

## REVISED TEMPLATE FOR PROVIDER NETWORK DEVELOPMENT PLAN

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

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

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

Responses should be concise, concrete, and specific.

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

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

When completing a table, insert additional rows as needed.

### **Local Service Area**

- *Provide the following information about your local service area. Most of the data for this section can be accessed from the following reports in MBOW, using data from the following report: 2010 LMHA Area and Population Stats (in the General Warehouse folder)*

<b>Population</b>	595,591
<b>Square miles</b>	22,725
<b>Population density</b>	26 persons per square mile
<b>Number of counties (total)</b>	19
◆ <b>Number of urban counties</b>	0
◆ <b>Number of rural counties</b>	11
◆ <b>Number of frontier counties</b>	8

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

<b>Name of City</b>	<b>Name of County</b>	<b>City Population</b>	<b>County Population</b>	<b>County Population Density</b>	<b>County Population Percent of Total</b>
San Marcos	Hays	50,371	164,078	241	27.5%

New Braunfels	Comal	36,494	121,020	210	20%
Kerrville	Kerr	20,425	46,829	42	7%
Del Rio	Val Verde	46,682	50,067	15	8%
Boerne	Kendall	10,283	35,351	53	5%
Uvalde	Uvalde	14,929	27,857	18	4.6%
Fredericksburg	Gillespie	8,911	25,873	24	4.3%

*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.*

- ◆ During the last 6 years, Hays County grew by 33%, Comal County by 29%, and Kendall County by 27%. The State average for growth during this period of time was 12%
- ◆ Hill Country's service area is culturally diverse ranging from 78% Hispanic in Val Verde County to 72% Caucasian in Comal County
- ◆ Public transportation is limited or nonexistent.
- ◆ Federally designated Medically Underserved Area, especially for Psychiatrist
- ◆ Laughlin Air Force Base is located in Del Rio.
- ◆ Service area includes 31 Colonias (Kinney County 1 colonias, population 66; Uvalde County 12 colonias with population of 3,964; Val Verde County 18 colonias with population of 7,973)

## **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.*

- ◆ Since the FY08 planning cycle, Hill Country posted an Open Enrollment (RFA) for discrete physician and counseling services. The Center received two inquiries about contracting counseling services, but did not receive any formal response. The Center extended the open enrollment period for these discrete services and still received no responses.
- ◆ Current contractors are contacted regularly regarding service provision and interest in additional contracting opportunities. The Center procured an additional contract with the Wood Group for Crisis Residential.
- ◆ The Center continues to advertise for providers on the Center's website.

## 2) Provider Availability

List each potential provider identified during the process described in Item 1 of this section. Include all current contractors, providers who registered on the DSHS website, and providers who submitted written inquiries over the past two years. Note the source used to identify the provider (e.g., current contract, DSHS website, LMHA website, e-mail, written inquiry). Summarize the content of the follow-up contact described in Appendix A. If the provider did not respond to your invitation within 45 days, document your actions and the provider's response. In the final column, note the conclusion regarding the provider's availability. For those deemed to be potential providers, include the type of services the provider can provide and the provider's service capacity.

<b>Provider</b>	<b>Source of Identification</b>	<b>Summary of Follow-up Meeting or Teleconference</b>	<b>Assessment of Provider Availability, Services, and Capacity</b>
Wood Group 2009	DSHS website	No response to Open Enrollment invitation (RFA)	N/A
Sunwest 2009	DSHS website	No response to Open Enrollment invitation (RFA)	N/A
Wood Group 2010	DSHS website	Held teleconference with Jerry Parker, CEO of Wood Group, on April 26, 2010. Discussed the Wood Groups' interest in adult RDM service packages 3 and 4. According to Mr. Parker, the Wood Group would need to serve at least 75 clients in these service packages in one location to cover the cost of providing the services. Due to a lack of concentration of clients in any one location or area, the Wood Group is not interested in contracting these services at this time. The Wood Group is interested in continuing to contract crisis residential and respite services.	The Wood Group has declined to contract for additional services, but does wish to continue current contracts for crisis residential and respite.
Telecare Mental Health Services	DSHS website	Held a teleconference with David Pan, Regional Director for Telecare, on May 26, 2010. Discussed Telecare's interest in behavioral health services in the Hill Country service area. Telecare was most interested in adult RDM service packages 3 and 4. Due to a lack of concentration of clients in any one location or area, Telecare is not interested in contracting at this time.	Telecare Mental Health Services has declined to contract for services at this time. .
Avail Solutions,	DSHS	Held a teleconference with Janie Harwood, CEO of Avail Solutions,	Avail has declined to contract for

Inc.	website	on June 10, 2010. Discussed Avail's interest in continuing the contract for Crisis Hotline services. Avail is not interested in contracting any other services at this time.	additional services at this time, but would like to continue the contract for Crisis Hotline services.
Methodist Health Care Systems of San Antonio	DSHS website	Held a teleconference with Liza Jensen, Executive Director of Methodist Health Care, on June 10, 2010. Discussed Methodist Health Care's interest in behavioral health services in the Hill Country service area. We also discussed inpatient services in San Antonio offered by Methodist Health Care. Since Hill Country operates a Crisis Stabilization Unit, there is not a current need to contract for additional inpatient beds. Methodist Healthcare is not interested in RDM or other outpatient services at this time.	Methodist Healthcare is not interested in RDM or other outpatient services at this time.

## 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**

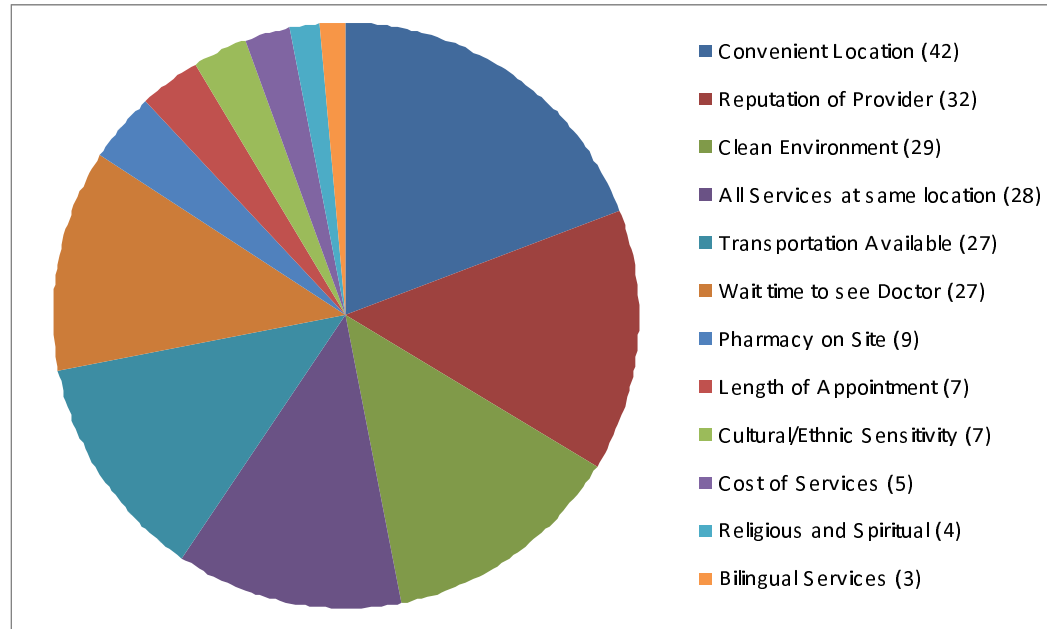
*In the chart below, show the process used to provide information and solicit input about provider network development from stakeholders. Include specific events as well as activities that take place over a period of time, such as surveys. Note that a variety of communication formats may be used, including 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		
			Consumers	Family	Other
June 7-30, 2010 Face to face meetings: Peer Support Groups in San Marcos, Kerrville, Uvalde, Del Rio, New Braunfels, Boerne, and Fredericksburg	Hill Country CMHMRC consumers (Peer Support)	Hill Country consumers receiving peer support services provided input for the development of the network plan by completing surveys. The surveys included questions regarding important factors when choosing a provider. Consumers most often identified a convenient location, reputation of provider, clean environment, and all services at the same location as the most important factors. Having a choice of provider is important to consumers as well as transportation available when needed. The services that consumers most often identified when asked what services they would like to have a choice among providers were physician and counseling services.	47		
June 16, 2010 MCOT Planning and Development Meeting	Hays County Sheriff San Marcos Police Hays Caldwell Drug and Alcohol Counsel Wood Group Methodist Health Care System	The MCOT Planning and Development Committee was provided a review of Network Development activities and the status of recent efforts to expand the network by contacting interested providers to discuss opportunities. The Committee was not surprised that providers are unable to pursue contracts due to the large rural geographical service area and the lack of concentration of consumers receiving services. Two of the interested providers (The Wood Group and Methodist Health Care Services) are members of this Committee.  The Committee members completed surveys and provided input for the		1	28

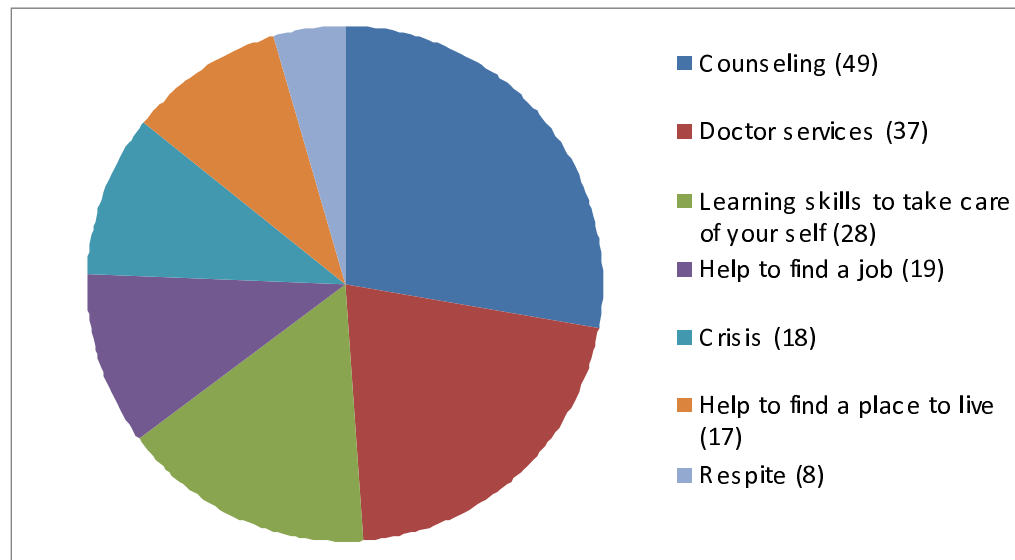
	<p>Central Texas Medical Center  NAMI  Texas State Counseling Center  Hays County Juvenile Center  Laurel Ridge Treatment Center  Hill Country CMHMRC Staff  Texas State Police Department</p>	<p>development of this plan. Members stressed the value of the crisis services in Hays County and the appreciation for the MCOT in meeting the needs of the community. In addition to crisis services, peer support, physician services, and rehabilitation were identified as most important services for consumers receiving services.</p>			
<p><b>Paper and Electronic Surveys</b>  <b>June 7-30, 2010</b></p>	<p>Consumers and Family members  Law enforcement  Emergency Healthcare providers  Judicial representatives from each county served  Probation and Parole Departments  Advocates  NAMI  Hospitals  Texas State University  School Representatives  Schreiner University</p>	<p>Surveys were developed and distributed in order to solicit input for local planning and network development. Network development questions included the following:  <i>What factors are most important to you when choosing a provider?</i>  <i>What services would you like to have a larger pool of providers to choose from?</i></p> <p>The following charts demonstrate the results of these questions. The number of responses for each item selected is in parenthesis next to the response.</p>	<p><b>167</b></p>	<p><b>26</b></p>	<p><b>47</b></p>

Service Providers

What factors are most important to you when choosing a provider?



What services would you like to have a larger pool of providers to choose from?



January 27, 2010 819 Water Street Kerrville, TX Planning and Network Advisory Committee meeting	PNAC	Hill Country's Planning and Network Advisory Committee members discussed the Network Development planning process and interested providers. Members have expressed the need for contracted providers to serve multiple counties and be restricted from serving only the more populated service areas.		<b>6</b>	<b>3</b>
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### 5) PNAC Involvement

*Show the involvement of the Planning and Network Advisory Committee (PNAC) in the table below. PNAC activities should include input into the development of the plan and review of the draft plan. Briefly document the activity and the committee's recommendations.*

<b>Date</b>	<b>PNAC Activity and Recommendations</b>
10/13/09	The PNAC met on this date and reviewed a summary of the Community Needs surveys and suggestions received. During the last planning cycle, the Committee recommended that the Center post a Community Needs survey on the Center's website as well as place suggestion boxes in all service sites and the administration office. The Committee also discussed local planning activities and strategies that the Center has implemented to address the feedback received on the surveys and suggestions.
1/27/10	The PNAC met on this date and reviewed the survey results related to the mental health crisis and jail diversion activities. The Committee reviewed the draft Crisis Plan and discussed the need for community input for LPND. Committee members agreed to utilize the Stakeholder Surveys to solicit input after contact is made with all the interested providers.
4/28/10	During the April PNAC meeting, the Committee discussed the process of contacting all the interested providers listed on the DSHS website. The Committee discussed the results of the teleconference with the Wood Group regarding contracting additional services. Reviewed the template for LPND and discussed the plans to post the draft plan on the Center's website in July for public comment. Committee members discussed plans to assist with distributing surveys in their local communities and attending community meetings to discuss the need for stakeholder input.
7/27/10	The PNAC is scheduled to meet to review any feedback after posting the draft LPND plan on the Center's website for at least 14 days.

## 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	\$6,924,788	\$2,117,844	31%	\$7,376,865	\$1,916,073	26%	\$8,516,455	\$2,367,129	28%	\$5,401,139	\$927,510	17%
Child/Adol MH Services	\$1,179,853	\$90,667	8%	\$1,196,583	\$130,251	11%	\$1,222,947	\$101,850	8%	\$589,969	\$34,099	6%
TOTAL MH Services	\$8,104,642	\$2,208,511	27%	\$8,573,448	\$2,046,324	24%	\$9,739,403	\$2,468,979	25%	\$5,991,108	\$961,609	16%
<b>Breakout of CONTRACTED SERVICES:</b>												
Medication and Labs		\$1,420,162	64%		\$1,431,919	70%		\$1,684,073	68%		\$607,259	63%
Physician Services**		\$432,357	20%		\$120,453	6%		\$209,753	8%		\$71,904	7%
Counselor Services**		\$3,819	0%		\$18,000	1%		\$21,248	1%		\$7,585	1%
Crisis Services			0%		\$85,000	4%		\$90,000	4%		\$45,000	5%
Residential Services		\$320,436	15%		\$355,045	17%		\$366,179	15%		\$177,810	18%
Inpatient Services			0%			0%			0%			0%
Other (list):			0%			0%			0%			0%
Screenings & Assessments		\$31,737	1%		\$35,907	2%		\$97,726	4%		\$8,200	1%
Nurse Services			0%			0%			0%		\$43,851	5%
TOTAL		\$2,208,511	100%		\$2,046,324	100%		\$2,468,979	100%		\$961,609	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.

<b>Provider</b>	<b>Service(s)</b>	<b>Provider Type</b>	<b>Dollars Allocated</b>
Avail Solutions	♦ Crisis Hotline	Organization	\$ 90,000
Serenity Gardens	♦ Residential	Organization	\$ 87,350
K'Star	♦ Residential	Organization	\$ 500
TWG Investments	♦ Residential	Organization	\$ 534,400
Southwest Mental Health Center	♦ Inpatient	Organization	\$ 25,000
Linda High	♦ Counseling & Intake & Assessment	Individual	\$ 51,600
Teresa Miller	♦ APN	Individual	\$ 33,784
David O'Conner	♦ Physician	Individual	\$ 90,000
Staff Care	♦ Physician	Organization	\$ 20,000
Jackson Coker	♦ Physician	Organization	\$ 35,000
National Extended Care Network	♦ Pharmacy Service	Organization	\$1,100,000
Advanced Temporaries	♦ Nursing	Organization	\$ 31,470
Advantage Nursing	♦ Nursing	Organization	\$ 12,381
Clinical Pathology Labs	♦ Lab Services	Organization	\$ 33,000
LabCorp	♦ Lab Services	Organization	\$ 18,000
Medina Community Hospital	♦ Lab Services	Organization	\$ 10,000
Quest Diagnostics	♦ Lab Services	Organization	\$ 3,500

## **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 providers 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 providers according to the terms of the contract. .*
- *Column E: Document the percent of capacity served by contractors in the first six months of FY 2010 (September 2009 through February 2010); this is the actual amount paid to external providers during this period. When calculating percentages, use six month figures in both the numerator and denominator.*
- *Columns F and G: If you will be procuring complete service packages in the next biennium, state the percent of current capacity planned for contract in 2011 and in 2012.*
- *Column H: Note the number of available providers based on your provider assessment documented in the previous section.*
- *Column I: Use the following list to identify the number of the applicable condition that justifies the level of service the LMHA will continue to provide internally. Include all conditions that apply. Refer to the Appendix B for complete language as specified in 25 TAC §412.758.*
  1. *Willing and qualified providers are not available.*
  2. *The external network does not provide minimum levels of consumer choice. Use this condition if only one external provider is interested in contracting with the LMHA, and the LMHA will therefore provide up to 50% of the service. This condition does not justify the LMHA providing more than 50% of services.*
  3. *The external network does not provide equivalent access to services. Use this condition if access is the only reason the LMHA will not use all of the available external capacity. Applicability of this condition will probably be made after procurement.*
  4. *The external network does not provide sufficient capacity. Use this condition if the LMHA will use all of the available external provider capacity and directly provide only the balance of current capacity.*
  5. *Critical infrastructure must be preserved during a period of transition. Use this condition if the LMHA will not use all of the available external provider capacity. Instead, the LMHA plans a phased transition to full utilization of external provider capacity, increasing the volume of contracted services over two or more planning cycles.*
  6. *Existing agreements restrict procurement or existing circumstances would result in substantial revenue loss. Use this condition if an external restraint is the controlling factor limiting full use of external provider capacity.*

PAST and CURRENT						PLANNED			
	A	B	C	D	E	F	G	H	I
Service	Current service capacity	Percent of total capacity contracted in FY 2009	Percent total capacity served by contract providers in FY 2009	Percent of total capacity contracted in FY 2010	Percent total capacity served by contract providers in FY 2010 (6 mo)	Percent of total capacity planned for contract in FY 2011	Percent of total capacity planned for contract in FY 2012	Number of available providers	Applicable condition
<b>Adult Service Packages</b>									
Adult RDM SP 1	2,228								1
Adult RDM SP 2	74								1
Adult RDM SP 3	237								1
Adult RDM SP 4	5								1
Adult RDM SP 0	78								1
Adult RDM SP 5	21								1
TOTAL Adult Services	2,642								
<b>Child Service Packages</b>									
Children's RDM SP 1.1	227								1
Children's RDM SP 1.2	35								1
Children's RDM SP 2.1									1
Children's RDM SP 2.2	13								1
Children's RDM SP 2.3	2								1
Children's RDM SP 2.4	2								1
Children's RDM SP 4	105								1
Children's RDM SP 0	18								1
Children's RDM SP 5	1								1
TOTAL Children's Services	403								

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
Adult Screening	8.5 hrs	0.27%	0.27%	1.32%	0.40%	1.32%	1.32%	1	4
Adult Psychiatric Diagnostic Interview Examination	526.08 hrs	12.92%	12.92%	15%	10.91%	15%	15%	1	4
Pharmacological Management	855.11 hrs	14.64%	14.64%	10%	7.81%	10%	10%	4	4
Adult Medication Training and Supports – Individual	16.49 hrs	0.89%	0.89%	1.03%	0.31%	1.03%	1.03%	1	4
Adult Individual/Family Counseling	211.29 hrs	13.92%	13.92%	38.98%	11.71%	38.98%	38.98%	1	4
Adult Crisis Services	609.56 hrs	18.37%	18.37%						
Adult Skills Training & Development – Individual	.75 hrs	0.01%	0.01%	0.04%	0.01%	.04%	.04%	1	4
Adult Residential Treatment	3591 days	100%	100%	100%	100%	100%	100%	3	N/A
Child Screening	1.75 hrs	0.2%	0.2%	1%	0.3%	1%	1%	1	4
Child Psychiatric Diagnostic Interview Examination	154.61 hrs	17.8%	17.8%	16%	12.2%	16%	16%	1	4
Child Continuity of Services	.50 hrs	2.43%	2.43%						
Child Pharmacological Management	47.56 hrs	6.65%	6.65%	11%	8%	11%	11%	1	4
Child Individual/Family Counseling	25.09 hrs	4.23%	4.23%	12%	3.7%	12%	12%	1	4
Child Crisis Services	59.29 hrs	20.33%	20.33%						
Child Crisis Residential Treatment	49 days	100%	100%	100%	100%	100%	100%	1	N/A
Crisis Hotline	12 months	100%	100%	100%	100%	100%	100%	1	N/A
Medications		100%	100%	100%	100%	100%	100%	1	N/A
Labs		100%	100%	100%	100%	100%	100%	4	N/A

**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.*
- After completing the provider assessment which included a teleconference with each of the four providers who completed a Provider Inquiry Form, Hill Country Community MHMR Center has no providers who indicate an interest in providing additional discrete services or service packages.
- 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.*
- Not applicable
- c) *If the LMHA will continue to provide one or more services because the external network does not provide sufficient capacity (Condition 4), complete the following table. Use this condition if the LMHA will use all of the available external provider capacity and directly provide only the balance of current capacity. External provider capacity is usually determined through the follow-up contacts that take place during the provider availability assessment.*

<b>Service</b>	<b>Capacity Needed</b>	<b>External Provider Capacity</b>	<b>Information and Method Used to Determine External Network Capacity</b>
Adult Screening	3204.44 hrs	42 hrs	Current contract capacity and no interested providers based on follow up contacts
Adult Psychiatric Diagnostic Interview Examination	2874.64 hrs	431 hrs	Current contract capacity and no interested providers based on follow up contacts
Pharmacological Management	5840.3 hrs	584 hrs	Current contract capacity and no interested providers based on follow up contacts
Adult Medication Training and Supports - Individual	1844.83 hrs	19 hrs	Current contract capacity and no interested providers based on follow up contacts
Adult Individual/Family Counseling	1517.93 hrs	591 hrs	Current contract capacity and no interested providers based on follow up contacts
Adult Skills Training & Development - Individual	10291.36 hrs	4 hrs	Current contract capacity and no interested providers based on follow up contacts

Child Screening	881.46 hrs	9 hrs	Current contract capacity and no interested providers based on follow up contacts
Child Psychiatric Diagnostic Interview Examination	868.70 hrs	139 hrs	Current contract capacity and no interested providers based on follow up contacts
Child Pharmacological Management	715.44 hrs	79 hrs	Current contract capacity and no interested providers based on follow up contacts
Child Individual/Family Counseling	593.34 hrs	71 hrs	Current contract capacity and no interested providers based on follow up contacts

- 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
N/A		

- 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.*

- ◆ N/A

**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.*

N/A

**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.*

- ◆ N/A

**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
N/A	

**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
N/A					

**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.*

N/A

**15) Enhanced Staff Qualifications**

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

Yes     No

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

- ♦ N/A

**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
N/A	

**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.*

- ◆ Allowing consumers a choice in physician when possible, especially when telemedicine is an option.
- ◆ Allowing consumers a choice in Service Coordinator or Rehabilitation Specialist when possible.
- ◆ Allowing consumers to receive services from another location (another mental health clinic) when possible.
- ◆ Informing consumers of all community resources or providers so they can chose to receive the service from another provider, such as counseling.
- ◆ Utilizing telemedicine improves availability and timeliness of service delivery.

**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.*

- Continue to recruit and hire staff who can meet the bi-lingual needs of the service area.
- Require staff and external contractors to utilize the services of interpreters and translators as needed.
- Continue to require contracted providers to train their staff on cultural diversity and competency.
- Hill Country will conduct effective monitoring and oversight of contracted providers to ensure the cultural and linguistic diversity of the clients are addressed.
- Hill Country will offer cultural competency training to clinicians from other LMHAs working with veterans as part of the Citizen Soldier Program.

**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.*

- Consolidation of purchasing to one individual to ensure best value

- Movement toward IP based telephone systems which eliminates some long distance charges
- Utilization of PRN staff to reduce overtime
- Development and implementation of new programs without additional overhead costs
- Consolidation of QM staff between several programs

*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.*

<b>Start Date</b>	<b>Partner(s)</b>	<b>Functions</b>
FY09	Camino Real Community MHMR Center	Telemedicine (physician services) contracted with the Center
FY09	Offered to all LMHAs	Psychiatric Rehabilitation Training

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

- ◆ Working jointly with Camino Real for a VA contract to offer VA services to neighboring border region counties.
- ◆ Coordinating with other LMHAs to make available Hill Country’s Crisis Stabilization Unit (CSU) when needed for clients from LMHAs out of region.
- ◆ Recently expanded the contract with Camino Real for telemedicine services.
- ◆ Plan to offer cultural competency training to community clinicians as well as clinicians from other LMHAs as part of the Citizen Soldier Program (VA support services).

**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)
Pharmacological Management/psychiatric evaluations	No interested providers responded to the Open Enrollment announcements
CBT/Counseling	No interested providers responded to the Open Enrollment announcements

*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
No comments were received.	N/A

*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.*

- ◆ Increased the usage of the electronic client record to enhance continuity and information sharing between providers.
- ◆ Procedures have been better defined and improved around contract development and monitoring
- ◆ Expanded use of telemedicine to improve access to physician services and potential provider contracts.

## **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
The volume of service participants in specific service packages is not large enough for external providers to cover the cost of delivering the service. The volume of discrete services, such as counseling, is not large enough for external providers to cover the cost of delivering the	Hill Country will monitor the volume of clients in each service package and will continue to discuss the potential for external providers to consider a contractual relationship.

service.	
Lack of Providers	Continue recruitment of qualified providers as described in the Provider Availability section of this plan.

**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.*

*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.*

- ♦ N/A

**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.*

- ♦ Draft Plan Development included discussion with consumers receiving Peer Support services, the Center’s PNAC, Board of Trustees, and the MCOT Planning and Development Committee.
- ♦ The Draft Plan will be presented to the Hill Country Board of Trustees, the PNAC, available on the Center’s website for at least 14 days, and copies available at the Center’s administration office.

## 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
N/A	Draft procurement document (RFA/RFP) posted for public comment (at least 14 days)
N/A	Publication of final procurement
N/A	Due date for procurement responses
N/A	Award date
N/A	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
N/A	Date provider list will be posted to website and distributed to consumer and advocacy groups
N/A	Timeframe for hosting provider forums to allow providers to share information with consumers
N/A	Date to begin offering consumers choice of providers in the new network
N/A	Period of time given to consumers to select provider
N/A	Timeframe for transitioning current clients to new providers



## **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.