



## Local Provider Network Development Plan: Fiscal Year 2025

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

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

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

### NOTES:

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

# PART I: Required for all LMHAs and LBHAs

## Local Service Area

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

**Table 1: Area and Population Statistics**

Population	LMHA or LBHA Data
Square miles	878
Population density	1,040
Total number of counties	1
Number of rural counties	0
Number of urban counties	1

## Current Services and Contracts

2. Complete tables 2 through 4 to provide an overview of current services and contracts.
3. List the service capacity based on the most recent MBOW data set.
  - a) For levels of care (LOC), list the non-Medicaid average monthly served found in MBOW using data from the LOC-A by Center (Non-Medicaid Only and All Clients) report in the General Warehouse folder.
  - b) For residential programs, list the total number of beds and total discharges (all clients)
  - c) For other services, identify the unit of service (all clients).

- d) Estimate the service capacity for fiscal year 2025. If no change is anticipated, enter the same information previous column.
- e) State the total percentage of each service contracted out to external providers in fiscal year 2024. For LOCs, do not include contracts for discrete services within those levels of care when calculating percentages.

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

<b>LOC</b>	<b>Most recent service capacity (non-Medicaid only)</b>	<b>Estimated FY 2025 service capacity (non-Medicaid only)</b>	<b>% total non-Medicaid capacity provided by external providers in FY 2025</b>
Adult LOC 1m	0	2	0
Adult LOC 1s	1,752	1,850	0
Adult LOC 2	128	200	0
Adult LOC 3	136	175	0
Adult LOC 4	32	32	0
Adult LOC 5	61	85	0

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

<b>LOC</b>	<b>Most recent service capacity (non-Medicaid only)</b>	<b>Estimated FY 2025 service capacity (non-Medicaid only)</b>	<b>% total non-Medicaid capacity provided by external providers in FY 2025</b>
Children’s LOC 1	37	50	0
Children’s LOC 2	31	70	0

<b>LOC</b>	<b>Most recent service capacity (non-Medicaid only)</b>	<b>Estimated FY 2025 service capacity (non-Medicaid only)</b>	<b>% total non-Medicaid capacity provided by external providers in FY 2025</b>
Children's LOC 3	22	30	0
Children's LOC 4	1	6	0
Children's LOC YC 2	2	4	0
Children's LOC 5	6	6	0

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

<b>Crisis Service</b>	<b>FY 2024 service capacity</b>	<b>Estimated FY 2025 service capacity</b>	<b>% total capacity provided by external providers in FY 2024</b>
Crisis Hotline	3,403	3,750	100%
Mobile Crisis Outreach Teams	3,008	3,350	0
Private Psychiatric Beds	8,984	9,000	100%
Community Mental Health Hospital Beds	0	0	0
Contracted Psychiatric Beds (CPBs)	0	0	0
Extended Observation Units (EOUs)	0	0	0
Crisis Residential Units (CRUs)	129 12 Beds	120 8 beds	0

<b>Crisis Service</b>	<b>FY 2024 service capacity</b>	<b>Estimated FY 2025 service capacity</b>	<b>% total capacity provided by external providers in FY 2024</b>
Crisis Stabilization Units (CSUs)	0	0	0
Crisis Respite Units (CRUs)	0	0	0

4. List all contracts for fiscal year 2025 in tables 5 and 6. Include contracts with provider organizations and individual practitioners for discrete services.
  - a) In tables 5 and 6, list the name of the provider organization or individual practitioner. LMHAs or LBHAs must have written consent to include names of individual peer support providers. State the number of individual peers (e.g., "3 individual peers") for peer providers that do not wish to have their names listed.
  - b) List the services provided by each contractor, including full levels of care, discrete services (such as Cognitive Behavioral Therapy, physician services, or family partner services), crisis and other specialty services, and support services (such as pharmacy benefits management, laboratory, etc.).

**Table 5: Provider Organizations**

<b>Provider Organization</b>	<b>Service(s)</b>
Clinical Pathology Laboratory	Labs
Genoa Healthcare, LLC	Pharmacy
Grace Counseling	Ambulatory Detoxification
LocumTenens.com, LLC	Medical Staffing
MasterWord Services, Inc.	Interpretation and Translation Services

<b>Provider Organization</b>	<b>Service(s)</b>
MHMR of Tarrant County	Crisis Hotline Services
Millwood Hospital	Inpatient psychiatric hospitalization
Sacred Cross EMS	Emergency and non-emergency transport services
Springwood Hospital	Inpatient psychiatric hospitalization
University Behavioral Health	Inpatient psychiatric hospitalization

**Table 6: Individual Practitioners**

<b>Individual Practitioner</b>	<b>Service(s)</b>
Kasey Brown	Veteran Services
Miles Raizada, M.D.	Delegation of prescriptive authority and supervisory services

## Administrative Efficiencies

- Using bullet format, describe the strategies the LMHA or LBHA is using to minimize overhead and administrative costs and achieve purchasing and other administrative efficiencies, as required by the state legislature (see Appendix C).

- ♦ The Center utilizes an online purchasing- co-op purchasing program that provides goods at a government rate.
- ♦ The Center uses an electronic payroll, and time accounting system e3 to improve efficiency and reduce errors.
- ♦ The Center uses an electronic billing system to improve efficiency by speeding up the process by no longer using paper forms.
- ♦ The Center uses an electronic accounting system to improve efficiency.

- ♦ The Center has an interlocal agreement with 12 other Community Centers to share the cost and implementation of an Electronic Health Record system. All 12 Centers are utilizing the same EHR system.
- ♦ The Center utilizes the Texas Department of Information Resources (DIR) procuring contracts whenever possible.
- ♦ The Center has increased the number of contracted Medicaid Plans to pay for mental health services.

6. List partnerships with other LMHAs and LBHAs related to planning, administration, purchasing, and procurement or other authority functions, or service delivery in table 7. Include only current and ongoing partnerships.

**Table 7: LMHA or LBHA Partnerships**

Start Date	Partner(s)	Functions
2007	MHMR of Tarrant County	Hotline services
2018	Texas Streamline User Group	Used to minimize costs for Electronic Health Record software.

## Provider Availability

The LPND process is specific to provider organizations interested in providing full LOCs to the non-Medicaid population or specialty services. It is not necessary to assess the availability of individual practitioners. Procurement for the services of individual practitioners is governed by local needs and priorities.

7. Using bullet format, describe steps the LMHA or LBHA took to identify potential external providers for this planning cycle. Be as specific as possible.

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

stakeholders, networking events and input from your PNAC about local providers.

- The Center held stakeholder meetings (PNAC) to seek input about local providers.
- The Center maintains a Contract Opportunities link on the Center Website page to inform interested providers of current contracting opportunities. Interested providers are directed via telephone or email to access the website for contracting opportunities.

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

- Note the source used to identify the provider (e.g., current contract, HHSC website, LMHA or LBHA website, e-mail, written inquiry).
- Summarize the content of the follow-up contact described in Appendix A. If the provider did not respond to your invitation within 14 days, document your actions and the provider's response. In the final column, note the conclusion regarding the provider's availability. For those deemed to be potential providers, include the type of services the provider can provide and the provider's service capacity.

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

### **Table 8: Potential Providers**



<b>Provider</b>	<b>Source of Identification</b>	<b>Summary of Follow-up Meeting or Teleconference</b>	<b>Assessment of Provider Availability, Services, and Capacity</b>
n/a			

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

### Procurement Plans

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

26 Texas Administrative Code (TAC) Chapter 301, Local Authority Responsibilities, Subchapter F, Provider Network Development describes the conditions under which an LMHA or LBHA may continue to provide services when there are available and appropriate external providers. Include plans to procure complete levels of care or specialty services from provider organizations. Do not include procurement for individual practitioners to provide discrete services.

9. Complete table 9, inserting additional rows as need.
  - a) Identify the service(s) to be procured. Make a separate entry for each service or combination of services that will be procured as a separate contracting unit. Specify Adult or Child if applicable.
  - b) State the capacity to be procured, and the percent of total capacity for that service.
  - c) State the method of procurement—open enrollment Request for Application (RFA) or request for proposal (RFP).
  - d) Identify the geographic area for which the service will be procured: all counties or name selected counties.
  - e) Document the planned begin and end dates for the procurement, and the planned contract start date.

#### Table 9: Procurement Plans

<b>Service or Combination of Services to be Procured</b>	<b>Capacity to be Procured</b>	<b>Method (RFA or RFP)</b>	<b>Geographic Area(s) in Which Service(s) will be Procured</b>	<b>Posting Start Date</b>	<b>Posting End Date</b>	<b>Contract Start Date</b>
n/a						

## Rationale for Limitations

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

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

**Table 10: Procurement Limitations**

	Yes	No	Rationale
1. Are there any services with potential for network development that are not scheduled for procurement?		x	
2. Are any limitations being placed on percentage of total capacity or volume of services external providers will be able to provide for any service?		x	
3. Are any of the procurements limited to certain counties within the local service area?		x	
4. Is there a limitation on the number of providers that will be accepted for any of the procurements?		x	

11. Complete table 11 if the LMHA or LBHA will not be procuring all available capacity offered by external contractors for one or more services and identify the planned transition period and the year in which the LMHA or LBHA anticipates procuring the full external provider capacity currently available (not to exceed the LMHA's or LBHA's capacity).

**Table 11: Procurement Transitions**

Service	Transition Period	Year of Full Procurement
n/a		

## Capacity Development

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

**Table 12: Procurement Activities**

Year	Procurement (Service, % of Capacity, Geographic Area)	Results (Providers and Capacity)
2023	Inpatient Psychiatric Hospital, 100%, Denton County	1, 100%

## PART III: Required for all LMHAs and LBHAs

### PNAC Involvement

13. Complete table 13 to show PNAC involvement. PNAC activities should include input into the development of the plan and review of the draft plan. Briefly document the activity and the committee's recommendations. Add additional lines as needed.

**Table 13: PNAC Involvement**

Date	PNAC Activity and Recommendations
01/12/2023	Overview of Guardianship Program, Fall 2022 Behavioral Health Satisfaction Survey Report. Recommendations: Create appointment cards with a QR code to provide information on the Center.
02/09/2023	Overview of Peer Support Groups, current contract updates, service target for MH, Client Portal is now LIVE. Recommendations: Contact individuals that were previously referred out due to private insurance and see if they are interested in returning to services, engage with the homeless community to see if they are interested in services, engage with Community Colleges and provide resources for the students and staff, add URL or QR code to appointment reminder cards.
04/19/2023	Gave feedback on the Spring Satisfaction Survey 2023 questions, reviewed contract updates, Client Portal discussion. Recommendations: Increase our community exposure by setting up at local fairs/markets/festivals/conventions, negotiate an internship agreement with a local university.
07/20/2023	Reviewed Spring Satisfaction Survey 2023 results, PNAC pamphlet, contract updates. Recommendations: Increase our community exposure by setting up tables at local fairs/markets/festivals, conventions.
09/28/2023	Reviewed FY24 Budget, Community Needs Assessment results, contract updates, and IDD group home updates. Recommendation: Next Community Needs Assessment should have a Spanish version.

Date	PNAC Activity and Recommendations
12/14/2023	Reviewed Behavioral Health Fall 2023 Survey results, contract updates, IDD service updates. Recommendations: Add questions regarding Substance Use Disorder services to the survey, look at running the survey for a duration of 3 months on/off, add signs inside the building to help locate different parts of the building and how to get back to the lobby, advocate for the bus stop to be placed back in front of the Center on Scripture St., advocate to add a bus stop in Flower Mound, and collaborate with First Responders.
01/14/2024	FY24 Budget Review, contract updates, FY24Q1 performance measures. Recommendations: Advocate for a public county hospital, advocate for more help for the homeless due to the influx coming from Dallas.
04/28/2024	Reviewed and accepted BH Satisfaction Survey and IDD Survey, contract updates, FY24Q2 performance measures. Recommendations: Place Center pamphlets at libraries, emergency rooms, corner stores, and jails; focus on retaining staff to help with the morale of clients and the continuation and coordination of their service sand ensure that they feel they have a safe space for treatment.
06/20/2024	Discussed BH and IDD Satisfaction Survey Reports, contract updates, upcoming Center events. Recommendations: Several suggestions made for the surveys, recommended the Board of Trustees to review having offices on the east side of Lake Lewisville to increase access to services and for the Board to allow a virtual option for PNAC members to attend the Board meetings.
09/19/2024	Reviewed FY25 Budget, updates on YES Waiver services, Crisis Residential Unit (CRU) beds, and future events. Recommendations: Have someone start a list of YES Waiver service providers and reach out to them to see about contracting with them; research billing, fundraising, and other income options to keep CRU open; ensure postings for future events are placed across all of the County; staff should review the number of suicides per city and use that information to plan future events.
10/17/2024	Welcomed New Members and completed Member Training. Reviewed August Satisfaction Survey Results (BH and IDD) and Center events.

Date	PNAC Activity and Recommendations
11/14/2024	Reviewed LPND draft plan.

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

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

In table 14, summarize the public comments received on the LMHA's or LBHA's draft plan. If no comments were received, state "none". Use a separate line for each major point identified during the public comment period and identify the stakeholder group(s) offering the comment. Add additional lines as needed. Describe the LMHA's or LBHA's response, which might include:

- Accepting the comment in full and making corresponding modifications to the plan.
- Accepting the comment in part and making corresponding modifications to the plan; or
- Rejecting the comment. Please provide explanation for the LMHA's or LBHA's rationale for rejecting comments.

**Table 14: Public Comments**

Comment	Stakeholder Group(s)	LMHA or LBHA Response and Rationale
none		

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



## Appendix A: Assessing Provider Availability

Provider organizations can indicate interest in contracting with an LMHA or LBHA through the [LPND website](#) or by contacting the LMHA or LBHA directly. On the LPND website, a provider organization can submit a Provider Inquiry Form that includes key information about the provider. HHSC will notify both the provider and the LMHA or LBHA when the Provider Inquiry Form is posted.

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

The LMHA or LBHA must work with the provider to find a mutually convenient time for an informational meeting. If the provider does not respond to the invitation or is not able to accommodate a teleconference or a site visit within 14 days of the LMHA's or LBHA's initial contact, the LMHA or LBHA may conclude that the provider is not interested in contracting with the LMHA or LBHA.

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

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

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

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

1. The LMHA or LBHA determines that interested, qualified providers are not available to provide services in the LMHA's or LBHA's service area or that no providers meet procurement specifications.
2. The network of external providers does not provide the minimum level of individual choice. A minimal level of individual choice is present if a person and their legally authorized representative(s) can choose from two or more qualified providers.
3. The network of external providers does not provide people with access to services that is equal to or better than the level of access in the local network, including services provided by the LMHA or LBHA, as of a date determined by the department. An LMHA or LBHA relying on this condition must submit the information necessary for the department to verify the level of access.
4. The combined volume of services delivered by external providers is not sufficient to meet 100 percent of the LMHA's or LBHA's service capacity for each level of care identified in the LMHA's or LBHA's plan.
5. Existing agreements restrict the LMHA's or LBHA's ability to contract with external providers for specific services during the two-year period covered by the LMHA's or LBHA's plan. If the LMHA or LBHA relies on this condition, the department shall require the LMHA or LBHA to submit copies of relevant agreements.
6. The LMHA and LBHA documents that it is necessary for the LMHA or LBHA to provide specified services during the two-year period covered by the LMHA's or LBHA's plan to preserve critical infrastructure needed to ensure continuous provision of services. An LMHA or LBHA relying on this condition must:
  - a) Document that it has evaluated a range of other measures to ensure continuous delivery of services, including but not limited to those

identified by the PNAC and the department at the beginning of each planning cycle;

- b) Document implementation of appropriate other measures;
- c) Identify a timeframe for transitioning to an external provider network, during which the LMHA or LBHA shall procure an increasing proportion of the service capacity from external provider in successive procurement cycles; and
- d) Give up its role as a service provider at the end of the transition period if the network has multiple external providers and the LMHA or LBHA determines that external providers are willing and able to provide sufficient added service volume within a reasonable period of time to compensate for service volume lost should any one of the external provider contracts be terminated.

## Appendix C: Legislative Authority

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

#### **Efficiencies at Local Mental Health Authorities and Intellectual Disability**

**Authorities.** HHSC shall ensure that LMHAs, LBHAs and local intellectual disability authorities that receive allocations from the funds appropriated above to HHSC shall maximize the dollars available to provide services by minimizing overhead and administrative costs and achieving purchasing efficiencies. The Legislature also intends that each state agency which enters into a contract with or makes a grant to local authorities does so in a manner that promotes the maximization of third-party billing opportunities, including to Medicare and Medicaid.

Funds appropriated above to HHSC in Strategies I.2.1, Long-Term Care Intake and Access, and F.1.3, Non-Medicaid IDD Community Services, may not be used to supplement the rate-based payments incurred by local intellectual disability authorities to provide waiver or ICF/IID<sup>a</sup> services.

---

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