

2022 Local Planning & Network Development Plan

Complete and submit in **Word** format (**not PDF**) to Performance.Contracts@hhs.texas.gov no later than December 31, 2022.

All Local Mental Health Authorities and Local Behavioral Health Authorities (LMHA/LBHAs) must complete Part I, which includes baseline data about services and contracts and documentation of the LMHA/LBHA's assessment of provider availability, and Part III, which documents Planning and Network Advisory Committee (PNAC) involvement and public comment.

Only LMHA/LBHAs with interested providers are required to complete Part II, which includes procurement plans.

When completing the template:

- ◆ Be concise, concrete, and specific. Use bullet format whenever possible.
- ◆ Provide information only for the period since submission of the 2020 Local Provider Network Development Plan (LPND Plan).
- ◆ When completing a table, insert additional rows as needed.

NOTES:

- This process applies only to services funded through the Mental Health Performance Contract Notebook (PCN); it does not apply to services funded through Medicaid Managed Care. Throughout the document, data is requested only for the non-Medicaid population.
- The requirements for network development pertain only to provider organizations and complete levels of care or specialty services. Routine or discrete outpatient services and services provided by individual practitioners are governed by local needs and priorities and are not included in the assessment of provider availability or plans for procurement.

PART I: Required for all LMHA/LBHAs

Local Service Area

1) Provide the following information about your local service area. Most of the data for this section can be accessed from the following reports in Mental and Behavioral Health Outpatient Warehouse (MBOW), using data from the following report: The most recent MBOW data set regarding LMHA/LBHA Area and Population Stats (in the General Warehouse folder).

Population	2,014,052	Number of counties (total)	1
Square miles	1,240	♦ Number of urban counties	1
Population density	1,624	♦ Number of rural counties	0

Major populations centers (add additional rows as needed):

Name of City	Name of County	City Population	County Population	County Population Density	County Percent of Total Population
San Antonio	Bexar		2,014,052	1,624	100%

Current Services and Contracts

2) Complete the table below to provide an overview of current services and contracts. Insert additional rows as needed within each section.

3) List the service capacity based on the most recent MBOW data set.

- a) For Levels of Care, list the non-Medicaid average monthly served. (Note: This information can be found in MBOW, using data from the following report in the General Warehouse folder: LOC (Level of Care)-A by Center (Non-Medicaid Only and All Clients).
- b) For residential programs, list the total number of beds and total discharges (all clients).
- c) For other services, identify the unit of service (all clients).
- d) Estimate the FY 2022 service capacity. If no change is anticipated, enter the same information as Column A.
- e) State the total percent of each service contracted out to external providers in 2021. In the sections for Complete Levels of Care, do not include contracts for discrete services within those levels of care when calculating percentages.

Adult Services: Complete Levels of Care	Most recent service capacity (non-Medicaid only)	Estimated FY 2022 service capacity (non-Medicaid only)	Percent total non-Medicaid capacity provided by external providers in FY 2021 *
Adult LOC 1m	0	0	0
Adult LOC 1s	4157	4157	8.28%
Adult LOC 2	226	226	1.2%
Adult LOC 3	601	601	6.2%
Adult LOC 4	52	52	0.16%
Adult LOC 5	45	45	1.4%

Child and Youth Services: Complete Levels of Care	Most recent service capacity (non-Medicaid only)	Estimated FY 2022 service capacity (non- Medicaid only)	Percent total non- Medicaid capacity provided by external providers in FY 2021 *
Children's LOC 1	39	39	6.2%
Children's LOC 2	198	198	9.8%
Children's LOC 3	111	111	7.7%
Children's LOC 4	3	3	0.08%
Children's LOCYC	13	13	1.2%
Children's LOC 5	1	1	0.02%

Crisis Services	FY 2021 service capacity	Estimated FY 2022 service capacity	Percent total capacity provided by external providers in FY 2021 *
Crisis Hotline	29308	29316	100%
Mobile Crisis Outreach Team	3060	3070	0
Other – Please list all Psychiatric Emergency Service Center (PESC) Projects and other Crisis Services	5292	5292	0
PESC hospital services	2066	2200	100%
Private Psychiatric Bed (PPB) hospital services	751	766	100%
Respite	0	0	0

4) List **all** your FY 2021 Contracts in the tables below. Include contracts with provider organizations and individual practitioners for discrete services. If you have a lengthy list, you may submit it as an attachment using the same format.

- a) In the Provider column, list the name of the provider organization or individual practitioner. The LMHA/LBHA must have written consent to include the name of an individual peer support provider. For peer providers that do not wish to have their names listed, state the number of individuals (e.g., "3 Individuals").
- b) List the services provided by each contractor, including full levels of care, discrete services (such as CBT, physician services, or family partner services), crisis and other specialty services, and support services (such as pharmacy benefits management, laboratory, etc.).

Provider Organizations	Service(s)
Avail Solutions, Inc.	Crisis Intervention Helpline Services; Enrollment Screening Services
Berenice Chavez	Music Therapy – Youth Empowerment Services (YES) Waiver
Beyond Limits, LLC	Recreation Therapy – Youth Empowerment Services (YES) Waiver
Clarity Child Guidance Center	Child & Adolescent Psychiatric Inpatient Services
Complete Therapies, LLC	Recreation Therapy – Youth Empowerment Services (YES) Waiver
Daniel Lozoya	Community Living Supports (CLS) – Youth Empowerment Services (YES) Waiver
East Texas Behavioral Health Network (ETBHN)	Adult Psychiatric Telemedicine Services

Excel...Rise Above the Rest	Child & Adolescent Outpatient Services – Texas Resiliency & Recovery (TRR) Services: Level of Care (LOC) 1, 2, and 3
Imagine Therapies, LLC	Animal-Assisted Therapy, Art Therapy, Community Living Supports, Music Therapy, Nutritional Counseling, Recreation Therapy – Youth Empowerment Services (YES) Waiver
Jami Netter	Recreation Therapy – Youth Empowerment Services (YES) Waiver
Lindsey Haines	Community Living Supports (CLS) – Youth Empowerment Services (YES) Waiver
LocumTenens.com	Psychiatric Telemedicine Services
Michele Galan	Community Living Supports (CLS) – Youth Empowerment Services (YES) Waiver
Myndfit Mental Health, LLC	Community Living Supports (CLS) & Recreation Therapy – Youth Empowerment Services (YES) Waiver
Oasis Acres Equine Assisted Therapy Center	Animal-Assisted Therapy & Community Living Supports (CLS) – Youth Empowerment Services (YES) Waiver
Prosumers International	Peer Support Services
Quest Diagnostics Clinical Laboratories, Inc.	Laboratory Services
San Antonio Behavioral Healthcare Hospital, LLC	Child & Adolescent Psychiatric Inpatient Services
San Antonio Clubhouse, Inc.	Family Support Services & Paraprofessional Services – Youth Empowerment Services (YES) Waiver
Southwest General Hospital	Adult Psychiatric Inpatient Services
Southwestern Music Therapy, LLC	Music Therapy – Youth Empowerment Services (YES) Waiver

W.I.N.G.S. Specialized Therapies, LLC	Art Therapy, Music Therapy & Recreation Therapy – Youth Empowerment Services (YES) Waiver
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Individual Practitioners	Service(s)
Brandon Hollingsworth, Ph.D.	Emergency Psychiatric/Psychological examinations/assessments
Nichole Sieracki, Ph.D.	Emergency Psychiatric/Psychological examinations/assessments
Thomas M. Brown, M.D.	Psychiatric Services

Administrative Efficiencies

5) *Using bullet format, describe the strategies the LMHA/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).*

<p>Continuous Process Improvements of Administrative Directives and Board Policies</p> <ul style="list-style-type: none"> As a CCBHC, the Center continuously evaluates all Administrative Directives and makes process improvements based on a gap analysis relative to regulation modifications and expansions as well as CARF enhancements to continue to build best-in-class results. Likewise, our Board Policies have been evaluated, updated and enhanced to meet or exceed our regulatory requirements. <p>Reducing Clearinghouse Waitlist/Improving Access to Services</p> <ul style="list-style-type: none"> CHCS was awarded a grant by the U.S. Department of Justice (DOJ) and the Bureau of Justice Assistance (BJA) under the funding opportunity entitled 2021 BJA FY 2021 The Justice and Mental Health Collaboration Program. The federal award date is December 2021 to 2024 and funds will be utilized to pilot a Jail Based Competency Restoration (JBCR) program in Bexar County to

increase access for treatment and competency restoration services, reduce the jail population and inpatient psychiatric bed wait list, advance due process and preserve the civil rights of the offender, and enhance jail population safety. The JBCR program will have an annual target of 80 individuals and a restored-to-competency and/or improved-to-have-charges-dropped rate of 55%.

Consumer and Employee Safety Programs

- CHCS has built a culture of Consumer and Employee Safety which has resulted in major reductions in preventable vehicle, employee and consumer related accidents.

6) *List partnerships with other LMHA/LBHAs related to planning, administration, purchasing, and procurement or other authority functions, or service delivery. Include only current, ongoing partnerships.*

Start Date	Partner(s)	Functions
August 2011	CHCS is a member of Tejas Health Management (Tejas) a Non-Profit Association formed to increase the efficiency, access, and service potential for Community Centers and other participating providers throughout Texas. Member centers include: Austin Travis County Integral Care, Bluebonnet Trails Community Services, Hill Country MHDD Centers, and Tropical Texas Behavioral Health.	Population Health Management IT Products and Services Business Consulting Healthcare Market Research and Support
August 2018	Bluebonnet Trails Community Services	Referrals for treatment and services for adult women and men with a substance abuse disorder or dually diagnosed with co-occurring psychiatric

		and substance abuse disorders and their children who meet the criteria for services.
September 2019	Hill Country MHDD Centers	Referrals for treatment and services for adolescents and children who meet criteria for Youth Empowerment Service (YES) Waiver. Referrals for treatment and services for adult women and men with a substance abuse disorder or dually diagnosed with co-occurring psychiatric and substance abuse disorders and their children who meet the criteria for services.
September 2019	Camino Real Community Services	Referrals for treatment and services for adult women and men with a substance abuse disorder or dually diagnosed with co-occurring psychiatric and substance abuse disorders and their children who meet the criteria for services.
January 2019	East Texas Behavioral Health Network – An Inter-Local Cooperative of Mental Health and Intellectual Developmental Disabilities Authorities	24 hour Behavioral Health Adult Crisis Telemedicine Services

Provider Availability

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

7) Using bullet format, describe steps the LMHA/LBHA took to identify potential external providers for this planning cycle. Please be as specific as possible. For example, if you posted information on your website, how were providers notified that the information was available? Other strategies that might be considered include reaching out to YES waiver providers, Home and Community Based Services (HCBS) providers, and past/interested providers via phone and email; contacting your existing network, Managed Care Organizations (MCOs), and behavioral health organizations in the local service area via phone and email; emailing and sending letters to local psychiatrists and professional associations; meeting with stakeholders, circulating information at networking events, seeking input from your PNAC about local providers.

♦ Reviewed HHSC website for Provider inquiries
♦ Advertised / posted applications on CHCS website
♦ Advertised in local news media, specifically the San Antonio Express News
♦ Conducted independent internet searches looking to send applications
♦ Contacted previous / current CHCS Providers to discuss availability of expanding services
♦ Reviewed previous local plans, previously submitted responses to applications, etc. to determine if there were potential Providers to revisit

Complete the following table, inserting additional rows as needed.

List each potential provider identified during the process described in Item 7 of this section. Include all current contractors, provider organizations that registered on the HHSC website, and provider organizations that have submitted written inquiries since submission of 2020 LPND plan. You will receive notification from HHSC if a provider expresses interest in contracting with you via the HHSC website. Provider inquiry forms will be accepted through the HHSC website through September 1, 2022. **Note:** Do not finalize your provider availability assessment or post the LPND plan for public comment before June 1, 2022.

- ♦ *Note the source used to identify the provider (e.g., current contract, HHSC website, LMHA/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.*

Provider	Source of Identification	Summary of Follow-up Meeting or Teleconference	Assessment of Provider Availability, Services, and Capacity
Complete Therapies, LLC	Email	5/12/2020 – 7/28/2020: Emailed CHCS YES Waiver application. Application submitted, reviewed, and contract awarded.	Provider available to provide Recreation Therapy upon contract execution. Current capacity is 1-2 clients.
Michele Galan	Email	5/29/2020 – 7/15/2020: Emailed CHCS YES Waiver application after Provider separated from previous agency that contracted with CHCS. Application submitted, reviewed, and contract awarded.	Provider available immediately to provide YES Waiver Community Living Support (CLS) services at a capacity of 20, upon contract execution.
Lindsey Haines	Email	7/7/2020 – 9/10/2020: CHCS YES Waiver application received after Provider separated from previous agency that contracted with CHCS. Application reviewed and contract awarded.	Provider available immediately to provide YES Waiver Community Living Support (CLS) services at a capacity of 7-10, upon contract execution.

Daniel Lozoya	Email	7/7/2020 – 11/1/2020: CHCS YES Waiver application received after Provider separated from previous agency that contracted with CHCS. Application reviewed and contract awarded.	Provider available immediately to provide YES Waiver Community Living Support (CLS) services at a capacity of 10, upon contract execution.
Myndfit Mental Health, LLC	Email	7/13/2020 – 11/15/2020: CHCS YES Waiver application received after Provider separated from previous agency that contracted with CHCS. Application reviewed and contract awarded.	Provider available immediately to provide YES Waiver Community Living Support (CLS) services and Recreation Therapy, upon contract execution. Max capacity for each: CLS Provider = 14 and RT Provider = 10.
Gabrielle Bojorquez	Email; CRCG Meeting	7/18/2020 – 12/2/2021: Email inquiry received. YES Interest meeting scheduled. RFA and YES Policy provided. Response received inquiring about part-time commitment. Response provided via email. Follow up email sent. Response received confirming applicant continues to work on the application. Follow up emails sent.	Undetermined
Big Brothers Big Sisters	Email / Teleconference	7/21/2020 – 11/18/2021: YES interest meeting scheduled. RFA & YES Policy manual provided. Vendor	Undetermined

		expressed continued interest and will submit RFA for Paraprofessional Services. Considering In-Home Respite and Family Support services Follow up email sent offering support with RFA application. Email received from applicant informing that due to staff changes, they are unable to proceed at this time and asked for instruction on how to proceed. Email response provided, informing applicant to follow up once staff have been secured. Application process placed on hold.	
Berenice Chavez	Email	7/28/2020 – 9/1/2020: CHCS YES Waiver application received after Provider separated from previous agency that contracted with CHCS. Application reviewed and contract awarded.	Provider available immediately to provide Music Therapy at a capacity of 10, upon contract execution.
Chatone Strickland	Email	8/25/2020 – 11/12/2021: Email inquiry received. Vendor reported she may apply in Jan 2021. Provider reported recently starting a private practice and would like to hold on pursuing YES Waiver.	Undetermined
Jennifer Williams	Email / Teleconference	10/7/2020 – 8/27/2021: Initial inquiry received via email. Interest	Undetermined

		meeting completed. YES Policy Manual and RFA sent for review. Follow up emails sent.	
Ann Sanchez	Email / Teleconference	10/21/2020 – 10/29/2020: Initial contact made via email. YES Interest meeting completed. YES Policy and RFA sent for review. Provider clarified that Paraprofessional and Family Support services may be more appropriate and will consider subcontracting under a current contract instead.	Undetermined
Jennifer Knotts	Email / Teleconference	11/11/2020 – 8/27/2021: Initial inquiry received via email. YES Interest meeting completed. YES Policy and RFA sent for review. Follow up email sent offering support with RFA, if needed. No response, follow up emails sent.	Undetermined
San Antonio Clubhouse	Email / Teleconference	11/19/2020 – 6/1/2021: Initial inquiry email sent to organization to schedule an interest meeting. YES Interest meeting completed and YES Waiver Policy and RFA sent for review. Application submitted, reviewed, and contract awarded.	Providers available upon completion of onboarding/credentialing process to provide Family Supports, Paraprofessional Services, Supported Employment and Employment Assistance. Capacity was undetermined. No response following several contact attempts from 7/8/2021 –

			12/2/2021 to complete Provider onboarding process and training.
Oasis Acres Equine Assisted Therapy Center	Email	1/25/2021 – 6/15/2021: Emailed CHCS YES Waiver application. Application submitted, reviewed, and contract awarded.	Providers available upon completion of onboarding/credentialing process to provide Animal-Assisted Therapy. Capacity was undetermined. No response following several contact attempts from 9/10/2021 – 12/2/2021 to complete Provider onboarding process and training.
Mental Health and Diagnostic Services	Email	2/1/2021 – 5/18/2021: Provider interest received. Provided YES Waiver application. Zoom meeting scheduled to address questions. Follow up emails sent.	Undetermined
Caliber Therapies	Email / Teleconference	4/12/2021 – 12/13/2021: Email inquiry received. YES Interest Meeting completed. Email sent offering support in case of any questions. Follow up emails sent.	Undetermined
Upward Transitions Therapeutic Horsemanship	Email	4/29/2021 – 5/6/2021: Email inquiry following up on contact attempt in February 2020 and requested to meet/discuss potential collaboration. Vendor responded stating the	Undetermined

		organization is in the process of moving locations and will likely be unavailable to proceed with any contract discussions at this time.	
OPEN T.R.A.I.L. Ranch	Email / Teleconference	4/29/2021 – 9/17/2021: Email inquiry following up on contact made March 2020 and requested to meet/discuss potential collaboration. Zoom presentation complete and RFA and YES Policy Manual sent. Provider responded working on RFA, but continues to experience delays due to personal health matters.	Undetermined
Pleasant Grove Equestrian Center	Email	4/29/2021 – 12/2/2021: Email inquiry following up on contact made March 2020 and requested to meet/discuss potential collaboration. Emailed RFA and YES Policy Manual for reference. Follow up emails sent.	Undetermined
Reboot Hope, Inc.	Email	4/29/2021 – 12/2/2021: Email inquiry sent requesting to meet/discuss potential collaboration. Response received and prospective meeting dates/times offered but not response. Follow up emails sent.	Undetermined
Triple H Equine Therapy	Email	4/29/2021 – 12/2/2021: Email inquiry sent requesting to meet/discuss potential collaboration. Follow up emails sent.	Undetermined

Hidden Springs Youth Ranch	Email	4/29/2021 – 12/2/2021: Email inquiry sent requesting to meet/discuss potential collaboration. Follow up emails sent.	Undetermined
Children's Association for Maximum Potential (CAMP) Camp	Email / Teleconference	4/29/2021 – 1/6/2022: Email inquiry sent requesting to meet/discuss potential collaboration. Zoom meeting completed. Will continue conversation and explore partnership options with Directors. It was determined that at this time Camp CAMP would be unable to proceed, as decided by applicant leadership.	Undetermined
MedCerts Inc.	Email / Teleconference	8/2/2021 – 12/2/2021: Email received stating interest in YES Waiver. Emailed YES RFA. YES Interest Meeting held 9/15/2021. Vendor expressed continued interest but would reach out when ready. Follow up emails sent.	Undetermined
Achieving Balance Counseling	Phone	8/2/2021 – 12/2/2021: Phone messages left requesting to meet/discuss potential collaboration. Follow up emails sent.	Undetermined
Care Warriors, Inc.	Email / Teleconference	8/4/2021 – 11/1/2021: Emailed CHCS YES Waiver application. Application submitted, reviewed, and contract awarded.	Provider available immediately to provide Employment Assistance and Supported Employment at a capacity of 5, upon contract execution.

Lisa Tranquill	Email / Teleconference	8/17/2021 – 9/10/2021 Email received stating interest in YES Waiver. Emailed YES RFA and held YES Interest Meeting. Follow up emails sent. Provider stated that she has acquired a new job and will not be proceeding with RFA.	Undetermined
HopeWise	Email	8/17/2021: Email inquiry following up on contact made in September 2019 and requested to meet/discuss potential collaboration. Response received stating that at this time she is unavailable.	Undetermined
Artvango	Email	8/17/2021 – 8/27/2021: Email inquiry following up on contact made in September 2019 and requested to meet/discuss potential collaboration. Response received stating she is presently not interested in pursuing YES Waiver.	Undetermined
Honey Bee Therapies, LLC	Email / Teleconference	12/1/2021 – 7/1/2022: Emailed RFA in response to email inquiry regarding availability. Application submitted, reviewed, and contract awarded.	Providers available upon completion of onboarding/training process to provide Recreation Therapy. Capacity undetermined.
Metanoia Counseling	Email / Teleconference	12/9/2021 – 2/15/2022: Emailed RFA in response to email inquiry regarding application process. YES Interest Meeting completed. Follow up emails sent.	Undetermined

Part II: Required for LMHA/LBHAs with potential for network development

Procurement Plans

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

Texas Administrative Code (TAC) Title 26, Part 1, Chapter 301, subchapter F describes the conditions under which an LMHA/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.

8) Complete the following table, inserting additional rows as needed.

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

Service or Combination of Services to be Procured	Capacity to be Procured	Method (RFA or RFP)	Geographic Area(s) in Which Service(s) will be Procured	Posting Start Date	Posting End Date	Contract Start Date
Youth Empowerment Services	100%	RFA	Bexar County	7/25/2018 Rev. 1/19/2021 Rev. 6/1/2022	Ongoing	Ongoing
Child & Adolescent Psychiatric Inpatient Services	100%	RFA	Bexar County	7/19/2018	Ongoing	Ongoing
Adult Psychiatric Inpatient Services	100%	RFA	Bexar County	4/14/2021	Ongoing	Ongoing
Child & Adolescent Outpatient Services	LOC1, LOC2, LOC3	RFA	Bexar County	9/30/2021	Ongoing	Ongoing

Rationale for Limitations

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

9) Complete the following table. Please review TAC Title 26, Part I §301, subchapter F carefully to be sure the rationale addresses the requirements specified in the rule (See Appendix B).

- ◆ Based on the LMHA/LBHA's assessment of provider availability, respond to each of the following questions.

- ♦ *If the response to any question is Yes, provide a clear rationale for the restriction based on one of the conditions described in TAC Title 26, Part I §301, subchapter F.*
- ♦ *If the restriction applies to multiple procurements, the rationale must address each of the restricted procurements or state that it is applicable to all of the restricted procurements.*
- ♦ *The rationale must provide a basis for the proposed level of restriction, including the volume of services to be provided by the LMHA/LBHA.*

	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	

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

Service	Transition Period	Year of Full Procurement
N/A	N/A	N/A

Capacity Development

11) *In the table below, document your procurement activity since the submission of your 2020 LPND Plan. Include procurements implemented as part of the LPND plan and any other procurements for complete levels of care and specialty services that have been conducted.*

- ◆ *List each service separately, including the percent of capacity offered and the geographic area in which the service was procured.*
- ◆ *State the results, including the number of providers obtained and the percent of service capacity contracted as a result of the procurement. If no providers were obtained as a result of procurement efforts, state "none."*

Year	Procurement (Service, Percent of Capacity, Geographic Area)	Results (Providers and Capacity)
2020-2022	Adult Psychiatric Inpatient Services	Methodist Healthcare System; Texas Laurel Ridge Hospital; Texas Vista Medical Center
2020-2022	Child & Adolescent Psychiatric Inpatient Services	Clarity Child Guidance Center; San Antonio Behavioral Healthcare Hospital
2020-2022	Child & Adolescent Outpatient Services	Excel...Rise Above the Rest
2020-2022	Youth Empowerment Services (YES) Waiver Provider Services – 100% Capacity – Bexar County	Berenice Chavez; Care Warriors; Complete Therapies; Daniel Lozoya; Honey Bee Therapies; Imagine Therapies; Jami Netter; Michele Galan; Myndfit Mental Health; Oasis Acres Equine Therapy; San Antonio Clubhouse

PART III: Required for all LMHA/LBHAs

PNAC Involvement

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

Date	PNAC Activity and Recommendations
07/13/2022	CEO presentation of key focus areas and strategic goals, CMO presentation on CCBHC recertification steps, and EMR update presented by Director of Enterprise solutions: Committee discussed improved efficiency and remote possibilities for access. Committee emphasized access for patients especially, new patients.
09/14/2022	CFO presented budget and strategic plan: Committee appreciated added emphasis on retention.
11/14/2022	Director of Eligibility presented state metrics: Committee recommended continued emphasis on discharge follow up and crisis follow up as part of our plan.
01/18/2023	Local Development plan presented to Committee.

Stakeholder Comments on Draft Plan and LMHA/LBHA Response

Allow at least 30 days for public comment on draft plan. Do not post plans for public comment before June 1, 2022.

In the following table, summarize the public comments received on the draft plan. If no comments were received, state "None." Use a separate line for each major point identified during the public comment period, and identify the stakeholder group(s) offering the comment. Describe the LMHA/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 explain the LMHA/LBHA's rationale for rejecting the comment.

Comment	Stakeholder Group(s)	LMHA/LBHA Response and Rationale

COMPLETE AND SUBMIT ENTIRE PLAN TO Performance.Contracts@hhs.texas.gov by December 30, 2022.

Appendix A

Assessing Provider Availability

Provider organizations can indicate interest in contracting with an LMHA/LBHA through the [LPND website](#) or by contacting the LMHA/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/LBHA when the Provider Inquiry Form is posted.

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

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

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

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

Appendix B

TAC Title 26, Part I §301, subchapter F. Conditions Permitting LMHA Service Delivery.

An LMHA may only provide services if one or more of the following conditions is present.

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

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

DRAFT

Appendix C

House Bill 1, 87th Legislature, Regular Session, 2021 (Article II, Health and Human Services Commission Rider (139):

Efficiencies at Local Mental Health Authorities and Intellectual Disability Authorities. The Health and Human Services Commission shall ensure that the local mental health authorities and local intellectual disability authorities that receive allocations from the funds appropriated above to the Health and Human Services Commission shall maximize the dollars available to provide services by minimizing overhead and administrative costs and achieving purchasing efficiencies. Among the strategies that should be considered in achieving this objective are consolidations among local authorities and partnering among local authorities on administrative, purchasing, or service delivery functions where such partnering may eliminate redundancies or promote economies of scale. 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 the Health and Human Services Commission 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 services.