

**LAKES REGIONAL MHMR CENTER
LOCAL PROVIDER NETWORK DEVELOPMENT PLAN
FY2010 - FY2011**



Terrell Headquarters



New Sulphur Springs Facility

LAKES REGIONAL MHMR CENTER PROVIDER NETWORK DEVELOPMENT PLAN

Complete and submit to performance.contracts@dshs.state.tx.us according to prescribed due date:

- ♦ Cohort I: June 30, 2010 AMMENDED TO July 27, 2010
- ♦ Cohort II: July 31, 2010
- ♦ Cohort III: August 31, 2010

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

Responses should be concise, concrete, and specific.

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

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

When completing a table, insert additional rows as needed.

Local Service Area

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

Population	160,161
Square miles	3,128
Population density	51
Number of counties (total)	7
♦ Number of urban counties	0
♦ Number of rural counties	7
♦ Number of frontier counties	0

Major populations centers (add additional rows as needed):

Name of City	Name of County	City Population	County Population	County Population Density	County Population Percent of Total
Paris	Lamar	26,050	50,336	55	31.4%
Sulphur Springs	Hopkins	15,448	34,605	46	21.6%
Mount Pleasant	Titus	15,000	32,001	78	20%

Using bullet format, briefly note other significant information about your local service area relevant to provider network development. Include population characteristics that are atypical and differentiate your local services area from most other LMHAs. Distinguishing characteristics might include a high proportion of racial, ethnic, or linguistic minorities, the presence of a large military base, or other factors that must be considered in service delivery.

- **Titus County has a 38% Hispanic population; possibly due to poultry processor Pilgrim’s Pride, the county’s largest employer.**

Provider Availability

1) Provider Recruitment

Using bullet format, list steps the LMHA took to identify and recruit external providers over the past two years. This includes but is not limited to procurement associated with the 2008 planning cycle.

- **JSA Health LLC; contracted for telepsychiatry effective July 1, 2009, serving 4 of our rural counties.**
- **The Wood Group; registered on DSHS website.**
- **AVAIL Solutions Inc.; registered on DSHS website.**
- **Melinda Bird; registered on DSHS website.**
- **Issued RFI during 2008 planning cycle with notices in local newspapers.**
- **US Script expressed interest in 2009; 2 pharmacy contracts already in place.**

2) Provider Availability

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

Provider	Source of Identification	Summary of Follow-up Meeting or Teleconference	Assessment of Provider Availability, Services, and Capacity
East Texas Behavioral	Current contract		Pharmacy, 65%

Health Network			
NEC Health Networks	Current contract		Pharmacy, 35%
AVAIL Solutions, Inc.	Current contract DSHS website	Want to continue crisis hotline service; also offer intake screenings.	Available for Crisis Hotline, 100%
JSA Health LLC	Current contract		Telepsychiatry, 100%
DRL Labs	Current contract		Lab, 100%
MedWest, Inc.	Current contract		Lab, 100%
Adess Silvas	Current contract		Spanish Translation, 100%
Sulphur Springs Medical-Surgical	Current contract		Lab, 100%
Hardy Teycer	Current contract		Adult Foster Care, 100%
Individual Care of Texas	Current contract		Assisted Living, 100%
The Wood Group	DSHS website. 2008 interested provider, but did not respond to procurement.	Interested in crisis discrete services and service packages. Would require 75 SP3, which is 75% of our entire caseload spread over 7 counties and 3 mental health centers. They provide medical services for packages only, not as a discrete service.	Provider is not available for our small number of consumers. We are not budgeted for crisis residential.
Melinda Bird	DSHS website. 2008 interested provider, but did not respond to procurement.	Interested in discrete services and service packages for children and adolescents; crisis and / or residential services. However, I have not been able to have a meeting or phone conversation. We have traded voicemails.	Not a viable provider. She does not have a Bachelor's degree. She has no experience with mental illness.
U.S. Script	Written inquiry	They are in communication with ETBHN Pharmacy about subcontracting. We would be included in that.	Available for Pharmacy, 100%

Local Planning

Guidelines for Gathering Community Input

- CONDUCT THE PROVIDER ASSESSMENT BEFORE GATHERING INPUT FROM THE COMMUNITY.
- The scope and focus of community input will depend on the availability of external providers.
- Seek guidance on network development based on your knowledge of provider availability at the time.
- Information presented in this section of the plan should be specific to the network development plan. Ensure that stakeholders understand the statutory mandate to develop the provider network when qualified providers are available. Community input should be focused on how to use available external capacity based on local needs and priorities.
- If an LMHA has no interested providers, community input should be focused on other elements of the plan (e.g., reducing identified barriers to new providers, on potential strategies for attracting external providers, improving consumer access and choice)
- When gathering input, use the previous plan as the starting point for discussion, including the plans for procurement and the results.
- Before finalizing your plan, review the DSHS website to identify any additional potential providers.

3) Status of provider availability assessment

Does the final assessment of provider availability documented above match the information about provider availability on hand at the time of community input?

_____ Yes X No

If no, briefly describe the difference.

Melinda Bird expressed interest after community input had been completed.

4) Community Engagement

In the chart below, show the process used to provide information and solicit input about provider network development from stakeholders.

Include specific events as well as activities that take place over a period of time, such as surveys. Note that a variety of communication formats may be used, including telephonic, electronic, and paper. List surveys and similar activities first, including timeframes during which the activities took place, followed by events in date order. Insert additional rows as needed.

Description, Location/Format, and Date or Timeframe	Participating Organizations (List)	Summary of Input Briefly summarize input relating to the network development plan. If the LMHA has identified interested providers, include recommendations for how the LMHA should implement the mandate to develop the provider network.	Number of Individuals		
			Consumers	Family	Other
In-person survey at MHMR Centers in Sulphur Springs, Mount Pleasant, Paris; 5/14/10 thru 6/1/10	Lakes' consumers & families	<p>Provider choice was requested for:</p> <ul style="list-style-type: none"> • Medication services 58% • Counseling 39% • Job placement activities 23% <p>Rehab was listed by 14%. There was no provider interested in providing these services as a discrete service.</p> <p>Most important factors in choosing a provider:</p> <ul style="list-style-type: none"> • All services are provided in one location 66% • Location close to my home 45% • Transportation is available 45% <p>Most significant services for the community:</p> <ul style="list-style-type: none"> • Medication services • Counseling • Crisis services 	73	8	20
In-person Survey	Law Enforcement	<p>Provider choice was requested for:</p> <ul style="list-style-type: none"> • Rehab 50% • Medication services 25% • Job placement activities 25% • Crisis intervention 25% 			4

		<p>Most important factors in choosing a provider:</p> <ul style="list-style-type: none"> • Short wait times 50% <p>Most significant services for the community:</p> <ul style="list-style-type: none"> • Services to divert persons with mental illness from jail 75% 			
In-person Survey	Medical Personnel	<p>Provider choice was requested for:</p> <ul style="list-style-type: none"> • Rehab • Medication services • Counseling • Crisis intervention <p>Most important factors in choosing a provider:</p> <ul style="list-style-type: none"> • Short wait times • Convenient hours • Clean and professional environment • Cost <p>Most significant services for the community:</p> <ul style="list-style-type: none"> • Crisis services • Counseling • Skills training 			1

5) PNAC Involvement

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

Date	PNAC Activity and Recommendations
5/11/10 Videoconference	RPNAC – SWOT analysis and service gaps.
7/7/10 Teleconference	RPNAC reviewed the draft plan. Two members commented that the center delivers great services and is in the best position to be the provider of choice. It was explained that other providers need to be invited to provide services. The draft plan was approved.
5/20/10 Meeting	PNAC – SWOT analysis and service gaps. Recommended continuation of AVAIL contract for crisis hotline. Recommended not contracting with The Wood Group as their minimum requirement of 75 SP3s is not available in a concentrated area, but rather is spread over 7 counties and 3 centers.
7/15/10 Meeting	PNAC thoroughly reviewed this LPND Plan and approved it unanimously.

Provider Network Development

6) Contract Expenditures

Complete the table below. Total DSHS funding is the amount described as Total Allocation from Section VIII Budget of the DSHS Performance Contract. The Federal Rehab is equal to the amounts received as 100% payment from Medicaid less the General Revenue that is State match. These amounts should be added to arrive at the total for Adult MH and Child/Adolescent MH Services. For FY 2010 data, provide information from the first six months of the year (September 2009 through February 2010).

SERVICE CATEGORY	Total DSHS funding and Federal Rehab 2007*	External provider contract expenditures 2007		Total DSHS funding and Federal Rehab 2008*	External provider contract expenditures 2008		Total DSHS funding and Federal Rehab 2009*	External provider contract expenditures 2009		Total DSHS funding and Federal Rehab 2010* (6 months)	External provider contract expenditures 2010 (6 months)	
		Dollars	%		Dollars	%		Dollars	%		Dollars	%
Adult MH Services	\$3,274,650	\$695,518	21%	\$3,259,398	\$789,320	24%	\$3,486,178	\$703,171	20%	\$1,823,228	\$493,717	27%
Child/Adol MH Services	\$171,917	\$1,719	1%	\$163,479	\$1,719	1%	\$168,935	\$1,807	1%	\$88,665	\$1,056	1%
TOTAL MH Services	\$3,446,567	\$697,237	20%	\$3,422,877	\$791,039	23%	\$3,655,113	\$704,978	19%	\$1,911,893	\$494,773	26%
Breakout of CONTRACTED SERVICES:												
Medication and Labs		\$651,755	93%		\$732,113	93%		\$632,635	90%		\$420,805	85%
Physician Services**			0%			0%		\$4,260	1%		\$48,410	10%
Counselor Services**			0%			0%		\$1,308	0%		\$960	0%
Crisis Services			0%		\$15,000	2%		\$30,000	4%		\$15,000	3%
Residential Services		\$45,482	7%		\$43,926	6%		\$36,775	5%		\$9,598	2%
Inpatient Services			0%			0%			0%			0%
Other (list):			0%			0%			0%			0%
			0%			0%			0%			0%
			0%			0%			0%			0%
TOTAL		\$697,237	100%		\$791,039	100%		\$704,978	100%		\$494,773	100%

* Total DSHS funding and Federal Rehab amounts includes funding for the Authority functions of the LMHA, as well as the state match for Case Management, which may not be performed by any entity other than the LMHA.

** Include only contracts for physician and counselor services with no other associated services. These will generally be contacts with individual practitioners or groups of individual practitioners. List contracted service packages separately, even though they include physician and counseling services.

7) FY 2010 Provider Contracts

List your FY 2010 Contracts in the table below. In the Provider Type column, specify whether the provider is an organization or an individual practitioner.

Provider	Service(s)	Provider Type	Dollars Allocated
Avail Solutions, Inc.	♦ Crisis Hotline	Organization	\$30,000
East Texas Behavioral Network	♦ Medications	Organization	\$482,447
NEC Health Networks	♦ Medications	Organization	\$259,779
JSA Health LLC	♦ Telepsychiatry	Organization	\$78,000
DRL Laboratories	♦ Lab	Organization	\$ 21,600
MedWest, Inc.	♦ Lab	Organization	\$6,500
Sulphur Springs Medical-Surgical	♦ Lab	Organization	\$10,000
Adess Silvas	♦ Spanish Translation	Individual	\$300
Hardy Teycer	♦ Adult Foster Care	Individual	\$16,217
Individual Care of Texas	♦ Assisted Living	Organization	\$25,960

8) Current and Planned Network Development

Complete the following table. Leave cells blank if the percent is 0.

- *Column A: Document current capacity for all service packages, regardless of past or planned contracting. Current service capacity is the average monthly capacity based on service data from FY 2009 and FY 2010 through the most recent closed quarter for services controlled by the DSHS contract. Capacity for service packages is expressed as the number of clients served; use the following DSHS data warehouse report to determine current service capacity: PM Service Target LPND (Enterprise: CA Utilization Mgt: UM Service Delivery: PM Service Target LPND). If projected capacity is significantly different than current capacity, insert a footnote noting the projected capacity.*
- *Column B: State the percent of total capacity contracted to external providers in FY 2009. This is the maximum capacity to be served by external provides according to the terms of the contract.*
- *Column C: Document the percent of capacity served by contractors in FY 2009; this is the actual capacity served by contractors.*
- *Column D: State the current percent of total capacity contracted to external providers for FY 2010. This is the maximum capacity to be served by external provides according to the terms of the contract. .*
- *Column E: Document the percent of capacity served by contractors in the first six months of FY 2010 (September 2009 through February 2010); this is the actual amount paid to external providers during this period. When calculating percentages, use six month figures in both the numerator and denominator.*
- *Columns F and G: If you will be procuring complete service packages in the next biennium, state the percent of current capacity planned for contract in 2011 and in 2012.*
- *Column H: Note the number of available providers based on your provider assessment documented in the previous section.*
- *Column I: Use the following list to identify the number of the applicable condition that justifies the level of service the LMHA will continue to provide internally. Include all conditions that apply. Refer to the Appendix B for complete language as specified in 25 TAC §412.758.*

1. *Willing and qualified providers are not available.*
2. *The external network does not provide minimum levels of consumer choice. Use this condition if only one external provider is interested in contracting with the LMHA, and the LMHA will therefore provide up to 50% of the service. This condition does not justify the LMHA providing more than 50% of services.*
3. *The external network does not provide equivalent access to services. Use this condition if access is the only reason the LMHA will not use all of the available external capacity. Applicability of this condition will probably be made after procurement.*
4. *The external network does not provide sufficient capacity. Use this condition if the LMHA will use all of the available external provider capacity and directly provide only the balance of current capacity.*
5. *Critical infrastructure must be preserved during a period of transition. Use this condition if the LMHA will not use all of the available external provider capacity. Instead, the LMHA plans a phased transition to full utilization of external provider capacity, increasing the volume of contracted services over two or more planning cycles.*
6. *Existing agreements restrict procurement or existing circumstances would result in substantial revenue loss. Use this condition if an external restraint is the controlling factor limiting full use of external provider capacity.*

PAST and CURRENT						PLANNED			
	A	B	C	D	E	F	G	H	I
Service	Current service capacity	Percent of total capacity contracted in FY 2009	Percent total capacity served by contract providers in FY 2009	Percent of total capacity contracted in FY 2010	Percent total capacity served by contract providers in FY 2010 (6 mo)	Percent of total capacity planned for contract in FY 2011	Percent of total capacity planned for contract in FY 2012	Number of available providers	Applicable condition
Adult Service Packages									
Adult RDM SP 1	1081							0	1
Adult RDM SP 2	48							0	1
Adult RDM SP 3	101							0	1
Adult RDM SP 4	7							0	1
Adult RDM SP 0	26							0	1
Adult RDM SP 5	4							0	1
TOTAL Adult Services	1267							0	1
Child Service Packages									
Children's RDM SP 1.1	34							0	1
Children's RDM SP 1.2	3							0	1
Children's RDM SP 2.1	0							0	1
Children's RDM SP 2.2	2							0	1

Children's RDM SP 2.3	.50							0	1
Children's RDM SP 2.4	.17							0	1
Children's RDM SP 4	16							0	1
Children's RDM SP 0	3							0	1
Children's RDM SP 5	.67							0	1
TOTAL Children's Services	59							0	1

Use the following table to list any discrete routine services or crisis services with contracting activity (2009, current, or planned) OR interested providers.

- Leave cells blank if the percent is 0.
- Current service capacity is the average monthly capacity based on service data from FY 2009 and FY 2010 through the most recent closed quarter for services controlled by the DSHS contract. Capacity for discrete services is expressed as units of service delivered.

	PAST and CURRENT					PLANNED			
	A	B	C	D	E	F	G	H	I
DISCRETE ROUTINE SERVICES And CRISIS SERVICES	Units of service delivered in 2009	Percent of total capacity contracted in FY 2009	Percent total capacity served by contract providers in FY 2009	Percent of total capacity contracted in FY 2010	Percent total capacity served by contract providers in FY 2010	Percent of total capacity planned for contract in FY 2011	Percent of total capacity planned for contract in FY 2012	Number of available providers	Applicable Condition
Physician services	88	3%	3%	35%	35%	35%	35%	1	#3
Crisis Hotline	791	100%	100%	100%	100%	100%	100%	1	N/A
Pharmacy + Lab	14,409	100%	100%	100%	100%	100%	100%	6	N/A

9) Rationale for LMHA Service Delivery

- a) *Describe the rationale for your plan for network expansion, including the services to be procured and the volume of services to be procured. If only selected services are identified for procurement, explain why those services are being offered for contracting and others are not. Discuss services for adults and for children and adolescents separately.*

Adult service packages could not be procured this cycle as the only potential provider required a minimum of 75 SP3, which is 75% of our total caseload spread over seven (7) counties and 3 mental health centers. Under existing RDM constraints, our low numbers are not attractive to external providers. It is our goal to collaborate with other centers in the future to explore options in reaching the needed economies of scale.

Our child & adolescent caseload is even smaller, and we had no interested, qualified providers for these services.

Crisis hotline services will continue to be contracted to Avail Solutions, Inc. They were the only interested provider for this service.

- b) *If the LMHA will continue to provide one or more services because the external network does not provide equivalent access (Condition 3), describe how this determination was made, including the source of data. NOTE: The LMHA must have supporting documentation that can be submitted to DSHS when requested.*

Telemedicine will not be utilized exclusively as some consumers prefer face-to-face time with prescribers.

- c) *If the LMHA will continue to provide one or more services because the external network does not provide sufficient capacity (Condition 4), complete the following table. Use this condition if the LMHA will use all of the available external provider capacity and directly provide only the balance of current capacity. External provider capacity is usually determined through the follow-up contacts that take place during the provider availability assessment.*

N/A

Service	Capacity Needed	External Provider Capacity	Information and Method Used to Determine External Network Capacity

- d) *If the LMHA will continue to provide the specified capacity of one or more services in order to preserve critical infrastructure to ensure continuous provision of services (Condition 5), identify the planned transition period and the year in which the LMHA anticipates procuring the full external provider capacity currently available. If the same transition period is planned for all services, only one entry is required. When different transition periods are planned, list each separately. NOTE: The rule states that this condition can be used only when the LMHA identifies a timeframe for transitioning to an external provider network, during which the LMHA procures an increasing proportion of the service capacity of the external provider network in successive procurement cycles. This timeframe is the LMHA's best estimate based on the limited information currently available, and does not represent a firm commitment. The timeframe will be reassessed during each planning cycle based on the results of procurement, provider performance, and new information. The current estimate should assume that proposed procurement plans are successful and the contractors prove to be stable providers and meet established performance standards.*

NA

Service	Transition Period	Year of Full Procurement

- e) *If the LMHA will continue to provide one or more services because existing agreements restrict procurement or existing circumstances would result in substantial revenue loss (Condition 6), briefly describe each of them, including the end date of any agreement. Describe any steps taken to amend the agreements or alter the conditions to allow contracting. NOTE: LMHA may be asked to submit copies of agreements or other supporting documentation.*

N/A

10) Rationale for Volume of Services Provided by the LMHA to Preserve Financial Viability

If the percentage listed for any service is based on a determination that the service provision by the LMHA would not be financially viable at a lower level, explain the budget analysis used to arrive at the specified volume. Enter NA if you have no interested providers or if the volume of services to be provided by the LMHA is not higher than it would otherwise be to ensure financial viability. NOTE: Supporting documentation may be requested.

N/A

11) Strategies to Protect Critical Infrastructure

In bullet format, briefly describe the strategies will you implement to protect critical infrastructure and promote a stable, successful provider network. Enter NA if you have no interested providers.

N/A. The provider was not interested due to the small volume available in our rural centers.

12) Time to Re-establish Lost Service Capacity

Estimate the amount of time needed to re-establish the service volume lost if a contract is terminated. If time varies depending on the service type, list each separately. Enter NA if you have no interested providers.

Service(s)	Time Needed to Re-establish Service Volume
Crisis Hotline	90 days to establish another contract; however center staff would provide this service in the interim as we cannot be without this critical service.

Procurement

13) Structure of Procurement(s)

In the table below, describe how the 2012 procurement will be structured, making a separate entry for each service or combination of services that will be procured as a separate contracting unit. Enter NA if you have no interested providers.

- ◆ *Note the method of procurement: competitive procurement (RFP) or open enrollment (RFA).*
- ◆ *Identify the geographic area(s) in which the service will be procured, and the percent of your clients living in the designated geographic area. Specify whether an external provider will be required to cover the entire area. If an external provider will be permitted to contract for services in only a portion of the identified area, note how the area may be partitioned.*
- ◆ *Describe the rationale for how the procurement will be structured. In the rationale the following issues must be addressed:*
 - *Method of procurement (competitive vs. open enrollment)*
 - *procurement of discrete services rather than service packages (provide a separate rationale for each discrete service)*
 - *bundling of services or service packages*
 - *service area (whether the entire local service area is included or only selected counties, and choice of individual counties)*

N/A

Date(s)	Method (RFA or RFP)	Service or Combination of Services to be Procured	Geographic Area(s) in Which Service(s) will be Procured	Percent of Clients	Rationale

14) Fidelity and Continuity of Care (complete only if discrete services will be procured).

If you plan to procure discrete services (rather than full service packages), describe how you will maintain fidelity and continuity of care in the provider network. The content of this section describes what changes or additions will be made to your standard process to address the additional fragmentation that can occur when services for a single consumer are provided by multiple contractors, often in multiple locations. Enter NA if you have no interested providers or plan to procure service packages only.

N/A

15) Enhanced Staff Qualifications

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

____ Yes ____ No

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

NA

Consumer Choice

16) Single Provider

List all services to be provided by a single provider (regardless of provider availability) and the reason(s) for not offering consumers a choice of providers. Identify any economic factors involved in the decision. Enter NA if you have no interested providers.

Service to be Provided by a Single Provider	Reason(s) for Limiting Client Choice
Crisis hotline	Cost is based on population; not economically feasible to have multiple contractors.

17) Choice and Access

Using bullet format, briefly describe plans for maximizing consumers' choice of providers and access to services, including relevant procedures, procurement specifications, and contract provisions.

- **Consumers can choose medication services by telepsychiatry or by an in-person prescriber in four (4) of our counties. This was the number 1 service for which a choice of providers was important, according to our survey.**

18) Diversity

Using bullet format, briefly describe how the LMHA will ensure its provider network meets the diverse cultural and linguistic needs in the local community. Include relevant standards, procedures, procurement specifications, and contract provisions.

- **Crisis hotline services utilize bilingual staff.**
- **Telepsychiatry is bilingual, English and Spanish. These services are provided in our county with the highest prevalence of Hispanic citizens.**
- **Cultural diversity training will be provided to all new providers. Cultural respect and dignity will be monitored through consumer complaints and satisfaction surveys.**

Capacity Development

19) Cost Efficiency

Using bullet format, list steps taken in the past two years to minimize overhead and administrative costs and achieve purchasing and other administrative efficiencies. Do not report efforts included in the 2008 network development plan.

- **Teleconference capacity was established at all mental health centers, thus reducing travel expense for meetings.**
- **Telepsychiatry was initiated in our center that is farthest from the origin of our doctors, thus reducing travel expense.**
- **Lakes receives a 10% reduction in market electric rates through a joint utility contract with ETBHN.**
- **Lakes received PAP meds valued at \$912,623.00.**
- **Participation in the ETBHN pharmacy resulted in savings of \$373,762.00.**

List partnerships with other LMHAs related to planning, administration, purchasing and procurement or other authority functions, or service delivery. Include current, ongoing partnerships (regardless of date established) and time-limited activities that occurred over the past two years.

Start Date	Partner(s)	Functions
2004	East Texas Behavioral Health Network (ETBHN)	Pharmacy, RPNAC, WAN, SharePoint, Veterans Grant, Board of Trustees Training, Housing Summit, Autism Summit, Utility Purchasing.

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

Continue joint projects with ETBHN. We anticipate further grant opportunities.

20) Previous Network Development Efforts

In the table below, document your procurement activity over the past two years.

- ◆ List each service separately, including the percent of capacity and the geographic area in which the service was procured.
- ◆ State the results, including the number of providers obtained and the percent of service capacity under contract. If no providers were obtained as a result of procurement efforts, please note under results.

Procurement (Service, Capacity, Geographic Area)	Results (Providers and Capacity)
Telemedicine, 100%, Titus, Franklin, Morris and Camp Counties.	JSA Health; 100%

List the comments you received after posting the draft procurement documents during the 2008 planning cycle, and how you responded to the comments, including any modifications made to the procurement document.

Comment or Suggestion	LMHA Response
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None	
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In bullet format, list specific steps taken over the past two years to develop the LMHA's internal capacity to develop and manage the external provider network. The scope of activity should be appropriate to the level of interest from external providers.

- **Contracted for approximately three (3) days per week with a person to assist in the Contracts/Provider Network department.**

21) Barriers

Identify the barriers you encountered when trying to recruit external providers, including any local circumstances that make recruitment difficult. Describe how you plan to address each barrier or reduce its impact during the 2012 procurement.

Barriers	Plans
Low number of clients in SP3 spread over seven (7) counties	Collaborate with other centers to explore how they have dealt with the issue of low client numbers.

22) Long Term Planning

Note: Long term plans are based on the limited information currently available, and will be reassessed during the next planning cycle; they do not represent a firm commitment.

If the LMHA is continuing to provide services in order to protect critical infrastructure, briefly describe your plan for transitioning to full utilization of the service capacity being offered by external providers. Assume that proposed procurement plans are successful and the contractors prove to be stable providers and meet established performance standards. The plan must include a target date for the transition and measurable objectives for each procurement period.

If your proposed procurement is successful, what are your current plans for expanding the external provider network during the 2012 cycle? Identify the services and general volume capacity you are considering for procurement in the next planning period. If this information is documented in your critical infrastructure transition plan, simply reference it. Enter NA if you have no interested providers.

NA

23) Public Comment

Using bullet format, list the steps you will take to publicize and get public comment on the draft network development plan. Include outreach and activities directed to consumers, local advocacy groups, and potential providers.

- **Publish notice of postings in area newspapers.**
- **Mail to Interested Providers.**
- **Post notice in lobbies of Lakes Regional MHMR Centers.**
- **Route copies to management staff.**
- **Post on website.**

Implementation

24) Procurement Timeline

Provide your procurement timelines in the following table. Allow at least 14 days for public comment to the draft procurement instrument. If more than one procurement is planned, provide a separate timeline for each (copy and paste additional rows to the table). Enter NA if you have no interested providers.

N/A

Date	Key Activities and Milestones
	Draft procurement document (RFA/RFP) posted for public comment (at least 14 days)
	Publication of final procurement
	Due date for procurement responses
	Award date
	Contract start date

25) Consumer Transition

Provide your consumer transition timeline in the following table. If more than one procurement is planned, provide a separate timeline for each (copy and paste additional rows to the table). Enter NA if you have no interested providers.

N/A

Date or Timeframe	Key Activities and Milestones
	Date provider list will be posted to website and distributed to consumer and advocacy groups
	Timeframe for hosting provider forums to allow providers to share information with consumers
	Date to begin offering consumers choice of providers in the new network
	Period of time given to consumers to select provider
	Timeframe for transitioning current clients to new providers

Stakeholder Comments on Draft Plan and LMHA Response

Allow 14 days (minimum) for public comment on draft plan.

In the following table, summarize the public comments received on the draft plan. 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'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's rationale for rejecting the comment.

Comment	Stakeholder Group(s)	LMHA Response and Rationale
No comments received.		

COMPLETE AND SUBMIT ENTIRE PLAN TO performance.contracts@dshs.state.tx.us AS REQUIRED.

Appendix A

LPND Potential Interested Provider Contact Steps

1. Provider Interest Inquiry form is submitted for posting on DSHS web site.
2. DSHS Staff review information and post form
3. Provider and LMHA are notified via e-mail from DSHS staff that the form has been posted.
4. LMHA contacts provider to schedule a teleconference or site visit.
5. The LMHA may conclude that a provider is not interested in contracting with the LMHA if the provider does not participate in a teleconference or in-person meeting (whichever is requested by the LMHA) within 45 days of the initial LMHA contact.

Through the DSHS website, a provider can submit a Provider Inquiry Form to register interest in contracting with an LMHA. DSHS will notify both the provider and the LMHA when the Provider Inquiry Form is posted.

During its assessment of provider availability, it is the responsibility of the LMHA to review posted information and contact potential providers to schedule a time for further discussion. This discussion, which can take place in person or by phone, provides both the LMHA and the provider an opportunity to share information so that both parties can make a more informed decision about potential procurements.

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

The LMHA may request a teleconference or an in-person meeting, and must work with the provider to find a mutually convenient time. If the provider does not respond to the invitation or is not able to accommodate a teleconference or a site visit within 45 days of the LMHA's initial contact, the LMHA may conclude that the provider is not interested in contracting with the LMHA.

An LMHA is not obligated to go through procurement if no providers have demonstrated interested in contracting with the LMHA.

Appendix B

25 TAC §412.758 LMHA Provider Status.

1) The LMHA shall provide services only under one or more of the following conditions.

- a) The LMHA determines that interested qualified providers are not available to provide services in the LMHA's service area or that no providers met procurement specifications.
- b) The network of external providers does not provide the minimum level of consumer choice. A minimal level of consumer choice is present when consumers and their legally authorized representatives can choose from two or more qualified provider organizations in the LMHA's provider network for service packages and from two or more qualified individual practitioners in the LMHA's provider network for specific services within a service package.
- c) The network of external providers does not provide consumers of the LMHA's service area with access to services that is equivalent to or better than the level of access as of a date to be determined by DSHS. Any LMHA relying on this condition shall submit to DSHS information necessary for DSHS to verify level of access. DSHS will use the latest healthcare access technology available to the agency to measure access.
- d) The combined volume of services delivered by external providers is not sufficient to meet 100 percent of the LMHA's service capacity for each RDM service package as identified in the LMHA's local network development plan.
- e) The LMHA documents that it is necessary for the LMHA to provide certain services specified by the LMHA during the two-year period covered by the LMHA's local network development plan in order to preserve critical infrastructure to ensure continuous provision of services. Under this condition, the LMHA will identify a timeframe for transitioning to an external provider network, during which the LMHA procures an increasing proportion of the service capacity of the external provider network in successive procurement cycles. The LMHA shall give up its role as a service provider at the end of the transition period when the network has multiple external providers if the LMHA determines that external providers are willing and able to provide sufficient added service volume within the timeframe specified by the LMHA in its approved local network development plan, as provided in §412.756(g)(8)(F) of this title (relating to Local Network Development Plan), to compensate for service volume lost should any one of the external provider contracts be terminated.
- f) Existing agreements impose restrictions on the LMHA's ability to contract with external providers for specific services during the two-year period covered by the LMHA's local network development plan, or existing circumstances would result in the loss of a substantial source of revenue that supports service delivery during the two-year period covered by the plan. If the LMHA invokes this condition, DSHS may require the LMHA to provide DSHS with a copy of the relevant agreement(s). Examples of such agreements and circumstances include:
 - (1) grants or other sources of funding that require direct service provision by the LMHA and that cannot be amended;
 - (2) buildings or other physical infrastructure that are not reasonably expected to be sold, leased, or otherwise disposed of;
 - (3) tax-exempt government bonds or other long-term financing that place restrictions on the LMHA's ability to meet its financial obligations, either in whole or in part; and
 - (4) leases or contracts that cannot be terminated.