

# **The Harris Center for Mental Health and IDD**

(Formerly known as MHMRA of Harris County)

## **Mental Health Provider Network Development Plan FY '20**



# 2020 Provider Network Development Plan

Complete and submit in **Word** format (**not PDF**) to Performance.Contracts@hhsc.state.tx.us no later than April 30, 2020.

All Local Mental Health Authorities and Local Behavioral Health Authorities (LMHA/LBHAs) must complete Part I, which includes baseline data about services and contracts and documentation of the LMHA/LBHA's assessment of provider availability, and Part III, which documents 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 2018 Local Provider Network Development Plan (LPND Plan).
- ◆ When completing a table, insert additional rows 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. Throughout the document, 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: 2018 LMHA/LBHA Area and Population Stats (in the General Warehouse folder).

<b>Population</b>	4,665,159	<b>Number of counties (total)</b>	1
<b>Square miles</b>	1,703	♦ <b>Number of urban counties</b>	1
<b>Population density</b>	2,738	♦ <b>Number of rural counties</b>	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	2,325,502	4,664,159	2,738	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 FY 2019 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 2020 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 2019. In the sections for Complete Levels of Care, do not include contracts for discrete services within those levels of care when calculating percentages.

	<b>FY 2019 service capacity (non-Medicaid only)</b>	<b>Estimated FY 2020 service capacity (non-Medicaid only)</b>	<b>Percent total non-Medicaid capacity provided by external providers in FY 2019*</b>
<b>Adult Services: Complete Levels of Care</b>			
Adult LOC 1m	0	0	0%
Adult LOC 1s	6,815	7,496	0%
Adult LOC 2	1,170	1,287	0%
Adult LOC 3	765	841	0%
Adult LOC 4	288	316	0%
Adult LOC 5	158	173	0%

	<b>FY 2019 service capacity (non-Medicaid only)</b>	<b>Estimated FY 2020 service capacity (non-Medicaid only)</b>	<b>Percent total non-Medicaid capacity provided by external providers in FY 2019*</b>
<b>Child and Youth Services: Complete Levels of Care</b>			
Children's LOC 1	68	68	0%
Children's LOC 2	496	496	0%
Children's LOC 3	65	65	0%
Children's LOC 4	1	1	0%
Children's CYC	15	15	0%
Children's LOC 5	10	10	0%

<b>Crisis Services</b>	<b>FY 2019 service capacity</b>	<b>Estimated FY 2020 service capacity</b>	<b>Percent total capacity provided by external providers in FY 2019*</b>
Crisis Hotline	126,240	134,240	0%
Other (Please list all PESC Projects and other Crisis Services):			
Mobile Crisis Outreach Team	2656 served	2656	0%
PEER Respite	495 /2,621 bed days	495 /2,621 bed days	0%
Psychiatric Emergency Services	10,175 bed days	10,200 bed days	0%
Crisis Intervention Response Team	3505 served	3505	0%
Interim Care Clinic-merged into PES	3713	0 (merged PES)	0%

Chronic Consumer Stabilization Initiative	101	101	0%
Harris County Psychiatric Intervention	1537 served	1537 served	0%
Co-Occurring Disorders	121 /6024 bed days	121 /6024 bed days	0%
Crisis Residential Unit- Bristow	424 /5750 bed days	424 /5750	0%
Crisis Residential Unit- Southmore	492 /7167 bed days	492 /7167	0%
Crisis Stabilization Unit	1313 /5249 bed days	1313 /5249 bed days	0%

4) List **all** of your FY 2019 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 CBT, physician services, or family partner services), crisis and other specialty services, and support services (such as pharmacy benefits management, laboratory, etc.).

Provider Organization	Services
Safeway dba Randalls	Pharmacy Drug Dispensing Services
Diamond Pharmaceutical	Pharmacy for Dual Diagnosis Residential Program
Clinical Pathology Laboratories, Inc.	Clinical Laboratory Services
Alina Health, LLC dba T-Psychiatry Jackson & Coker Holdings, LLC dba Coker Locum tenens, LLC Locum Tenens Holdings, LLC dba LocumTenens.com, LLC Psych Now, LLC FasPsy, LLC	Telemedicine
Baylor College of Medicine and Univ. of Texas Health Science Center-Houston	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 Passages, Inc. Pathways Santa Maria Hostel, Inc.	CPEP Contracts (Dual Disorders-Residential Programs)
Healthcare for the Homeless-Terminated 9/1/18	Jail In-Reach Service and Crisis Follow-up Relapse Prevention
Santa Maria Hostel, Inc. Pathway to Serenity Inc. Magnificat Houses, Inc. (St. Joseph House)	Jail Diversion Program-Housing & Transition

Next Step Behavioral Houston Open Door Mission Edith N. Ugwu DBA Bethany Living, LLC	
Texas West Oaks Hospital, LP dba West Oaks Hospital	Jail Diversion Program-Inpatient Beds
Bennie Bell dba Chef's Catering	Jail Diversion Program-Nutrition Services
Bay Area Recovery Center Swinncomm Holdings LLC dba Institute for Chemical Dependency Studies (ICDS Passages, Inc. Santa Maria Hostel, Inc. True Outreach, Inc. Alliance Risk Group LLC, dba Gateway to Sobriety Pathways To Serenity	Jail Diversion Program-Substance Abuse Treatment Services
The Center for Recovery and Wellness Resources	Houston Downtown Management Group-Housing & Transition
Physicians Resources, Inc.	Jail Diversion Program-Physician Services
University of Houston, School of Medicine	Physician Services-Agency's Clinics
Harris County Psychiatric Center (HCPC)	Inpatient Services
Harris County Psychiatric Center Civil Beds (HCPC)	Inpatient Services for Voluntarily/Civil Commitment
Harris County Psychiatric Center Competency Restoration Beds (HCPC)	Inpatient Competency Restoration Services
Harris County Psychiatric Center (HCPC)	Outpatient Competency Restoration Services
Texas West Oaks Hospital, LP dba West Oaks Hospital	Inpatient Services
Texas West Oaks Hospital, LP dba West Oaks Hospital	Jail Diversion Program-Inpatient Services
Pathway to Serenity Santa Maria Hostel, Inc. Turning Point The Center for Recovery and Wellness Resources	CTI Housing & Transition Services
1. Angelina H. Rodriguez dba Psychotherapy By Angelina, LLC 2. Cassietta Lang 3. Compelling Therapy Services, Inc. 4. Complete Therapies, LLC. 5. Henrietta Udunenwu dba Citrus Medical, Inc. 6. Janette Hendrex dba Recess Ability, Inc. 7. Jerome Flanagan 8. John F. Jack, Jr 9. Kathryn Y. Gambino dba Horses 4 Life! 10. Kristofer Covington dba The Gooder Life 11. Matthew G. Bridges dba Bridging Lives, LLC. 12. Megan Joseph dba Meraki Music, LLC 13. Miriam Harris dba Nirvana Behavioral Solutions, LLC 14. Momentum Behavioral Health Concepts, LLC 15. Mosche Schlacter dba Houston Family Nutrition, Inc.	Yes Waiver Program/Type of Service 1. Art Therapy 2. Recreational Therapy 3. Recreational Therapy 4. Recreational Therapy 5. Community Living Supports and Paraprofessional Services 6. Recreational, Animal Assisted, Music and Art Therapies 7. Community Living Supports 8. Community Living Supports 9. Animal Assisted Therapy 10. Community Living Supports 11. Respite (Camp) Services 12. Music Therapy 13. Community Living Supports and Paraprofessional Services 14. Community Living Supports and Paraprofessional Services 15. Nutritional Services

16. Nettie Marie Muhammed	16. Community Living Supports and Paraprofessional Services
17. Patricia Joncyk dba Melodic Pathways Music Therapy	17. Music Therapy
18. Southwestern Music Therapy, LLC	18. Music Therapy
19. Tequila Jane Wilson dba ANC-D Psychological Services	19. Community Living Supports and Paraprofessional Services
Houston Housing Authority (HHA) Houston Center for Independent Living Mental Health America of Greater Houston The Council on Alcohol & Drugs Houston	Housing Housing Application Services Military Veteran Peer Services Outreach, Screening, Assessment & Referral Services
Harris County Community Supervision and Corrections Department – Adult Probation	Dual Diagnosis Residential Program
Harris County – Juvenile Probation Department	TRIAD – Children’s Mental Health Services
Harris County- Juvenile Probation Department	TRIAD – Prevention/Evaluation Unit
Harris County – Juvenile Probation Department	Youth Psychological Services
Harris County - Children Assessment Center	Family Protection Fee Grant
Texas Correctional Office on Offenders with Medical and Mental Impairments	TCOOMMI-JR
Harris County – Harris County Sheriff’s Office	Adult Forensic Unit/ Jail Based Mental Health Services
Harris County - Harris County Sheriff’s Office	Forensic Court Clinical Interview Unit
Harris County Sheriff’s Office	Discharge Planning Unit
Harris County Criminal Courts at Law and District Courts	Competency and Sanity Evaluation Unit

## 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).

<ul style="list-style-type: none"> <li>◆ Streamlined business office practices to reduce costs</li> <li>◆ Maximize third party billing opportunities including Medicare and Medicaid</li> <li>◆ Developed a Consumer Benefit Office to assist all patients in seeking benefits</li> <li>◆ Use state contract and county contracts for best purchasing and procurement practices</li> <li>◆ Continuous re-engineering or improvement of processes</li> <li>◆ Business process automation</li> <li>◆ Regular evaluation of the cost-benefit of “outsourcing” vis-à-vis “in-sourcing”</li> <li>◆ Continuous monitoring and assessment of workload measures or metrics</li> </ul>
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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
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, seeking input from your PNAC about local providers.*

- In FY20, The Harris Center inquired approximately 225 community stakeholders including: NAMI, Houston Psychiatric Society, NBHP, Psychiatric Hospitals, Baylor College of Medicine, Legacy Community Health Services, Yes Waiver providers, HCBS 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 inquiries about contracting at this time for the full service array; 1 response only to contract for discrete services that The Harris Center does not have out for procurement currently.
- The HHSC website also provided a venue for provider organizations to express their interest in by submitting a Provider Inquiry Form for 2 months 12/1/19-2/28/20. The Harris Center received no interested full service providers. We received one inquiry email from a discrete service provider.
- Since 2018, The Harris Center has received over 52 contracting 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 2003-2018. 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 6 LPND Plans for 2008, 2010, 2012, 2014, 2016, and 2018 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 7 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 2018 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, 2020. **Note:** Do not finalize your provider availability assessment or post the LPND plan for public comment before March 1, 2020.
- ◆ 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
Wellness Counseling Center of Texas	Email 11/30/19 to The Harris Center	Email from Montague Spearman -Managing Director.	Same provider who inquired in 2012-2013. Provider provides counseling services only-not a full service provider. He was given the option to join the Referral Panel for counseling services.

## 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 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 2018 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 Planning and Network Advisory Committee (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
10/11/19	A Broadcast notice was sent out by HHSC and their website was updated to reflect the new LPND guidelines and template for the FY 20 planning cycle. A Provider Inquiry Form was made available to the public for completion starting 12/1/19 through 2/28/20.

11/26/19	The Harris Center further inquired approximately 225 community stakeholders including NAMI, Houston Psychiatric Society, NBHP, Houston Psychiatric Hospitals, Baylor College of Medicine, VA, Legacy Community Health Services, Yes Waiver providers, HCBS 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 12/1/19 through 2/28/20. No inquires about contracting for full services at this time were made; responses received were by 1 discrete service provider that The Harris Center does not currently have out for procurement.
3/2/20	The draft LPND FY 20 plan was sent out to the stakeholders, opened for public comment on The Harris Center's external website <a href="https://www.theharriscenter.org/">https://www.theharriscenter.org/</a> , the HHSC website has The Harris Center RFA link continuously since 2010, and the plan was sent to community stakeholders and professional organizations for public comment and feedback. The Harris Center received no comments about the draft. The posting expired for public comment on March 31, 2020.

### Stakeholder Comments on Draft Plan and LMHA/LBHA Response

Allow at least 30 days for public comment on draft plan. Do not post plans for public comment before March 1, 2020.

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 in relation to this draft		
<p>"I used to be a DFPS- CPS contractor, and I had the hardest time getting a client in Harris Center as a new patient in under 60 days. 60 days seemed too long for outpatient mental health services. This issue may have been addressed but as a stakeholder, it remains deeply concerning. Do you have practices and processes in place to assess access or entry concerns for new patients/intakes/referrals? Would this reporting process hold Harris Center accountable in this area?</p> <p>Are mental health contractors still required to attend Harris Center's extensive mandatory list of trainings without compensation for time?</p> <p>Do you have a small business development program? If no, why not?</p> <p>Is it still legislatively mandated for local mental health authorities to outsource services closer to the communities it serves or has that mandate been lifted? If lifted, what would you say was the reason for its failure? If the mandate still exists, how is it that 0% continues to fill the column for outsourced services?"</p>	Vanesia Johnson	Shared access info and submitted questions to HHSC

**COMPLETE AND SUBMIT ENTIRE PLAN TO Performance.Contracts@hhsc.state.tx.us by April 30, 2020.**

## 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, 85<sup>th</sup> 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)