



**HEART OF TEXAS REGION MHMR CENTER  
LOCAL PLAN FOR NETWORK DEVELOPMENT**

7/27/2010

## REVISED TEMPLATE FOR PROVIDER NETWORK DEVELOPMENT PLAN

Complete and submit to [performance.contracts@dshs.state.tx.us](mailto:performance.contracts@dshs.state.tx.us) according to prescribed due date:

- ◆ Cohort I: July 27, 2010
- ◆ Cohort II: July 31, 2010
- ◆ Cohort III: August 31, 2010

Refer to Information Item I in the DSHS Performance Contract for a list of LMHAs in each cohort.

Responses should be concise, concrete, and specific.

Use bullet format whenever possible, and note that many sections have character limits.

Provide information for the past two years only (since submission of your first network development plan).

When completing a table, insert additional rows as needed.

### **Local Service Area**

- *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: 2010 LMHA Area and Population Stats (in the General Warehouse folder)*

<b>Population</b>	350,889
<b>Square miles</b>	5,648
<b>Population density</b>	62
<b>Number of counties (total)</b>	6
◆ <b>Number of urban counties</b>	1
◆ <b>Number of rural counties</b>	5
◆ <b>Number of frontier counties</b>	0

*Major populations centers (add additional rows as needed):*

<b>Name of City</b>	<b>Name of County</b>	<b>City Population</b>	<b>County Population</b>	<b>County Population Density</b>	<b>County Population Percent of Total</b>

Waco	McLennan	124,009	233,552	220	67%
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Using bullet format, briefly note other significant information about your local service area relevant to provider network development. Include population characteristics that are atypical and differentiate your local services area from most other LMHAs. Distinguishing characteristics might include a high proportion of racial, ethnic, or linguistic minorities, the presence of a large military base, or other factors that must be considered in service delivery.

- ◆ Proximity to very large Waco VA Psychiatric Hospital
- ◆ Five rural counties with small population
- ◆ Limited transportation in rural counties
- ◆ High rate of poverty in urban and rural counties
- ◆ Local stand-alone psychiatric hospital

## ***Provider Availability***

### **1) Provider Recruitment**

Using bullet format, list steps the LMHA took to identify and recruit external providers over the past two years. This includes but is not limited to procurement associated with the 2008 planning cycle.

- ◆ May, 2008: the center mailed a postcard to 90 area providers inviting them to complete the Provider Interest form on the DSHS website.
- ◆ DSHS website 2008 invitation to complete Provider Interest Form
- ◆ Mailed RFP to Wood Group, Sunwest and to the registry of physician Specialists in July, 2009
- ◆ DSHS website 2010 invitation to complete Provider Interest Form

### **2) Provider Availability**

List each potential provider identified during the process described in Item 1 of this section. Include all current contractors, providers who registered on the DSHS website, and providers who submitted written inquiries over the past two years. Note the source used to identify the provider (e.g., current contract, DSHS website, LMHA 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 45 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.

<b>Provider</b>	<b>Source of Identification</b>	<b>Summary of Follow-up Meeting or Teleconference</b>	<b>Assessment of Provider Availability, Services, and Capacity</b>
The Wood Group	DSHS website Current contract	2009: The Center mailed an RFP to the Wood Group	Wood Group did not submit a bid.
Sunwest	DSHS website	2009: The Center mailed an RFP to Sunwest	Sunwest did not submit a response.
Registry of Physician	Electronic State	2009: the Center emailed an RFP to the registry of	Registry did not submit a response.

Specialists	Business Daily	Physician Specialists	
The Wood Group	DSHS website Current contract	Face to face meeting on 4-19-10; Wood Group declined to bid.	Contracting would be infeasible without at least 75 service package 3 consumers. (Not very many are willing to transfer.) Limited to no ability to provide full service package including medication services.
Avail	DSHS Website	The Center explained that it currently contracts with ICARE for hotline services.	The Center is not required to bid this service as it is currently under contract. Avail asked to be considered if this service is bid in the future.

## ***Local Planning***

### **Guidelines for Gathering Community Input**

- CONDUCT THE PROVIDER ASSESSMENT BEFORE GATHERING INPUT FROM THE COMMUNITY.
- The scope and focus of community input will depend on the availability of external providers.
- Seek guidance on network development based on your knowledge of provider availability at the time.
- Information presented in this section of the plan should be specific to the network development plan. Ensure that stakeholders understand the statutory mandate to develop the provider network when qualified providers are available. Community input should be focused on how to use available external capacity based on local needs and priorities.
- If an LMHA has no interested providers, community input should be focused on other elements of the plan (e.g., reducing identified barriers to new providers, on potential strategies for attracting external providers, improving consumer access and choice)
- When gathering input, use the previous plan as the starting point for discussion, including the plans for procurement and the results.
- Before finalizing your plan, review the DSHS website to identify any additional potential providers.

### **3) Status of provider availability assessment**

*Does the final assessment of provider availability documented above match the information about provider availability on hand at the time of community input?*

Yes     No

*If no, briefly describe the difference.*

#### 4) Community Engagement

*In the chart below, show the process used to provide information and solicit input about provider network development from stakeholders. Include specific events as well as activities that take place over a period of time, such as surveys. Note that a variety of communication formats may be used, including telephonic, electronic, and paper. List surveys and similar activities first, including timeframes during which the activities took place, followed by events in date order. Insert additional rows as needed.*

Description, Location/Format, and Date or Timeframe	Participating Organizations (List)	Summary of Input Briefly summarize input relating to the network development plan. If the LMHA has identified interested providers, include recommendations for how the LMHA should implement the mandate to develop the provider network.	Number of Individuals		
			Consumer	Family	Other
7-20-10	PNAC	PNAC members agreed that, in theory, the concept of contracting with private providers to increase consumer choice is good. The PNAC members stated that the plan would work in metropolitan areas, but not in areas with smaller populations such as the Centers. PNAC members also commented that the rule is based on flawed legislation.	1	4	2
7-15-10 through 7-26-10	Jail Diversion Coalition, HOTRAC	The LPND Summary and Survey were emailed to members of the Jail Diversion Coalition and the HOTRAC group with two responses.  The McLennan Counties District Attorney's office commented that there are too few patients at a too low of a rate. The suggested strategy was to raise rates and provide transportation.  The Waco Police Department commented that there is insufficient funding from the state and that providers must know they will receive payment for services rendered.			2
7-13-10	NAMI meeting	The scheduled NAMI meeting was delayed. The Information packet and survey was emailed to local NAMI members with no response as of this date.			

**5) PNAC Involvement**

*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.*

<b>Date</b>	<b>PNAC Activity and Recommendations</b>
March 2010	Discussion and input regarding the Local Network Development Plan
April 2010	A report on the LPND process and the meeting with a potential provider.
July 2010	Review of the final draft of the LPND and review of the LSAP

## Provider Network Development

### 6) Contract Expenditures

Complete the table below. Total DSHS funding is the amount described as Total Allocation from Section VIII Budget of the DSHS Performance Contract. The Federal Rehab is equal to the amounts received as 100% payment from Medicaid less the General Revenue that is State match. These amounts should be added to arrive at the total for Adult MH and Child/Adolescent MH Services. For FY 2010 data, provide information from the first six months of the year (September 2009 through February 2010).

SERVICE CATEGORY	Total DSHS funding and Federal Rehab 2007*	External provider contract expenditures 2007		Total DSHS funding and Federal Rehab 2008*	External provider contract expenditures 2008		Total DSHS funding and Federal Rehab 2009*	External provider contract expenditures 2009		Total DSHS funding and Federal Rehab 2010* (6 months)	External provider contract expenditures 2010 (6 months)	
		Dollars	%		Dollars	%		Dollars	%		Dollars	%
Adult MH Services	\$3,976,919	\$288,788	7%	\$3,917,984	\$413,490	11%	\$4,439,159	\$770,411	17%	\$2,194,592	\$407,912	19%
Child/Adol MH Services	\$759,839	\$75,098	10%	\$772,458	\$18,864	2%	\$830,616	\$28,916	3%	\$406,784	\$15,323	4%
TOTAL MH Services	\$4,736,758	\$363,886	8%	\$4,690,442	\$432,354	9%	\$5,269,775	\$799,327	15%	\$2,601,376	\$423,235	16%
<b>Breakout of CONTRACTED SERVICES:</b>												
Medication and Labs		\$9,886	3%		\$8,826	2%		\$12,603	2%		\$2,489	1%
Physician Services**			0%			0%			0%			0%
Counselor Services**			0%			0%			0%			0%
Crisis Services			0%			0%		\$52,700	7%		\$28,746	7%
Residential Services			0%			0%		\$402,789	50%		\$215,000	51%
Inpatient Services		\$354,000	97%		\$423,528	98%		\$331,235	41%		\$177,000	42%
Other (list):			0%			0%			0%			0%
			0%			0%			0%			0%
			0%			0%			0%			0%
TOTAL		\$363,886	100%		\$432,354	100%		\$799,327	100%		\$423,235	100%

\* Total DSHS funding and Federal Rehab amounts includes funding for the Authority functions of the LMHA, as well as the state match for Case Management, which may not be performed by any entity other than the LMHA.

\*\* Include only contracts for physician and counselor services with no other associated services. These will generally be contacts with individual practitioners or groups of individual practitioners. List contracted service packages separately, even though they include physician and counseling services.

**FY 2010 Provider Contracts**

List your FY 2010 Contracts in the table below. In the Provider Type column, specify whether the provider is an organization or an individual practitioner.

<b>Provider</b>	<b>Service(s)</b>	<b>Provider Type</b>	<b>Dollars Allocated</b>
The Wood Group	♦ Crisis Respite	Organization	430,000
ICARE	♦ Hotline	Organization	57,492
DePaul Psychiatric Hospital	♦ Inpatient	Organization	354,000
Clinical Pathology Laboratory	♦ Laboratory Services	Organization	12,500
Various relief pharmacists	♦ Pharmacy	Individual	10,880

**7) Current and Planned Network Development**

Complete the following table. Leave cells blank if the percent is 0.

- *Column A: Document current capacity for all service packages, regardless of past or planned contracting. Current service capacity is the average monthly capacity based on service data from FY 2009 and FY 2010 through the most recent closed quarter for services controlled by the DSHS contract. Capacity for service packages is expressed as the number of clients served; use the following DSHS data warehouse report to determine current service capacity: PM Service Target LPND (Enterprise: CA Utilization Mgt: UM Service Delivery: PM Service Target LPND). If projected capacity is significantly different than current capacity, insert a footnote noting the projected capacity.*
- *Column B: State the percent of total capacity contracted to external providers in FY 2009. This is the maximum capacity to be served by external provides according to the terms of the contract.*
- *Column C: Document the percent of capacity served by contractors in FY 2009; this is the actual capacity served by contractors.*
- *Column D: State the current percent of total capacity contracted to external providers for FY 2010. This is the maximum capacity to be served by external provides according to the terms of the contract. .*
- *Column E: Document the percent of capacity served by contractors in the first six months of FY 2010 (September 2009 through February 2010); this is the actual amount paid to external providers during this period. When calculating percentages, use six month figures in both the numerator and denominator.*
- *Columns F and G: If you will be procuring complete service packages in the next biennium, state the percent of current capacity planned for contract in 2011 and in 2012.*
- *Column H: Note the number of available providers based on your provider assessment documented in the previous section.*
- *Column I: Use the following list to identify the number of the applicable condition that justifies the level of service the LMHA will continue to provide internally. Include all conditions that apply. Refer to the Appendix B for complete language as specified in 25 TAC §412.758.*
  1. *Willing and qualified providers are not available.*

2. *The external network does not provide minimum levels of consumer choice. Use this condition if only one external provider is interested in contracting with the LMHA, and the LMHA will therefore provide up to 50% of the service. This condition does not justify the LMHA providing more than 50% of services.*
3. *The external network does not provide equivalent access to services. Use this condition if access is the only reason the LMHA will not use all of the available external capacity. Applicability of this condition will probably be made after procurement.*
4. *The external network does not provide sufficient capacity. Use this condition if the LMHA will use all of the available external provider capacity and directly provide only the balance of current capacity.*
5. *Critical infrastructure must be preserved during a period of transition. Use this condition if the LMHA will not use all of the available external provider capacity. Instead, the LMHA plans a phased transition to full utilization of external provider capacity, increasing the volume of contracted services over two or more planning cycles.*
6. *Existing agreements restrict procurement or existing circumstances would result in substantial revenue loss. Use this condition if an external restraint is the controlling factor limiting full use of external provider capacity.*

PAST and CURRENT						PLANNED			
	A	B	C	D	E	F	G	H	I
Service	Current service capacity	Percent of total capacity contracted in FY 2009	Percent total capacity served by contract providers in FY 2009	Percent of total capacity contracted in FY 2010	Percent total capacity served by contract providers in FY 2010 (6 mo)	Percent of total capacity planned for contract in FY 2011	Percent of total capacity planned for contract in FY 2012	Number of available providers	Applicable condition
<b>Adult Service Packages</b>									
Adult RDM SP 1	950	0	0	0	0	20*	25*	0	1
Adult RDM SP 2	5	0	0	0	0	20*	25*	0	1
Adult RDM SP 3	127	0	0	0	0	20*	25*	0	1
Adult RDM SP 4	26	0	0	0	0	0	0	0	1
Adult RDM SP 0	59	0	0	0	0	0	0	0	1
Adult RDM SP 5	105	0	0	0	0	0	0	0	1
TOTAL Adult Services	1,273	0	0	0	0	20*	25*	0	1
<b>Child Service Packages</b>									
Children's RDM SP 1.1	91	0	0	0	0	20*	25*	0	1
Children's RDM SP 1.2	24	0	0	0	0	20*	25*	0	1
Children's RDM SP 2.1	1	0	0	0	0	na	na	0	1

Children's RDM SP 2.2	15	0	0	0	0	20*	25*	0	1
Children's RDM SP 2.3	5	0	0	0	0	20*	25*	0	1
Children's RDM SP 2.4	1	0	0	0	0	20*	25*	0	1
Children's RDM SP 4	49	0	0	0	0	20*	25*	0	1
Children's RDM SP 0	3	0	0	0	0	0	0	0	1
Children's RDM SP 5	2	0	0	0	0	0	0	0	1
TOTAL Children's Services	190	0	0	0	0	20*	25*	0	1

\*Consumer choice is the primary objective for procurement. The specific percentage amount may be negotiable depending on the bidder's capacity to serve consumers and ensure choice.

Use the following table to list any discrete routine services or crisis services with contracting activity (2009, current, or planned) OR interested providers.

- Leave cells blank if the percent is 0.
- Current service capacity is the average monthly capacity based on service data from FY 2009 and FY 2010 through the most recent closed quarter for services controlled by the DSHS contract. Capacity for discrete services is expressed as units of service delivered.

	PAST and CURRENT					PLANNED			
	A	B	C	D	E	F	G	H	I
<b>DISCRETE ROUTINE SERVICES And CRISIS SERVICES</b>	<b>Units of service delivered in 2009</b>	<b>Percent of total capacity contracted in FY 2009</b>	<b>Percent total capacity served by contract providers in FY 2009</b>	<b>Percent of total capacity contracted in FY 2010</b>	<b>Percent total capacity served by contract providers in FY 2010</b>	<b>Percent of total capacity planned for contract in FY 2011</b>	<b>Percent of total capacity planned for contract in FY 2012</b>	<b>Number of available providers</b>	<b>Applicable Condition</b>
Crisis Hotline	8,400	100	100	100	100	100	100	2	6
Crisis Respite	5,702	100	100	100	100	100	100	1	6
Laboratory services	3,933	100	100	100	100	100	100	1	6
Inpatient	4,406	100	100	100	100	100	Unknown**	1	6

\*\* At the present time, the DePaul psychiatric center is shifting 30% of its capacity to geriatric psychiatric services, thus reducing the number of general population beds available. The Center will continue its contract for inpatient services through 2011. The 2012 contract may be affected by DePaul's capacity in 2012.

**8) Rationale for LMHA Service Delivery**

- a) *Describe the rationale for your plan for network expansion, including the services to be procured and the volume of services to be procured. If only selected services are identified for procurement, explain why those services are being offered for contracting and others are not. Discuss services for adults and for children and adolescents separately.*
- b) *If the LMHA will continue to provide one or more services because the external network does not provide equivalent access (Condition 3), describe how this determination was made, including the source of data. NOTE: The LMHA must have supporting documentation that can be submitted to DSHS when requested.*
- c) *If the LMHA will continue to provide one or more services because the external network does not provide sufficient capacity (Condition 4), complete the following table. Use this condition if the LMHA will use all of the available external provider capacity and directly provide only the balance of current capacity. External provider capacity is usually determined through the follow-up contacts that take place during the provider availability assessment.*

<b>Service</b>	<b>Capacity Needed</b>	<b>External Provider Capacity</b>	<b>Information and Method Used to Determine External Network Capacity</b>
NA			

- d) *If the LMHA will continue to provide the specified capacity of one or more services in order to preserve critical infrastructure to ensure continuous provision of services (Condition 5), identify the planned transition period and the year in which the LMHA anticipates procuring the full external provider capacity currently available. If the same transition period is planned for all services, only one entry is required. When different transition periods are planned, list each separately. NOTE: The rule states that this condition can be used only when the LMHA identifies a timeframe for transitioning to an external provider network, during which the LMHA procures an increasing proportion of the service capacity of the external provider network in successive procurement cycles. This timeframe is the LMHA's best estimate based on the limited information currently available, and does not represent a firm commitment. The timeframe will be reassessed during each planning cycle based on the results of procurement, provider performance, and new information. The current estimate should assume that proposed procurement plans are successful and the contractors prove to be stable providers and meet established performance standards.*

<b>Service</b>	<b>Transition Period</b>	<b>Year of Full Procurement</b>
NA		

- e) *If the LMHA will continue to provide one or more services because existing agreements restrict procurement or existing circumstances would result in substantial revenue loss (Condition 6), briefly describe each of them, including the end date of any agreement. Describe any steps*

taken to amend the agreements or alter the conditions to allow contracting. *NOTE: LMHA may be asked to submit copies of agreements or other supporting documentation.*

- ◆ Crisis hotline services are currently under contract
- ◆ Crisis respite services are currently under contract
- ◆ Laboratory services are currently under contract
- ◆ Inpatient services are currently under contract
- ◆ Relief pharmacists are currently under contract

**9) Rationale for Volume of Services Provided by the LMHA to Preserve Financial Viability**

*If the percentage listed for any service is based on a determination that the service provision by the LMHA would not be financially viable at a lower level, explain the budget analysis used to arrive at the specified volume. Enter NA if you have no interested providers or if the volume of services to be provided by the LMHA is not higher than it would otherwise be to ensure financial viability. NOTE: Supporting documentation may be requested.*

NA

**10) Strategies to Protect Critical Infrastructure**

*In bullet format, briefly describe the strategies will you implement to protect critical infrastructure and promote a stable, successful provider network. Enter NA if you have no interested providers.*

- ◆ NA

**11) Time to Re-establish Lost Service Capacity**

*Estimate the amount of time needed to re-establish the service volume lost if a contract is terminated. If time varies depending on the service type, list each separately. Enter NA if you have no interested providers.*

Service(s)	Time Needed to Re-establish Service Volume
NA	

**Procurement**

**12) Structure of Procurement(s)**

*In the table below, describe how the 2012 procurement will be structured, making a separate entry for each service or combination of services that will be procured as a separate contracting unit. Enter NA if you have no interested providers.*

- ◆ Note the method of procurement: competitive procurement (RFP) or open enrollment (RFA).

- ◆ Identify the geographic area(s) in which the service will be procured, and the percent of your clients living in the designated geographic area. Specify whether an external provider will be required to cover the entire area. If an external provider will be permitted to contract for services in only a portion of the identified area, note how the area may be partitioned.
- ◆ Describe the rationale for how the procurement will be structured. In the rationale the following issues must be addressed:
  - Method of procurement (competitive vs. open enrollment)
  - procurement of discrete services rather than service packages (provide a separate rationale for each discrete service)
  - bundling of services or service packages
  - service area (whether the entire local service area is included or only selected counties, and choice of individual counties)

Date(s)	Method (RFA or RFP)	Service or Combination of Services to be Procured	Geographic Area(s) in Which Service(s) will be Procured	Percent of Clients	Rationale
NA					
If the Center procured, it would be as such:					
2012	RFP	AMH	Three contiguous counties	20 -25%	Competitive, Bundled, At least three contiguous counties
2012	RFP	CMH	Three contiguous counties	20 -25%	Competitive, Bundled, At least three contiguous counties

**13) Fidelity and Continuity of Care (complete only if discrete services will be procured).**

If you plan to procure discrete services (rather than full service packages), describe how you will maintain fidelity and continuity of care in the provider network. The content of this section describes what changes or additions will be made to your standard process to address the additional fragmentation that can occur when services for a single consumer are provided by multiple contractors, often in multiple locations. Enter NA if you have no interested providers or plan to procure service packages only.

- ◆ NA

**14) Enhanced Staff Qualifications**

Do you require any individual practitioners to meet higher standards than those described in the DSHS performance contract?

\_\_\_ Yes    \_\_\_X\_\_\_ No

If yes, identify the practitioner(s) and the specific qualifications. Enter NA if you have no interested providers.

- ◆ NA

## Consumer Choice

### 15) Single Provider

List all services to be provided by a single provider (regardless of provider availability) and the reason(s) for not offering consumers a choice of providers. Identify any economic factors involved in the decision. Enter NA if you have no interested providers.

Service to be Provided by a Single Provider	Reason(s) for Limiting Client Choice
NA	

### 16) Choice and Access

Using bullet format, briefly describe plans for maximizing consumers' choice of providers and access to services, including relevant procedures, procurement specifications, and contract provisions.

- ◆ Current clients and new clients will be educated about the choice of providers should the center contract services. External providers will be required to have the same, if not greater, business hours as HOTRMHMR and maintain clinic locations within the same geographic areas as HOTRMHMR.
- ◆ Within the center, consumers have a choice of physicians, case managers and other internal providers, depending on the consumer's service package. HOTRMHMR is proactive in informing consumers of their rights and is responsive to questions about rights. However, given the lack of interest and response from a multitude of external providers, HOTRMHMR expects a minimal impact of expanding choice.
- ◆ The addition of new crisis services, including transition services, has increased access to services in that some consumers may receive time-limited services from MCOT and/or Respite services. Since the Crisis Triage Center became operational, consumers have a choice of receiving assessment services at the Crisis Center, open 24/7, or going to an emergency room at a local hospital.

### 17) Diversity

Using bullet format, briefly describe how the LMHA will ensure its provider network meets the diverse cultural and linguistic needs in the local community. Include relevant standards, procedures, procurement specifications, and contract provisions.

- ◆ In the event that HOTRMHMR contracts for services, external providers are expected to ensure that cultural and linguistic diversity is addressed in service delivery. As is required of HOTRMHMR staff, contractors will be required to participate in pre-employment training in cultural and linguistic diversity. A nondiscrimination clause is included in the standard HOTRMHMR contract and reads as follows: "Each party of this Agreement agrees that no person, on the basis of race, color, national origin, religious, sex, sexual orientation, age disability, or political affiliation, will be excluded from participation, be denied the benefits of, or be subject to discrimination in the provision of any services hereunder. The parties hereto agree to comply with the Civil Right Act of 1964, the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, the Civil Rights Act of 1991, and the Age Discrimination in Employment Act of 1967, all amendments to each and all requirements imposed by the regulations issued pursuant to these acts." It is the position of HOTRMHMR Center that all persons requesting or receiving services have the opportunity to communicate with providers, regardless of the language the consumer uses or the consumer's cultural background.

## Capacity Development

### 18) Cost Efficiency

Using bullet format, list steps taken in the past two years to minimize overhead and administrative costs and achieve purchasing and other administrative efficiencies. Do not report efforts included in the 2008 network development plan.

- Partnership with McLennan County to lease the Crisis Care Center building at a low rate.
- Partnership with McLennan County Sheriff's department for an additional Mental Health Deputy.
- Coordination with Juvenile Probation in McLennan County for assessment and psychiatric services.
- Contracting with Essential Learning to automate much staff training, new and annual.
- Periodic use of the No Show Clinics in which a person who does not show up for an psychiatric appointment and does not cancel the appointment must attend a no-show clinic for an examination with the psychiatrist and to obtain an order to refill medication prescriptions.
- Updating the Center's time keeping system and integrating this system with payroll to allow the Center to hire an employee without duplication of data entry. Additionally, the system will allow employees to review benefits on line, and to change personal information such as phone numbers. In the future, the system will be able to set up reminders to managers regarding due dates of evaluations, employee training, and any other timed event. This system will reduce administrative costs.
- The Center locates and contracts with the most economical energy company available. In addition, the Center recognizes significant savings by requesting bids for property and casualty insurance, workers compensation insurance, vehicle insurance, health insurance, and general and professional liability coverage, as well as contracting for janitorial and landscape maintenance at all facilities.
- Membership in several purchasing cooperatives.

List partnerships with other LMHAs related to planning, administration, purchasing and procurement or other authority functions, or service delivery. Include current, ongoing partnerships (regardless of date established) and time-limited activities that occurred over the past two years.

Start Date	Partner(s)	Functions
9-1-09	Tarrant County MHMR	HOTRMHMR is contracting with Tarrant County MHMR- ICARE to provide hotline service. ICARE administration and HOTRMHMR have worked together to monitor the service in such a way to make quality improvements.
On-going	Central Counties MHMR Center	HOTRMHMR meets periodically with Central Counties Center for MHMR to share ideas and gain efficiencies. Most recent activities have focused on disaster mental health policies and procedures.
On going	Texas Council of Community Centers	Various HOTRMHMR staff actively participate in Texas Council Consortia, part of which is sharing resources, materials and methodologies. HOTRMHMR participates in the Mystery Caller project, out of the Quality Management

		Consortium, which evaluates access to mental health services at each center.
3-1-10	Austin Travis County Integral Care, Central Counties MHMR and Bluebonnet Trails MHMR	HOTRMHMR has partnered with Austin Travis County Intregal Care, Central Counties MHMR and Bluebonnet Trails MHMR to submit a competitive RFP to DSHS for veterans' services.

*Identify any current efforts and plans to develop new opportunities for working jointly with other LMHAs.*

- ◆ As listed above

### **19) Previous Network Development Efforts**

*In the table below, document your procurement activity over the past two years.*

- ◆ *List each service separately, including the percent of capacity 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 under contract. If no providers were obtained as a result of procurement efforts, please note under results.*

<b>Procurement (Service, Capacity, Geographic Area)</b>	<b>Results (Providers and Capacity)</b>
RFP issued 7-13-09 for AMH Service Packages 1 – 3 and CMH Service Packages 1-4	No providers obtained

*List the comments you received after posting the draft procurement documents during the 2008 planning cycle, and how you responded to the comments, including any modifications made to the procurement document.*

<b>Comment or Suggestion</b>	<b>LMHA Response</b>
This is to inform you that the Wood Group remains interested in providing Adult Mental Health Services for Service Packages 1 – 4, partial or total services in each package and Adult Residential Services. We would appreciate these and any other RFP's to be sent to: The Wood Group 3610 Barnett Road Wichita Falls, Texas 76310	HOTRMHMR accepts the comment in full. At this point, no plan modifications are necessary as a result of this comment. HOTRMHMR currently contracts with the Wood Group and is engaged in on-going conversations with their personnel. Through these conversations, HOTRMHMR is aware of their interest in providing additional services.

*In bullet format, list specific steps taken over the past two years to develop the LMHA's internal capacity to develop and manage the external provider network. The scope of activity should be appropriate to the level of interest from external providers.*

- ♦ The Center has met periodically with representatives from The Wood Group which currently contracts with the Center for Crisis Respite Services. These periodic meetings have included discussions about developing the external network.

## **20) Barriers**

*Identify the barriers you encountered when trying to recruit external providers, including any local circumstances that make recruitment difficult. Describe how you plan to address each barrier or reduce its impact during the 2012 procurement.*

<b>Barriers</b>	<b>Plans</b>
Rate that DSHS pays is insufficient to attract providers.	HOTRMHMR cannot change DSHS rates and cannot supplement those rates. One commenter stated that, "It is a state funding issue."
Sufficient supply of private providers in the area [for discrete services].	The comment from a family member was as such: there are enough private therapists in the Waco area that if you are on a wait list for therapy at MHMR, you can still get therapy in the community. In future planning, the Center will consider this factor.
Medicaid and Medicare rates are going down.	HOTRMHMR will adjust the budget accordingly.
Some private providers are scared of government work; they don't know how long it will last.	One stakeholder suggested that the Center provide a guaranteed renewal of the contract for services if all conditions were favorably met.
The state has too many regulations and requires too much paperwork.	HOTR will educate a contractor on the requirements and monitor compliance. One stakeholder suggested that the Center could seek a waiver of state regulations to provide access and choice to less populated (non-metropolitan) areas.

The primary condition necessary to attract external providers is increased reimbursement rates to compensate for increased staff, training and paperwork to satisfy regulatory compliance. The private sector requires profit to operate. The rates do not afford profitability. A larger population base, particularly in the five rural counties of HOTRMHMR would provide greater incentive for a provider to establish services in this area.

## **21) Long Term Planning**

*Note: Long term plans are based on the limited information currently available, and will be reassessed during the next planning cycle; they do not represent a firm commitment.*

*If the LMHA is continuing to provide services in order to protect critical infrastructure, briefly describe your plan for transitioning to full utilization of the service capacity being offered by external providers. Assume that proposed procurement plans are successful and the contractors prove to be stable providers and meet established performance standards. The plan must include a target date for the transition and measurable objectives for each procurement period.*

*If your proposed procurement is successful, what are your current plans for expanding the external provider network during the 2012 cycle? Identify the services and general volume capacity you are considering for procurement in the next planning period. If this information is documented in your critical infrastructure transition plan, simply reference it. Enter NA if you have no interested providers.*

- ◆ NA

**22) Public Comment**

*Using bullet format, list the steps you will take to publicize and get public comment on the draft network development plan. Include outreach and activities directed to consumers, local advocacy groups, and potential providers.*

- ◆ Presentation of plan to NAMI with survey
- ◆ Email plan summary and survey to Jail Diversion Coalition, and HOTRAC consisting of county officials and law enforcement.
- ◆ Email plan summary and survey to CRCG members
- ◆ Email plan summary and survey to parole officers.
- ◆ Presentation of plan to PNAC with survey
- ◆ Invitation to comment posted on the HOTRMHMR Website

**Implementation**

**23) Procurement Timeline**

*Provide your procurement timelines in the following table. Allow at least 14 days for public comment to the draft procurement instrument. If more than one procurement is planned, provide a separate timeline for each (copy and paste additional rows to the table). Enter NA if you have no interested providers.*

Date	Key Activities and Milestones
NA	Draft procurement document (RFA/RFP) posted for public comment (at least 14 days)
	Publication of final procurement
	Due date for procurement responses
	Award date
	Contract start date

**24) Consumer Transition**

Provide your consumer transition timeline in the following table. If more than one procurement is planned, provide a separate timeline for each (copy and paste additional rows to the table). Enter NA if you have no interested providers.

Date or Timeframe	Key Activities and Milestones
NA	Date provider list will be posted to website and distributed to consumer and advocacy groups
	Timeframe for hosting provider forums to allow providers to share information with consumers
	Date to begin offering consumers choice of providers in the new network
	Period of time given to consumers to select provider
	Timeframe for transitioning current clients to new providers

**Stakeholder Comments on Draft Plan and LMHA Response**

*Allow 14 days (minimum) for public comment on draft plan.*

*In the following table, summarize the public comments received on the draft plan. 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’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’s rationale for rejecting the comment.*

Comment	Stakeholder Group(s)	LMHA Response and Rationale
In theory, something like this will work in large metropolitan areas. The system is not built to succeed except in large areas.	PNAC	Accepting the comment in full, HOTRMHMR cannot affect the size of the catchment area. The center participates with the Chamber of Commerce, the Mayor’s Committee on Disabilities, the Homeless Coalition, and many other organizations and efforts whose purpose is to positively build the area.
Most private providers, therapists, do one thing and do not want to provide a whole package.	PNAC	Accepting the comment in full, the Center currently contracts for discrete services and continues to seek providers for full service packages.

All of this will change in 2014 when everyone is insured.	PNAC	
Some privates are scared of government work; they don't know how long it will last. They are scared of government regulations and how it will drive up insurance costs.		The Center accepts the comment. HOTRMHMR cannot change regulations and funding strategies.
Need to offer longer terms, longer contracts to ensure continuity	PNAC	The Center accepts the comment. HOTRMHMR cannot change regulations and funding strategies
Problem is clear, not paid enough for the extra headache.	PNAC	The Center accepts the comment. HOTRMHMR must function within its budget and cannot feasibly increase rates.
It will be a new world of healthcare in five years. Universal healthcare may take care of many services that are needed but not offered if on waiting list and up.	PNAC	The Center accepts the comment. HOTRMHMR will comply with federal and state regulations regarding health care.
Clients want a cafeteria menu of services, providers want a fixed menu, a fixed system	PNAC	The Center accepts the comment. The Center must operate according to its contract with DSHS for Resiliency and Disease Management (RDM) services. RDM services provide consumers with choice within the center.
It is a state funding issue. Access and Choice could improve with "increased field resources which is a state funding issue."	Waco Police Department	The Center accepts the comment. The Center cannot change the state's funding strategies. The Center appreciates the comment about increased field resources and will consider the comment in future planning.
Too few patients (anticipated/expected) at too low a rate means not enough money for them [providers].	McLennan County District Attorney office	The Center accepts the comment. The Center cannot change the state's funding strategies

COMPLETE AND SUBMIT ENTIRE PLAN TO [performance.contracts@dshs.state.tx.us](mailto:performance.contracts@dshs.state.tx.us) AS REQUIRED.

## Appendix A

### LPND Potential Interested Provider Contact Steps

1. Provider Interest Inquiry form is submitted for posting on DSHS web site.
2. DSHS Staff review information and post form
3. Provider and LMHA are notified via e-mail from DSHS staff that the form has been posted.
4. LMHA contacts provider to schedule a teleconference or site visit.
5. The LMHA may conclude that a provider is not interested in contracting with the LMHA if the provider does not participate in a teleconference or in-person meeting (whichever is requested by the LMHA) within 45 days of the initial LMHA contact.

Through the DSHS website, a provider can submit a Provider Inquiry Form to register interest in contracting with an LMHA. DSHS will notify both the provider and the LMHA when the Provider Inquiry Form is posted.

During its assessment of provider availability, it is the responsibility of the LMHA to review posted information and contact potential providers to schedule a time for further discussion. This discussion, which can take place in person or by phone, provides both the LMHA and the provider an opportunity to share information so that both parties can make a more informed decision about potential procurements.

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

The LMHA may request a teleconference or an in-person meeting, and 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 45 days of the LMHA's initial contact, the LMHA may conclude that the provider is not interested in contracting with the LMHA.

An LMHA is not obligated to go through procurement if no providers have demonstrated interested in contracting with the LMHA.

## Appendix B

### **25 TAC §412.758 LMHA Provider Status.**

**1) The LMHA shall provide services only under one or more of the following conditions.**

- a) The LMHA determines that interested qualified providers are not available to provide services in the LMHA's service area or that no providers met procurement specifications.
- b) The network of external providers does not provide the minimum level of consumer choice. A minimal level of consumer choice is present when consumers and their legally authorized representatives can choose from two or more qualified provider organizations in the LMHA's provider network for service packages and from two or more qualified individual practitioners in the LMHA's provider network for specific services within a service package.
- c) The network of external providers does not provide consumers of the LMHA's service area with access to services that is equivalent to or better than the level of access as of a date to be determined by DSHS. Any LMHA relying on this condition shall submit to DSHS information necessary for DSHS to verify level of access. DSHS will use the latest healthcare access technology available to the agency to measure access.
- d) The combined volume of services delivered by external providers is not sufficient to meet 100 percent of the LMHA's service capacity for each RDM service package as identified in the LMHA's local network development plan.
- e) The LMHA documents that it is necessary for the LMHA to provide certain services specified by the LMHA during the two-year period covered by the LMHA's local network development plan in order to preserve critical infrastructure to ensure continuous provision of services. Under this condition, the LMHA will identify a timeframe for transitioning to an external provider network, during which the LMHA procures an increasing proportion of the service capacity of the external provider network in successive procurement cycles. The LMHA shall give up its role as a service provider at the end of the transition period when the network has multiple external providers if the LMHA determines that external providers are willing and able to provide sufficient added service volume within the timeframe specified by the LMHA in its approved local network development plan, as provided in §412.756(g)(8)(F) of this title (relating to Local Network Development Plan), to compensate for service volume lost should any one of the external provider contracts be terminated.
- f) Existing agreements impose restrictions on the LMHA's ability to contract with external providers for specific services during the two-year period covered by the LMHA's local network development plan, or existing circumstances would result in the loss of a substantial source of revenue that supports service delivery during the two-year period covered by the plan. If the LMHA invokes this condition, DSHS may require the LMHA to provide DSHS with a copy of the relevant agreement(s). Examples of such agreements and circumstances include:
  - (1) grants or other sources of funding that require direct service provision by the LMHA and that cannot be amended;
  - (2) buildings or other physical infrastructure that are not reasonably expected to be sold, leased, or otherwise disposed of;
  - (3) tax-exempt government bonds or other long-term financing that place restrictions on the LMHA's ability to meet its financial obligations, either in whole or in part; and
  - (4) leases or contracts that cannot be terminated.