



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 **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	1240
Population density	1706
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 percent 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

LOC	Most recent service capacity (non-Medicaid only)	Estimated FY 2025 service capacity (non-Medicaid only)	% total non-Medicaid capacity provided by external providers in FY 2025
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%

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

LOC	Most recent service capacity (non-Medicaid only)	Estimated FY 2025 service capacity (non-Medicaid only)	% total non-Medicaid capacity provided by external providers in FY 2025
Children’s LOC 1	47	47	6.9
Children’s LOC 2	133	133	12.4

LOC	Most recent service capacity (non-Medicaid only)	Estimated FY 2025 service capacity (non-Medicaid only)	% total non-Medicaid capacity provided by external providers in FY 2025
Children's LOC 3	77	77	12.0
Children's LOC 4	3	3	8.6
Children's LOC YC	8	8	13.4
Children's LOC 5	1	1	0

Table 4: Service Capacity for Crisis Services

Crisis Service	FY 2024 service capacity	Estimated FY 2025 service capacity	% total capacity provided by external providers in FY 2024
Crisis Hotline	29,308	29,316	100%
Mobile Crisis Outreach Teams	3,060	3,070	0
Private Psychiatric Beds	21,900 (Days)	21,900 (Days)	100%
Community Mental Health Hospital Beds	0	0	0
Contracted Psychiatric Beds (CPBs)	0	0	0
Extended Observation Units (EOUs)	5,840 (Bed Days)	5,840 (Bed Days)	0%
Crisis Residential Units (CRUs)	5,840 (Bed Days)	5,840 (Bed Days)	0%

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

4. List all contracts for fiscal year 2025 in the 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

Provider Organization	Service(s)
Alina Health, LLC	24-Hour Behavioral Health Crisis Telepsychiatry Services
Avail Solutions, Inc.	Crisis Intervention Helpline Services; Enrollment Screening Services
Clarity Child Guidance Center	Child & Adolescent Psychiatric Inpatient Services

Provider Organization	Service(s)
Complete Therapies, LLC	Recreation Therapy – Youth Empowerment Services (YES) Waiver
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
In Seasons Expressive Arts & Wellness	Art Therapy – Youth Empowerment Services (YES) Waiver
Jami Netter	Recreation Therapy – Youth Empowerment Services (YES) Waiver
Laurel Ridge Treatment Center	Adult Psychiatric Inpatient Services
LocumTenens.com	Adult and Child & Adolescent Psychiatric Services
Methodist Healthcare System of San Antonio, LTD	Adult Psychiatric Inpatient Services
Michele Galan	Community Living Supports (CLS) – Youth Empowerment Services (YES) Waiver
Myndfit Mental Health, LLC	Animal-Assisted Therapy, Art Therapy, Community Living Supports, Music Therapy, Nutritional Counseling, Recreation Therapy – Youth Empowerment Services (YES) Waiver
Prosumers International	Peer Support Services
Quest Diagnostics Clinical Laboratories, Inc.	Laboratory Services

Provider Organization	Service(s)
San Antonio Behavioral Healthcare Hospital, LLC	Adult Psychiatric Inpatient Services, Child & Adolescent Psychiatric Inpatient Services
Small Acres Therapy, LLC	Animal Assisted Therapy – Youth Empowerment Services (YES) Waiver
Southtown Psychiatry, PLLC	Medical Director Services
Southwestern Music Therapy, LLC	Music Therapy – Youth Empowerment Services (YES) Waiver

Table 6: Individual Practitioners

Individual Practitioner	Service(s)
Steven Coats, Ph.D	Psychological evaluations / assessments
Heather Holder, PsyD, ABPP	Forensic psychological evaluations / assessments

Administrative Efficiencies

5. 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).
 - **Continuous Process Improvements of Administrative Directives and Board Policies:** As a CCBHC The Center continuously evaluates all Administrative Directives and makes process improvements based on our gap analysis relative to regulation modifications, 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.
 - **Reducing Clearinghouse Waitlist/Improving Access to Services:** CHCS was awarded a grant by the U.S. Department of Justice (DOJ), Bureau of Justice Assistance (BJA) under the funding opportunity entitled 2021 BJA FY 21 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 (JBKR) 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 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
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, 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.

Start Date	Partner(s)	Functions
September 2019	Hill Country MHDD Centers	<p>Referrals for treatment and services for adolescents and children who meet criteria for Youth Empowerment Service (YES) Waiver.</p> <p>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.</p>
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	Avail Telemedicine Services	24 hours Behavioral Health Adult Crisis Telemedicine Services

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.

- 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.

- 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
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

Provider	Source of Identification	Summary of Follow-up Meeting or Teleconference	Assessment of Provider Availability, Services, and Capacity
RespiteCareSA	LMHA Website	10/15/2022: Discussed YES Waiver services and population served; 6/7/2023: Provided YES Waiver application; 8/29/2023: Sent follow up.	Open to contracting for dual diagnosis individuals enrolled in the YES Waiver Program.
In Seasons Expressive Arts & Wellness, PLLC	LMHA Website	3/13/2023: Interested in providing Art Therapy via YES Waiver; Discussed contracting process; Will have Art Therapy certification in December 2023; 12/7/2023: Sent follow up regarding application; 2/13/2024: Resent application; 4/11/2024: Application received and reviewed; Recommended for contract award beginning 9/1/2024.	Provider available immediately to provide Art Therapy for YES Waiver Program participants, upon contract execution. Max capacity: 15 YES Participants at any given time.

Provider	Source of Identification	Summary of Follow-up Meeting or Teleconference	Assessment of Provider Availability, Services, and Capacity
Southwestern Music Therapy, LLC	Email	10/11/2023: Discussed YES Waiver services and provided application; 5/14/2024: Sent follow up and was informed they were completing application. Application received and reviewed; Recommended for contract award beginning 10/15/2024.	Undetermined.
Myndfit Mental Health, LLC	Current Contract	11/1/2023: Expressed interest in providing Nutritional Counseling via YES Waiver; 1/26/2024: Indicated desire to move forward with recruiting Nutritional Counseling provider; 3/6/2024: Answered questions regarding provider requirements; 4/16/2024: Discussed need for Community Living Support providers via YES Waiver; 4/22/2024: Inquired about the need for Animal Assisted Therapists for YES Waiver.	Undetermined.

Provider	Source of Identification	Summary of Follow-up Meeting or Teleconference	Assessment of Provider Availability, Services, and Capacity
Complete Therapies, LLC	Current Contract	11/15/2023: Discussed potential for additional Recreation Therapists in YES Waiver program; 2/14/2024: Discussed process for onboarding new providers; 5/20/2024: Sent follow up expressing continued need for providers.	Undetermined.
Small Acres Ranch	Email	2/14/2024: Expressed interest to provide Animal Assisted Therapy via YES Waiver program, provided application; 3/25/2024: Completing application; 4/9/2024: Application received and reviewed; Recommended for contract award beginning 9/1/2024.	Provider available immediately to provide Animal Assisted Therapy for YES Waiver Program participants, upon contract execution. Max capacity: 25 YES Participants at any given time.
Center for Health Care Services	Email	2/22/2024: Discussed potential respite opportunities for YES Waiver program participants.	Undetermined.

Provider	Source of Identification	Summary of Follow-up Meeting or Teleconference	Assessment of Provider Availability, Services, and Capacity
The Ecumenical Center	Email	4/5/2024 – 4/16/2024: Answered questions regarding scope of work from CBH Outpatient Services application.	Undetermined.
Honey Bee Therapies, LLC	Current Contract	5/21/2024: Discussed potential for additional Recreation Therapists for YES Waiver program.	Undetermined.

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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

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
Child Outpatient Counseling Services	100%	RFA	Bexar County	4/3/2024	Ongoing	Ongoing
Adult Inpatient Psychiatric Services	100%	RFA	Bexar County	4/3/2024	Ongoing	Ongoing
Child Inpatient Psychiatric Services	100%	RFA	Bexar County	4/3/2024	Ongoing	Ongoing
Youth Empowerment Services	100%	RFA	Bexar County	5/13/2024	Ongoing	Ongoing
Child Outpatient Services	LOC1, LOC2, LOC3	RFA	Bexar County	5/29/2024	Ongoing	Ongoing
DFPS Child Inpatient Psychiatric Services	100%	RFA	Bexar County	10/7/2024	Ongoing	Ongoing

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	

	Yes	No	Rationale
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	N/A	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.

- a) List each service separately, including the percent of capacity offered and the geographic area in which the service was procured.
- b) State the results, including the number of providers obtained and the percent 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)
2023-2024	Adult Psychiatric Inpatient Services – 100% Capacity – Bexar County	Methodist Healthcare System; San Antonio Behavioral Health; Texas Laurel Ridge Hospital – all 100% Capacity
2023	Telepsychiatry Services - 100% Capacity - Bexar County	Crisis Telepsychiatry: Alina Telehealth – 100% Capacity; Ambulatory Telepsychiatry: LocumTenens.com – 100% Capacity
2023-2024	Child & Adolescent Psychiatric Inpatient Services – 100% Capacity – Bexar County	Clarity Child Guidance Center; San Antonio Behavioral Healthcare Hospital – Both 100% Capacity
2023-2024	Child & Adolescent Outpatient Services – 100% Capacity – Bexar County	Excel...Rise Above the Rest – 100% Capacity
2023-2024	Psychologist Services – 100% Capacity – Bexar County	Dr. Heather Holder - 100% Capacity Dr. Steven Coats – 100% Capacity
2023	Enrollment Hotline Services – 100% Capacity – Bexar County	Avail – 100% Capacity

Year	Procurement (Service, % of Capacity, Geographic Area)	Results (Providers and Capacity)
2024	Crisis Hotline Services – 100% Capacity – Bexar County	Avail – 100% Capacity
2024	Consumer Operated Services Program – 100% Capacity – Bexar County	Prosumers International – 100% Capacity
2023-2024	Youth Empowerment Services (YES) Waiver Provider Services – 100% Capacity – Bexar County	Complete Therapies; Imagine Therapies; In Seasons Expressive Arts & Wellness; Jami Netter; Michele Galan; Myndfit Mental Health; Small Acres Therapy; Southwestern Music Therapy

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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

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 comment.

Table 14: Public Comments

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

Complete and submit entire plan to Performance.Contracts@hhs.texas.gov by **December 31, 2024**.

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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 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.

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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^a services.

^a ICF/IID - Intermediate Care Facilities for Individuals with an Intellectual Disability