2016 Provider Network Development Plan

Complete and submit in Word format (do not PDF) to performance.contracts@dshs.state.tx.us no later than March 1, 2016.

All LMHAs must complete Part I, which includes a baseline data about services and contracts and documentation of the LMHA's assessment of provider availability, and Part III, which documents PNAC involvement and public comment.

Only LMHAs 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 2012 Local Provider Network Development Plan (LPND Plan).
- When completing a table, insert additional rows as needed.

NOTE:

1) This process applies only to services funded through DSHS; it does not apply to services funded through Medicaid Managed Care. Throughout the document, data is requested only for the non-Medicaid population.
2) The rules governing Local Planning have been revised. Please review the new rules before completing the template. Key changes include:
    1) 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.
    2) The public comment period on the draft plan must be at least 30 days.
    3) The requirement to post procurement documents for public comment has been eliminated.
    4) A post-procurement report must be submitted to the department within 30 days of completing a procurement described in the LMHAs approved plan.
    5) LMHAs must establish an appeals process for providers.

PART I: Required for all LMHAs

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: 2014 LMHA Area and Population Stats (in the General Warehouse folder).*

Population	239,761	**Number of counties (total)**	9
Square miles	8817	◆ **Number of urban counties**	0
Population density	27	◆ **Number of rural counties**	9

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
Portland	San Patricio	16408	70895	101	23%
Sinton	San Patricio	5676	70895	101	8%
Taft	San Patricio	3396	70895	101	5%
Aransas Pass	San Patricio and Aransas Counties	10189	70895	101	14%
Rockport-Fulton	Aransas	9938	27530	114	36%
Beeville	Bee	13129	34105	39	38%

George West	Live Oak	2524	12409	12	20%
Alice	Jim Wells	19010	42455	49	45%
San Diego	Duval	4753	12041	7	39%
Kingsville	Kleberg	12575	31990	36	39%
Falfurrias	Brooks	5297	7866	8	67%

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 FY 2015 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, identity the unit of service (all clients).*
   d) *Estimate the FY 2016 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 2015. In the sections for Complete Levels of Care, do not include contracts for discrete services within those levels of care when calculating percentages.*

	FY 2015 service capacity (non-Medicaid only)	**Estimated FY 2016 service capacity (non-Medicaid only)**	**Percent total non-Medicaid capacity provided by external providers in FY 2015***
Adult Services: Complete Levels of Care	**1578**	**1095**	
Adult LOC 1m	0	0	0
Adult LOC 1s	1462	1020	0
Adult LOC 2	40	26	0

Adult LOC 3	65	44	0
Adult LOC 4	1	2	0
Adult LOC 5	2	3	0

Child and Youth Services: Complete Levels of Care	FY 2015 service capacity (non-Medicaid only) **143**	Estimated FY 2016 service capacity (non-Medicaid only) **119**	**Percent total non-Medicaid capacity provided by external providers in FY 2015***
Children's LOC 1	19	17	0
Children's LOC 2	108	85	0
Children's LOC 3	8	10	0
Children's LOC 4	1	2	0
Children's CYC	5	3	0
Children's LOC 5	2	2	0

Crisis Services	**FY 2015 service capacity**	**Estimated FY 2016 service capacity**	**Percent total capacity provided by external providers in FY 2015***
Crisis Hotline	n/a		100%
Mobile Crisis Outreach Team	n/a		76%
Other (Please list all PESC Projects and other Crisis Services):			
PESC	999 beds	999 beds	100%
PPB	n/a	1520	100%

4) *List **all** of your FY 2015 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 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 CBT, 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)**
Doctor's Hospital at Renaissance	Inpatient psychiatric hospitalization and crisis stabilization
Avail Solutions, Inc.	24 Hour Crisis Line
Avail Solutions, Inc.	MCOT - evenings, weekends, holidays
Corpus Christi Medical Center	Inpatient psychiatric hospitalization and crisis stabilization

Individual Practitioners	**Service(s)**
Dr. M. Mangipudi	Psychiatric Services
Dr. K. Rayasam	Psychiatric Services
Dr. U. Maruvada	Psychiatric Services and Medical Director
Adela Trejo	CBT
4 Individuals	Peer Support

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.

5) Using bullet format, list steps the LMHA took to identify potential external providers for this planning cycle.

- Revised website to clearly identify RFP's, RFI's or other contracting opportunities
- Posted RFP's and RFI's in the local newspapers
- Posted RFP's and RFI's throughout the year
- Checked the DSHS website LPND to see if there were any provider organizations that registered on the DSHS website, and provider organizations that have submitted written inquiries since submission of 2012 LPND plan Complete the following table, inserting additional rows as needed - there were none
- September 2012 – laboratory services RFP
- April 2013 – Peer Provider for Rockport Clinic
- July 2013 – Family Partner
- October 2013 – Peer Provider Kingsville
- April 2014 – Alice Substance Abuse Intensive Outpatient Service
- July 2014 Crisis Hotline, MCOT
- Aug 2014 IT
- Nov 2014 – Kingsville Intensive Outpatient SA Services
- Sep 2015 – Falfurrias Outpatient SA Services
- September 2015 – RFP Music Therapy
- September 2015 - RFP Animal Assisted Therapy
- We did attempt to increase our network with RFP's for the YES Waiver paraprofessionals, Veterans Peer Providers, Peer Providers and Art Therapist - No Applications.

6) 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 DSHS website, and provider organizations that have submitted written inquiries since submission of 2012 LPND plan. You will receive notification from DSHS if a provider expresses interest in contracting with you via the DSHS website. Provider inquiry forms will be accepted through the DSHS website through December 31, 2015.* ***Note:*** *Do not finalize your provider availability assessment or post the LPND plan for public comment before January 6, 2016.*

- *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 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**

Part II: Required for LMHAs with potential for network development

Procurement Plans

If the assessment of provider availability indicates potential for network development, the LMHA must initiate procurement. 25 TAC §412.754 describes the conditions under which an LMHA 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.

7) 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**

Rationale for Limitations

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

8) 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'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.*

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

9) *If the LMHA 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 anticipates procuring the full external provider capacity currently available (not to exceed the LMHA's capacity).*

Service	Transition Period	Year of Full Procurement

Capacity Development

10) *Using bullet format, describe the strategies the LMHA will use to minimize overhead and administrative costs and achieve purchasing and other administrative efficiencies.*
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11) *List partnerships with other LMHAs related to planning, administration, purchasing and procurement or other authority functions, or service delivery. Include only current, ongoing partnerships.*

Start Date	Partner(s)	Functions

12) *In the table below, document your procurement activity since the submission of your 2012 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)

PART III: Required for all LMHAs

PNAC Involvement

13) 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
2/11/16	Pending meeting to review the LPND and CLSP plans
11/12/15	Review of LPND and CLSP Plan templates. Recommendations: continue with current RFP and RFI process to identify potential providers. Reviewed highlights of PPB contract and differences from PESC - added another hospital (South Texas BHC) to the network. Expressed satisfaction with choices. Service site expansion in Rockport for improved quality of care to youth and families.
8/17/15	Reviewed proposed budget, YES Waiver progress, PESC Project - recommended local hospitals, target changes and how CPCC is overserving and that waitlist may be started. Recommended that YES waiver specialty services are obtained through RFP and RFI process. Continue open enrollment for CBT. Reviewed substance abuse provider contract for Falfurrias.
5/12/15	Provided information on MH Services attempting to Satellite clinics in outlying areas needed - discussion regarding difficulty finding any staff person to work in those areas. YES Waiver services - open enrollment for providers based upon individual needs and allowing family members to identify people in their lives that they trust to provide respite, transportation, etc…while ensuring providers pass background checks, meet qualifications, etc…
11/20/14	QM and QIP Plan review - recommended continued quarterly reviews; expressed satisfaction with plan. Provided suggestions to the MH Satisfaction Survey for consumers, providing assistance with rewording to make certain questions easier to understand.
8/14/14	Reviewed BID proposals for Crisis Services both hotline and MCOT evenings and weekends noting that only one provider submitted a bid. Committee recommended continuing with Avail Solutions, Inc. as they are currently the provider and the only interested contractor for this area. IT bids were reviewed and provider recommended to

	board. Center looking at collaboration with public health providers in Live Oak and Freer to expand access to services for the more rural areas. Reviewed collaboration with UT and Probation to develop a policy summit and increase collaborative efforts to improve services and supports to at risk of out of home placement children.
5/24/14	Reviewed progress of integration of substance abuse services in Taft. Same agency (COADA) to provide services. CACOST health care integrated into clinic Alice, Taft, Beeville clinics. Explained the building changes to meet DSHS SA services requirements. Informed about updated webpage to ensure community access to agency information, to include clearly labeled contracting and planning tabs. Quality Improvement Plan progress review. Committee liked that the plan was not just meeting contract requirement, it address improvement to services and supports. No recommendations regarding MH, IDD, 1115 or A/N/E Reduction plan as they felt the QIP addressed issues appropriately.
2/8/14	1115 Waiver integration of services update, to include integrated health in Beeville, collaboration meetings started to possibly have an office in Freer with one staff to provide mental health services and tele-video w/doctor or other licensed providers (CBT)
8/10/13	Reviewed proposed budget. One member requested center fund drop-in centers for MH consumers - as no funding allocated this will not occur. Reviewed contract bids for lab work. Committee recommended the one that appeared to be best value while not placing a burden on the consumers as lab come to clinics instead of consumer's going to lab. Substance abuse services integrated into Beeville clinic - only one agency bid and they met criteria as funded by DSHS for other services in the area.
6/22/13	Update of progress on changes to TRR assessments and Waiver Projects.
4/28/13	Review of changes in Uniform Assessment and the contract requirements; Update on 1115 Waiver project; Review of MH Satisfaction Survey. PNAC encouraged staff to continue satisfaction surveys and were excited about 1115 project
11/3/2012	Review of CLSP, Quality Management Plan and 1115 Waiver Plans. Expressed satisfaction with both plans and recommended approval to the Board of Trustees.

Stakeholder Comments on Draft Plan and LMHA Response

Allow at least 30 days for public comment on draft plan. Do not post plans for public comment before January 6, 2016.
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'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

COMPLETE AND SUBMIT ENTIRE PLAN TO performance.contracts@dshs.state.tx.us by March 1, 2016.

Appendix A

Assessing Provider Availability

Provider organizations s can indicate interest in contracting with an LMHA through the DSHS website or by contacting the LMHA directly. On the DSHS website, a provider organization can submit a Provider Inquiry Form that includes key information about the provider. 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 contact potential providers to schedule a time for further discussion. This discussion 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.

The LMHA 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's initial contact, the LMHA may conclude that the provider is not interested in contracting with the LMHA.

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

An LMHA 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.