Tri-County Behavioral Healthcare
Local Provider Network Development Plan
2022

2022 Local Planning & Network Development Plan

Complete and submit in **Word** format (**not PDF**) to Performance.Contracts@hhs.texas.gov no later than December 31, 2022.

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 Planning and Network Advisory Committee (PNAC) involvement and public comment.

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

When completing the template:

- Be concise, concrete, and specific. Use bullet format whenever possible.
- Provide information only for the period since submission of the 2020 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 Mental and Behavioral Health Outpatient Warehouse (MBOW), using data from the following report: The most recent MBOW data set regarding LMHA/LBHA Area and Population Stats (in the General Warehouse folder).

Population	728,028	**Number of counties (total)**	3
Square miles	2,984	◆ **Number of urban counties**	1
Population density	714	◆ **Number of rural counties**	2

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
N/A	Liberty	N/A	83,597	72	11.5%
Liberty	Liberty	9,299	83,597	72	11.5%
Cleveland	Liberty	8,150	83,597	72	11.5%
Dayton	Liberty	8,546	83,597	72	11.5%
N/A	Montgomery	N/A	571,615	549	78.5%
Conroe	Montgomery	88,369	571,615	549	78.5%

Willis	Montgomery	6,731	571,615	549	78.5%
Oak Ridge North	Montgomery	3,163	571,615	549	78.5%
Shenandoah	Montgomery	2,955	571,615	549	78.5%
Splendora	Montgomery	1,899	571,615	549	78.5%
Porter Heights (unincorporated)	Montgomery	1,343	571,615	549	78.5%
Magnolia	Montgomery	2,802	571,615	549	78.5%
Montgomery	Montgomery	2,204	571,615	549	78.5%
The Woodlands (unincorporated)	Montgomery	114,532	571,615	549	78.5%
N/A	Walker	N/A	72,816	93	10%
Huntsville	Walker	41,664	72,816	93	10%
New Waverly	Walker	909	72,816	93	10%

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 the most recent MBOW data set.*

   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 (Level of Care)-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 2022 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 2021. In the sections for Complete Levels of Care, do not include contracts for discrete services within those levels of care when calculating percentages.

Adult Services: Complete Levels of Care	**Most recent service capacity (non-Medicaid only)**	**Estimated FY 2022 service capacity (non-Medicaid only)**	**Percent total non-Medicaid capacity provided by external providers in FY 2021***
Adult LOC 1m	0	0	0
Adult LOC 1s	2154	2154	0
Adult LOC 2	17	17	0
Adult LOC 3	139	139	0
Adult LOC 4	9	9	0
Adult LOC 5	1	1	0

Child and Youth Services: Complete Levels of Care	**Most recent service capacity (non-Medicaid only)**	**Estimated FY 2022 service capacity (non-Medicaid only)**	**Percent total non-Medicaid capacity provided by external providers in FY 2021***
Children's LOC 1	16	16	0
Children's LOC 2	197	197	0

Children's LOC 3	82	82	0
Children's LOC 4	3	3	0
Children's LOCYC	10	10	0
Children's LOC 5	0	0	0

Crisis Services	**FY 2021 service capacity**	**Estimated FY 2022 service capacity**	**Percent total capacity provided by external providers in FY 2021***
Crisis Hotline	4723	4723	100
Mobile Crisis Outreach Team	4171	4225	0
Other - Please list all Psychiatric Emergency Service Center (PESC) Projects and other Crisis Services Note: Due to staffing issues surrounding the pandemic the CSU was temporarily closed during part of FY 2022.			
Crisis Stabilization Unit (CSU) - Admissions	851	96	0
Crisis Intervention Response Team (CIRT) - Services	766	896	0
PESC hospital services Rapid Crisis Bed Days – Bed Days	266	250	100
Private Psychiatric Bed (PPB) hospital services	374	811	100
Respite (MH Only)	0	6	0

4) *List **all** your FY 2021 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)**
Another Chance Behavioral Consultants, LLC - Rita Nelson	Non-Medical Transportation and Community Living Supports
Aspire	Psychiatric Inpatient Services
Avail Solutions	Crisis Hotline Services, 24 hours a day
Crown Cleaning	Janitorial
Cypress Creek Hospital	Inpatient Psychiatric Services
Family First Urgent Care	H&P and X-Ray Services and Rapid COVID-19 Testing
J and D Home Care	Assisted Living Housing
Kingwood Pines Hospital	Inpatient Psychiatric Services
Nightingale Interpreting Services	Interpreting
Rebekah McQueen – Measured Moments Music Therapy, LLC	Music Therapy
RecessAbility, Inc. Janette Hendrex	Animal Assisted Therapy, Art Therapy, Non-Medical Transportation and Community Living Supports

Sherri Clement – Horse Power Equine Therapy	Animal Assisted Therapy
Steps Forward ABA Therapy PLLC	Behavior Support Plans and Training
Strategic Development & Instruction June W. Fuller	Non-Medical Transportation and Community Living Supports
Sun Behavioral	Inpatient Psychiatric Services
The Grove ABA	Focused ABA Services
Woodlands Springs, LLC	Inpatient Psychiatric Services

Individual Practitioners	**Service(s)**
Ajinder Dhatt, M.D.	Psychiatric Services
Andrew Card	Non-Medical Transportation, Paraprofessional Services and Community Living Supports
Athi Venkatesh, M.D.	Psychiatric Services
Aubrey Shelton	Recreational Therapy, Non-Medical Transportation
Bharath Raj, M.D., P.A.	Psychiatric Services
Chelsey Denby	In-Home Respite
Faisal Tai, M.D.	Psychiatric Services
Fernando G. Torres, M.D.	Psychiatric Services
Hilary Akpudo, M.D.	Psychiatric Services
Khurrahm Shaikh, M.D.	Psychiatric Services
Larry Flowers, M.D.	Psychiatric Services
Marshall Lucas, M.D.	Psychiatric Services
Melody Ann Archer	Dietician Services

Michelle Garcia, Psy. D., & Associates	Psychology, Behavior Plans and Training
Olayinka Ayeni, M.D.	Psychiatric Services
Roopa Challapalli, M.D.	Psychiatric Services
Stacey Russell, M.D.	Psychiatric Services
Vishnu Challapalli, M.D.	Psychiatric Services
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 (LBHAs) 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:* Membership Includes the following LMHA/LBHAs: Access, Andrews Center, Bluebonnet Trails, Burke,	Tri-County Behavioral Healthcare is one of 11 Behavioral Health Authorities who actively participate in East Texas Behavioral Health Network (ETBHN). ETBHN functions in order to improve the quality of mental health and

	Community Healthcore, Gulf Bend Center, Gulf Coast Center, Lakes Regional Community Center, Pecan Valley Centers, Spindletop Center, Tri-County Behavioral Healthcare.	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 quarterly 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. 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, Home and Community Based Services (HCBS) providers, and past/interested providers via phone and email; contacting your existing network, Managed Care Organizations (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 2022 Provider Network Development Plan Template, Tri-County staff sought feedback on the potential for interested local providers from our MHPNAC. Outside of one provider inquiry which Tri-County followed up on from earlier in the year, 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.
◆ One virtual and five (5) 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 LPND process and how to express interest. These meetings were advertised in local newspapers, through the PNAC members and invitations were 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.

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 2020 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 September 1, 2022. ***Note:*** *Do not finalize your provider availability assessment or post the LPND plan for public comment before June 1, 2022.*

- *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**
ProSocial Peers Social Skills	Email Inquiry	Following email inquiry, Tri-County followed up via email and phone to determine provider interest, availability, services, and capacity.	Provider reported that they are unable to move forward with procuring services through LPND in line with Texas Administrative Code Title 26 Part 1, Subchapter F, at this time due to current endeavors and commitments already in place but will reach out in the future if ability to participate in LPND

			presents.
Baptist Hospital of Southeast Texas	Expressed Interest prior to the 2020 Planning Cycle	Contacted the provider via email and phone to see if interest had changed since last contact.	Provider is not interested in procuring services through LPND in line with Title 26 Part 1, Subchapter F, at this time, however plans to reach out in the future as ability to participate may change in during the next planning cycle.

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.

Texas Administrative Code (TAC) Title 26, Part I, Chapter 301, subchapter F 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.

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

- *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 Request for Application (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.

9) Complete the following table. Please review TAC Title 26, Part I §301, subchapter F 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 TAC Title 26, Part I §301, subchapter F.*
- *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?			

10) 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

11) In the table below, document your procurement activity since the submission of your 2020 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

12) 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
June 29, 2022	The MHPNAC participated in the Local Planning and LPND Kickoff meeting where they reviewed and discussed the rules guiding our participation in the CLSP and LPND Process (Including Texas Administrative Code: Title 26, Part 1, Chapter 301, Subchapter F, Provider Network Development Rule and HHSC Performance Contract Information Item I, Instructions for Local Planning) in addition to reviewing information that will be provided to stakeholders through a series of community meetings and surveys. The Committee was informed that the due dates for CLSP and LPND were pending.
July 13, 2022	The MHPNAC participated in Local Planning and provided feedback on LPND including what services they felt individuals most needed a choice of providers for and what factors should be considered when seeking providers to provide choice. The Committee was informed of the one provider inquiry and that Tri-County was in process of following up with the provider.
September 7, 2022	Following receipt of the 2022 Provider Network Development Plan Template by email on August, 2023, the MHPNAC met to review the new submission timeline of December 30, 2022 outlined in the HHSC Broadcast Message #22.061 and provided an update on feedback received from stakeholders to date. Additionally, the Committee was provided with information on follow up related to the provider inquiry received via email earlier this summer. The provider noted that they were not interested in moving forward at this time but would reach out in the future if they were in a position to pursue procurement of services. 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.
September 28,2022	At the upcoming meeting, Tri-County will provide the draft LPND plan to the MH PNAC and provide information on the posting of the plan on the Center website for 30 days along with a review of how to provide public comment

	on the plan as well as how to access information regarding LPND on the HHSC website should the PNAC come into contact with anyone wanting to comment or learn more about the LPND process.
December 7, 2022	The Draft LPND Plan is scheduled to be reviewed by ETBHN Regional PNAC following the public comment period.
December 7, 2022	The MHPNAC will review public comments and feedback from the RPNAC and recommend any final changes to the Draft LPND Plan and/or approve the plan.

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 June 1, 2022.

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

COMPLETE AND SUBMIT ENTIRE PLAN TO Performance.Contracts@hhs.texas.gov by December 30, 2022.

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

TAC Title 26, Part I §301, subchapter F. **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, 87th Legislature, Regular Session, 2021 (Article II, Health and Human Services Commission Rider (139):

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.