2018 Provider Network Development Plan

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

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

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

When completing the template:

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

NOTES:

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

PART I: Required for all LMHA/LBHAs

Local Service Area

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

Population	665,274	**Number of counties (total)**	19
Square miles	22,541	◆ **Number of urban counties**	0
Population density	30	◆ **Number of rural counties**	19

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
New Braunfels	Comal	57,757	134,788	241	20%
San Marcos	Hays	45,068	204,470	302	31%
Del Rio	Val Verde	35,926	48,881	16	7%
Kyle	Hays	28,016	204,470	302	31%
Kerrville	Kerr	22,384	51,504	47	8%
Uvalde	Uvalde	15,753	27,285	18	4%
Boerne	Kendall	12,835	42,450	64	6%
Fredericksburg	Gillespie	10,886	26,521	25	4%

Current Services and Contracts

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

	FY 2017 service capacity (non-Medicaid only)	Estimated FY 2018 service capacity (non-Medicaid only)	Percent total non-Medicaid capacity provided by external providers in FY 2017*
Adult Services: Complete Levels of Care			
Adult LOC 1m	1	1	0
Adult LOC 1s	2,136	2,136	0
Adult LOC 2	130	130	0
Adult LOC 3	72	72	0
Adult LOC 4	8	8	0
Adult LOC 5	31	31	0

Child and Youth Services: Complete Levels of Care	**FY 2017 service capacity (non-Medicaid only)**	**Estimated FY 2018 service capacity (non-Medicaid only)**	**Percent total non-Medicaid capacity provided by external providers in FY 2017***
Children’s LOC 1	56	56	0

Children's LOC 2	105	105	0
Children's LOC 3	38	38	0
Children's LOC 4	1	1	0
Children's CYC	3	3	0
Children's LOC 5	1	1	0

Crisis Services	**FY 2017 service capacity**	**Estimated FY 2018 service capacity**	**Percent total capacity provided by external providers in FY 2017***
Crisis Hotline (Duplicated Numbers)	8,131 (all funders including Medicaid)[1]	8,131 (all funders including Medicaid)	100%
Mobile Crisis Outreach Team	4,562 (total) 147 (non-Medicaid)[2]	4,562 (total) 147 (non-Medicaid)	0%
Other (Please list all Psychiatric Emergency Service Center (PESC) Projects and other Crisis Services):	12 Beds Annually (Contract with Psychiatric Hospitals for RAPID Crisis Stabilization Beds)[3]	12 Beds Annually (Contract with Psychiatric Hospitals for RAPID Crisis Stabilization Beds) New Psychiatric Beds Grant to be Initiated April 1, 2018	100%

[1] 2/7/2018: Veronica from AVAIL provided number for all of Hill Country.
[2] 2/7/2018: Anasazi Client Service Report (provided by Anne Taylor)
[3] 3/7/2018: Email from Anne

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

Provider Organizations[4]	Service(s)
Nix Health	Psychiatric Hospital
Clarity Child Guidance Center	Psychiatric Hospital
FasPsych, LLC	Physician/TelePsychiatry
ENVOLVE Pharmacy Solutions, Inc. (formerly US Script)	Pharmacy
RiverCity Advocacy	Advocacy
QoL Meds, LLC	Pharmacy Services
Avail Solutions	Crisis Hotline
Communication by Hand	Sign Language Services
Translator USA, LLC	Translation Services
Clear Springs Ranch Healthcare LLC	TelePsychiatry Services
Laurel Ridge Treatment Center	Psychiatric Hospital
Health Spring Life and Health Insurance Company, Inc.	Psychological Testing
ABA Center for Excellence	IDD Behavioral Therapy
myStrength, Inc.	Web-based Behavioral Health and Wellness Services

[4] Provided by Jimmie Terrell

K16 Ready Society	Community Living Support Services, Paraprofessional Services, and In-home Respite
C.A.M.P. (Children's Association for Maximum Potential)	Camp Services
ETBHN (East Texas Behavioral Healthcare Network)	Telemed
Counseling Link, LLC	YES Waiver Therapy
R.I.S.E. Therapies, LLC	YES Recreational Therapy
W.I.N.G.S. Community Services	YES Waiver Therapy
Pleasant Grove Equestrian Center, LLC	Equine Therapy
Beyond Limits, LLC	YES Waiver Therapy

Individual Practitioners	**Service(s)**
Linda High	LPC (Social Worker) Intake Evaluations
68 Individuals	Host Home
15 Individuals	IDD Respite

Administrative Efficiencies[5]

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).*

◆ Apply the requirements of Uniform Grant Management Standards when making financial decisions.
◆ Use internal controls for expenditures which requires a chain of approval based on monetary amounts before a payment can

[5] 1-5-2018: Sent Brian request to assist on this section. Provided information 1/17/2018 via email.

be processed.
◆ Implemented state of the art accounting and purchasing systems which have reduced both overhead and administrative costs.
◆ Contracted with outside companies to audit expenses for telephone, cell phone, internet, and utilities in order to reduce cost and be remunerated for services that were overcharged.

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
	NEED	

Provider Availability

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

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

◆ Regular communication with potential providers or providers who have expressed an interest during past planning cycles.
◆ Monitored DSHS website for potential providers who completed the registration or provider inquiry form.

◆ Posted contact information and plan on website and no response from providers.
◆ Regular communication with potential providers or providers who have expressed an interest during past planning cycles.

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

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

Provider	**Source of Identification**	**Summary of Follow-up Meeting or Teleconference**	**Assessment of Provider Availability, Services, and Capacity**
No providers to date have expressed an interest.			

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

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

Service or Combination of Services to be Procured	Capacity to be Procured	Method (RFA or RFP)	Geographic Area(s) in Which Service(s) will be Procured	Posting Start Date	Posting End Date	Contract Start Date
N/A: No providers to date have expressed an interest.						

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.*

No providers to date have expressed an interest.	**Yes**	**No**	**Rationale**
1) Are there any services with potential for network development that are not scheduled for procurement?		X	
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?		X	
3) Are any of the procurements limited to certain counties within the local service area?		X	
4) Is there a limitation on the number of providers that will be accepted for any of the procurements?		X	

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
No providers to date have expressed an interest.		

Capacity Development

12) *In the table below, document your procurement activity since the submission of your 2016 LPND Plan. Include procurements implemented as part of the LPND plan and any other procurements for complete levels of care and specialty services that have been conducted.*

- *List each service separately, including the percent of capacity offered and the geographic area in which the service was procured.*
- *State the results, including the number of providers obtained and the percent of service capacity contracted as a result of the procurement. If no providers were obtained as a result of procurement efforts, state "none."*

Year	Procurement (Service, Percent of Capacity, Geographic Area)	Results (Providers and Capacity)
	No providers to date have expressed an interest.	

PART III: Required for all LMHA/LBHAs

PNAC Involvement

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

Date	PNAC Activity and Recommendations
2/8/2018	• PNAC was emailed a working copy of the LPND Plan for review and input as is.
1/29/2018	• PNAC was provided information regarding the Rapid Integrated Group Healthcare Team (RIGHT Care) model via email.
1/16/2018	• The PNAC Committee provided input for the development of the Consolidated Local Service Plan and approved submission for January 19, 2018 due date. • The PNAC Committee discussed the process for the development of the Local Network Development Plan and provided input into the process. Committee recommended that draft plan be sent to the committee once a month for review and the committee will have a final review at next scheduled meeting on April 17, 2018. • The PNAC Committee review presentation on Person Centered Thinking Trainer Certification Project. • The PNAC Committee received an overview presentation of Quality Management Activities. • The committee was interested in the Rapid Integrated Group Healthcare Team (RIGHT Care) model. Staff will send information to committee.
10/17/2017	• PNAC was provided with information regarding Comal County Mental Health Services. PNAC approved writing a letter of support for the enhancement of services in the Comal County area. • PNAC was provided information on status of 1115 Waiver Projects, HB 13, and SB 292. • PNAC discussed the new IDD Local Advisory Board in New Braunfels.

	• PNAC discussed the requested funding ($365,000) from HHSC for purchase of private psychiatric hospital beds. • PNAC discussed the recent voluntary cancellation of the contract to be a provider for ECI services. • PNAC received an update on Peer Support Services. • PNAC was updated on Hurricane Harvey and Disaster Relief activities. • PNAC was provided an update on PASRR Activities.
7/18/2017	**COMAL COUNTY MENTAL HEALTH SERVICES** Regional Mental Health Director attended the meeting and provided the committee an overview of the mental health services provided in Comal County. The clinic serves about 700 adults and 161 children and services are based on a Person-Centered Recovery Plan that is developed with each individual. **VISIT WITH EXECUTIVE DIRECTOR** Ross Robinson discussed how the 1115 Waiver projects will have new outcome measures that are related to quality rather than the number served in each program. Ross also discussed funding opportunities available through recent legislation such as HB 13 and SB 292. The Center is applying for funding through HB13 in order to develop a comprehensive continuum of locally available services that addresses the needs of Comal County. The proposal will expand and improve access to services including outlying communities and combine behavioral intervention services with physical intervention services in rural Comal County. The proposal to locate services in the Canyon Lake and Spring Branch areas of the County is precisely needed as these two locales had the highest number of crisis services utilizers in rural Comal County (33% of County residents who were screened for psychiatric hospitalization between July 1, 2016 to July 1, 2017 were from rural areas of the county. Additionally, 53% of those screened who were from rural areas were hospitalized as opposed to 43% of those who resided in New Braunfels). The Citizen's Advisory Committee decided to write a letter of support for this proposal to enhance the behavioral health system of care for the citizens of Comal County. Other topics discussed included the following: • The New Braunfels IDD provider now has a Local Advisory Board. The Board has had discussions with

	the school district regarding the facility. Ross has discussed replacing the flooring with the Board of Trustees. • In September the Center requested funding ($365,000) from HHSC for purchase of private hospital beds to be available. The Center currently has a MOU with hospitals. • The Center recently voluntarily cancelled the contract to be a provider of Early Childhood Intervention (ECI) services. All counties were taken over by other agencies so that families did not have to go without services. Contacts for the new agencies can be found on the Center's website at www.hillcountry.org **UPDATE ON 1115 WAIVER PROGRAMS AND PEER SUPPORT SERVICES** Director Peer Support provided an update on the 1115 Waiver projects. He distributed a handout of potential outcome measures identified by HHSC. The outcomes focus on the success of the person not the program. Jason also discussed peer support services and how they support clients when they are discharged from the hospital as well as when they have appointments at the clinic. They focus on whole health, nutrition, exercise and overall health. **HURRICANE HARVEY AND DISASTER RELIEF** Director of Support for MH Court provided the Committee a brief overview of the assistance the Center provided to victims of Hurricane Harvey. Staff were deployed to Houston where they work in a shelter/clinic with a psychiatrist. Staff connected the evacuees to resources within the shelter. **UPDATE ON IDD PASRR ACTIVITIES** The State is engaged in on-going PASRR-related litigation (Steward lawsuit). Disability Rights Texas brought a lawsuit against Health and Human Services in 2010, on behalf of individuals with developmental disabilities, alleging the state of Texas unnecessarily and inappropriately segregates people with developmental disabilities in nursing facilities in violation of the Americans with Disabilities Act. Despite efforts toward settlement, the PASRR litigation remains ongoing.
4/18/2017	**STAKEHOLDER INPUT ON PERSON CENTERED PRACTICES** The PNAC provided stakeholder input on Person Centered Practices and understanding the value of services and collection of fees based on the financial assessment/have the ability to pay for services. Committee members provided input regarding how to emphasize the value of services and to include the responsibility to pay as part of the consumer's recovery.

	VISIT WITH THE EXECUTIVE DIRECTOR Committee members asked Ross to discuss the status of legislation related to Center services. Ross provided an update. **UPDATE ON 1115 WAIVER PROJECTS** Director of 1115 Waiver Programs attended the meeting and discussed the status of the programs. A handout of the status of each program was reviewed. **OVERVIEW OF CRISIS TRAINING FOR MENTAL HEALTH STAFF** Regional Mental Health Director attended the Committee meeting and provided a comprehensive overview of mental health crisis services and the training that all crisis workers receive prior to responding to a crisis. Also discussed was the structure and role of the MCOT teams and how to activate the crisis hotline. Committee members were pleased to learn that the Center is utilizing technology such as apps on mobile devices that can help provide support for individuals with mental health needs. Committee members encouraged the Center to continue to explore technology as a way to connect with clients, especially youth. **RECENT IDD PROVIDER AUDITS FOR HCS AND TEXAS HOME LIVING PROGRAMS** Director of IDD Provider services attended the meeting and discussed the results of the recent audit for provider services in the HCS and TxHmL programs.
10/19/2016	**VISIT WITH EXECUTIVE DIRECTOR** Ross Robinson attended the Committee meeting and discussed the recent Leadership Training that was offered to all managers across the service area. Ross also discussed legislative activities and how this will be a tight session. He encouraged committee members to call their state representative regarding restoration of Medicaid rates for therapies. Ross is meeting with MCOs regarding services and rates through the MCO Committee that was formed across the region. Committee members are encouraged to advocate for more funding or no loss of funding. Terry Robinson stated that she is meeting Donna Campbell's office this week and Ross agreed to provide her with some speaking points.

	Rick Turner asked Ross if the kids who are served in the Youth Respite Home return to their family's home when they are discharged. Ross explained that most kids do return to their family's home and continue to receive support from their local mental health clinic. The Center's Youth Respite Home is one of the only 1115 waiver projects that is providing this service in the State. **OVERVIEW OF FY17 CENTER BUDGET** Chief Financial Officer attended the meeting and reviewed the FY 17 Center budget to include revenue by program, revenue changes, expenses by category, and the reserve contribution. Discussed how the 1115 Waiver projects make up about 20% of the Center's budget. Health and Human Services has just requested an additional 20 months or so for an extension of these projects. Discussed budget increases and decreases compared to last fiscal year such as the additional funds for IDD crisis services. Mental health had some decreases such as mental health first aid which included some changes in the manner in which the Center is paid for these services. Salaries and Benefits make up about 66% of the Center's total expenses. The Center ended the first quarter of the fiscal year with a positive $8,000 rather than the $80,000 loss the Center anticipated as part of the $320,000 annual loss that was projected. The Center was not able to pay out the quarterly incentive to staff due to a lack of earnings in the first quarter. **TRAUMA INFORMED CARE AND COMMUNITY EDUCATION SERVCIES** Director of Trauma Informed Care Services attended the meeting and discussed the 1115 Waiver services offered. Also discussed was Mental Health First Aid and Compassion Fatigue training that is offered by staff. Mental Health First Aid is an eight-hour training that teaches how to recognize the signs and symptoms of mental health problems, how to offer and provide initial help, with a focus on early intervention. After the discussion about Mental Health First Aid, Tony Aguilar asked if all mental health crisis staff have received this training. It was reported that some staff do receive Mental Health First Aid training when it is offered in their area. Tony suggested that all crisis staff should receive this training. The Committee discussed Tony's suggestion and recommended that all crisis staff should have Mental Health First Aid within 1 year (to include new and existing staff). This recommendation will be presented to Management staff and a response will be provided to the Committee.

	PEACE PROGRAM IN NEW BRAUNFELS Reviewed the PEACE (Promoting Endless Possibilities by Expanding Knowledge and Achieving Personal Outcomes Through Community Integration that Enriches Lives) program in New Braunfels. **OVERVIEW OF NEW IDD CRISIS FUNDING** A brief update on IDD Crisis Services was provided. The Center currently has 2 Crisis Intervention Specialists for IDD Services and a Crisis Respite Home. The Crisis Intervention Specialist have been providing training and outreach to staff, providers, as well as law enforcement who may respond to a crisis for a person with IDD. During the next quarter, the staff will be networking with other community service providers such primary care physicians, psychiatrists, and other medical specialists by providing training to them to serve the medical and psychiatric needs of individuals with IDD who exhibit crisis behaviors.

Stakeholder Comments on Draft Plan and LMHA/LBHA Response

Allow at least 30 days for public comment on the draft plan. Do not post plans for public comment before March 1, 2018.
In the following table, summarize the public comments received on the draft plan. If no comments were received, state "None." Use a separate line for each major point identified during the public comment period, and identify the stakeholder group(s) offering the comment. Describe the LMHA/LBHA's response, which might include:

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

Comment	Stakeholder Group(s)	LMHA/LBHA Response and Rationale
None will update as comments are submitted		

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

Appendix A

Assessing Provider Availability

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

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

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

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

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

Appendix B

25 TAC §412.755. Conditions Permitting LMHA Service Delivery.

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

(1) The LMHA determines that interested, qualified providers are not available to provide services in the LMHA's service area or that no providers meet procurement specifications.

(2) The network of external providers does not provide the minimum level of individual choice. A minimal level of individual choice is present if individuals and their legally authorized representatives can choose from two or more qualified providers.

(3) The network of external providers does not provide individuals with access to services that is equal to or better than the level of access in the local network, including services provided by the LMHA, as of a date determined by the department. An LMHA relying on this condition must submit the information necessary for the department to verify the level of access.

(4) The combined volume of services delivered by external providers is not sufficient to meet 100 percent of the LMHA's service capacity for each level of care identified in the LMHA's plan.

(5) Existing agreements restrict the LMHA's ability to contract with external providers for specific services during the two-year period covered by the LMHA's plan. If the LMHA relies on this condition, the department shall require the LMHA to submit copies of relevant agreements.

(6) The LMHA documents that it is necessary for the LMHA to provide specified services during the two-year period covered by the LMHA's plan to preserve critical infrastructure needed to ensure continuous provision of services. An LMHA relying on this condition must:

> (A) document that it has evaluated a range of other measures to ensure continuous delivery of services, including but not limited to those identified by the LANAC and the department at the beginning of each planning cycle;
>
> (B) document implementation of appropriate other measures;

(C) identify a timeframe for transitioning to an external provider network, during which the LMHA shall procure an increasing proportion of the service capacity from external provider in successive procurement cycles; and

(D) give up its role as a service provider at the end of the transition period if the network has multiple external providers and the LMHA determines that external providers are willing and able to provide sufficient added service volume within a reasonable period of time to compensate for service volume lost should any one of the external provider contracts be terminated.

Appendix C

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

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