



May 15, 2025

Wayne Young  
Chief Executive Officer  
The Harris Center for Mental Health and IDD  
9401 Southwest Freeway  
Houston, TX 77074

Re: Local Provider Network Development Plan

Dear Wayne Young,

Texas Health and Human Services (HHSC) approves the Harris Center for Mental Health and IDD's Local Provider Network Development (LPND) plan for fiscal year 2025.

HHSC reviewed the LPND in accordance with [26 Texas Administrative Code, Chapter 301, Subchapter F](#), relating to Provider Network Development. As a reminder, an approved fiscal year 2025 LPND plan must be posted to the Harris Center for Mental Health and IDD's website.

If there are questions regarding the LPND plan, contact your assigned HHSC Contract Manager, or email [Performance.Contracts@hhs.texas.gov](mailto:Performance.Contracts@hhs.texas.gov).

Sincerely,

LPND Team  
Mental Health Programs  
Behavioral Health Services

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

2024 Local Planning & Network Development Plan





TEXAS  
Health and Human  
Services

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# Local Provider Network Development Plan: Fiscal Year 2025

The Texas Health and Human Services (HHSC) requires all local mental health authorities (LMHA) and local behavioral health authorities (LBHA) complete the Local Provider Network Development (LPND) plan and submit in Word format (not PDF) to [Performance.Contracts@hhs.texas.gov](mailto:Performance.Contracts@hhs.texas.gov) **no later than December 31, 2024.**

LMHAs and LBHAs are required to complete Part I, which includes providing baseline data about services, contracts, and documentation of the LMHA's or LBHA's assessment of provider availability; and Part III, which outlines Planning and Network Advisory Committee (PNAC) involvement and public comment.

HHSC only requires LMHAs and LBHAs to complete Part II if there are new providers interested to include procurement plans.

## NOTES:

- This process applies only to services funded through the Mental Health Performance Contract Notebook (MH/PCN); it does not cover services funded through Medicaid Managed Care. Throughout the document, only report data for the non-Medicaid population.
- The requirements for network development pertain only to provider organizations and complete levels of care or specialty services. Local needs and priorities govern routine or discrete outpatient services and services provided by individual practitioners, and these services are not part of the assessment of provider availability or plans for procurement.
- When completing the template, ensure conciseness, specificity, and use bullet points where possible, providing information only for the period since submitting the fiscal year 2023 LPND plan and adding rows in tables as necessary for responses.

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## PART I: Required for all LMHAs and LBHAs

### Local Service Area

1. Provide information in table 1 about your local service area using data from the most recent Mental and Behavioral Health Outpatient Warehouse (MBOW) data set on LMHA or LBHA Area and Population Statistics, found in the MBOW's General Warehouse folder.

**Table 1: Area and Population Statistics**

Population	LMHA or LBHA Data
Square miles	1,703
Population density	2,778
Total number of counties	1
Number of rural counties	0
Number of urban counties	1

### Current Services and Contracts

2. Complete tables 2 through 4 to provide an overview of current services and contracts.
3. List the service capacity based on the most recent MBOW data set.
  - a) For levels of care (LOC), list the non-Medicaid average monthly served found in MBOW using data from the LOC-A by Center (Non-Medicaid Only and All Clients) report in the General Warehouse folder.
  - 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 service capacity for fiscal year 2025. If no change is anticipated, enter the same information previous column.
  - e) State the total percent of each service contracted out to external providers in fiscal year 2024. For LOCs, do not include contracts for discrete services within those levels of care when calculating percentages.

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**Table 2: Service Capacity for Adult Community Mental Health Service LOCs**

LOC	Most recent service capacity (non-Medicaid only)	Estimated FY 2025 service capacity (non-Medicaid only)	% total non-Medicaid capacity provided by external providers in FY 2025
Adult LOC 1m	1	1	0%
Adult LOC 1s	9,325	9,325	0%
Adult LOC 2	2,245	2,245	0%
Adult LOC 3	1,228	1,228	0%
Adult LOC 4	512	512	0%
Adult LOC 5	71	71	0%

**Table 3: Service Capacity for Children's Community Mental Health Service LOCs**

LOC	Most recent service capacity (non-Medicaid only)	Estimated FY 2025 service capacity (non-Medicaid only)	% total non-Medicaid capacity provided by external providers in FY 2025
Children's LOC 1	404	404	0%
Children's LOC 2	2,049	2,049	0%
Children's LOC 3	373	373	0%
Children's LOC 4	4	4	0%
Children's LOC YC	150	150	0%
Children's LOC 5	43	43	0%

**Table 4: Service Capacity for Crisis Services**

Crisis Service	FY 2024 service capacity	Estimated FY 2025 service capacity	% total capacity provided by external providers in FY 2024
Crisis Hotline	195,000	200,000	0%
Private Psychiatric Beds	773/ 7,054 bed days	780/ 7,124 bed days	0%
Community Mental Health Hospital Beds	2,660/ 29,687 bed days	2,686/ 29,974 bed days	0%
Contracted Psychiatric Beds (CPBs)	0	0	0%
Mobile Crisis Outreach Teams	2,734 served	2,734 served	0%
Psychiatric Emergency Services	13,471/6,243 bed days	13,471/6,243 bed days	0%
Crisis Intervention Response Team	8,222 served	8,222 served	0%
Crisis Residential Units (CRUs)-Southmore	512/ 4,608 bed days	512/ 4,608 bed days	0%
Crisis Residential Unit- Bristow	342/ 4,419 bed days	342/ 4,419 bed days	0%
Crisis Stabilization Units (CSUs)	777/ 361 bed days	777/ 361 bed days	0%
PEER Respite (PESC)	422/ 2,515 bed days	422/ 2,515 bed days	0%
Chronic Consumer Stabilization Initiative	366 served	366 served	0%

4. List all contracts for fiscal year 2025 in the tables 5 and 6. Include contracts with provider organizations and individual practitioners for discrete services.
  - a) In tables 5 and 6, list the name of the provider organization or individual practitioner. LMHAs or LBHAs must have written consent to include names of individual peer support providers. State the number of individual peers (e.g., "3 individual peers") for peer providers that do not wish to have their names listed.
  - 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.).

**Table 5: Provider Organizations**

<b>Provider Organization</b>	<b>Service(s)</b>
Albertsons dba Randalls	Pharmacy Drug Dispensing Services
Diamond Pharmacy	Pharmacy for Dual Diagnosis Residential Program
Cardinal Health	After hours pharmacy order verification and pharmacy service
Harris County Sheriff's Office	CIRT & CORE
City of Houston	CIRT & CORE
Houston Downtown Business District	Identifying referrals for CCAP engagement, staffing enrolled consumers, and coordinating homeless strategies based on the District's need. Provides space for the CCAP at no cost to the program.
Houston Police Department	Identifying and staffing referrals for CCSI engagement and ongoing services. Providing crisis intervention and routine follow up for active CCSI Consumers. Provides space for the CCSI at no cost to the program.
Harris County Sheriff's Office	Provides criminal background information and safety support to CCAP when engaging with homeless individuals in the community.
Harmony House	Operating Agency for the Navigation Center. Information is shared for COC purposes to ensure all consumers in the Navigation Center's housing and mental health needs are met. Provides space for the NCST and BHRT staff at no cost to the programs.
Coalition for the Homeless	Leading agency for homeless initiatives in the region. Provides support, education and access to funding opportunities to BHRT and various other programs within the CPEP Division.
SEARCH	Partners and shares vital information with CCAP, BHRT, Navigation Center and Enrichment Center at the Villas of Eastwood to ensure the consumer's housing and mental health needs are met.
REIGN	811 Property Management Company - Provides property management services to the Harris Center sponsored 811 properties.
Allied-Orion	Villas at Eastwood Property Management Company - Provides property management services to the Villas at Eastwood apartment complex. Shares housing and property information as needed to ensure agency staff have the necessary consumer and property related information to provide the appropriate level of service as safely as possible. Provides space for the Enrichment Center at the Villas at no cost to the program.
Allies in Hope	Housing referral services, counseling services
St. Hope Foundation	STD Testing, Counseling, Treatments and Referrals
Clothed By Faith	Clothing
Combined Arms	Care Coordination Agreement. Serves to confirm the mutual understanding of The Harris Center for Mental Health and IDD and Combined Arms, a referral partner for those individuals who receive community based mental health and/or substance abuse use disorder services from Harris Center.
Houston Area Women's Center	Mobile Crisis Outreach Team (MCOT) to provide field-based crisis intervention services
American Indian Center of Houston	Care Coordination Agreement
Cenikor Foundation	Care Coordination Agreement

<b>Provider Organization</b>	<b>Service(s)</b>
Harris County Veteran Services Dept.	Care Coordination Agreement
Montrose Counseling Center	MCOT Program Services Collaboration- to provide coordination of care for clients served at the Montrose Center's CCBHCC.
Turning Point Center	Care Coordination Agreement
United Against Human Trafficking	Care Coordination Agreement
Harris County Office of Managed Council	New care coordination agreement for collaboration between the Harris Center and the Harris County Office of Managed Counsel.
Houston Community College	Care Coordination Agreement
Kinghaven Counseling Group	Care Coordination Agreement
LA Khan MDPA - Doctor Office	Care Coordination Agreement
Michael DeBakey VA Medical Center	Care Coordination Agreement
Clinical Pathology Laboratories	Clinical Laboratory Services
Baylor College of Medicine	EKG
USA Decon	Medical Waste Disposal
Stericycle	Medical Waste Disposal
Diamond Pharmaceutical	Pharmacy/drugs for clients at Dual Diagnosis Residential Program (DDRP)
Harris County Resources for Children and Adults	Meals for Youth at Youth Diversion Center (YDC)
Harris County Resources for Children and Adults Integrated Health Services Clinic	Provide comprehensive medical exams for youth at YDC
McKesson (Agency Pool Contract)	Medical Supplies
Partners Pharmacy	Pharmacy/drugs for clients at Youth Diversion Center
X-Ray Mobile (Agency Pool Contract)	Provide on-site X-Ray services for clients at the Youth Diversion Center
Harris County American Rescue Plan Act (ARPA)	Jail Based Competency Restoration- provide jail-based competency restoration services to defendants found incompetent to stand trial on the state hospital waitlist(10 bed in jail patient unit/20 bed pre and post unit)-FY 24.
Harris County American Rescue Plan Act (ARPA)	Youth Diversion Center – 12 bed youth diversion centers for youth in crisis being diverted from incarceration at the juvenile detention.
Harris County Community Supervision and Corrections Department	Dual Diagnosis Residential Program (DDRP)-138 bed residential inpatient treatment for felony and misdemeanor defendants suffering from both mental health and substance abuse disorders.
Harris County Criminal Courts at Law and District Courts	Community Assistance and Referral Program (CARP) – working to eliminate court nonappearance by providing nonappearance mitigation support for felonies and misdemeanors.
Harris County Criminal Courts at Law and District Courts	Competency and Sanity Unit – conduct evaluations for defendants regarding their competency to stand trial and/or the sanity at the time of the crime.
Harris County Criminal Courts at Law and District Courts	Forensic Court Clinical Interview Unit – screening and early identification of defendants suspected of having a mental illness or intellectual disability. Also, notification to court as it relates to mental health identification and needs (compliance with Article 16.22)



<b>Provider Organization</b>	<b>Service(s)</b>
Harris County Juvenile Probation Department	(Triad) Forensic and Psychological Services Evaluation Unit – conduct evaluations for youth regarding fitness to proceed and lack of responsibility. This includes psychological assessments, psychiatric assessments, forensic evaluations and other mental health services identified.
Harris County Juvenile Probation Department	Transition Services (Non-MD clinical contract)- provide continuity of care for youth transitioning from pre-adjudication and post adjudication placement and/or youth requiring assistance with community based mental health and other targeted social services. This covers the Juvenile Detention Center, The Kathy Leadership Academy and Youth Village in Pasadena, TX.
Harris County Juvenile Probation Department	Psychiatric and Medication Management Services- provide comprehensive psychiatric services to youth assigned to Juvenile Probation pre-adjudication and post-adjudication facilities. This covers the Juvenile Detention Center, The Kathy Leadership Academy and Youth Village in Pasadena TX.
Harris County Resources for Children and Adults (HCRCA)	(Triad) Prevention (Children’s Mental Health Services) – therapist provide mental health counseling (individual and group) to youth involved within juvenile probation and DFPS.
Harris County Sheriff’s Office	Adult Forensic Unit Services- for the provision of mental health and intellectual development disability services to inmates housed in the HCSO detention facilities.
Harris County Sheriff’s Office	Infirmity Discharge Planning Unit – provide discharge planning and continuity of care services to inmates located in the jail intensive treatment units.
Health and Human Services	Jail Based Competency Restoration- provide jail-based competency restoration services to defendants found incompetent to stand trial on the state hospital waitlist (40 bed in jail patient unit)
Health and Human Services	Peer Re-Entry – provide mental health peer support using certified peer support specialist to ensure incarcerated individuals with mental illness successfully transition from the county jail into clinically appropriate community-based care.

**Table 6: Individual Practitioners**

<b>Individual Practitioner</b>	<b>Service(s)</b>
John Jack	Community Living Support
Henrietta Udunenwu - Citrus Medical, Inc.	Community Living Support
Ryan Greene - Compelling Therapy Services, Inc.	Recreational Therapy
Marcie Freedman - Complete Therapies, LLC	Recreational Therapy
Perry McAfee - Cornerstone Family Resource Center	Community Living Support, Paraprofessional Services
Megan Joseph - Meraki Music, LLC	Music Therapy
Jerome Flanagan	Community Living Support
Nicki Joncyk	Music Therapy
Nettie Muhammad	Community Living Support

Individual Practitioner	Service(s)
Trence Malone - Therapeutic Remedies	Recreational Therapy, Community Living Support, Nutritional Counseling
Lynn Mathieu - Insured Symmetry	Recreational Therapy
Angelina Rodriguez - Psychotherapy by Angelina, LLC	Art Therapy
Janette Hendrex- RecessAbility, Inc.	Recreational Therapy
Marcie Freedman- Southwestern Music Therapy, LLC	Music Therapy
Tequila Jane Wilson - ANC-D Psychological Services	Paraprofessional Services
Cesar Cantu - Boots on the Ground	Animal Assisted Therapy
Amber Burke, MD	Tele -Psychiatry Services for Youth in the juvenile placement facility.

### Administrative Efficiencies

5. Using bullet format, describe the strategies the LMHA or 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
  - Maximized third party billing opportunities including Medicare and Medicaid
  - Developed a Consumer Benefit Office to assist all patients in seeking benefits
  - Used state contracts 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 LMHAs and LBHAs related to planning, administration, purchasing, and procurement or other authority functions, or service delivery in table 7. Include only current and ongoing partnerships.

**Table 7: LMHA or LBHA Partnerships**

Start Date	Partner(s)	Functions
N/A		

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## Provider Availability

The LPND process is specific to provider organizations interested in providing full LOCs 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 or LBHA took to identify potential external providers for this planning cycle. Be as specific as possible. For example, if you posted information on your website, explain how providers were notified the information was available. Describe contacts with your existing network, Managed Care Organizations, past providers and other behavioral health providers and organizations in the local service area via phone and email. Include information on meetings with stakeholders, networking events and input from your PNAC about local providers.
  - In FY 24-25, The Harris Center inquired approximately 252 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 (TAC) Title 26, Part I, Chapter 301. No inquiries about contracting at this time for the full-service array.
  - The HHSC website also provided a venue for provider organizations to express their interest in by submitting a Provider Inquiry Form for 3 months. The Harris Center received no interested full-service providers.
    - Since 2022, The Harris Center has received 13 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 2003-2024. 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 8 LPND Plans for 2008, 2010, 2012, 2014, 2016, 2018, 2020, and 2022 for extensive history of planning, procurement, and contracting.

8. Complete table 8 by listing each potential provider identified during the process described above. Include all current contractors, provider organizations that registered on the HHSC website, and provider organizations that have submitted written inquiries since submission of the fiscal year 2023 LPND plan. HHSC will notify an LMHA or LBHA if a provider expresses interest in contracting via the HHSC website. HHSC will accept new provider inquiry forms through the HHSC website from September 1, 2024, through December 1, 2024. When completing the table:
- Note the source used to identify the provider (e.g., current contract, HHSC website, LMHA or 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.

Do not finalize your provider availability assessment or post the LPND plan for public comment before September 1, 2024.

**Table 8: Potential Providers**

Provider	Source of Identification	Summary of Follow-up Meeting or Teleconference	Assessment of Provider Availability, Services, and Capacity
Judi Taylor, MS, LPC, CCMC National Smart Healthcare Services, Inc.	Email	Individual provides therapy services. The Harris Center is not currently out for individual procurement for therapy only. Added individual to referral resource.	Individual therapy contractor-not a full-service provider.
Manoj (John) Tarachand, MPH Pam Health	Email	The company has locations in Texana and Montgomery Counties. No locations in Harris County referred to those to LMHA's where located and referred to The Harris Center procurement website.	No Harris County location.
Brett Kane	Phone	Inquired about the services we provide and an expressed interest in providing them. Said not local but has brother living here. Reported would review services and let us know which ones interested in providing. Interested in starting a business. Did not disclose business and did not respond to additional phone calls or emails. Referred to The Harris Center website and HHSC website.	No local business and unknown business.

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## Part II: Required only for LMHAs and LBHAs with potential for network development

### Procurement Plans

If the assessment of provider availability indicates potential for network development, the LMHA or LBHA must initiate procurement.

26 Texas Administrative Code (TAC) Chapter 301, Local Authority Responsibilities, Subchapter F, Provider Network Development describes the conditions under which an LMHA or 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 table 9, inserting additional rows as need.
  - a) 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.
  - b) State the capacity to be procured, and the percent of total capacity for that service.
  - c) State the method of procurement—open enrollment Request for Application (RFA) or request for proposal (RFP).
  - d) Identify the geographic area for which the service will be procured: all counties or name selected counties.
  - e) Document the planned begin and end dates for the procurement, and the planned contract start date.

**Table 9: Procurement Plans**

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

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

10. Complete table 10 based on the LMHA's or LBHA's assessment of provider availability. Review [26 TAC Section 301.259](#) carefully to be sure the rationale addresses the requirements specified in the rule (See Appendix B).
  - a) Based on the LMHA's or LBHA's assessment of provider availability, respond to each of the following questions.
  - b) If "yes" is answered for any restriction identified in table 10, provide a clear rationale.
  - c) If the restriction applies to multiple procurements, the rationale must address each of the restricted procurements or state that it is applicable to all the restricted procurements.
  - d) The rationale must provide a basis for the proposed level of restriction, including the volume of services to be provided by the LMHA or LBHA.

**Table 10: Procurement Limitations**

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

**Table 11: Procurement Transitions**

Service	Transition Period	Year of Full Procurement
N/A		

**Capacity Development**

12. In table 12, document the LMHA's or LBHA's procurement activity since the submission of the fiscal year 2023 LPND plan. Include procurements implemented as part of the LPND plan and any other procurements for full LOCs 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 because of the procurement. If no providers were obtained because of procurement efforts, state "none."

**Table 12: Procurement Activities**

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

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## PART III: Required for all LMHAs and LBHAs

### PNAC Involvement

13. Complete table 13 to show PNAC involvement. 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. Add additional lines as needed.

**Table 13: PNAC Involvement**

Date	PNAC Activity and Recommendations
October 2024	A Broadcast notice was sent out by HHSC, and their website was updated to reflect the new LPND guidelines and template for the FY 24 planning cycle. A Provider Inquiry Form was made available to the public for completion since the last FY 22 cycle on the HHSC website.
September 2024	In FY 25, The Harris Center inquired approximately 250 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 (TAC) Title 26, Part I, Chapter 301. No inquiries about contracting at this time for the full-service array. The Harris Center asked for feedback as well from September-December 2024.

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

Allow at least 30 days for public comments on draft plan. Do not post plans for public comment before September 1, 2024.

In table 14, summarize the public comments received on the LMHA's or LBHA's 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. Add additional lines as needed. Describe the LMHA's or 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 provide explanation for the LMHA's or LBHA's rationale for rejecting comment.

**Table 14: Public Comments**

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

Complete and submit entire plan to [Performance.Contracts@hhs.texas.gov](mailto:Performance.Contracts@hhs.texas.gov) by **December 31, 2024**.

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## Appendix A: Assessing Provider Availability

Provider organizations can indicate interest in contracting with an LMHA or LBHA through the [LPND website](#) or by contacting the LMHA or 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 or LBHA when the Provider Inquiry Form is posted.

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

The LMHA or LBHA must work with the provider to find a mutually convenient time for an informational meeting. 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's or LBHA's initial contact, the LMHA or LBHA may conclude that the provider is not interested in contracting with the LMHA or LBHA.

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

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



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## Appendix B: Guidance on Conditions Permitting LMHA and LBHA Service Delivery

In accordance with [26 TAC Section 301.259](#) an LMHA or LBHA may only provide services if one or more of the following conditions is present.

1. The LMHA or LBHA determines that interested, qualified providers are not available to provide services in the LMHA's or LBHA'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 a person and their legally authorized representative(s) can choose from two or more qualified providers.
3. The network of external providers does not provide people 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 or LBHA, as of a date determined by the department. An LMHA or LBHA 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 or LBHA's service capacity for each level of care identified in the LMHA's or LBHA's plan.
5. Existing agreements restrict the LMHA's or LBHA's ability to contract with external providers for specific services during the two-year period covered by the LMHA's or LBHA's plan. If the LMHA or LBHA relies on this condition, the department shall require the LMHA or LBHA to submit copies of relevant agreements.
6. The LMHA and LBHA documents that it is necessary for the LMHA or LBHA to provide specified services during the two-year period covered by the LMHA's or LBHA's plan to preserve critical infrastructure needed to ensure continuous provision of services. An LMHA or LBHA 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 PNAC 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 or LBHA 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 or LBHA 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.

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## Appendix C: Legislative Authority

### 2022-23 General Appropriations Act, Senate Bill 1, 87th Legislature, Regular Session, 2021 (Article II, HHSC, Rider 139)

**Efficiencies at Local Mental Health Authorities and Intellectual Disability Authorities.** HHSC shall ensure that LMHAs, LBHAs and local intellectual disability authorities that receive allocations from the funds appropriated above to HHSC shall maximize the dollars available to provide services by minimizing overhead and administrative costs and achieving purchasing efficiencies. 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 HHSC 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<sup>a</sup> services.

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<sup>a</sup> ICF/IID - Intermediate Care Facilities for Individuals with an Intellectual Disability