



# Local Provider Network Development Plan: Fiscal Year 2025

The Texas Health and Human Services (HHSC) requires all local mental health authorities (LMHA) and local behavioral health authorities (LBHA) complete the Local Provider Network Development (LPND) plan and submit in Word format (not PDF) to [Performance.Contracts@hhs.texas.gov](mailto:Performance.Contracts@hhs.texas.gov) **no later than December 31, 2024.**

LMHAs and LBHAs are required to complete Part I, which includes providing baseline data about services, contracts, and documentation of the LMHA's or LBHA's assessment of provider availability; and Part III, which outlines Planning and Network Advisory Committee (PNAC) involvement and public comment.

HHSC only requires LMHAs and LBHAs to complete Part II if there are new providers interested to include procurement plans.

## NOTES:

- This process applies only to services funded through the Mental Health Performance Contract Notebook (MH/PCN); it does not cover services funded through Medicaid Managed Care. Throughout the document, only report data for the non-Medicaid population.
- The requirements for network development pertain only to provider organizations and complete levels of care or specialty services. Local needs and priorities govern routine or discrete outpatient services and services provided by individual practitioners, and these services are not part of the assessment of provider availability or plans for procurement.
- When completing the template, ensure conciseness, specificity, and use bullet points where possible, providing information only for the period since submitting the fiscal year 2023 LPND plan and adding rows in tables as necessary for responses.

# PART I: Required for all LMHAs and LBHAs

## Local Service Area

1. Provide information in table 1 about your local service area using data from the most recent Mental and Behavioral Health Outpatient Warehouse (MBOW) data set on LMHA or LBHA Area and Population Statistics, found in the MBOW’s General Warehouse folder.

**Table 1: Area and Population Statistics**

Population	LMHA or LBHA Data
Square miles	6,903
Population density	1,233
Total number of counties	8
Number of rural counties	5
Number of urban counties	3

## Current Services and Contracts

2. Complete tables 2 through 4 to provide an overview of current services and contracts.
3. List the service capacity based on the most recent MBOW data set.
  - a) For levels of care (LOC), list the non-Medicaid average monthly served found in MBOW using data from the LOC-A by Center (Non-Medicaid Only and All Clients) report in the General Warehouse folder.
  - 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 service capacity for fiscal year 2025. If no change is anticipated, enter the same information previous column.
- e) State the total percent of each service contracted out to external providers in fiscal year 2024. For LOCs, do not include contracts for discrete services within those levels of care when calculating percentages.

**Table 2: Service Capacity for Adult Community Mental Health Service LOCs**

<b>LOC</b>	<b>Most recent service capacity (non-Medicaid only)</b>	<b>Estimated FY 2025 service capacity (non-Medicaid only)</b>	<b>% total non-Medicaid capacity provided by external providers in FY 2025</b>
Adult LOC 1m	0	0	0%
Adult LOC 1s	2,636	2,636	0%
Adult LOC 2	530	530	0%
Adult LOC 3	204	204	0%
Adult LOC 4	109	109	0%
Adult LOC 5	51	51	0%

**Table 3: Service Capacity for Children’s Community Mental Health Service LOCs**

<b>LOC</b>	<b>Most recent service capacity (non-Medicaid only)</b>	<b>Estimated FY 2025 service capacity (non-Medicaid only)</b>	<b>% total non-Medicaid capacity provided by external providers in FY 2025</b>
Children’s LOC 1	61	61	0%
Children’s LOC 2	259	259	0%

<b>LOC</b>	<b>Most recent service capacity (non-Medicaid only)</b>	<b>Estimated FY 2025 service capacity (non-Medicaid only)</b>	<b>% total non-Medicaid capacity provided by external providers in FY 2025</b>
Children’s LOC 3	227	227	0%
Children’s LOC 4	13	13	0%
Children’s LOC YC	12	12	0%
Children’s LOC 5	3	3	0%

**Table 4: Service Capacity for Crisis Services**

<b>Crisis Service</b>	<b>FY 2024 service capacity</b>	<b>Estimated FY 2025 service capacity</b>	<b>% total capacity provided by external providers in FY 2024</b>
Crisis Hotline	10,875 (MBOW)		100%
Mobile Crisis Outreach Teams	9,546 (MBOW)		0%
Private Psychiatric Beds	5,251 bed days	5,251 bed days	100%
Extended Observation Units (EOUs) (not solely funded through PESC)	3,660 bed days	3,650 bed days	50%
Diversion Center (not solely funded through PESC)	Approx. 1,244 people	Approx. 1,244 people	50%
Adult Crisis Respite Unit – Georgetown (not solely funded through PESC)	5,856 bed days	5,840 bed days	50%

<b>Crisis Service</b>	<b>FY 2024 service capacity</b>	<b>Estimated FY 2025 service capacity</b>	<b>% total capacity provided by external providers in FY 2024</b>
Adult Crisis Respite Unit – Seguin (not PESC funded)	3,660 bed days	3,650 bed days	50%
Youth Therapeutic Respite – Round Rock (not PESC funded)	5,856 bed days	5,840 bed days	50%
Youth Therapeutic Respite – Seguin	3,660 bed days	3,650 bed days	50%

4. List all contracts for fiscal year 2025 in the tables 5 and 6. Include contracts with provider organizations and individual practitioners for discrete services.
  - a) In tables 5 and 6, list the name of the provider organization or individual practitioner. LMHAs or LBHAs must have written consent to include names of individual peer support providers. State the number of individual peers (e.g., “3 individual peers”) for peer providers that do not wish to have their names listed.
  - 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.).

**Table 5: Provider Organizations**

<b>Provider Organization</b>	<b>Service(s)</b>
Advantage Care Services	Day Program
Along for the Ride Day Services, LLC	Day Program
Amazing’ Grace Day Habilitation	Day Program
Ascension Seton dba Ascension Seton Shoal Creek	Private Psychiatric Beds
Ascension Seton dba Dell Children's Medical Center	Private Psychiatric Beds

<b>Provider Organization</b>	<b>Service(s)</b>
Austin Behavioral Health, LLC dba Cross Creek Hospital	Private Psychiatric Beds
AVAIL Solutions	Crisis Hotline Call Center Services
Blessing Day Habilitation Service	Day Program
Border Region Behavioral Health Center	Crisis Center
Camp Cummins Activity Center	Day Program
Capital Day Hab	Day Program
Carma Health	Addiction Psychiatry Consultation Services
Chayah Ministries, Inc.	Network Provider for YES Waiver
Coastal Plains Community Center	Crisis Center
Community Health Centers of South Central Texas (CHCSCT)	Primary Care and Dental Services
Complete Therapies, LLC	Network Provider for YES Waiver
Critical Health Connection, LLC	Network Provider for YES Waiver
Decade Day Service, LLC	Day Program (Community Based Services)
Dell Medical School	Physician Services
Down Home Ranch	Day Program
East Texas Behavioral Healthcare Network (ETBHN)	Telepsychiatry and Utilization Management Services
Georgetown Behavioral Health (GBHI)	Private Psychiatric Beds
Gulf Bend Center	Crisis Center
Hill Country MHDD	Crisis Center
HMIH Cedar Crest, LLC dba Cedar Crest Hospital & RTC	Private Psychiatric Beds
Honey Bee Therapies, LLC	Network Provider for YES Waiver
Inclusion Therapies, LLC	Network Provider for YES Waiver
James Leach, Inc.	Day Program
Joch Psychological Consulting, Inc.	Psychological Services
LabCorp	Laboratory Services
Laurel Ridge Treatment Center	Private Psychiatric Beds
Lifechanger Therapies Services	Network Provider for YES Waiver
Lifetime Care Services, LLC	Care Coordination for Medicare Recipients
Lifetime Living, Inc	Day Program
Metrocare Services (Life Path)	On-site Pharmacy (Round Rock)
Music Therapy of Austin, LLC	Network Provider for YES Waiver
Myndfit Mental Health, LLC	Network Provider for YES Waiver
Necole Rivers, LLC dba Outreach Therapy (YW)	Network Provider for YES Waiver and IDD Psychological Services
New Roads Psychological and Wellness Services, PLLC	Psychological Services

<b>Provider Organization</b>	<b>Service(s)</b>
North America Services	Paraprofessional and Respite Services for Crisis Respite Units
NuDay Activity Center LLC	Day Program
Pioneer Day Hab	Day Program
Quest Diagnostics	Laboratory Services
Respite Haus LLC	Day Program
Rock Springs LLC	Private Psychiatric Beds
San Antonio Fitness Independent Recreational Environment (FIRE)	Day Program
Southwestern Music Therapy	Network Provider for YES Waiver
Starlite Transportation, LLC	Transportation Services
Texas A&M University Health Science Center	Physician Services
The ARC of the Capital Area	Day Program
The Hope Project of Central Texas	Network Provider for YES Waiver
The Wood Group	Paraprofessional and Respite Services for Crisis Respite Units
The Social Care of Life	Day Program
Thinking Above Average	Network Provider for YES Waiver
United Way for Greater Austin	Appointment Line Call Center Services, Rescheduling and Hospital Discharge Follow-Up Appointment Scheduling
Westways Staffing Services Inc.	Network Provider for YES Waiver
YMCA Wilco	Network Provider for YES Waiver
Youth Advocate Programs (YAP)*	Network Provider for YES Waiver

**Table 6: Individual Practitioners**

<b>Individual Practitioner</b>	<b>Service(s)</b>
Angie Jackson	Training Services
Brittany Lundeen	Recreation Therapy Services for YES Waiver
Brittany Pena	Intensive Family Therapist for MST
Chantel Clarke	Recreation Therapy Services for YES Waiver
Christi MacWilliams	Recreation Therapy Services for YES Waiver
Christopher Wellington	Community Living Support for YES Waiver
David Eaton	Recreation Therapy Services for YES Waiver
Erika Canales	Psychological Services
Falon Bridwell	Recreation Therapy Services for YES Waiver
Hermit Cyrous	Community Living Support for YES Waiver
Ricky Jansen	Community Living Support for YES Waiver
Janet Hayat	Art Therapist for YES Waiver

<b>Individual Practitioner</b>	<b>Service(s)</b>
Jenna Fitzgerald	Intensive Family Therapist for MST
Jennifer Knotts	Community Living Support for YES Waiver
Justin Boytim	Training Services
Keisha Brown	Crisis On Call Services
Krystal Lofton	Training Services
LaTosha Clark	Community Living Support for YES Waiver
Laura Hill	Intensive Family Therapist for MST
Lauren Reynaga	Recreation Therapy Services for YES Waiver
Leenayvia Rodriguez	Intensive Family Therapist for MST
Leigh McCann	Psychological Services
Leo Delagarza	Training Services
Matthew Williams Professional Limited Liability Company	Psychological Services
Maureen Burrows	Jail-Based Forensic Competency Evaluations
Marc Bickhem	Recreation Therapy Services for YES Waiver
Robert Broadhead	Recreation Therapy Services for YES Waiver
Sarah Fry	Psychiatric Medication Services
Sharon Munroe	Training Services
Tabitha Ammons	Community Living Support for YES Waiver
Terry Falcomata	Training Services
Trenton Kowalczyk	Recreation Therapy Services for YES Waiver
14 Network/Respite/Community Services Providers	IDD Respite / Community Services

## **Administrative Efficiencies**

5. Using bullet format, describe the strategies the LMHA or 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, consortia, and pooled resources initiatives.
  - BTCS works with Tejas Health Management Association to contract with and improve reimbursement from private and managed care insurance plans and for certain IT Services (see below).



- BTCS implemented a dedicated Primary Care electronic medical record (eClinicalWorks) in FY22 to improve clinic workflows, automated billing, documentation efficiency, and continuity of care.
  - BTCS is actively participating in pilot projects and Alternative Payment Methodologies (APM's) with several 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 (from community needs assessments) 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 is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) and National Committee for Quality Assurance (NCQA), holding ourselves to the highest standards of care. BTCS also achieved Rural Health Clinic status for our La Grange location in 2022.
  - BTCS partners with like-minded organizations – such as Community Health Centers of South Central Texas (FQHC), The Wood Group and Lifetime Care Services – to address provider shortages.
  - BTCS includes indirect/overhead costs on its monthly financial reports, with the goal of ensuring this financial ratio remains below 12%.
  - BTCS is now participating in the two new 1115 Medicaid Waiver programs which began in FY 2022: The Directed Payment Program for Behavioral Health Services (DPP-BHS) and the Public Health Provider – Charity Care Pool (PHP-CCP). Both programs are intended to further expand outcome-based measurements for quality improvements and to receive reimbursement for providing charity care.
6. List partnerships with other LMHAs and LBHAs related to planning, administration, purchasing, and procurement or other authority functions, or service delivery in table 7. Include only current and ongoing partnerships.

**Table 7: LMHA or LBHA 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)	Tele-psychiatry at a reduced rate  LPHA authority functions / TRR Authorization Services  Regional UM Committee functions
2014	Tejas Health Management (Integral Care, The Center for Health Care Services - CHCS, 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, programming and products  Business services and consultations
2017	Metrocare Services	Onsite Lifepath Pharmacy Services and Prescription Assistance Program (PAP) management
2018	Texas Streamline User Group (TSUG)	Streamline Electronic Health Record project collaboration
2018	Border Region Behavioral Health Center, Coastal Plains Community Center, and Gulf Bend Center	Integrated Mental Health and Intellectual and Developmental Disability (IDD) Crisis Respite Services

Start Date	Partner(s)	Functions
2019 & 2020	Integral Care and Center for Health Care Services (CHCS)	BTCS participates in the Capital Area Trauma Regional Advisory Council (CATRAC) with Integral Care and the Southwest Texas Regional Advisory Council (STRAC) with CHCS to develop, implement and maintain regional emergency healthcare systems
2024	Andrews Center, Heart of Texas Behavioral Health Network, Brazos Valley MHMR, Texoma Community Centers, WTCMHMR, North Texas Behavioral Health Network, Hill Country MHDD, StarCare Specialty Health System, Border Region Behavioral Health Center, and Center for Life Resources	Pre-Arrest Diversion Collaborative
As Needed	Any Texas Center, including Emergence Health Network in 2019, Central Counties Services in 2020-2022, and Hill Country MHDD Centers in 2022 and 2024	Disaster Assistance

**Provider Availability**

The LPND process is specific to provider organizations interested in providing full LOCs 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 or LBHA took to identify potential external providers for this planning cycle. Be as specific as possible.

For example, if you posted information on your website, explain how providers were notified the information was available. Describe contacts with your existing network, Managed Care Organizations, past providers and other behavioral health providers and organizations in the local service area via phone and email. Include information on meetings with stakeholders, networking events and input from your PNAC about local providers.

- On September 3, 2024, BTCS invited HCBS-AMH Providers in our area, Bethany Living Home and Heaven on Earth, to consider all contracting opportunities posted on our website, including the option to provide a full level of care as defined by the Texas Health and Human Services Commission (HHSC)'s Texas Resiliency and Recovery Utilization Management Guidelines for adult services and child/adolescent services.
- In 2022 and 2024, BTCS invited Impact Counseling to contract for youth counseling services. Negotiations continue with a plan to initiate a contract for counseling when funds are available.
- BTCS maintains a Contracting tab on its website with opportunities and provider manuals outlining our goal to expand our provider network. BTCS always maintains its latest approved LPND here as well.
- BTCS discusses contracting opportunities at area Behavioral Health Taskforce meetings and other in-person/virtual networking events. In community networking meetings since the submission of the last LPND, BTCS leadership did not encounter any organizations interested in providing full levels of care to non-Medicaid populations. This includes existing YES Waiver providers.
- During a scheduled meeting on December 11, 2024, BTCS sought input from the RPNAC about the availability of local providers. No providers have been identified by other centers.

8. Complete table 8 by listing each potential provider identified during the process described above. Include all current contractors, provider organizations that registered on the HHSC website, and provider organizations that have submitted written inquiries since submission of the fiscal year 2023 LPND plan. HHSC will notify an LMHA or LBHA if a provider expresses interest in contracting via the HHSC website. HHSC will accept new provider inquiry forms through the HHSC website from September 1, 2024, through December 1, 2024. When completing the table:

- Note the source used to identify the provider (e.g., current contract, HHSC website, LMHA or 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.

Do not finalize your provider availability assessment or post the LPND plan for public comment before September 1, 2024.

**Table 8: Potential Providers**

<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>
No providers have expressed interest			

## Part II: Required only for LMHAs and LBHAs with potential for network development

### Procurement Plans

If the assessment of provider availability indicates potential for network development, the LMHA or LBHA must initiate procurement.

26 Texas Administrative Code (TAC) Chapter 301, Local Authority Responsibilities, Subchapter F, Provider Network Development describes the conditions under which an LMHA or 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 table 9, inserting additional rows as need.
  - a) 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.
  - b) State the capacity to be procured, and the percent of total capacity for that service.
  - c) State the method of procurement—open enrollment Request for Application (RFA) or request for proposal (RFP).
  - d) Identify the geographic area for which the service will be procured: all counties or name selected counties.
  - e) Document the planned begin and end dates for the procurement, and the planned contract start date.

**Table 9: Procurement Plans**

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
Virtual, On-Demand Licensed Tele-Psychiatry Services	Approx. 125 hours/month	RFP	Williamson and Guadalupe Counties	May 24, 2024	July 10, 2024	August 27, 2024
No other potential providers identified						

## Rationale for Limitations

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

10. Complete table 10 based on the LMHA’s or LBHA’s assessment of provider availability. Review [26 TAC Section 301.259](#) carefully to be sure the rationale addresses the requirements specified in the rule (See Appendix B).
  - a) Based on the LMHA’s or LBHA’s assessment of provider availability, respond to each of the following questions.
  - b) If “yes” is answered for any restriction identified in table 10, provide a clear rationale.
  - c) If the restriction applies to multiple procurements, the rationale must address each of the restricted procurements or state that it is applicable to all the restricted procurements.

- d) The rationale must provide a basis for the proposed level of restriction, including the volume of services to be provided by the LMHA or LBHA.

**Table 10: Procurement Limitations**

	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. Complete table 11 if the LMHA or LBHA will not be procuring all available capacity offered by external contractors for one or more services and identify the planned transition period and the year in which the LMHA or



LBHA anticipates procuring the full external provider capacity currently available (not to exceed the LMHA’s or LBHA’s capacity).

**Table 11: Procurement Transitions**

Service	Transition Period	Year of Full Procurement
N/A		
N/A		
N/A		

## Capacity Development

12. In table 12, document the LMHA’s or LBHA’s procurement activity since the submission of the fiscal year 2023 LPND plan. Include procurements implemented as part of the LPND plan and any other procurements for full LOCs and specialty services that have been conducted.
  - a) List each service separately, including the percent of capacity offered and the geographic area in which the service was procured.
  - b) State the results, including the number of providers obtained and the percent of service capacity contracted because of the procurement. If no providers were obtained because of procurement efforts, state “none.”

**Table 12: Procurement Activities**

Year	Procurement (Service, % of Capacity, Geographic Area)	Results (Providers and Capacity)
FY2024	Telepsychiatry for Williamson & Guadalupe Counties (100% capacity for after-hour crisis residential on-demand psychiatry)	Avail Telemedicine
FY2023	None procured	

# PART III: Required for all LMHAs and LBHAs

## PNAC Involvement

- 13. Complete table 13 to show PNAC involvement. 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. Add additional lines as needed.

**Table 13: PNAC Involvement**

Date	PNAC Activity and Recommendations
November 27, 2024	BTCS posted its LPND on <a href="http://www.bbtrails.org">www.bbtrails.org</a> for public comment for 30 days.
November 27, 2024	BTCS submitted its LPND to the Regional PNAC (RPNAC) in advance of the December 11 <sup>th</sup> meeting.
December 11, 2024	BTCS presented its LPND to the RPNAC for feedback.
December 12, 2024	BTCS received the RPNAC’s written evaluation summary, approving our LPND Plan with no recommendations. The document titled, “RPNAC 2024 LPND Review,” is included with our LPND submission to HHSC.

## Stakeholder Comments on Draft Plan and LMHA or LBHA Response

Allow at least 30 days for public comment on draft plan. Do not post plans for public comment before September 1, 2024.

In table 14, summarize the public comments received on the LMHA’s or LBHA’s 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. Add additional lines as needed. Describe the LMHA’s or 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 provide explanation for the LMHA’s or LBHA’s rationale for rejecting comment.

**Table 14: Public Comments**

Comment	Stakeholder Group(s)	LMHA or LBHA Response and Rationale
Please see attached “RPNAC 2024 LPND Review” with no recommendations for Bluebonnet Trails Community Services	RPNAC	No response required
No comments received	General Public	No response required

Complete and submit entire plan to [Performance.Contracts@hhs.texas.gov](mailto:Performance.Contracts@hhs.texas.gov) by **December 31, 2024**.

## Appendix A: Assessing Provider Availability

Provider organizations can indicate interest in contracting with an LMHA or LBHA through the [LPND website](#) or by contacting the LMHA or 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 or LBHA when the Provider Inquiry Form is posted.

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

The LMHA or LBHA must work with the provider to find a mutually convenient time for an informational meeting. 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's or LBHA's initial contact, the LMHA or LBHA may conclude that the provider is not interested in contracting with the LMHA or LBHA.

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

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

## Appendix B: Guidance on Conditions Permitting LMHA and LBHA Service Delivery

In accordance with [26 TAC Section 301.259](#) an LMHA or LBHA may only provide services if one or more of the following conditions is present.

1. The LMHA or LBHA determines that interested, qualified providers are not available to provide services in the LMHA's or LBHA'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 a person and their legally authorized representative(s) can choose from two or more qualified providers.
3. The network of external providers does not provide people 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 or LBHA, as of a date determined by the department. An LMHA or LBHA 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 or LBHA's service capacity for each level of care identified in the LMHA's or LBHA's plan.
5. Existing agreements restrict the LMHA's or LBHA's ability to contract with external providers for specific services during the two-year period covered by the LMHA's or LBHA's plan. If the LMHA or LBHA relies on this condition, the department shall require the LMHA or LBHA to submit copies of relevant agreements.
6. The LMHA and LBHA documents that it is necessary for the LMHA or LBHA to provide specified services during the two-year period covered by the LMHA's or LBHA's plan to preserve critical infrastructure needed to ensure continuous provision of services. An LMHA or LBHA 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 PNAC 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 or LBHA 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 or LBHA 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: Legislative Authority

### 2022-23 General Appropriations Act, Senate Bill 1, 87th Legislature, Regular Session, 2021 (Article II, HHSC, Rider 139)

**Efficiencies at Local Mental Health Authorities and Intellectual Disability Authorities.** HHSC shall ensure that LMHAs, LBHAs and local intellectual disability authorities that receive allocations from the funds appropriated above to HHSC shall maximize the dollars available to provide services by minimizing overhead and administrative costs and achieving purchasing efficiencies. 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 HHSC 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<sup>a</sup> services.

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<sup>a</sup> ICF/IID - Intermediate Care Facilities for Individuals with an Intellectual Disability