Tri-County Behavioral Healthcare
Local Provider Network Development Plan
2020

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).

Population	728,338	**Number of counties (total)**	3
Square miles	2,984	◆ **Number of urban counties**	2
Population density	714	◆ **Number of rural counties**	1

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
Liberty	Liberty	9,349	83,809	72	11.5%
Cleveland	Liberty	8,230	83,809	72	11.5%
Dayton	Liberty	8,336	83,809	72	11.5%
Conroe	Montgomery	87,654	572,146	549	78.6%
Willis	Montgomery	6,508	572,146	549	78.6%
Oak Ridge North	Montgomery	3,161	572,146	549	78.6%

Shenandoah	Montgomery	2,957	572,146	549	78.6%
Splendora	Montgomery	2127	572,146	549	78.6%
Porter Heights (unincorporated)	Montgomery	1,206	572,146	549	78.6%
Magnolia	Montgomery	2,105	572,146	549	78.6%
The Woodlands (unincorporated)	Montgomery	116,278	572,146	549	78.6%
Huntsville	Walker	41,521	72,383	92	9.9%
New Waverly	Walker	1,084	72,383	92	9.9%

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.*

	FY 2019 service capacity (non-Medicaid only)	Estimated FY 2020 service capacity	Percent total non-Medicaid capacity provided by external providers in FY 2019*
Adult Services: Complete Levels of Care			
Adult LOC 1m	1	1	0%
Adult LOC 1s	2139	2,352	0%
Adult LOC 2	18	20	0%
Adult LOC 3	142	156	0%
Adult LOC 4	5	5	0%
Adult LOC 5	37	41	0%

Child and Youth Services: Complete Levels of Care	FY 2019 service capacity (non-Medicaid only)	Estimated FY 2020 service capacity (non-Medicaid only)	Percent total non-Medicaid capacity provided by external providers in FY 2019*
Children's LOC 1	16	18	0%
Children's LOC 2	193	212	0%
Children's LOC 3	63	69	0%
Children's LOC 4	4	4	0%
Children's CYC	10	11	0%
Children's LOC 5	0	1	0%

Crisis Services	FY 2019 service capacity	Estimated FY 2020 service capacity (obtained by looking at annual growth during last LPND Cycle)	Percent total capacity provided by external providers in FY 2019*
Crisis Hotline **Note: Individuals who were known to have Medicaid have been removed out from this total, however, due to the nature of hotline calls not all have financial**	3599	3958	100%

information on file to provide with 100% accuracy.			
Mobile Crisis Outreach Team **Note: Individuals who were known to have Medicaid have been removed out from this total, however, due to the nature of crisis services not all have financial information on file to provide with 100% accuracy.**	3202	3522	0%
Other (Please list all PESC Projects and other Crisis Services): **Note: Individuals who were known to have Medicaid have been removed out from these totals, however, due to the nature of crisis services not all have financial information on file to provide with 100% accuracy.**			
Crisis Stabilization Unit (CSU) – Admissions **For FY 19 there were 741 total admissions to our CSU.**	622	684	0%
Extended Observation Unit (EOU) – Admissions **For FY 19 there were 316 total admissions.**	256	281	0%
Crisis Intervention Response Team (CIRT) – Services **For FY 19 there were 289 total individuals served.**	564	620	0%
PESC hospital services-Rapid Crisis Bed Days – Bed Days **For FY 19 there were 38 total admissions.**	414	414	100%
PPB hospital services – Bed Days **For FY 19 there were 217 total admissions.**	2,506	2506	100%
Respite (MH only)	0	5	100%

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 Organizations	Service(s)
Aspire	Psychiatric Inpatient Services
Avail Solutions Inc.	Crisis Hotline Services, 24 hour a day
Baptist Hospital of Southeast Texas	Psychiatric Inpatient Services
Bonds Janitorial	Janitorial Services
Clinical Pathology Laboratories, Inc	Laboratory Services
Correct Care, LLC dba CCRS of Texas	Food services
Cypress Creek Hospital	Inpatient Psychiatric Services
Family First Urgent Care	H&P and X-Ray Services
Greater Texas Critical Care EMS	Transportation
ICARE	Behavior Support Plans and Training
J and D Home Care	Assisted Living Housing
Kingwood Pines Hospital	Inpatient Psychiatric Services
Lifetime Homecare Services	IDD Crisis Respite
Nightingale Interpreting Services Inc.	Interpreting
Precision Lawn	Professional Lawn Maintenance
Rebekah McQueen – Measured Moments Music Therapy, LLC	Music Therapy
RecessAbility, Inc. Janette Hendrex	Animal Assisted Therapy, Animal Therapy, Music Therapy and Recreational Therapy
Sergio's Landscaping	Professional Lawn Maintenance
Sherri Clement - Hope Rising	Animal Assisted Therapy and Art Therapy

Urgent Clinics Medical Center	H&P and X-Ray Services
Wilkins Linens and Dust Control Service	Linens and Cleaning Services
Windsor Building Services, Inc.	Janitorial Services
Woodlands Springs, LLC	Inpatient Psychiatric Services

Individual Practitioners	**Service(s)**
Ajinder Singh Dat, M.D.	Psychiatric Services
Alyssa Yow – McElwany, N.P.	Psychiatric Services
Athi Venkatesh, M.D.	Psychiatric Services
Benjamin Wowo, M.D.	Psychiatric Services
Bharath Raj, M.D., P.A.	Psychiatric Services
Chasity Myers	In Home Respite, Non-Medical Transportation and Paraprofessional Services
Faisal Tai, M.D.	Psychiatric Services
Fernando G. Torres, M.D.	Psychiatric Services
Hilary Akpudo, M.D.	Psychiatric Services
Jamal Robinson	In Home Respite and Non-Medical Transport
Jasmine Arellano	In Home Respite
Jerri Sethna, M.D. P.A.	Psychiatric Services
Larry Flowers, M.D.	Psychiatric Services
Manjeshwar Prabhu, M.D.	Psychiatric Services
Marshall B. Lucas, M.D.	Psychiatric Services
Melody Ann Archer	Dietician Services

Michelle Garcia, Psy. D., & Associates	Psychology, Assessments, Clinical Supervision, Behavior Plans and Training
Olayinka Modupe Ayeni, M.D.	Psychiatric Services
Stacey Russell, M.D.	Psychiatric Services
Violet Winsmann	Document Shredding
Various Officers from Montgomery County	Peace Officer 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).*

◆ Tri-County Behavioral Healthcare is one of 11 local behavioral health authorities (LBHA) who actively participate in East Texas Behavioral Health Network (ETBHN). ETBHN functions in order to improve the quality of mental health and developmental disability services across Texas by using cost efficiencies, shared knowledge and cooperative initiatives. Tri-County has participated in several of the offered cost efficient offerings through ETBHN including authorization services, closed door pharmacy, medical director consultation, and telemedicine services.
◆ In FY 2014, Tri-County Behavioral Healthcare began working on a Board Goal to develop plans to consolidate service locations in Montgomery County and the city of Liberty. Building consolidations have since been completed. In 2015, the two service locations in the city of Liberty were consolidated into one location and in 2017 four (4) different routine service locations were consolidated into one primary facility in the city of Conroe. Additionally, in 2017 Tri-County was able to sell all vacant buildings in Montgomery County.

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
2001	*East Texas Behavioral Health Network:*	Tri-County Behavioral Healthcare is one of 11 Behavioral

	Membership Includes the following LMHA/LBHAs: Access, Andrews Center, Bluebonnet Trails, Burke, Community Healthcore, Gulf Bend Center, Gulf Coast Center, Lakes Regional Community Center, Pecan Valley Centers, Spindletop Center, Tri-County Behavioral Healthcare	Health Authorities who actively participate in East Texas Behavioral Health Network (ETBHN). ETBHN functions in order to improve the quality of mental health and developmental disability services across Texas by using cost efficiencies, shared knowledge and cooperative initiatives. Tri-County has participated in several of the offered cost efficient offerings through ETBHN including authorization services, closed door pharmacy, medical director consultation, and telemedicine services. Additional services offered by ETBHN include CFO consulting, Human Resource Director, IT Purchasing, WRAP for peers, and 24 hour crisis care.
	Regional Planning Network Advisory Committee (RPNAC): Membership Includes the following LMHA/LBHAs: Access, Andrews Center, Bluebonnet Trails, Burke, Community Healthcore, Gulf Bend Center, Gulf Coast Center, Lakes Regional Community Center, Pecan Valley Centers, Spindletop Center, Tri-County Behavioral Healthcare.	Tri-County Behavioral Healthcare, as a member of the ETBHN, collaborates with member Centers for the provision of certain administrative support. ETBHN formed a Regional Planning Network Advisory Committee (RPNAC) made up of at least one MHPNAC member from each ETBHN member Center (although it can be as many as two from each Center). At least one of Tri-County's MHPNAC members and a Center liaison attend the quarterly RPNAC meetings. Tri-County MHPNAC members who are on the RPNAC, Management Team staff and Quality Management staff work with other ETBHN Centers to meet the following goals: • To assure that the ETBHN network of providers will continuously improve the quality of services provided to all individuals through prudent mediation by network leadership. • To continuously activate mechanisms to proactively evaluate efforts to improve clinical outcomes and practices. • To maintain a process by which unacceptable outcomes, processes and practices can be identified, and;

		• Evaluations shall take place one Center program at a time as determined by the Regional Oversight Committee (ROC).
2001	*Regional Utilization Management Committee (RUM):* Membership Includes the following LMHA/LBHAs: Access, Andrews Center, Bluebonnet Trails, Burke, Community Healthcore, Gulf Bend Center, Gulf Coast Center, Lakes Regional Community Center, Pecan Valley Centers, Spindletop Center, Tri-County Behavioral Healthcare	Tri-County Behavioral Healthcare, as a member of the ETBHN, collaborates with member Centers for a Regional Utilization Management Committee (RUM) that assists with the promotion, maintenance and availability of high quality care in conjunction with effective and efficient utilization of resources. ETBHN facilitates this committee to ensure compliance with applicable contractual and regulatory UM requirements. Meetings are held quarterly or more frequently as needed and include a physician, utilization and quality management staff and fiscal/financial services staff. The Committee maintains representation from all member Centers of ETBHN as appointed by their respective Executive Director/CEO.
2001	*Regional Oversight Committee (ROC):* Membership Includes the following LMHA/LBHAs: Access, Andrews Center, Bluebonnet Trails, Burke, Community Healthcore, Gulf Bend Center, Gulf Coast Center, Lakes Regional Community Center, Pecan Valley Centers, Spindletop Center, Tri-County Behavioral Healthcare.	Tri-County Behavioral Healthcare actively participates in the ROC which serves as the Board of Trustees to the East Texas Behavioral Health Network Executive Director. This Board is made up of the Executive Director/CEO of each member Center plus one consumer/family member. The Board meets monthly to review financials, discuss and authorize new projects and programs and review committee and workgroup activity.

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. <u>It is not necessary to assess the availability of individual practitioners</u>. 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. <u>Please be as specific as possible.</u> 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.*

◆ Following receipt of the 2020 Provider Network Development Plan Template, Tri-County staff sought feedback on the potential for interested local providers from our MHPNAC. The MHPNAC committee members were unaware of anyone in the community that had the ability to provide full levels of care at that time. The MHPNAC reviewed the information provided to stakeholders about LPND during the local planning process.
◆ Two (2) face to face local planning meetings were held in which information was provided about LPND and how a provider could express interest. Attendees were provided information about the HHSC website as well as the LPND information on the Tri-County website. These meetings were advertised in local newspapers, through the PNAC members and invitations were mailed and emailed out to local stakeholders. Stakeholders attending local planning meetings were provided information about LPND and asked 1) what services they felt individuals most needed a choice of providers for and 2) what factors should be considered when seeking additional providers to provide choice.
◆ The MHPNAC reviewed and commented on the lack of interested providers. The committee reviewed the Draft LPND Plan, that it will be posted to the Center website for 30 days, discussed how to provide public comment on the plan and reviewed how to access information regarding LPND on the HHSC website.
◆ Tri-County contracted with two new hospitals this planning cycle and continue to recruit prescribers through the internet.
◆ HHSC website FY 2020 invitation to complete Provider Interest Form

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 2018LPND 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**
N/A		There were no providers who identified our service area on the LPND website or through planning meetings during this planning cycle.	N/A

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

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**

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?			
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?			
3) Are any of the procurements limited to certain counties within the local service area?			
4) Is there a limitation on the number of providers that will be accepted for any of the procurements?			

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

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)
	None	

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
January 15, 2020	Following receipt of the 2020 Provider Network Development Plan Template by email on October 25, 2019, the MHPNAC reviewed Title 25, Part 1, Chapter 412, Subchapter P, Provider Network Development Rule, HHSC Broadcast Messages #19.056, Information Item I, Instructions for Local Planning, and were informed of the due dates for the CLSP and LPND Plans.
February 19, 2020	Reviewed the new submission timeline of August 31, 2020 outlined in the HHSC Broadcast Message #20.008 and draft planning documents with the Committee along with information to be provided to stakeholders about LPND during the process including information about LPND and asked 1) what services they felt individuals most needed a choice of providers for and 2) what factors should be considered when seeking providers to provide choice.
June 26, 2020	Discussed with the MH PNAC that we have had no interested providers complete a Provider Interest Form with HHSC to date for this planning cycle. Provided draft LPND plan to the MH PNAC and shared that it will be posted to the Center website for 30 days, discussed how to provide public comment on the plan and reviewed how to access information regarding LPND on the HHSC website.
August 19,2020	LPND plan was reviewed by ETBHN Regional PNAC following public comment period. There were no recommendations that applied to any individuals Center, however, there were commends and discussion by and for each Center. The following Comments were made: • Each Center reported postings on their various public internet venues of the opportunity to provide comprehensive services as part of the service network. Centers have regular stakeholder meetings throughout the year to continue to connect with potential providers. • No ETBHN Centers received notice of individuals or organizations interested in providing comprehensive services. • Administrative efficiencies gained by each Center include services received through ETBHN and

	Texas Council of Community Centers, as well as through partnerships with other Centers within the ETBHN Network.
August 26, 2020	Results of the public comment period and RPNAC review were shared with the MHPNAC.

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**
No public comments were received during the 30 day comment period.		

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, 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)