



Denton County
Mental Health
Mental Retardation Center

Local Service Area Plan, Appendix C
Local Network Development Plan
FY 2012 - 2013
1 October 2012

PUBLIC COMMENTS ON THIS DRAFT PLAN WILL BE ACCEPTED THROUGH

20 November 2012

PLEASE SUBMIT YOUR COMMENTS TO:

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REVISED TEMPLATE FOR PROVIDER NETWORK DEVELOPMENT PLAN

Local Service Area

Population (DSHS data)	770,509
Square miles	889
Population density	754
Number of counties (total)	1 (one)
♦ Number of urban counties	1 (one)

% of City within Denton County if not 100 %	Name of City	Name of County	City Population	County Population	City Population Density	City Population % of Total	Comment
58 %	Carrollton	Denton	71,131	686,406	3281	10 %	
	Denton	Denton	117,187	686,406	1289	17 %	
99 %	Lewisville	Denton	97,750	686,406	2618	14 %	
99 %	Flower Mound	Denton	66,349	686,406	1562	10 %	
	Denton County	Denton	186,914	686,406	754	27 %	<i>Other Residents Total</i>
	The Colony	Denton	37,653	686,406	2592	5 %	
18 %	Frisco	Denton	21,850	686,406	1893	3 %	
2 %	Dallas	Denton	24,465	686,406	3517	4 %	
	Little Elm	Denton	26,844	686,406	1777	4 %	<i>500 % growth in previous decade</i>
	Corinth	Denton	20,662	686,406	2555	3 %	
	Highland Village	Denton	15,602	686,406	2736	2 %	

- ◆ Denton County is proposed to be a top ten growth area for Texas and the USA over the current and next 2 to 3 decades
- ◆ A very prominent distinction between Urban (73 % - Central/Southeastern) vs. Rural (27 % North/Southwestern) County population distributions are present within the County
- ◆ Growing Hispanic based language populations
- ◆ Growing Asian based language populations
- ◆ Local City Limits and School Districts overlap with adjacent Southern (Dallas/Tarrant) and Eastern (Collin) County lines causing referral and catchments area issues for the Center, persons served and their families; referral agencies and with Medicaid/Medicare benefit assignment status
- ◆ Access to public transportation is limited in both scale and availability to the top 4 largest cities in the County
- ◆ There is a large existing and expanding medical community presence in the County

Provider Availability

1) Provider Recruitment

- ◆ Advertised public forums
- ◆ Invited current and interested providers to comment on LPND plan
- ◆ Invited current and interested providers to comment on draft RFA/RFP postings
- ◆ Sent notice of RFA/RFP postings to current and interested providers
- ◆ Maintained email address on agency website to facilitate potential provider inquiries
- ◆ Conducted provider interest fairs
- ◆ On going review of DSHS LPND list of interested providers
- ◆ Recorded contact with interested persons and organizations for follow up

2) Provider Availability

Provider	Source of Identification	Summary of Follow-up Meeting or Teleconference	Assessment of Provider Availability, Services, and Capacity
The Wood Group	Provider Interest Form	The Center noted the inquiry and sent an invitation to the listed contact to participate in one of five scheduled Public Forums and individual dialogue with Center.	No follow up response received.
Sunwest	Provider	The Center noted the inquiry and sent an invitation to the listed	No follow up response received.

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Provider	Source of Identification	Summary of Follow-up Meeting or Teleconference	Assessment of Provider Availability, Services, and Capacity
Behavioral Health Organization	Interest Form	contact to participate in one of five scheduled Public Forums and individual dialogue with Center.	
Providence Services of Texas	Provider Interest Form	The Center noted the inquiry and sent an invitation to the listed contact to participate in one of five scheduled Public Forums and individual dialogue with Center.	No follow up response received.
Claudette Fette OTR CRC	Provider Interest Form	The Center noted the inquiry and sent an invitation to the listed contact who participated in a scheduled Public Forum and individual dialogue with Center staff representatives.	The provider did not did not indicate any specific capacity interest in the listed services.
College Park Pharmacy	RFP	The Center noted the inquiry for Prescription Management Services and sent this individual an RFP packet.	The RFP packet was completed and this provider was not selected as a provider by the Center
US Script	RFP	The Center noted the inquiry for Prescription Management Services and sent this individual an RFP packet.	The RFP packet was completed and this provider was selected as the best value provider by the Center.
Wise Regional Hospital	RFP	The Center noted the inquiry for Voluntary/Involuntary Hospital Services and sent this individual an RFP packet.	The RFP packet was completed and the provider was selected to be a provider for the Center.
Mayhill Hospital	RFP	The Center noted the inquiry for Voluntary/Involuntary Hospital Services and sent this individual an RFP packet.	The RFP packet was completed and the provider was selected to be a provider for the Center.
Tarrant County MHMR Center	RFP	The Center noted the inquiry on Residential Detoxification Services and sent this individual an RFP packet.	The RFP packet was completed and this provider was selected as a best value service and the only interested respondent
None	RFA	The Center has posted and maintained an RFA for Counseling services since 1 January 2010.	No interest has been noted
Josie Soliz	RFA	The Center noted the inquiry and sent this individual an RFA packet for Spanish language interpretation and translation.	Packet was not returned

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Provider	Source of Identification	Summary of Follow-up Meeting or Teleconference	Assessment of Provider Availability, Services, and Capacity
Carmen Yanez	RFA	The Center noted the inquiry and sent this individual an RFA packet for Spanish language interpretation and translation.	Packet was not returned
Cynthia Frye	RFA	The Center noted the inquiry and sent this individual an RFA packet for Spanish language interpretation and translation.	Packet was returned and person has an established contract for FY 2011
Counseling Services	RFA	The Center has posted and maintained an RFA for Counseling services since 1 January 2010	No interest has been noted
The Wood Group	Provider Interest Form	The Center noted their provider interest form and sent an invitation to the listed contact who participated in a scheduled telephone conference with Center staff within the 45 day window specified. The Center ensured provider understanding of the LPND process and services to be provided. Provider described their company and the services they desired to provide. It was understood this provider is primarily interested in providing discrete Psychosocial Skills Training services for AMH RDM Service Package 3. The provider is also interested in providing Supported Housing and Supported Employment services. The interested provider reports they would need a minimum of 50 consumers to make these services viable. The interested provider would also consider doing complete service packages if there were enough RDM AMH SP 3 individuals receiving services available. The interested provider would not do RDM AMH SP 1 or RDM AMH SP 2 services unless they also contracted for RDM AMH SP 3 services. The interested provider would need a minimum of 75 RDM AMH SP 3 consumers to do 25 to 100 RDM AMH SP 1s and up to 4 AMH SP 2s. If there were sufficient numbers, the interested provider could also provide doctor services and medications. The interested provider is also interested in providing some IDD (MR) services such as planned respite and community support	The provider indicated their interest in providing services in the Denton County area. Provider is primarily interested in serving discrete services within adult service packages. Provider is reported to have a good track record with other LMHAs with the services they are interested in. Discrete services could be provided within 30 to 60 days. Complete service packages would depend on doctor services and number of SP3 consumers available. Would need a minimum of 50 persons in discrete skills training services to be interested. They did not have an upper capacity limit.

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Provider	Source of Identification	Summary of Follow-up Meeting or Teleconference	Assessment of Provider Availability, Services, and Capacity
		services.	
Avail	Provider Interest Form	The Center noted the inquiry and sent an invitation to the listed contact who participated in a scheduled telephone conference with Center staff within the specified 45 day window. The Center ensured provider understanding of the LPND process and services provided. Provider described their company and the services they desired to provide.	The provider indicated their interest in providing services in the Denton County area but would prefer contiguous association with current service provision.
The Wood Group	RFP	The Center noted this inquiry for Crisis Respite Services and sent this organization a RFP packet.	RFP completed and returned. Viable terms could not be reached with provider.
Julie Pagitt	RFA	The Center noted this inquiry for a Family Partner and Advocacy and a packet was sent to this individual.	Packet completed and returned this person was not selected for procurement.
Federation of Family Partners	RFA	The Center noted this inquiry for a Family Partner and Advocacy and a packet was sent to this individual	Packet completed and returned this person was selected for procurement
Epic Translation	RFA	The Center noted this inquiry for a Spanish translator and a packet was mailed to this organization.	Packet completed and returned this organization was not selected for procurement.
MasterWord Services	RFA	The Center noted this inquiry for a Spanish translator and a packet was mailed to this organization.	Packet completed and returned this organization was selected for procurement.
Francisco Escobar	RFA	The Center noted this inquiry for a Spanish translator and a packet was mailed to this organization.	Packet completed and returned this individual was not selected for procurement.
Family Partner	RFA	The Center noted this inquiry for a Family Partner and Advocacy and a packet was sent to this individual	Packet was returned incomplete and was returned to this person for completion. No further contact was received from this person.
Family Partner	RFA	The Center noted this inquiry for a Family Partner and	Packet completed and returned this person

Provider	Source of Identification	Summary of Follow-up Meeting or Teleconference	Assessment of Provider Availability, Services, and Capacity
		Advocacy and a packet was sent to this individual	was not selected for procurement.
Family Partner	RFA	The Center noted this inquiry for a Family Partner and Advocacy and a packet was sent to this individual	Packet completed and returned this person was not selected for procurement.
Family Partner	RFA	The Center noted this inquiry for a Family Partner and Advocacy and a packet was sent to this individual	Packet completed and returned this person was not selected for procurement.
Family Partner	RFA	The Center noted this inquiry for a Family Partner and Advocacy and a packet was sent to this individual	Packet completed and returned this person was selected for procurement
Family Partner	RFA	The Center noted this inquiry for a Family Partner and Advocacy and a packet was sent to this individual	Packet completed and returned this person was not selected for procurement.
The Wood Group, TWG Investments, LTD	Provider Interest Form	The Center noted this provider interest form and sent an invitation to the listed contact to participate in a scheduled telephone conference call with Center staff.	No follow up response received to date.
Providence Service Corporation of Texas	Provider Interest Form	The Center noted this provider interest form and sent an invitation to the listed contact to participate in a scheduled telephone conference call with Center staff.	No follow up response received to date.
Zeitgeist Wellness Group	Provider Interest Form	The Center noted this provider interest form and sent an invitation to the listed contact to participate in a scheduled telephone conference call with Center staff.	No follow up response received to date.

Local Planning

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. NA

4) **Community Engagement**

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
N/A	N/A	N/A	0	0	0

5) PNAC Involvement

Date	PNAC Activity and Recommendations
22 Sept 10	Scheduled meeting - LPND review showed no response having been received from DSHS as to the Center's LPND amended plan and updates previously submitted to DSHS/LANAC for approval. Notice was made that a new LPND plan had now been submitted to DSHS as well. An overview of the Denton County and Cities within Denton County demographics and served by city data was made from the Center's LPND and LSAP data analysis. Also distributed information on current Center Goals and Objectives for PNAC review. Recommendation continues for additional AMH psychiatric services with additional funding or as attrition occurred within existing staff members.
23 Sept 10	FY 10 Q 4 & YTD PNAC Summary Review with Board of Trustees
15 Dec 10	Scheduled meeting – Staff presentation on Grace After Fire Veterans contracted services. The PNAC also reviewed all other Center contracted services. Continued review of Center served by City data. Information was also distributed for the current listing of Center Goals and Objectives review for cross referencing to HHSC, DSHS, DADS & National Council current known strategic goals.
	FY 11 Q 1 PNAC Quarterly Overview with Board of Trustees
19 Jan 11	Scheduled meeting – Continued review of all other Center contracted services with focus on IDD service delivery.
16 Mar 11	Scheduled meeting – Notice made that DSHS had approved the Center's most recent LPND plan as written. Demographic data to be updated as 2010 US Census data is released. Distributed information on the Centers updated Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis for the FY 2011-12 LSAP.
24 Mar 11	FY 11 Q 2 PNAC Quarterly Overview with Board of Trustees
8 Jun 11	Scheduled meeting – Reviewed stakeholder survey analysis results and list of all external provider contracts for Center.

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Date	PNAC Activity and Recommendations
23 Jun 11	FY 11 Q 3 PNAC Quarterly Overview with Board of Trustees
14 Sept 11	Scheduled meeting – Staff presentation on Grace After Fire’s Veterans Services Contract for FY 2012. Reviewed DSHS changes for a Consolidated Local Services Area Plan format and planned revision for the Local Provider Network Development process for FY 2012-2013 with both due on 1 Sept 2012.
29 Nov 12	FY 2011 Q 4 and FY 2012 Q 1 PNAC Quarterly Overview with Board of Trustees
14 Dec 11	Scheduled meeting – Noted implementation of FY 2012 LPND process scheduled for March through August 2012 by the Center. Review of finalized SWOT analysis for FY 2012-2013.
14 Mar 12	Scheduled meeting – Distributed for review; the follow up letter from CEO, in response to Board of Trustee follow up on previous PNAC recommendations regarding grant writer, crafts funding, the Center’s rule as the community “safety net and its mission and mission statements. Reviewed FY 2012 Stakeholder Survey for CSLP and implementation of DSHS CLSP & LPND Template planning processes for FY 2012 with committee members.
11 Apr 12	Called meeting – Center staff (Chief of Operations and IDD Director) made a joint staff presentation on MH and IDD contracted services that the Center’s has currently in place. Reviewed optional status for stakeholder survey under current LPND planning process with committee.
26 Apr 12	FY 2012 Q 2 & Q 3 PNAC Quarterly Overview with Board of Trustees
13 June 12	Scheduled meeting – Notice made of CEO retirement plan effective 31 Aug 2012 and reschedule of the Center’s DSHS submission of a CLSP to 1 Dec 2012 and LPND to 1 Oct 2012. Information introduced on Center involvement in Regional Planning with the 1115 Waiver Regional HealthCare Partners (RHP) in area 19. This RHP will include Collin, Grayson and Rockwall counties. Discussion focused on how this partnership will address the impact of integrated healthcare and the identified needs the PNAC has been fostering since their inception.
12 Sept 12	Scheduled meeting – Staff status presentation and overview of the Center’s 1115 Transformation Waiver Regional Planning Process for the Center. The Center is now under Regional Healthcare Partnership #9 which is central to Parkland Hospital in Dallas County. The three Center projects endorsed by the PNAC are: 1) integrated care management functions for individuals with co-morbid diseases, mental illness and substance use disorder; 2) establish a 24 hour psychiatric triage facility and 3) reduce inappropriate emergency department use were endorsed by the PNAC for the local community.
27 Sept 12	FY 2012 Q 4 & FY 2013 Q 1 PNAC Quarterly Overview with Board of Trustees

Provider Network Development

6) Contract Expenditures

SERVICE CATEGORY	Total DSHS funding and Federal Rehab 2009*	External provider contract expenditures 2009		Total DSHS funding and Federal Rehab 2010*	External provider contract expenditures 2010		Total DSHS funding and Federal Rehab 2011*	External provider contract expenditures 2011		Projected DSHS funding and Federal Rehab 2012* (6 months x 2)	Projected external provider contract expenditures 2012 (6 months x 2)	
		Dollars	%		Dollars	%		Dollars	%		Dollars	%
Adult MH Services	\$8,551,913	\$1,933,374	23%	\$8,288,556	\$2,174,501	26%	\$8,276,041	\$2,024,746	24%	\$4,018,594	\$596,239	15%
Child/Adol MH Services	\$789,474	\$96,086	12%	\$800,068	\$99,883	12%	\$838,801	\$126,587	15%	\$374,582	\$43,803	12%
TOTAL MH Services	\$9,341,387	\$2,029,460	22%	\$9,088,624	\$2,274,384	25%	\$9,114,842	\$2,151,333	24%	\$4,393,176	\$640,042	15%
Breakout of CONTRACTED SERVICES:												
Medication and Labs		\$1,257,200	62%		\$1,058,130	47%		\$927,385	43%		\$291,881	46%
Physician Services**			0%			0%			0%			0%
Counselor Services**		\$64,115	3%		\$94,166	4%		\$103,464	5%		\$39,272	6%
Crisis Services		\$83,180	4%		\$83,181	4%		\$83,090	4%		\$45,000	7%
Residential Services			0%			0%			0%			0%
Inpatient Services		\$619,772	31%		\$1,028,645	45%		\$1,029,668	48%		\$260,881	41%
Other (list): Skills Traing			0%			0%		\$252	0%			0%
Family Partner		\$4,774	0%		\$4,380	0%		\$4,374	0%		\$2,007	0%
Parent Support		\$419	0%		\$5,882	0%		\$3,100	0%		\$1,001	0%
TOTAL		\$2,029,460	100%		\$2,274,384	100%		\$2,151,333	100%		\$640,042	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.

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7) FY 2012 Provider Contracts

Provider	Service(s)	Provider Type	Dollars Allocated
Altec Translation - Monica Munera	<ul style="list-style-type: none"> ◆ Interpretation – Spanish ◆ Translation – Spanish 	Individual	\$55,000
Biomedical Waste Solutions LLC	<ul style="list-style-type: none"> ◆ Medical Waste Disposal 	Organization	\$3,000
Clinical Pathology Laboratories	<ul style="list-style-type: none"> ◆ Lab Testing - Pharmaceutical & Clinical 	Organization	\$46,500
Cridentia Corporation	<ul style="list-style-type: none"> ◆ RN Services 	Organization	\$17,760
Daniel Creson, MD	<ul style="list-style-type: none"> ◆ Psychiatric Services 	Individual	\$40,500
Dallas Sigma Counseling	<ul style="list-style-type: none"> ◆ Interpretation – Korean ◆ Interpretation - Vietnams 	Organization	\$6,000
Cynthia Fry	<ul style="list-style-type: none"> ◆ Interpretation 	Individual	\$20,000
Hired Hands, Inc	<ul style="list-style-type: none"> ◆ Interpreting Services 	Organization	\$8,000
Heather Hunke	<ul style="list-style-type: none"> ◆ Veteran Support & Community Resource 	Individual	\$35,000
Linda Jacobs, LSW	<ul style="list-style-type: none"> ◆ Psychological Services 	Individual	\$40,000
Family Partner	<ul style="list-style-type: none"> ◆ Family Partner/Advocacy 	Individual	\$15,000
MasterWord Services LLC	<ul style="list-style-type: none"> ◆ Interpreting Services 	Organization	\$20,000
Marsha Wells Pegram	<ul style="list-style-type: none"> ◆ Psychological Services 	Individual	\$28,000
Mayhill Hospital – Involuntary	<ul style="list-style-type: none"> ◆ Inpatient Hospital – Involuntary Acute Psychiatric Stabilization 	Organization	\$170,000
Mayhill Hospital – Voluntary	<ul style="list-style-type: none"> ◆ Inpatient Hospital - Voluntary Acute Psychiatric Services ◆ Crisis Stabilization 	Organization	\$220,00
MHMR of Tarrant County	<ul style="list-style-type: none"> ◆ Crisis Hot Line Call Center 	Organization	\$90,000
MHMR of Tarrant County	<ul style="list-style-type: none"> ◆ Crisis Detoxification & Residential Substance Abuse 	Organization	\$120,000

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Provider	Service(s)	Provider Type	Dollars Allocated
Millwood Hospital – Involuntary	◆ Inpatient Hospital - Involuntary Acute Psychiatric Stabilization	Organization	\$170,000
Millwood Hospital – Voluntary	◆ Inpatient Hospital - Voluntary Acute Psychiatric Services ◆ Crisis Stabilization	Organization	\$420,000
Federation of Family Partners	◆ Family Partner/Advocacy	Individual	\$15,000
Maria Schafler	◆ Interpreting Services	Individual	\$20,000
Sachse Complete Pharmacy	◆ Selected Pharmacy	Organization	\$2,000
Sacred Cross EMS, Inc	◆ Crisis Emergency & Non-Emergency Transportation Services	Organization	\$20,000
Teneo Linguistics Co LLC	◆ Interpretation Services	Organization	\$6,000
University Behavioral Healthcare (UBH)	◆ Inpatient Hospital - Involuntary Psychiatric Crisis Stabilization	Organization	\$170,000
University Behavioral Healthcare (UBH)	◆ Inpatient Hospital - Voluntary Acute Psychiatric Inpatient ◆ Crisis Stabilization	Organization	\$250,000
US Script Inc	◆ Pharmaceutical & Pharmacy	Organization	\$1,500,000
Emma Valentine, LPC	◆ Psychological Services	Individual	\$31,000
Wise Regional Health Care System	◆ Inpatient Hospital - Involuntary Psychiatric Crisis Stabilization	Organization	\$30,000
Wise Regional Health Care System	◆ Inpatient Hospital - Voluntary Acute Psychiatric Inpatient ◆ Crisis Stabilization	Organization	\$70,000
Yarbrough Professional Pharmacy	◆ Pharmaceutical & Pharmacy	Organization	\$105,000

8) Current and Planned Network Development

PAST and CURRENT					PLANNED				
A	B	C	D	E	F	G	H	I	

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Service	Current service capacity	Percent of total capacity contracted in FY 2011	Percent total capacity served by contract providers in FY 2011	Percent of total capacity contracted in FY 2012	Percent total capacity served by contract providers in FY 2012 (6 mo)	Percent of total capacity planned for contract in FY 2013	Percent of total capacity planned for contract in FY 2013	Number of available providers	Applicable condition
Adult Service Packages									
Adult RDM SP 1*	1108								1*
Adult RDM SP 2*	71								1*
Adult RDM SP 3*	91								1*
Adult RDM SP 4	28								1
Adult RDM SP 0	70								1
Adult RDM SP 5	129								1
TOTAL Adult Services	1497								1
Child Service Packages									
Children's RDM SP 1.1	70								1
Children's RDM SP 1.2	40								1
Children's RDM SP 2.1	0								1
Children's RDM SP 2.2	4								1
Children's RDM SP 2.3	3								1
Children's RDM SP 2.4	1								1
Children's RDM SP 4	106								1
Children's RDM SP 0	7								1
Children's RDM SP 5	10								1
TOTAL Children's Services	241								1

- * Previously one provider would eventually want to provide adult rehabilitation services as discrete services but would consider providing the complete service package if they are not allowed to contract for this as a discrete service. They would be able to do a portion of SP1 and SP2 packages if provider can get enough SP3 consumers to make serving AMH SP 1 and 2 financially viable for their organization.

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PAST and CURRENT						PLANNED			
	A	B	C	D	E	F	G	H	I
DISCRETE ROUTINE SERVICES And CRISIS SERVICES	Units of service delivered in 2011	Percent of total capacity contracted in FY 2011	Percent total capacity served by contract providers in FY 2011	Percent of total capacity contracted in FY 2012	Percent total capacity served by contract providers in FY 2012	Percent of total capacity planned for contract in FY 2013	Percent of total capacity planned for contract in FY 2014	Number of available providers	Applicable Condition
Counseling Services	2735	80%	80%	80%	80%	80%	80%	3	5
Crisis Hotline	19038	100%	100%	100%	100%	100%	100%	1	
Crisis Detoxification & Residential Substance Abuse	741					100%	100%	1	
Crisis Emergency & Non-Emergency Transportation Services	32					100%	100%	1	
Family Partner	144	100 %	100 %	100 %	100 %	100 %	100%	1	
Inpatient Hospital Services	1560	100 %	100 %	100 %	100 %	100 %	100 %	4	
Pharmaceuticals	24103	100 %	100 %	100 %	100 %	100 %	100 %	2	
RNs	*							1	
Veteran Services	87			100 %	100 %	100 %	**	1	

- * No contracted services in FY 2011
- ** Funding ends in FY 2013

9) Rationale for LMHA Service Delivery

a) *plan for network expansion*

Justification for Procurement of Discrete Services	
Discrete Service to be Procured	Rationale
CBT/Counseling	A limited resource base of licensed providers in our service area has been our procurement experience thus far.

Justification for Procurement of Discrete Services	
Discrete Service to be Procured	Rationale
	The local community stakeholders though continue to express a strong desire to have more counseling services available as determined by the Center, through its meetings, surveys, and focus groups with those stakeholders including consumers, family members, law enforcement, and other community members, as an overwhelming request for additional counseling services. During the development of our FY 2008 draft RFA and RFP processes, additional fiscal analysis for actual cost and services volume has lead the Center to determine that we have already meet our proposed external provider percentage at 95%, jeopardizing the proposed internal safety net for the Center at a 20% retention of counseling services. Without additional funding to expand services rather than displace services to an external provider the Center can only propose an RFA to increase the number of external providers available and the ability for individuals to choose between providers. Since Jan 2009 no interested providers have been identified and the Center has lost 4 of 6 previous provider contractors.
Crisis Hotline	The Center currently contracts for this service with a single provider. One new interested provider has been identified but did not specify when they would be ready to make a competitive bid. The Center has determined it is best to have only one central contact to coordinate all crisis calls for better continuity of care and catchment area coverage.
Crisis Detoxification & Residential Substance Abuse	The Center currently contracts with a single provider for this service with no new interested providers identified.
Family Partner	The Center currently contracts with a single provider for this service with one new interested provider identified.
Inpatient Hospital Services	The Center currently contracts with multiple providers for these services and no new interested providers have been identified.
Intensive Crisis Residential Treatment Services	The Center currently contracts with multiple providers for these services and no new interested providers have been identified.
Laboratory Services	The Center currently contracts with a single provider for this service and no new interested providers were identified.
Pharmaceuticals	The Center currently contracts with multiple providers for these services and no new interested providers have been identified.
RNs	The Center currently contracts with an existing external organization to be a PRN provider as staffing needs in

Justification for Procurement of Discrete Services	
Discrete Service to be Procured	Rationale
	this service area occur.
Veteran Services	The Center has contracted with a single provider through FY 2011 for this service and no new interested providers were identified.
Telemedicine Services	Availability of psychiatrists is limited. Telepsychiatry can be used to meet the need of more physician coverage as voiced by the local community, but no interested providers have been identified.

- One of the two providers who continue to express interest in contracting with the Center is interested in contracting for complete service packages but only if there were enough AMH SP 3 consumers to make it financially viable for the provider. The interested provider indicated that they would need a minimum of 75 persons to prove this full service package. This provider was also willing to contract for discrete Rehabilitation Services. The Center would be willing to plan for full service package delivery under contract where we to have a willing provider and the capacity demand to meet the provider's judiciary requirements.
- 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.* N/A
- c) *External provider capacity*

Service	Capacity Needed	External Provider Capacity	Information and Method Used to Determine External Network Capacity
N/A	N/A	N/A	no interested providers

- d) *transition*

Service	Transition Period	Year of Full Procurement
TRR Service Packages	2012 – 2022	2022

e) restricted procurement/revenue loss

- ◆ As of 31 August 2011 the Center had a revenue bond debt outstanding of \$1,954,782 in principal and interest.
- ◆ This bond debt is comprised of the following issues:
 - Revenue Bonds, Series 2003 of \$1,070,500 - Originated on 22 August 2003 and due in annual principal installments ranging from \$52,500 to \$98,000 through 1 Sept 2023; and a fixed interest rate of 4.654%.
 - Revenue Bonds, Series 2004 of \$884,282 - Originated on 27 July 04, and due in annual principal installments ranging from \$1,000 to \$101,300 through 1 Sept 2023; and a fixed interest rate of 6.95%
- ◆ In addition the Center has contracts or notes payable through 2013 for purchases paid over time totaling \$205,976
 - Installment sales contract in March 2007, for \$59,238 at 7.10% interest, for three vehicles, which matures in April 2012
 - Installment sales contract in January 2008, for \$50,738 at 9.95% interest for three vehicles, which matures in January 2013
 - Installment sale contracts in December 2008, for \$60,000 at 7.00% interest for used vehicles which matures in December 2013
 - Installment sale contracts in May 2010, for \$36,000 at 7.00% interest for a new vehicle, which matures in May 2013.
- ◆ Total interest expense for the year was \$121,775 record in the General Fund
- ◆ In prior years, the Center defeased bonded debt by creating irrevocable trust to pay off bonds. As of 31 August 2009, the total amount of defeased bonds outstanding but removed from the government-wide financial statements is \$120, 000.
- ◆ In the government-wide financial reporting system, long-term debt and other long-term obligations are reported as liabilities and are amortized over the term of the related debt. In our system of governmental accounting the proceeds of debt are recognized as other financing source for the current period and debt retirements and bond issuance costs are reported as debt service expenditures. The existence of these bond services as long term debt is a major contributing factor in Center's long term local planning process and our plans for procurement as outlined within this plan.
- ◆ The Center also has various non-cancelable lease agreements extending from FY 2012 through FY 2015 for \$1,216,885 with rental expenses for the year ending 31 Aug 2011 at \$617,071

10) Rationale for Volume of Services Provided by the LMHA to Preserve Financial Viability NA, no interested providers

11) Strategies to Protect Critical Infrastructure NA, no interested providers

12) Time to Re-establish Lost Service Capacity

Service(s)	Time Needed to Re-establish Service Volume
NA	♦ no interested providers

Procurement

13) Structure of Procurement(s) - NA, no interested providers

14) Fidelity and Continuity of Care - NA, no interested providers.

15) Enhanced Staff Qualifications - NA, no interested providers.

Consumer Choice

16) Single Provider

Service to be Provided by a Single Provider	Reason(s) for Limiting Client Choice
NA	No interested providers

17) Choice and Access

- One of the Center strategies to increase the number of external providers in certain service areas will be to increase the choice of providers available. However, there is a realistic shortage of willing and qualified providers available for the LMHA’s rural service delivery areas.
- While we may not initially be successful in developing a large external provider network during this planning cycle, we are cognizant that choice can also occur and be maximized at least at an organizational level. Strategies to increase choice at the organizational level including having more than one physician available at each clinic facility. This may be accomplished through the utilization of telemedicine / tele-psychiatry in the event finding a “on sight” person to provide psychiatric services is unsuccessful.

- Access to psychiatrists and prescribed psychiatric medications is a critical mental health treatment element. Over the past several years, the Center has taken considerable action to expand and improve access to psychiatrist and prescribed psychiatric medications. This has included the increased and enhanced direct assistance to consumers applying for available benefits and maximized patient assistance programs. The Center participates in various pharmacy programs and contracts to provide effective and efficient pharmacy services and assure the best cost value of medications to maximize limited resource. The Center is continuing to evaluate ways to assure the immediate access to services for those adjudicated and yet maintain capacity to ensure continued service. The Center has recently expanded staff assignments for our psychiatrists from contracted workers to full time employees to complement previously existing mental health services and supports and to improve access to physician services.
- With regards to access and the External Provider Network, the LMHA shall ensure that service hours are equivalent to or exceed the LMHA's internal provider's schedule (the LMHA operates Monday through Friday from 8:00am to 5:00pm). However, there is a realistic expectation of a shortage of willing and qualified providers available in these rural areas.
- Procurement of services shall not cause individuals who currently receive services to have a decreased level of access to services.
- Access to services shall be equivalent to or better than the level of access currently provided by the Center's internal provider services. At intake, consumers will be assessed utilizing the Texas Recovery and Resiliency (TRR) tools and program guidelines. Clinical staff will educate the consumers on available services based on the assessed needs and the benefits of such services. The consumer and their legally authorized representatives (LAR) as appropriate will then be provided with a Network Provider Listing (NPL) to allow them to choose a provider that best meets their needs. The list is intended to be an objective source of comparable information about each provider, including how a consumer can obtain more detailed information. This list will also be posted on the Center website and distributed at least annually to local consumer and advocacy groups. Each provider is responsible for their own marketing, however, the Center will conduct at least 1 annual Provider Fair- where consumers will have an opportunity to interact with various providers and ask questions/gather more information.
- The Network Provider List will include information on all network providers at minimum by: Name, Service Level(s), Service Location, Service Hours, Language Spoken, Gender Identity, Lab, Pharmacy availability (on-site vs. off-site), Public Transportation accessibility, Contact information (including website address if applicable) and available Consumer Satisfaction Ratings.
- The Center will have a phone available at each facility and consumers will be assisted in making their first provider appointment prior to leaving the outpatient clinic if they so desire. If the consumer chooses to make a choice after leaving the clinic, they will be provided with 2 business days to make such a choice and to report that choice back to the Center for authorization. If not contacted within this timeframe, the Center staff will attempt to contact the consumer for follow-up assistance. If a consumer chooses not to select a provider, a provider will be selected for them based upon rotating assignments for all providers within 20 min travel from the consumers home (or other selected location

per the consumer). Appointment availability is required for routine intakes within 14 days from assessment; a provider not having availability within these timeframes may be placed on referral-hold until timeframes can be met.

- Consumers can change providers at any time by notifying an Authority-Case Manager. This staff person will coordinate such transitions with the Consumer, ensuring continuity of care and clinical appropriateness standards are met. At a minimum, consumer choice will be offered at every treatment plan update (every 90 days for most consumers). All consumer choice decisions will be documented.
- At assessment and re-assessment, consumers in areas where there are other providers will be provided the opportunity to select or change providers from those available.
- Providers will be required to provide the LMHA with information describing their services and providers to inform the consumers about them.
- The contract with provider will have a non-discrimination clause that providers must adhere to.
- Ability to provide services in Spanish and Asian dialectics will be required which may include providing interpreter services as needed.

18) Diversity

- It is the position of the Center that all persons receiving services have the opportunity to communicate effectively with providers, regardless of the cultural background from which the individual comes or the language which the person may speak.
- The Center also provides translators to those persons requesting such assistance as needed and allows and encourages the full participation for all consumers and their families.
- The primary mechanism to be used to determine the level of competency of providers in this area is the “Cultural and Linguistic Competency Assessment”. The assessment which is required in the providers contract, inquiries into the providers written policies, staffing patterns, use of interpreters, written translation materials and grievance procedures. This assessment is the tool used to ensure that external providers are accepting and respectful of cultural difference and that they have the resources and flexibility within the service models to meet the needs of a diverse population. The assessment will be reviewed annually with each contract renewal and recommendation made to the PNAC and Board of Trustees as warranted.

- The Center also strives to ensure that individuals receive effective, understandable and respectful care from its provider staff. As with many entities, qualified bi-lingual staff members are sometimes difficult to recruit. The Center's Human Resource department does have the authority to initiate a pay incentive for hiring purposes to assist in alleviating this barrier. Unfortunately the need on occasion is greater than our internal resources, thus, we work with other bilingual support staff to provide interpreter services as well as translation services when needed. The Center proactively tries to ensure that care and information is received in the individuals preferred language.
- Overall in developing a network for providers, the Center desires to maintain a network which meets the needs of the local community, improves access to treatment by minorities, reduces disparities in treatment, and improves quality of care.
- Prospective providers will be asked to address how they will provide an initial and annual training for themselves or other providers within their organization that addresses at a minimum: 1) cultural diversity; 2) general clinical cultural issues in mental health treatment; and 3) prejudice and stereotyping.
- The Center provides training on consumer rights and cultural sensitivity at hire and annually. If providers do not provide such training, they will be required to attend training at the LMHA.
- In addition to this training, authority staff will be trained, when assisting a consumer to choose a provider, to be mindful of these needs.
- All providers will be listed with any cultural/linguistic specializations so as to easily match a consumer requesting such preferences with appropriate providers.
- Translation services for monolingual consumers will be made available at both internal provider offices as well as at external provider locations. This will be a contractual requirement of all providers in the network to accommodate such needs. The Center will first attempt to place with providers that speak the required language; however, when that is not feasible, translation services will be coordinated.
- Center training includes cultural diversity, general clinical cultural issues in mental health treatment, direct support providers client cultural competency.

Capacity Development

19) Cost Efficiency

- The Center continues in its long standing effort to provide the needed administrative oversight and management of Center services, both internal and external; and desire to maximize available service delivery dollars. As the Center moves forward in the implementation of our network development goals, the Center's administrative services – especially those related to authority Services – will be reviewed and adapted where appropriate. The Center believes that its past experience in provider network development will assist in minimizing expenses; but that actual increased costs of administrative operations should be expected with this process. The Center projects that at a minimum there will be an increased need for staff with contract monitoring experience; as well as an increased need for expanded data management and reporting; along with extensive need for additional oversight and quality monitoring. Coupled with the ever increasing cost of basic operational needs, the Center's concern is the availability of adequate funding to support these projected increased expenses over time.
- To assist in minimizing overhead and administrative costs, and meet the anticipated oversight needs. The Center continues to look to expanding its collaborative relationships and cost efficiency efforts. The Center remains a member of a regional network of community local mental health authority centers called the North Central West Texas Coalition (NCWTC). Through this regional workgroup, the Center has been exploring the benefits and efficiencies of consolidation and standardization resulting from the North Central West Texas Coalition's supported activities. The Center continues to participate in regional meetings and planning sessions in three primary areas within the regional network of Centers – the Executive Directors, the Quality Management/Utilization Management RDM work group and an LPND work group.
- In keeping with the Center's Board of Trustees previously approved infrastructure improvements, the Center continues to move forward in its development of a comprehensive computer networking system. The development of a single source networked system that is HIPAA compatible, and continues to assist the Center to efficiently and effectively operate in the future DSHS, DADS and HHSC service system. The system has continued to develop and over the last several years has been adapted to address legislative and contract changes on an annual basis. In FY 2012 completion of an electronic medical record (EMR) system initiated in FY 2010 is anticipated. A full software and hardware conversion to UNICARE will facilitate this process during FY 2012..
- When ever possible, the Center also joins forces with other key local agencies, community providers, and others to identify community priorities; and in a collaborative effort, develop a plan of action to address them. From these collaborative planning efforts, major grant and funding requests are often generally submitted. Through these partnerships and joint efforts, the Center and its community partners have been able to enhance community-based mental health services. Since FY 2005, the Center and its community partners have submitted and received a major federal HUD grant to provide residential services to the homeless in Denton County. The Center currently actively participates on local task forces and committees related to mental health services for adult and child, jail diversion, recovery services, public transportation, and housing and homeless services.

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.

**Denton County MHMR Center
Local Network Development Plan FY 2012-2013
1 October 2012**

Start Date	Partner(s)	Functions
2004	Tarrant County MHMR Center	Crisis Hotline Services
2006 (2012)	North Central West Texas Coalition	The Center continues to be part of an alliance of Community Centers from the North Central West Texas region who have joined-together in an inter-local affiliation as the North Central West Texas Coalition (NCWTC). Current community center members include Denton County MHMR Center, Helen Farabee in Wichita Falls, LifePath Systems in McKinney, Tarrant County Mental Health and Mental Retardation Center, Pecan Valley Mental Health and Mental Retardation Center, Mental Health & Mental Retardation Services of Texoma and West Texas Centers for MHMR Services. The primary goal of the coalition is to collaboratively implement an accountable and outcomes oriented service delivery system. Continuing work groups include CEO, QM, UM, & Planning Network Development.

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

- ◆ Coordination of services for Medicaid Managed Care/ Star Plus/ Bravo

20) Previous Network Development Efforts.

Procurement (Service, Capacity, Geographic Area)	Results (Providers and Capacity)
Counseling	(Note that during the initial procurement cycle no new counselors were identified and the Center lost one previous contract provider.) The Center has maintained an open enrollment for 80 % of our counseling services since Jan 2009 with no interested providers identified. Since LPND was initiated the Center has lost 3 more previously contracted providers in this service area.
Crisis Hotline	The Center continues to contract with its existing contract provider for 100 % of this service and no other interested providers have been identified.
Crisis Detoxification & Residential Substance Abuse	The Center established one contract with one interested provider through an RFP

Denton County MHMR Center
Local Network Development Plan FY 2012-2013
1 October 2012

	in FY 2009 for 100 % of this service area.
Family Partner	The Center currently has one interested provider based on our FY 2012 RFP for 100 % of this service area.
Inpatient Hospital Services	The Center continues to contract with four existing providers through an FY 2010 RFP for 100% of this service area.
Intensive Crisis Residential Treatment Services	The Center continues to contract with four existing providers through an FY 2010 RFP for 100 % of this service area.
Laboratory Services	The Center continues to contract for 100 % of this service area with an established external provider with no other interested providers identified.
Pharmaceuticals	The Center continues to contract with multiple existing external providers for 100% of this service area.
RNs	The Center continues to contract with an existing external provider service for PRN staffing needs in this service area.
Veteran Services	The Center contracted with a single interested provider to manage the implementation of this project during FY 12 to be a self sufficient entity by 31 Aug 2012. In FY 2013 the Center will contract with an individual to coordinate community services with other agencies and the Center.

Comments or Suggestions	LMHA Responses
1) DSHS approval received to adjust counseling services retention to 20%, approval received to retain CMH pharmacological services; and DSHS did not approve retention of AMH pharmacological services amendments as requested and based on local stakeholder input under TAC 25.1..P 412.	4) The Center and its local stakeholders are disappointed in the positions taken by DSHS and the LANAC. Based on our understanding of the TAC rule the Center must consider local stakeholder input in the planning of our local Provider Network and ensure fiduciary responsibility to those same stakeholders under our contract with DSHS. The Center has proposed a viable plan to provider for Network development through attrition with the 10 year planning cycle of LPND and our fiscal obligations. A letter has been sent to DSHS expressing this disappointment and need to confer with our local stakeholders, PNAC and Board of Trustees regarding this DSHS and LANAC decision.

2) DSHS declined the Center's attrition procurement replacement plan. The Center resubmitted	5) The Center resubmitted its attrition plan as a 3 rd alternative if 1 st an extension to complete AMH Pharmacological procurement was not approved beyond 31 Aug 2010 or 2 nd as inclusion as part of our FY 2011 procurement efforts.
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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.

- ◆ Development of an electronic external provider management system
- ◆ On-going efforts to enhance both our Mental Health Services and our IDD network of external providers

21) Barriers

Barriers	Plans
Shortage of Providers within Denton County <ul style="list-style-type: none"> • Psychiatrist • RN • CBT Counselors 	<ul style="list-style-type: none"> • Encourage and enhance partnerships with local professional medical groups. • Explore telemedicine services. • Select providers that have demonstrated qualifications
State Regulation/Service Requirements <ul style="list-style-type: none"> • Medicaid rate structure • Medicaid rates are below the cost to delivery services • State RDM service documentation is extensive, challenging and costly • Medication cost containment 	<ul style="list-style-type: none"> • Work with willing providers to develop service delivery models that support adequate staffing patterns within the existing rate structure as possible. • Provide feedback to DSHS regarding Medicaid rate inadequacies and the impact on procurement efforts • Continue supporting legislation and lobbying efforts to improve funding • Select providers that have demonstrated experience and success in the delivery of state mandated RDM requirements • Provide training and oversight on the delivery of RDM services and documentation, including performance expectations • Include provisions for sanctions and recoupment in provider contracts

	<p>that includes charging back to external providers when recoupment or penalties are determined to be tied to provider failure to meet contract performance requirements</p> <ul style="list-style-type: none"> • Providers will be required to participate in LMHA cost containment practices for prescribing medications. • The Center will provide active monitoring and feedback to providers
Providers unable to establish adequate and successful business models	<ul style="list-style-type: none"> • Work with providers to develop business systems and practices to attain the ability to meet business model demands • Continue to work with the Texas Council and DSHS regarding contract requirements and potential to streamline regulations • Continue to work with DSHS regarding contract requirements and potential to streamline regulations. Advocate with the state for less prescriptive treatment and service expectations.
Expanded risk of Medicaid fraud	<ul style="list-style-type: none"> • Increase QM and UM staffing patterns to meet the increased oversight and monitoring requirements of contract providers • Ensure provider training on corporate compliance is required
Provider without current Medicaid number and Center is unable to bill Medicaid for card services	<ul style="list-style-type: none"> • The Center will ensure qualified staff are vetted for this provision before services are provided
Limited Public Transportation	<ul style="list-style-type: none"> • The Center continuously supports additional funding for local transportation agencies
Environmental Risk Factors: Tornados, Floods, Industrial Transportation Risks from Aviation and Rail Operation, and Interstate Transportation, Terrorist Threat from FEMA and other current and past Federal Government Installations	<ul style="list-style-type: none"> • Continue to work collaboratively with county and other local agencies regarding disaster preparedness
The Denton County community, specifically within the City of Denton has a largely invisible transient population.	<ul style="list-style-type: none"> • The Center will continue to advocate for increased homeless services by the city or county that could improve the aesthetic appeal of the area and thus make it a more welcoming place to move or work and

<p>The Denton County community is mixture of urban and rural service areas that it makes for a great deal of inconvenient travel to meet the needs of the County.</p>	<p>better serve the needs of those that are homeless.</p> <ul style="list-style-type: none"> • The Center will continue to advocate for increased public transportation for people receiving services which would benefit the providers as no shows could decrease and access to services would increase for individuals.
<p>A larger more concentrated population base within the Southern portions of Denton County and the communities along the Southern route of I 35 East could be advantageous. For example if Sanger had a larger population base to support expansion of a clinic to that area, it could potentially attract more providers to the area. This is also relevant to portions for the Eastern part of the county separated from the Denton and Lewisville City by Lake Lewisville.</p>	<ul style="list-style-type: none"> • It is anticipated that the completion of a bridge across the middle of the lake would help alleviate the barrier to the Eastern portions of the county with completion of the planned rail system from Denton to points South into Dallas and the expansion of I 35 East and North through Denton County will allow better access to service locations.

22) Long Term Planning - NA, no interested providers.

23) Public Comment

- ◆ This plan will be posted on our agency website
- ◆ Notice of this posting will be sent to current and interested providers
- ◆ Notice will be sent to local advocacy groups
- ◆ Notice will be sent to our local stakeholders
- ◆ Notice will be sent to our advisory committee
- ◆ Notices will be posted in all Center locations

PUBLIC COMMENTS ON THIS PLAN WILL BE ACCEPTED THROUGH

31 August 2013

PLEASE SUBMIT YOUR COMMENTS:

By Email: markhamj@dentonmhmr.org

By Fax: (940) 383-1804
By Mail: Denton County MHMR Center
Quality Management Department
P O Box 2346
Denton, TX 76202

Implementation

24) Procurement Timeline

Date	Key Activities and Milestones
N/A	no interested providers

25) Consumer Transition

Date or Timeframe	Key Activities and Milestones
N/A	no interested providers

Stakeholder Comments on Draft Plan and LMHA Response

Comment	Stakeholder Group(s)	LMHA Response and Rationale
None	N/A	<ul style="list-style-type: none">N/A

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.