Request will itemize, in detail and per Department specifications, Services provided to Eligible Clients and associated costs.

In addition, ATCMHMR, as the MSO, may request

1. for **Homeless, High Risk Women & Youth, and Community Court Target Populations**, 13.636345% (as an MSO charge) of the total amount of approved claims submitted for reimbursement each month, up to the annual maximum amount of \$185,861.00 for MSO services, and



2. for **Parenting In Recovery Target Population**, 4.9946 % (as an MSO charge) of the total amount of approved claims submitted for reimbursement each month, up to the annual maximum amount of \$14,015.00 for MSO services for the 2008 Renewal Term.

The ATCMHMR will add the MSO charges to the service reimbursement amount for a total Request for Payment amount.

Target Population Obligations: During the 2008 Renewal Term, ATCMHMR will provide documentation with each monthly Request for Payment showing the amount expended for Services provided as a direct service to each target population. The Center will cooperate with Department throughout the 2008 Renewal Term in allocating City and County Contract Funds for designated target populations, as required by City and County.

**c. *Fee-for-Service Rates***

Provider Rates: During the 2008 Renewal Term, all service providers will be reimbursed (for Services delivered to Eligible Clients from January 1, 2008, through December 31, 2008) on a fee-for-service payment arrangement, based on approved claims for Services delivered to Eligible Clients under this Agreement. As of January 1, 2008, fee-for-service rates will be paid to the Network service providers for services and rates as agreed upon and approved by the Department and Center. Rates may need to be adjusted at times, contingent upon written approval of the Department, based on market and cost factors and as recommended by ATCMHMR and approved by Department.

Rate Setting: With respect to rate-setting in general under this Agreement, the Center will assist providers with rate development with all rates subject to Department approval. The Center will submit all rate requests (e.g. for new Services, new providers, and/or rate changes) to the Department in writing, with complete supporting documentation to explain the basis for the rate calculation and to justify the rate requested. These requests by Center must be fully negotiated with the provider and submitted to the Department for approval in a timely manner such that Department approval might be reasonably obtained prior to the effective date of the specific written approval/authorization by the Department.

Youth Services: Distribution of \$135,000 in funding from Travis County HHS/VS for Substance Abuse intervention and treatment services to youth. Priority will be given to referrals from the Youth and Family Assessment Center and The Children's Partnership.

**d. Service Estimates and Network Expansion**

**Service Estimates:** A budgeted minimum estimate of direct services funding to each **Target population** for the 2008 Renewal Term is shown below. The Center will review claims paid, data and service levels at least quarterly and make adjustments to the actual service level budgeting, notifying the Department within 30 days of making any such adjustment. Department may, at any time, request a review of such adjustments, and ATCMHMR will work with Department if Department determines that the adjustments being made may warrant discussion and/or change. The unassigned direct service funds shown below may be used for purchasing additional Services from current network providers and, contingent upon Department approval, for exceptional referrals for needed Services outside the network and/or for purchasing Services from providers not yet recruited into the network.

**Initial Budgeted Minimum Direct Service Level Estimates for 2008**

Target Population	Amount
Homeless/At Risk Women	\$967,381
Community Court	\$272,800
Youth Treatment Services	\$118,800
Incentives for Eligible Clients Follow-up Surveys	\$4,000
Parenting In Recovery	\$280,300
TOTAL	\$1,643,281.00

NOTE: As mentioned above, the "Proposed Service Levels" (shown in the chart above) are estimates and subject to periodic adjustments by Center during the contract term, as necessary, in order to maximize access to appropriate services for Eligible Clients to be served under this Agreement during 2008.

**Network Expansion:** The need for service network expansion will be evaluated by ATCMHMR on an ongoing basis in order to ensure adequate service capacity, access to Services, and availability of the continuum of Services required by City and County for Eligible Clients under this Agreement. Center will make written recommendations to the Department as necessary and obtain Department approval in writing within 30 days.

Services, and availability of the continuum of Services required by City and County for Eligible Clients under this Agreement. Center will make written recommendations to the Department as necessary and obtain Department approval in writing within 30 days.