

MHMR SERVICES OF TEXOMA

Local Service Area Plan, Attachment B

Provider Network Development (LPND) Plan

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)

Population	196,413
Square miles	2,777
Population density	71
Number of counties (total)	3
♦ Number of urban counties	0
♦ Number of rural counties	1
♦ Number of frontier counties	2

Major populations centers (add additional rows as needed):

Name of City	Name of County	City Population	County Population	County Population Density	County Population Percent of Total
	Grayson County		120,798	123	62%

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.

- ◆ The Center reports to 7 different sponsoring governments and Board of Trustee members are appointed by these sponsoring governments
- ◆ The Center’s service area is split between 2 state hospitals (Fannin County is in Terrell State Hospital’s catchment area, Cooke and Grayson are in the catchment area of North Texas State Hospital)
- ◆ Median income for all 3 counties is below the statewide average

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.

- ◆ Reviewed DSHS website
- ◆ Advertised in the area newspapers

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.

Provider	Source of Identification	Summary of Follow-up Meeting or Teleconference	Assessment of Provider Availability, Services, and Capacity
The Wood Group	DSHS website & current contractor	The Wood Group currently contracts with the Center to provide crisis respite services. Jerry Parker, CEO, reported they are very interested in continuing to provide that service. They are not interested in providing any other services at this time because the Center’s service volume is too low. In order to provide consumer choice, the Center would have to contract with at least two providers or if only one provider, the Center	Provider not willing/able to provide services

		would have to continue to provide some of the services. With a maximum of approximately 800 adult consumers at any given time, The Wood Group does not feel that there is enough volume available to justify the expense of hiring staff and establishing themselves as a provider in the Texoma area. Since they focus their services on adults, they are not interested in providing children's services, regardless of the volume.	
Avail Solutions	DSHS website & current contractor	Avail Solutions currently contracts with the Center to provide Crisis Hotline services. Janie Harwood, CEO, reported they are not interested in providing any other services in the Texoma area due to the distance between Avail's offices in South Texas and the Center's area in North Texas.	Provider not willing/able to provide services
	Area newspapers	No responses	No willing/able providers

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
		This will be completed just prior to submission of the document			

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.

Date	PNAC Activity and Recommendations
5/17/10	Reported to the PNAC that the two providers listed on the DSHS website (Wood Group and Avail) are not interested in providing any additional services in this area due to location and/or limited volume. The Committee discussed the option of connecting with other centers in the future to possibly expand the available volume. The Committee would consider looking at that option as long as the number of consumers are added together to attract providers, rather than an actual merger of Texoma with another center. The Committee identified that it would be a challenge to combine service volume since the Center is bordered by Northstar counties to the South/ Southeast, frontier counties to the East and West and Oklahoma to the North. The Committee agreed that additional discussion would be needed over the next two years to fully explore the pros/cons of the idea.

6/14/10	PNAC met to review the completed LPND document and make a recommendation to the Board of Trustees for approval and submission to DSHS.
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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	\$2,395,912	\$989,132	41%	\$2,823,569	\$983,117	35%	\$3,056,261	\$961,264	31%	\$1,497,817	\$505,214	34%
Child/Adol MH Services	\$309,382	\$26,591	9%	\$336,730	\$24,374	7%	\$397,582	\$9,658	2%	\$185,503	\$2,080	1%
TOTAL MH Services	\$2,705,294	\$1,015,723	38%	\$3,160,299	\$1,007,491	32%	\$3,453,843	\$970,922	28%	\$1,683,320	\$507,294	30%
Breakout of CONTRACTED SERVICES:												
Medication and Labs		\$664,287	65%		\$675,400	67%		\$664,470	68%		\$354,590	70%
Physician Services**		\$43,401	4%		\$5,306	1%		\$340	0%			0%
Counselor Services**		\$0	0%		\$0	0%		\$0	0%			0%
Crisis Services		\$26,400	3%		\$35,400	4%		\$38,400	4%		\$19,200	4%
Residential Services		\$141,333	14%		\$212,085	21%		\$235,339	24%		\$124,579	25%
Inpatient Services		\$139,324	14%		\$75,800	8%		\$31,975	3%		\$8,925	2%
Other (list):			0%			0%			0%			0%
Family Partner		\$978	0%		\$3,500	0%		\$398	0%			0%
			0%			0%			0%			0%
TOTAL		\$1,015,723	100%		\$1,007,491	100%		\$970,922	100%		\$507,294	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.

7) 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.

Provider	Service(s)	Provider Type	Dollars Allocated
The Wood Group	♦ Crisis Respite	Organization	\$218,360
TMC-Behavioral Health Center	♦ Inpatient services	Organization	\$250,000
US Scripts	♦ Pharmacy services	Organization	\$750,000
Sherman Medical - Shawn McDonald, MD	♦ Physician services, EKG's, etc	Individual practitioner	\$5,000
Red River Regional Hospital	♦ Lab services	Organization	\$15,000
Clinical Pathology	♦ Lab services	Organization	\$25,000
Avail Solutions	♦ Crisis Hotline	Organization	\$38,000
Glen Oaks Hospital	♦ Inpatient services (C&A)	Organization	\$10,000
Red River Behavioral Health	♦ Inpatient services (C&A)	Organization	\$5,000
Carmen Fish	♦ Spanish interpretation	Individual provider	\$3,000
Dee Dee Martin	♦ Spanish interpretation	Individual provider	\$3,000
Crossroads/Executive Inn	♦ Emergency housing (adults)	Individual company	\$2,500
Juvenile Alternatives	♦ Respite services (C&A)	Organization	\$2,000
Patricia Mahon, ANP	♦ Psychiatric services (adults)	Individual practitioner	\$5,000

8) 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
Adult Service Packages									
Adult RDM SP 1	613							0	1
Adult RDM SP 2	7							0	1
Adult RDM SP 3	130							0	1
Adult RDM SP 4	27							0	1
Adult RDM SP 0	29							0	1
Adult RDM SP 5	57							0	1
TOTAL Adult Services	860							0	1
Child Service Packages									
Children's RDM SP 1.1	9							0	1
Children's RDM SP 1.2	58							0	1
Children's RDM SP 2.1	6							0	1
Children's RDM SP 2.2	0							0	1
Children's RDM SP 2.3	3							0	1
Children's RDM SP 2.4	4							0	1
Children's RDM SP 4	1							0	1
Children's RDM SP 0	16							0	1
Children's RDM SP 5	0							0	1
TOTAL Children's Services	93							0	1

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
DISCRETE ROUTINE SERVICES And CRISIS SERVICES	Units of service delivered in 2009	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	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
Crisis Hotline services	1305 (15 min units)	100%	100%	100%	1005	100%	100%	1	NA
Crisis Respite services	3520 (days)	100%	100%	100%	1005	100%	100%	1	NA
Inpatient Psychiatric services	57 (days)	100%	100%	100%	1005	100%	100%	1	NA

9) 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.*

NA

- 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.*

NA

- 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.*

Service	Capacity Needed	External Provider Capacity	Information and Method Used to Determine External Network Capacity
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.

Service	Transition Period	Year of Full Procurement
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.*
- ◆ NA

10) 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

11) 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

12) 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

13) 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					

14) 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

15) Enhanced Staff Qualifications

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

Yes No NA

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

- ◆ NA

Consumer Choice

16) 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	

17) 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.

- ♦ NA

18) 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.

NA

Capacity Development

19) 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.

- ♦ New contract with Texas Utilities to reduce electric costs – new negotiated rate of less than .06 per kilowatt hour – estimated anticipated annual savings = \$25,000
- ♦ Changed phone carriers to reduce annual costs from \$37,200 to \$12,600 and it increased the Center's bandwidth which improves speed and reduces staff time

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
1995	North Central Texas Coalition of Community MHMR Centers	The Coalition continuously looks for purchasing and procurement opportunities. The Coalition has continuously shared information regarding systems operations in an effort to assure that each center operates as efficiently as possible through recognition and use of best practices. On many occasions, the Coalition has shared staffing resources for special projects. The group also meets regularly with representatives of the North Texas State Hospital to assure consistent communications and continuity of client services. Three of the centers (including MHMRST) share a Medical Director. This collaborative initiative has resulted in cost savings, assured consistency in medical practice across the centers, and provided exceptional oversight from a psychiatrist who stays engaged in state level activities and current on medical issues. The Coalition has also researched numerous methods of bulk purchasing and procurement opportunities. Unfortunately, these endeavors have not led to collective or individual center cost savings. The Coalition will continue to seek new opportunities for cost savings and resource sharing.

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

- ◆ The Planning and Network Advisory Committee (PNAC) expressed a willingness to consider adding the Center’s consumer base with one or more LMHAs to increase service volume. However, they did not want this to be considered as a merger with another LMHA because the community and sponsoring governments want to continue local oversight/control of the Center. This possibility is only in the beginning discussion stage and has not yet been considered by the Board of Trustees or suggested to other stakeholders (i.e. consumers and/or families) for input.

20) 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.*

Procurement (Service, Capacity, Geographic Area)	Results (Providers and Capacity)
<p>Psychosocial Rehabilitative Services and Skills Training were to be provided by private providers to individuals with a score of three or higher on the Co-occurring Substance Use (COPSD) domain of the TRAG assessment tool. The services were to be provided in all three counties and it was estimated that approximately 100 individuals (13%) across service packages one and three would fall into this category.</p>	<p>The Wood Group submitted an application under the open enrollment (RFA) process. The Center’s Board of Trustees approved the contract and the contract was sent to The Wood Group. The Wood Group withdrew their application after further consideration stating that it would not be financially feasible to provide the services.</p>

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.

Comment or Suggestion	LMHA Response
<p>No comments received</p>	<p>NA</p>

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 not taken steps in this area due to lack of interest from external providers.

21) **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.

Barriers	Plans
Limited number of consumers and since the consumers would have a choice of providers, there is not a way to guarantee any single provider that they would have a specified, pre-determined amount of business. There are no existing provider organizations in the Center's service area. The limited service volume and uncertainty about numbers of consumers makes it difficult for a provider to justify establishing themselves in the Texoma area.	Explore the possibility of combining the Center's consumer base with that of one or more neighboring LMHA(s) to increase service volume and possibly make it feasible for a provider to establish themselves in this area.

22) **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.

NA

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

23) **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.

- ◆ Send a notice (and link to the document) to all stakeholders registered through Constant Contact with the Center (_____ individuals) – this group includes consumers, local judges/law enforcement personnel, physicians/nurses, Board of Trustee members, interested citizens, advocacy groups and family members. The notice will include an email address and phone number for stakeholders to provide comments

LSAP, Attachment B (Provider Network Development Plan)

- ◆ Send a copy to the president of the local chapter of the National Alliance for the Mentally Ill (NAMI) with a request that he share with members of the chapter. An email address and phone number will be provided for the members to provide comments
- ◆ Post the document on the Center’s website

Implementation

24) 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

25) 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
If any comments, post them here		

COMPLETE AND SUBMIT ENTIRE PLAN TO 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.