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	917,200	**Number of counties (total)**	8
Square miles	6,902.99	◆ **Number of urban counties**	0
Population density	133	◆ **Number of rural counties**	8

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
Bastrop	Bastrop	8,519	82,733	93	10.30%
Marble Falls	Burnet	6,317	46,243	47	13.66%
Lockhart	Caldwell	13,527	41,161	75	32.86%
La Grange	Fayette	4,690	25,149	26	18.65%
Gonzales	Gonzales	7,660	20,876	20	36.69%
Seguin	Guadalupe	28,614	155,265	218	18.43%

Giddings	Lee	5,113	17,055	27	29.98%
Round Rock	Williamson	120,892	528,718	473	22.87%

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	0	0	0
Adult LOC 1s	1,903	1,903	0
Adult LOC 2	354	354	0
Adult LOC 3	320	320	0
Adult LOC 4	93	93	0
Adult LOC 5	52	52	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	33	33	0
Children's LOC 2	213	213	0
Children's LOC 3	174	174	0
Children's LOC 4	5	5	0
Children's CYC	16	16	0
Children's LOC 5	4	4	0

Crisis Services	FY 2017 service capacity	Estimated FY 2018 service capacity	Percent total capacity provided by external providers in FY 2017*
Crisis Hotline	1,768 calls	1,768 calls	100
Mobile Crisis Outreach Team	4353 episodes	4353 episodes	16
Other (Please list all Psychiatric Emergency Service Center (PESC) Projects and other Crisis Services):			
Crisis Respite	2,082 bed days	2,000 bed days	75
Extended Observation	2,834 bed days	1,506 bed days	75
Crisis Stabilization Unit (proposed for FY18)	0 bed days	630 bed days (if application is approved)	15
Crisis Residential Unit (proposed for FY18)	0 bed days	1674 bed days (if application is approved)	60
Local Inpatient Hospitalization (proposed for FY18)	0 bed days	331 (if application is approved)	100

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	**Service(s)**
Austin Lakes Psychiatric Hospital	Inpatient Psychiatric Services
AVAIL Solutions	Crisis Hotline Services
Bastrop County Sheriff's Office	Mental Health Deputy Program
Burnet County Sheriff's Office	Mental Health Deputy Program
Clinical Pathology Laboratories, Inc.	Laboratory Services
Cross Creek Hospital	Inpatient Psychiatric Services
East Texas Behavioral Health Network (ETBHN)	Telepsychiatry and LPHA Services
Fayette County Sheriff's Office	Mental Health Deputy Program
Guadalupe County Sheriff's Office	Mental Health Deputy Program
Metrocare Services	On-site Pharmacy (Round Rock)
Georgetown Behavioral Health Institute	EOU Facility Location (Georgetown) & Inpatient Psychiatric Services
Guadalupe Regional Medical Center	EOU Facility Location (Seguin)
JSA Health	Telepsychiatry Services
Resiliency Unleashed	Peer Specialist Training Services
Rock Springs Hospital	Inpatient Psychiatric Services
The Wood Group	Crisis Respite Staff and Facility Management (Seguin and Georgetown)

United Way for Greater Austin	Intake Call Center Services, Clinic Rescheduling and Hospital Discharge Follow-Up Appointment Scheduling

Individual Practitioners	**Service(s)**
Cecilia Jackson-Moore	On-Call Crisis Worker
Charlesetta Duncan	On-Call Crisis Worker
Diana Samuel	Psychiatric Services
Jennifer Birkholz-Stuart	Training Services
Keisha Brown	On-Call Crisis Worker
Leo Delagarza	Training Services
Maria Alvarez	On-Call Crisis Worker
Mary Teresa Tracy	SAMA Trainer
Rachelle Richardson	On-Call Crisis Worker

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).

◆ BTCS is a member of the East Texas Behavioral Health Network for shared cost savings on essential services (see below).
◆ BTCS participates in Texas Council activities and pooled resources initiatives.
◆ BTCS works with Tejas Health Management to contract with and improve reimbursement from private and managed care insurance plans and for certain IT Services (see below).
◆ BTCS is in the process of transitioning to a more efficient electronic medical record to improve automated billing, documentation efficiency, continuity of care, and more flexible software platform.
◆ BTCS implemented a new financial and HR software system (Munis) to improve efficiencies in these areas.
◆ BTCS is actively participating in pilot projects with Medicaid Managed Care Organizations.

◆	BTCS actively applies for and has received grants to (a) reduce costs in areas such as transportation and (b) to expand programming to meet identified needs without incurring new costs.
◆	BTCS is a Certified Community Behavioral Health Center, implementing best-practices for quality service delivery and participating with other sites in learning collaboration calls.
◆	BTCS partners with like-minded organizations – such as Georgetown Behavioral Health Institute, Community Health Centers of South Central Texas (FQHC) and Guadalupe Regional Medical Center – to address provider shortages and contract for space at discounted rates.
◆	BTCS includes indirect/overhead costs on its monthly dashboard, with the goal of ensuring this financial ratio remains below 11%. This is in line with our Board's FY18 goal of Financial Sustainability.
◆	BTCS is participating in the 1115 Medicaid Transformation Waiver. Through this initiative, we are implementing 24 new standardized quality measures across our service system, proven to positively impact client outcomes.

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
2008	East Texas Behavioral Health Network (Burke, ACCESS, Andrews Center, Gulf Bend Center, The Gulf Coast Center, Lakes Regional Community Center, Community Healthcore, Pecan Valley, Spindletop Center and Tri-County Behavioral Healthcare)	□ Pharmacy Services and PAP management (until we recently contracted with Metrocare Services for an additional cost savings; see below) □ On-demand and scheduled tele-psychiatry at a reduced rate □ Revenue Cycle Management project □ LPHA authority functions / TRR Authorization Services □ Regional UM Committee functions □ BTCS is also able to offer tele-counseling services to other centers through ETBHN
2014	Tejas Health Management (Austin Travis County Integral Care, Emergence Health Network, The Center for Health Care Services, Hill Country MHDD, Tropical Texas Behavioral Health)	□ Learning collaborative □ Brokerage with private and MCO insurance plans to establish contracts and/or improved reimbursement rates □ IT Services and products

		☐ Business services and consultations
2017	Metrocare Services	☐ Onsite Lifepath Pharmacy Services and PAP management

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.*

◆ BTCS maintains a "Contracting" tab on its website, with provider manuals outlining our goal to expand our provider network.
◆ In community networking meetings throughout FY16-17, BTCS leadership did not encounter any organizations interested in providing full levels of care to non-Medicaid populations.

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**
Southwest Key Programs	HHSC Website	BTCS received an inquiry from this provider on February 27, 2018. BTCS completed an initial call with the organization on March 9, 2018. A face-to-face meeting was scheduled on March 27, 2018 to assess provider availability, services and capacity. However, the provider elected to withdraw prior to the meeting date.	Provider withdrew on March 26, 2018 before an assessment was completed.
Dominion Recovery Managers, LLC	HHSC Website	BTCS spoke with the potential provider on July 12, 2018 by phone. The provider indicated they would be unable to provide a full level of care and expressed interest in providing select services instead. BTCS connected the provider to its YES Waiver Contract Manager via email as a potential contractor for psychotherapy services.	Provider withdrew on July 12, 2018.

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**
Not Applicable						

Rationale for Limitations

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

10) Complete the following table. Please review 25 TAC §412.755 carefully to be sure the rationale addresses the requirements specified in the rule (See Appendix B).

- *Based on the LMHA/LBHA's assessment of provider availability, respond to each of the following questions.*
- *If the response to any question is Yes, provide a clear rationale for the restriction based on one of the conditions described in 25 TAC §412.755.*
- *If the restriction applies to multiple procurements, the rationale must address each of the restricted procurements or state that it is applicable to all of the restricted procurements.*
- *The rationale must provide a basis for the proposed level of restriction, including the volume of services to be provided by the LMHA/LBHA.*

	Yes	**No**	**Rationale**
1) Are there any services with potential for network development that are not scheduled for procurement?		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**

N/A		
N/A		

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)
FY2016	*None procured*	
FY2017	*None procured*	

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
December 7, 2017	RPNAC members reviewed requirements of the LPND Plan and stakeholder consideration. The team also reviewed the Crisis Hospitalization Survey. Requested information from committee members, and scheduled LNPD reviews for March 8, 2018.
March 8, 2018	The RPNAC was rescheduled for April 18, 2018.
April 18, 2018	The RPNAC reviewed Bluebonnet Trails Community Services' LPND. Please see comments on the accompanying document titled "2018 RPNAC Review."

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
No comments were 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)