

The Harris Center for Mental Health and IDD

(Formerly known as MHMRA of Harris County)

Mental Health Provider Network Development Plan FY '18



2018 Provider Network Development Plan

By April 30, 2018, complete and submit in **Word** format (**do not PDF**) to performance.contracts@dshs.state.tx.us.

All Local Mental Health Authorities and Local Behavioral Health Authorities (LMHA/LBHAs) must complete Parts I and III. Part I includes baseline data about services and contracts and documentation of the LMHA/LBHA's assessment of provider availability. Part III documents Planning and Network Advisory Committee (PNAC) involvement and public comment.

Only LMHA/LBHAs with interested providers are required to complete Part II, which includes procurement plans.

When completing the template:

- ◆ Be concise, concrete, and specific. Use bullet format whenever possible.
- ◆ Provide information only for the period since submission of the 2016 Local Provider Network Development (LPND) Plan.
- ◆ Insert additional rows in tables as needed.

NOTES:

- This process applies only to services funded through the Mental Health Performance Contract Notebook (PCN); it does not apply to services funded through Medicaid Managed Care. Data is requested only for the non-Medicaid population.
- The requirements for network development pertain only to provider organizations and complete levels of care or specialty services. Routine or discrete outpatient services and services provided by individual practitioners are governed by local needs and priorities and are not included in the assessment of provider availability or plans for procurement.

PART I: Required for all LMHA/LBHAs

Local Service Area

1) Provide the following information about your local service area. Most of the data for this section can be accessed from the following reports in MBOW, using data from the following report: 2016 LMHA/LBHA Area and Population Stats (in the General Warehouse folder).

Population	4,589,928	Number of counties (total)	1
Square miles	1,703.48	♦ Number of urban counties	1
Population density	2,694	♦ Number of rural counties	0

Major populations centers (add additional rows as needed):

Name of City	Name of County	City Population	County Population	County Population Density	County Percent of Total Population
Houston	Harris	2,303,482	4,589,928	2,694	100%

Current Services and Contracts

- 2) Complete the table below to provide an overview of current services and contracts. Insert additional rows as needed within each section.
- 3) List the service capacity based on fiscal year (FY) 2017 data.
 - a) For Levels of Care, list the non-Medicaid average monthly served. (Note: This information can be found in MBOW, using data from the following report in the General Warehouse folder: LOC-A by Center (Non-Medicaid Only and All Clients).
 - b) For residential programs, list the total number of beds and total discharges (all clients).
 - c) For other services, identify the unit of service (all clients).
 - d) Estimate the FY 2018 service capacity. If no change is anticipated, enter the same information as Column A.
 - e) State the total percent of each service contracted out to external providers in 2017. In the sections for Complete Levels of Care, do not include contracts for discrete services within those levels of care when calculating percentages.

Adult Services: Complete Levels of Care	FY 2017 service capacity (non-Medicaid only)	Estimated FY 2018 service capacity (non-Medicaid only)	Percent total non-Medicaid capacity provided by external providers in FY 2017*
Adult LOC 1m	1	1	0%
Adult LOC 1s	5841	6425	0%
Adult LOC 2	1349	1484	0%
Adult LOC 3	981	1079	0%
Adult LOC 4	102	112	0%
Adult LOC 5	190	208	0%

Child and Youth Services: Complete Levels of Care	FY 2017 service capacity (non-Medicaid only)	Estimated FY 2018 service capacity (non-Medicaid only)	Percent total non-Medicaid capacity provided by external providers in FY 2017*
Children's LOC 1	59	59	0%
Children's LOC 2	367	367	0%
Children's LOC 3	48	48	0%
Children's LOC 4	1	1	0%
Children's CYC	11	11	0%
Children's LOC 5	14	14	0%

Crisis Services	FY 2017 service capacity	Estimated FY 2018 service capacity	Percent total capacity provided by external providers in FY 2017*
Crisis Hotline	176,108	Same	0%
Mobile Crisis Outreach Team	2815	Same	0%
Other (Please list all Psychiatric Emergency Service Center (PESC) Projects and other Crisis Services):	365 served/ 2277 bed days	412 served/ 2288 bed days	0%
PES	8625	Same	0%
CIRT	3803	Same	0% (except police partners)
ICC	4147	Same	0%
CCSI	101	Same	0%

HCPI	2869	Same	0%
BRANARD	168 served/ 4261 bed days	Same	0%
COD	209 served/ 11,700 bed days	180 served/8100 bed days	100%
CRU	340 served/ 4297 bed days	Same	0%
PHCRU	379 served/ 5979 bed days	Same	0%
CSU	1275 served/ 5632 bed days	Same	0%
CTI	75	0	0%

- 4) List **all** of your FY 2017 Contracts in the tables below. Include contracts with provider organizations and individual practitioners for discrete services. If you have a lengthy list, you may submit it as an attachment using the same format.
- a) In the Provider column, list the name of the provider organization or individual practitioner. The LMHA/LBHA must have written consent to include the name of an individual peer support provider. For peer providers that do not wish to have their names listed, state the number of individuals (e.g., "3 Individuals").
- b) List the services provided by each contractor, including full levels of care, discrete services (such as Cognitive Behavioral Therapy, physician services, or family partner services), crisis and other specialty services, and support services (such as pharmacy benefits management, laboratory, etc.).

Provider Organizations	Service(s)
Randall's	Pharmacy
CPL	Laboratory
JSA Health, LLC (FY 16 only)	Telemedicine
Baylor College of Medicine and Univ. of Texas	Physicians Consultants
Baylor College	EKG Readings
Baylor College of Medicine	Physical Examinations
Bay Area Recovery Center Cheyenne Center Discovery Community Houston, LLC/Houston Discovery Community dba Passages, Inc. Santa Maria Hostel, Inc.	CPEP Contracts (Dual Disorders-Residential Programs)

Directions of Recovery (withdrew contract as of 7/21/16) Volunteers of America (withdrew contract as of 8/31/15)	
Healthcare for the Homeless (contract termed as of 8/31/17)	Jail In-Reach Service and Crisis Follow-up Relapse Prevention
Harris County Psychiatric Center (HCPC)	Inpatient Services
Harris County Psychiatric Center Civil Beds (HCPC)	Inpatient Services
Harris County Psychiatric Center Competency Restoration Beds (HCPC)	Inpatient Services
West Oaks Hospital	Inpatient Services
CTI Housing Pathway to Serenity Santa Maria Hostel, Inc. Turning Point Center for Recovery and Wellness Resources Directions of Recovery(withdrew contract as of 7/21/17)	Housing
Houston Police Department and Harris County Sheriff Office	CIRT Teams, HOT Teams, CCSI and CCD

Individual Practitioners	Service(s)
None at this time	Outpatient Services

Administrative Efficiencies

5) Using bullet format, describe the strategies the LMHA/LBHA is using to minimize overhead and administrative costs and achieve purchasing and other administrative efficiencies, as required by the state legislature (see Appendix C).

♦ Streamlined business office practices to reduce costs
♦ Maximize third party billing opportunities including Medicare and Medicaid
♦ Developed a Consumer Benefit Office to assist all patients in seeking benefits
♦ Use state contract and county contracts for best purchasing and procurement practices
♦ Continuous re-engineering or improvement of processes
♦ Business process automation
♦ Regular evaluation of the cost-benefit of “outsourcing” vis-à-vis “in-sourcing”
♦ Continuous monitoring and assessment of workload measures or metrics

6) List partnerships with other LMHA/LBHAs related to planning, administration, purchasing, and procurement or other authority functions, or service delivery. Include only current, ongoing partnerships.

Start Date	Partner(s)	Functions
None	n/a	n/a

Provider Availability

NOTE: The LPND process is specific to provider organizations interested in providing full levels of care to the non-Medicaid population or specialty services. It is not necessary to assess the availability of individual practitioners. Procurement for the services of individual practitioners is governed by local needs and priorities.

7) Using bullet format, describe steps the LMHA/LBHA took to identify potential external providers for this planning cycle. Please be as specific as possible. For example, if you posted information on your website, how were providers notified that the information was available? Other strategies that might be considered include reaching out to YES waiver providers, HCBS providers, and past/interested providers via phone and email; contacting your existing network, MCOs, and behavioral health organizations in the local service area via phone and email; emailing and sending letters to local psychiatrists and professional associations; meeting with stakeholders, circulating information at networking events, and seeking input from your PNAC about local providers.

- In FY 18, The Harris Center inquired approximately 263 community stakeholders including: NAMI, Gateway to Care, Family Services of Greater Houston, Houston Psychiatric Society, Psychiatric Hospitals, Baylor College of Medicine, Legacy Community Health Services, Yes Waiver providers, as well as other relevant professional organizations and advocacy groups and individuals about interest in providing a full levels of care array of services for the non-Medicaid population per the Texas Administrative Code, Chapter 412, Subchapter P, in relation to Provider Network Development (TAC 412 P). No inquires about contracting at this time for the full service array; 6 responses only to contract for discrete services that The Harris Center does not have out for procurement currently.
- The DSHS website also provided a venue for provider organizations to express their interest in by submitting a Provider Inquiry Form for 2 months 12/1/17-2/28/18. The Harris Center received no interested full service providers. We received two inquiry forms from discrete service providers.

- Since 2016, The Harris Center has received over 113 inquiries for housing, mental health-adult and children’s services, and IDD services from the community.
- The Harris Center had a Request for Applications/Information/Proposal for Adult, Children, or Crisis Services from 2003-2016. Most Open Enrollment periods had been on full 2 year open cycles per LPND. The Harris Center had well over 500 inquiries from providers: Results- 1 full service contractor 2007; 3 submitted written applications for full service resulting in 0 contracts (either incomplete application, not qualified, or not approved). Approximately 25 contracts for discrete services (Substance Abuse, Competency, Crisis services, Foster Care, CBT).
 - The Harris Center had a contract with 1 full service provider that contracted with us to provide the full array of services from 2007 for approximately 2 years until they termed operations.
 - 1 other full service provider applied, was credentialed to contract in May 2008 to provide the full array of services but was termed as of 12/18/09 due to no follow-up response from the provider.
 - 1 other full service contractor applied with full application but was not approved in 2009.
 - 1 other full service contractor with incomplete application; never responded in 2011 for missing information.
 - The other inquires have come mostly from private discrete service providers for Cognitive Behavioral therapy or Crisis Services.
 - 15 full applications for CBT/Crisis services resulting in 1 signed CBT and 2 pending CBT, and 1 Crisis contract
- The Harris Center meets regularly with stakeholder groups for input and expansion opportunities around network development.
- Please reference The Harris Center’s prior 5 LPND Plans for 2008, 2010, 2012, 2014, and 2016 for extensive history of planning, procurement, and contracting.

8) Complete the following table, inserting additional rows as needed.

- ♦ List each potential provider identified during the process described in Item 5 of this section. Include all current contractors, provider organizations that registered on the HHSC website, and provider organizations that have submitted written inquiries since submission of 2016 LPND plan. You will receive notification from HHSC if a provider expresses interest in contracting with you via the HHSC website. Provider inquiry forms will be accepted through the HHSC website through February 28, 2018. **Note:** Do not finalize your provider availability assessment or post the LPND plan for public comment before March 1, 2018.
- ♦ Note the source used to identify the provider (e.g., current contract, HHSC website, LMHA/LBHA website, e-mail, written inquiry).
- ♦ Summarize the content of the follow-up contact described in Appendix A. If the provider did not respond to your invitation within 14 days, document your actions and the provider’s response. In the final column, note the conclusion regarding the provider’s availability. For those deemed to be potential providers, include the type of services the provider can provide and the provider’s service capacity.

Provider	Source of Identification	Summary of Follow-up Meeting or Teleconference	Assessment of Provider Availability, Services, and Capacity
Vanesia Johnson-VRJ Associates	Email 12/1/17	12/1/17 - Interested in reapplying for a therapy services contract-Informed provider no current open enrollments for therapy but The Harris Center would keep VRJ Associates up to date on future procurements.	Individual therapy contractor-not a full service provider
Jerry Parker-The Wood Group	Email 12/8/17	Interested in contracting for IDD, Crisis Respite, Forensic services in the Houston area; not interested in full MH service array. Currently The Harris Center does not have open enrollments for these services but will keep The Wood Group up to date of future procurements.	Not interested in being full service provider in Harris County at this time

Kate Harrison, MT-BC- Neurologic Music Therapy Fellow	Email 1/3/18	Interested in contracting with the agency to provide Music Therapy services. Currently contracting with us to provide services through the YES WAIVER Program. The Harris Center does not have any other open enrollments for this service at this time and will keep the provider up to date on future procurements.	Individual therapy contractor- not a full service provider
Dr. Tequilla Wilson	Phone 1/9/18	Does not provide the full array of services (Counseling only) and was just calling to touch base with us for future outreach. The Harris Center will keep Dr. Wilson up to date on future procurements.	Individual therapy contractor- not a full service provider
Dr. Liz West/ Champions Behavioral Health	1/6/18- Provider Inquiry Form on HHSC website	Does not provide the full array of services- (Psychosocial services and Substance Abuse treatment only – no Psychiatrist). Would like to be placed in the Medicaid / Medicare referral list.	Individual therapy contractor- not a full service provider
Dominion Recovery Managers, LLC	2/13/18- Provider Inquiry Form on HHSC website	Does not provide the full array of services- The company provides psychotherapy and counseling. Has no Psychiatrist. The Harris Center will keep them up to date on future procurements and add them to the Medicaid/Medicare referral list.	Individual contractor-not a full service provider.

Part II: Required for LMHA/LBHAs with potential for network development N/A

Procurement Plans

If the assessment of provider availability indicates potential for network development, the LMHA/LBHA must initiate a procurement. 25 TAC §412.754 describes the conditions under which an LMHA/LBHA may continue to provide services when there are available and appropriate external providers. Include plans to procure complete levels of care or specialty services from provider organizations. Do not include procurement for individual practitioners to provide discrete services.

- 9) Complete the following table, inserting additional rows as need.
- ♦ Identify the service(s) to be procured. Make a separate entry for each service or combination of services that will be procured as a separate contracting unit. Specify Adult or Child if applicable.
 - ♦ State the capacity to be procured, and the percent of total capacity for that service.
 - ♦ Identify the geographic area for which the service will be procured: all counties or name selected counties.
 - ♦ State the method of procurement—open enrollment (RFA) or request for proposal.
 - ♦ Document the planned begin and end dates for the procurement, and the planned contract start date.

Service or Combination of Services to be Procured	Capacity to be Procured	Method (RFA or RFP)	Geographic Area(s) in Which Service(s) will be Procured	Posting Start Date	Posting End Date	Contract Start Date
N/A						

Rationale for Limitations

NOTE: Network development includes the addition of new provider organizations, services, or capacity to an LMHA/LBHA’s external provider network.

- 10) Complete the following table. Please review 25 TAC §412.755 carefully to be sure the rationale addresses the requirements specified in the rule (See Appendix B).
- ♦ Based on the LMHA/LBHA’s assessment of provider availability, respond to each of the following questions.
 - ♦ If the response to any question is Yes, provide a clear rationale for the restriction based on one of the conditions described in 25 TAC §412.755.
 - ♦ If the restriction applies to multiple procurements, the rationale must address each of the restricted procurements or state that it is applicable to all of the restricted procurements.
 - ♦ The rationale must provide a basis for the proposed level of restriction, including the volume of services to be provided by the LMHA/LBHA.

	Yes	No	Rationale
1) Are there any services with potential for network development that are not scheduled for procurement?			N/A
2) Are any limitations being placed on percentage of total capacity or volume of services external providers will be able to provide for any service?			N/A
3) Are any of the procurements limited to certain counties within the local service area?			N/A
4) Is there a limitation on the number of providers that will be accepted for any of the procurements?			N/A

11) If the LMHA/LBHA will not be procuring all available capacity offered by external contractors for one or more services, identify the planned transition period and the year in which the LMHA/LBHA anticipates procuring the full external provider capacity currently available (not to exceed the LMHA/LBHA's capacity).

Service	Transition Period	Year of Full Procurement
N/A		

Capacity Development

- 12) In the table below, document your procurement activity since the submission of your 2016 LPND Plan. Include procurements implemented as part of the LPND plan and any other procurements for complete levels of care and specialty services that have been conducted.
- ♦ List each service separately, including the percent of capacity offered and the geographic area in which the service was procured.
 - ♦ State the results, including the number of providers obtained and the percent of service capacity contracted as a result of the procurement. If no providers were obtained as a result of procurement efforts, state "none."

Year	Procurement (Service, Percent of Capacity, Geographic Area)	Results (Providers and Capacity)
N/A		

PART III: Required for all LMHA/LBHAs

PNAC Involvement

13) Show the involvement of the PNAC in the table below. PNAC activities should include input into the development of the plan and review of the draft plan. Briefly document the activity and the committee's recommendations.

Date	PNAC Activity and Recommendations
11/14/17	A Broadcast notice was sent out by HHSC and their website was updated to reflect the new LPND guidelines and template for the FY 18 planning cycle. A Provider Inquiry Form was made available to the public for completion starting 12/1/17 through 2/28/18.
12/1/17	The Harris Center further inquired approximately 263 community stakeholders including NAMI, Gateway to Care, Family Services of Greater Houston, Houston Psychiatric Society, Psychiatric Hospitals, Baylor College of Medicine, Legacy Community Health Services, Yes Waiver providers, as well as other relevant professional organizations and advocacy groups and individuals about interest in providing a full levels of care array of services for the non-Medicaid population per the Texas Administrative Code, Chapter 412, Subchapter P, in relation to Provider Network Development (TAC 412 P). The Harris Center asked for feedback as well from 12/1/17 through 2/28/18. No inquires about contracting for full services at this time were made; responses received were by 6 discrete service providers that The Harris Center does not currently have out for procurement.
3/1/18	The draft LPND FY 18 plan was sent out to the stakeholders, opened for public comment on The Harris Center's external website http://www.mhmraharris.org/ , the DSHS website has The Harris Center RFA link continuously since approximately 2010, and the plan was sent to community stakeholders and professional organizations for public comment and feedback. The Harris Center received no comments. The posting expired for public comment on March 30, 2018.

Stakeholder Comments on Draft Plan and LMHA/LBHA Response

Allow at least 30 days for public comment on the draft plan. Do not post plans for public comment before March 1, 2018.

In the following table, summarize the public comments received on the draft plan. If no comments were received, state "None." Use a separate line for each major point identified during the public comment period, and identify the stakeholder group(s) offering the comment. Describe the LMHA/LBHA's response, which might include:

- ◆ Accepting the comment in full and making corresponding modifications to the plan;
- ◆ Accepting the comment in part and making corresponding modifications to the plan; or
- ◆ Rejecting the comment. Please explain the LMHA/LBHA's rationale for rejecting the comment.

Comment	Stakeholder Group(s)	LMHA/LBHA Response and Rationale
None		

COMPLETE AND SUBMIT ENTIRE PLAN TO performance.contracts@dshs.state.tx.us by April 30, 2018.

Appendix A

Assessing Provider Availability

Provider organizations can indicate interest in contracting with an LMHA/LBHA through the [LPND website](#) or by contacting the LMHA/LBHA directly. On the LPND website, a provider organization can submit a Provider Inquiry Form that includes key information about the provider. HHSC will notify both the provider and the LMHA/LBHA when the Provider Inquiry Form is posted.

During its assessment of provider availability, it is the responsibility of the LMHA/LBHA to contact potential providers to schedule a time for further discussion. This discussion provides both the LMHA/LBHA and the provider an opportunity to share information so that both parties can make a more informed decision about potential procurements.

The LMHA/LBHA must work with the provider to find a mutually convenient time. If the provider does not respond to the invitation or is not able to accommodate a teleconference or a site visit within 14 days of the LMHA/LBHA's initial contact, the LMHA/LBHA may conclude that the provider is not interested in contracting with the LMHA/LBHA.

If the LMHA/LBHA does not contact the provider, the LMHA/LBHA must assume the provider is interested in contracting with the LMHA/LBHA.

An LMHA/LBHA may not eliminate the provider from consideration during the planning process without evidence that the provider is no longer interested or is clearly not qualified or capable of provider services in accordance with applicable state and local laws and regulations.

Appendix B

25 TAC §412.755. Conditions Permitting LMHA Service Delivery.

An LMHA may only provide services if one or more of the following conditions is present.

- (1) The LMHA determines that interested, qualified providers are not available to provide services in the LMHA's service area or that no providers meet procurement specifications.
- (2) The network of external providers does not provide the minimum level of individual choice. A minimal level of individual choice is present if individuals and their legally authorized representatives can choose from two or more qualified providers.
- (3) The network of external providers does not provide individuals with access to services that is equal to or better than the level of access in the local network, including services provided by the LMHA, as of a date determined by the department. An LMHA relying on this condition must submit the information necessary for the department to verify the level of access.
- (4) The combined volume of services delivered by external providers is not sufficient to meet 100 percent of the LMHA's service capacity for each level of care identified in the LMHA's plan.
- (5) Existing agreements restrict the LMHA's ability to contract with external providers for specific services during the two-year period covered by the LMHA's plan. If the LMHA relies on this condition, the department shall require the LMHA to submit copies of relevant agreements.
- (6) The LMHA documents that it is necessary for the LMHA to provide specified services during the two-year period covered by the LMHA's plan to preserve critical infrastructure needed to ensure continuous provision of services. An LMHA relying on this condition must:
 - (A) document that it has evaluated a range of other measures to ensure continuous delivery of services, including but not limited to those identified by the LANAC and the department at the beginning of each planning cycle;
 - (B) document implementation of appropriate other measures;
 - (C) identify a timeframe for transitioning to an external provider network, during which the LMHA shall procure an increasing proportion of the service capacity from external provider in successive procurement cycles; and
 - (D) give up its role as a service provider at the end of the transition period if the network has multiple external providers and the LMHA determines that external providers are willing and able to provide sufficient added service volume within a reasonable period of time to compensate for service volume lost should any one of the external provider contracts be terminated.

Appendix C

House Bill 1, 85th Legislature, Regular Session, 2017 (Article II, Health and Human Services Commission Rider 147):

Efficiencies at Local Mental Health Authorities and Intellectual Disability Authorities. The Health and Human Services Commission shall ensure that the local mental health authorities and local intellectual disability authorities that receive allocations from the funds appropriated above to the Health and Human Services Commission shall maximize the dollars available to provide services by minimizing overhead and administrative costs and achieving purchasing efficiencies. Among the strategies that should be considered in achieving this objective are consolidations among local authorities and partnering among local authorities on administrative, purchasing, or service delivery functions where such partnering may eliminate redundancies or promote economies of scale. The Legislature also intends that each state agency which enters into a contract with or makes a grant to local authorities does so in a manner that promotes the maximization of third party billing opportunities, including to Medicare and Medicaid. Funds appropriated above to the Health and Human Services Commission in Strategies I.2.1, Long-Term Care Intake and Access, and F.1.3, Non-Medicaid IDD Community Services, may not be used to supplement the rate-based payments incurred by local intellectual disability authorities to provide waiver or ICF/IID services. (Former Special Provisions Sec. 34)