MHMR of Tarrant County

2013-2014 Local Provider Network Development Plan

October 2012

Local Service Area

Population	1,920,714
Square miles	863
Population density	2,226
Number of counties (total)	1
◆ **Number of urban counties**	1
◆ **Number of rural counties**	0
◆ **Number of frontier counties**	0

Name of City	Name of County	City Population	County Population	County Population Density	County Population Percent of Total
Fort Worth	Tarrant	741,206	1,920,714	2,226	39%
Arlington	Tarrant	365,438	1,920,714	2,226	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.

- Public transportation available in Fort Worth only
- Tarrant County is one of the ten fastest growing counties in the nation
- Strong collaboration between government, public, and private health providers

Provider Availability

1) <u>Provider Recruitment</u>

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 2010 planning cycle.

- Invited current and former contractors and interested providers to comment on LSAP

- Invited current and former contractors and interested providers to comment on RFP
- Sent notice of RFP to current and former contractors and interested providers
- Maintained email address (providerrelations@mhmrtc.org) on agency website to facilitate potential provider inquiries
- Mailed notice of the DSHS Provider Interest process to current and former contractors.
- Discussed current procurement opportunities with interested providers.

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
Providence of Texas	Discussion at LANAC Meeting	Discussed LMHA procurement plans for the current planning period. Norm Mealey, State Director indicated that his organization was interested in responding to the LMHA's procurement document. No further communication from Providence, but will continue to include Providence in communications related LPND activities.	Provider does not currently have a facility in Tarrant County but would consider opening one. Provider indicated interest in Child & Adolescent Services
Sunwest BHO, LLC	Provider Interest Form	Discussed LMHA procurement plans for the current planning period. Dr. Vanderpool, CEO indicated that his organization was interested in responding to the LMHA's procurement document	Provider does not currently have a facility in Tarrant County but would consider opening one. Provider indicated interest in Adult Service packages and Child & Adolescent discrete services
The Wood Group	Provider Interest Form	Discussed LMHA procurement plans for the current planning period. Jerry Parker, CEO indicated that his organization was currently providing the same services indicated for procurement in the plan, subsequently there would be no need to respond to the LMHA's procurement document.	Provider is currently providing RDM Clinic services for the LMHA. Provider indicated interest in Adult Services
Zeitgeist Wellness Group	Provider Interest Form	Discussed LMHA procurement plans for the current planning period. Tom Randolph, Business Development Manager indicated that his organization was interested in responding to the LMHA's procurement document	Provider does not currently have a facility in Tarrant County but would consider opening one. Provider indicated interest in Adult and Child and Adolescent services. Experience

			is primarily in the field of individual and group counseling.

Local Planning

- ***You are NOT required to solicit additional community input before drafting your 2012 plan update. You are required to solicit community input after your plan update is drafted through the public comment process.***
- *You may solicit additional community input if you believe it will be beneficial in drafting your update. If you do, conduct the provider assessment before engaging stakeholders so the input you receive is relevant to the options you have.*
- *Only include input that is specific to the network development plan.*

3) Status of provider availability assessment for 2012 Update

Complete this section only if you solicited community input before drafting your 2012 update.
Does the final assessment of provider availability documented above match the information about provider availability on hand at the time of community input?
_____ Yes _____ No *If no, briefly describe the difference.*

4) <u>Community Engagement for the 2012 Plan (If applicable)</u>

If you chose to solicit community input before drafting your 2012 update, provide the following information. 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. If input is received from individuals, identify how many consumers, family members, and other individuals participated.

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**		
			Clients	**Family**	**Other**

5) <u>PNAC Involvement for the 2012 Update (Required for all plan updates)</u>

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 update and review of the draft plan update. Briefly document the activity and the committee's recommendations.

Date	**PNAC Activity and Recommendations**
July 9, 2012	The Adult MH Community Advisory Committee members reviewed the Provider Network Development Plan and discussed procurement options and voted to recommend the Local Authority proceed with planning for procurement activities as indicated in the Plan.

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 2012 data, provide information from the first six months of the year (September 2011 through February 2012).

SERVICE CATEGORY	Total DSHS funding and Federal Rehab 2009*	External provider contract expenditures 2009		Total DSHS funding and Federal Rehab 2010*	External provider contract expenditures 2010		Total DSHS funding and Federal Rehab 2011*	External provider contract expenditures 2011		Projected DSHS funding and Federal Rehab 2012* (6 months x 2)	Projected external provider contract expenditures 2012 (6 months x 2)	
		Dollars	%		Dollars	%		Dollars	%		Dollars	%
Adult MH Services	$26,379,071	$8,755,640	33%	$26,272,870	$8,797,697	33%	$25,883,193	$8,488,524	33%	$25,158,064	$6,977,692	28%
Child/Adol MH Services	$4,171,745	$755,033	18%	$4,028,542	$707,759	18%	$3,728,932	$497,756	13%	$3,754,405	$458,055	12%
TOTAL MH Services	$30,550,816	$9,510,673	31%	$30,301,412	$9,505,456	31%	$29,612,125	$8,986,280	30%	$28,912,769	$7,435,747	26%
Breakout of CONTRACTED SERVICES:												
Medication and Labs		$5,415,396	57%		$5,111,495	54%		$4,350,522	48%		$2,985,139	40%
Physician Services**		$325,202	3%		$517,188	5%		$670,254	7%		$520,578	7%
Counselor Services**		$0	0%		$2,160	0%		$17,800	0%		$11,100	0%
Crisis Services		$1,251,151	13%		$1,239,516	13%		$1,240,181	14%		$1,239,831	17%
Residential Services		$41,470	0%		$49,654	1%		$22,968	0%		$13,464	0%
Inpatient Services		$2,200,000	23%		$2,200,000	23%		$2,200,000	24%		$2,200,000	30%
Other (list):Nursing		$78	0%		$0	0%		$43,580	0%			0%
Day camp		$83,293	1%			0%			0%			0%
IOP, PHP & Day Camp					$173,140	2%		$23,438	0%			0%
COS (Consumer Oper Svc)		$65,000	1%		$65,000	1%		$65,000	1%		$65,000	1%
Social Worker		$32,277	0%		$40,642	0%		$170,867	2%		$33,540	0%
Training		$17,192	0%			0%			0%			0%
Treatment Planning		$6,151	0%			0%			0%			0%
Translators		$29,215	0%		$57,603	1%		$42,829	0%		$52,512	1%
Respite		$44,248	0%		$49,058	1%		$37,328	0%		$110,907	1%
Supported Employment			0%					$10,975	0%		$45,700	1%
Rehabilitation			0%			0%		$90,540	1%		$118,977	2%
Guardianship Services											$39,000	1%
TOTAL		$9,510,673	100%		$9,505,456	100%		$8,986,281	100%		$7,435,747	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 2012 Provider Contracts

List your FY 2012 Contracts in the table below. In the Provider Type column, specify whether the provider is an organization or an individual practitioner. If you have a lengthy list, you may submit it as an attachment using the same format.

Provider	Service(s)	Provider Type	Dollars Allocated
Hibiscus Residential Care Homes	◆ Adult Residential Care Home	Individual	$8,030
Joyce Dorsey	◆ Adult Residential Care Home	Individual	$8,030
Sandra McCray	◆ Adult Residential Care Home	Individual	$16,060
Jeronimo Aviles	◆ Batterers Intervention Group	Individual	$15,000
Balance Forensic and General Psychological Service	◆ Competency Evaluations	Organization	$2,000
Dr. Kelly Goodness	◆ Competency Evaluations	Individual	$10,000
Depression Connection Team	◆ Consumer Operated Services	Organization	$65,000
ACH Child and Family Services	◆ CRCG Coordinator	Organization	$4,276
ACH Child and Family Services	◆ Crisis Respite & In Home Respite	Organization	$42,000
Tarrant County Hospital District	◆ Crisis Stabilization Unit	Organization	$1,253,831
Richard Hoefer	◆ Evaluation Specialist	Individual	$25,000
Tarrant County Hospital District	◆ Hospitalization - Adult	Organization	$1,900,000
Tarrant County Hospital District	◆ Hospitalization - Adolescent	Organization	$300,000
Tarrant County Hospital District	◆ Hospitalization – Local State Hospital	Organization	$1,084,320
Hired Hands, Inc.	◆ Interpretation	Organization	$26,280
Millwood Hospital	◆ Child/Adolescent IOP/PHP & Summer Camp	Organization	$45,000
Sundance Behavioral Healthcare	◆ Child/Adolescent IOP/PHP & Summer Camp	Organization	$45,000
Catholic Charities/Translation & Interpreter Netwo	◆ Interpretation	Organization	$120,470
Jackson & Coker Locum Tenens, LLC	◆ Locum Tenens	Organization	$75,000
ACH Child and Family Services	◆ MAPS	Organization	$92,492
Denton County MHMR	◆ Mobile Crisis Outreach Team	Organization	$12,000

Helen Farabee MHMR Centers	◆ Mobile Crisis Outreach Team	Organization	$12,000
Pecan Valley MHMR	◆ Mobile Crisis Outreach Team	Organization	$12,000
Texas Health Institute (The Benefit Bank)	◆ Online Services	Organization	$11,000
University of North Texas Health Science Center	◆ Psychiatrist	Organization	$91,500
Jyoti Patel, M.D.	◆ Psychiatrist	Individual	$92,000
Karen Price, M.D.	◆ Psychiatrist	Individual	$83,000
Meenakshi Patel, MD	◆ Psychiatrist	Individual	$52,000
Satyajeet Lahiri, M.D.	◆ Psychiatrist	Individual	$116,235
Stephen Barksdale, M.D.	◆ Psychiatrist	Individual	$54,000
Karten Psychological Services, P.C.	◆ Psychologist	Organization	$6,000
The Wood Group	◆ Adult RDM Clinic	Organization	$363,544
MedData Services	◆ Software License	Organization	$19,500
Bryant Guidry dba Intellection Consulting	◆ Supported Employment	Individual	$44,000
Mental Health Association	◆ WRAP & Peer Support	Organization	$127,735
The Hope Concept, LLC	◆ WRAP	Organization	$22,000

8) <u>Current and Planned Network Development</u> for FY 2013-2014

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 2011 and FY 2012 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 (tab 3: Service Target County by Component and LOCA). The link is: http://hhsapp08.mhmr.state.tx.us:8080/AnalyticalReporting/WebiView.do?cafWebSesInit=true&appKind=InfoView&service=/InfoViewApp/common/appService.do&loc=en&pvl=en_US&ctx=standalone&actId=224&objIds=7934&containerId=6569&pref=maxOpageU%3D100%3BmaxOpageUt%3D200%3BmaxOpageC%3D10%3Btz%3DAmerica%2FChicago%3BmUnit%3Dinch%3BshowFilters%3Dtrue%3BsmtpFrom%3Dtrue%3BpromptForUnsavedData%3Dtrue%3B*
- *Column B: State the percent of total capacity contracted to external providers in FY 2011. 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 2011; this is the actual capacity served by contractors.*
- *Column D: State the current percent of total capacity contracted to external providers for FY 2012. 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 2012 (September 2011 through February 2012); 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 2013 and in 2014. This is the cumulative percent you anticipate having under contract in that year, not the percent to be procured in that year.*
- *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 2011**	**Percent total capacity served by contract providers in FY 2011**	**Percent of total capacity contracted in FY 2012**	**Percent total capacity served by contract providers in FY 2012 (6 mo)**	**Percent of total capacity planned for contract in FY 2013**	**Percent of total capacity planned for contract in FY 2014**	**Number of available providers**	**Applicable condition**
Adult Service Packages									
Adult RDM SP 1	4,718	5%	.24%	5%	.41%	10%	10%	3	4
Adult RDM SP 2	30	5%	0%	5%	0%	10%	10%	3	4
Adult RDM SP 3	1,056	5%	1.35%	5%	3.08%	10%	10%	3	4
Adult RDM SP 4	77	0%	0%	0%	0%	0	0	3	5

Adult RDM SP 0	38	Service provided as part of service package							N/A
Adult RDM SP 5	206	Service provided as part of service package							N/A
TOTAL Adult Services	6,126	.40%	.40%	.47%	.47%			3	
Child Service Packages									
Children's RDM SP 1.1	389	0%	0%	0%	0%	0	0	3	5
Children's RDM SP 1.2	110	0%	0%	0%	0%	0	0	3	5
Children's RDM SP 2.1	1	0%	0%	0%	0%	0	0	3	5
Children's RDM SP 2.2	115	0%	0%	0%	0%	0	0	3	5
Children's RDM SP 2.3	48	0%	0%	0%	0%	0	0	3	5
Children's RDM SP 2.4	2	0%	0%	0%	0%	0	0	3	5
Children's RDM SP 4	564	0%	0%	0%	0%	0	0	3	5
Children's RDM SP 0	4	Service provided as part of service package							N/A
Children's RDM SP 5	6	Service provided as part of service package							N/A
TOTAL Children's Services	1,235	0%	0%	0%	0%	0	0	3	

NOTE: Percentages are cumulative; MHMRTC plans to procure an additional 5% of adult service packages in the 2013-2014 biennium.

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 2011 and FY 2012 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 2011**	**Percent of total capacity contracted in FY 2011**	**Percent total capacity served by contract providers in FY 2011**	**Percent of total capacity contracted in FY 2012**	**Percent total capacity served by contract providers in FY 2012 (6 mo)**	**Percent of total capacity planned for contract in FY 2013**	**Percent of total capacity planned for contract in FY 2014**	**Number of available providers**	**Applicable Condition**
CMH Crisis Respite (@ ACH)	302 units	100%	100%	100%	100%	100%	100%	2	
CMH Hrly Respite (in home)	223 units	100%	100%	100%	100%	100%	100%	2	
Adult Crisis Respite/Residential	189 admits					Contract currently under negotiation			
Extended Observation		100%	100%	100%	100%	100%	100%	0	

Crisis Stabilization	758 admits	100%	100%	100%	100%	100%	100%	0	
Inpatient Psychiatric Hospitalization	1,763 adult admissions 265 adolescent admissions	100% 100%	100% 100%	100% 100%	100% 100%	100%	100%	0	
Crisis Hotline (calls)	48,379							0	1
Adult Residential Care Home	2 clients	100%	100%	100%	100%	100%	100%	0	

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.

i. Adult Services – Our MH Adult Community Advisory Committee recommended the expansion of procured services in the area Adult TRR(RDM) Clinic Services (complete service packages 1, 2, and3)utilizing an open enrollment process.

ii. Child/Adolescent Services – During our last procurement process during which we issued an RFP for a Child/Adolescent RDM Clinic no proposals were received. MHMRTC is currently participating in the YES waiver and has been working with an external provider to provide C/A services through the waiver. It was determined to focus on adult services for this LPND cycle.

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.

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.

Service	Capacity Needed	External Provider Capacity	Information and Method Used to Determine External Network Capacity
Adult RDM Clinic Services	6386	300 - Current external provider.	Current provider stated capacity. Other interested providers do not have facilities located in Tarrant County.
Child/Adolescent RDM Clinic Services	1263	0	MHMRTC is currently negotiating with our current YES waiver provider to expand services. Interested providers do not have facilities located in Tarrant County

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.

Service	Transition Period	Year of Full Procurement
SP 4	2015 - 2016	2017

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.*

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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.

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.

- As a Center with extensive experience contracting with external providers for the past 15 years, MHMR of Tarrant County has given consideration to the wide range of issues and challenges inherent in the contracting process. From 2002-2008, we have had four major MH contract providers discontinue services. While each external provider provided notice of termination they were not able to maintain sufficient services through the final date of the contract. MHMRTC was left with significant negative implications through state recoupments, penalties and service infrastructure vulnerability. As we move forward with the implementation of our local service area plan, our past experience and feedback from our CAC impress the need to proceed in a thoughtful and planned manner that considers our local interest and needs along with critical clinical infrastructure plans to respond to contractor safety net concerns.
- In 2013 we will move forward with contracts for MH Services. Our CAC will actively evaluate other viable contract options though the use of the Best Value Review process to identify other contract options for Tarrant County.

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	Time Needed to Re-establish Service Volume
RDM Services	Many factors must be considered when transitioning consumers from an external provider back to the authority: • It is critical to develop and communicate transition plans to consumers in order to minimize any clinical disruption. • Address consumer concerns about transitioning as well as aiding them in finding another provider. • External provider staff may or may not be willing to move to LMHA • Recruitment and training of new LMHA staff if necessary • Timeframe to re-establish service varies depending on type of contracted service and number of affected consumers MHMRTC has experienced this multiple times and recognizes that each circumstance has unique problems

Procurement

13) Structure of Procurement(s)

In the table below, describe how the FY 2013-2014 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)*

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
January 2013	RFA	Adult Service Packages 1, 2 and 3	Tarrant	5%	In order to preserve fidelity in the TRR clinical service model required by DSHS, contracting by service package is necessary.

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.

15) Enhanced Staff Qualifications
Do you require any individual practitioners to meet higher standards than those described in the DSHS performance contract?

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

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
15 Bed Adult Male Crisis Respite/Residential	Due to small size of this program it would not be cost effective to have more than one provider, whether the service is provided by the LMHA or externally.
Assertive Community Treatment (ACT)	Due to small size of this program it would not be cost effective to have more than one provider, whether the service is provided by the LMHA or externally.

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.
- Choice will be maximized by allowing the consumer to choose any provider currently available.
- Access is maximized by offering services at several different locations and offering both day and evening hours. In addition to routine clinic services, crisis services are available 24 hours per day, 7 days per week.

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.
Tarrant County is a major urban area that is home to many culturally and linguistically diverse communities. MHMR of Tarrant County has long understood the need to provide services in a culturally sensitive manner.
- Staff members attend cultural competency training upon employment and then annual refreshers thereafter.
- If a non-English speaking consumer presents for services translation services are provided for the individual at no cost.

- MHMRTC maintains several translation services contracts both telephonic and face to face.
- Cultural competency training is required of external providers as well.
- Training records are reviewed by MHMRTC's Contract Monitoring department in order to ensure compliance.
- Translation services are provided to consumers who are seen by external providers as well with MHMRTC assuming the costs.

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.

- MHMR of Tarrant County has been able to find cost efficiencies by combining administrative and authority functions where feasible by:
  - Using multidisciplinary staff
  - Purchasing a software system to manage both administrative and authority needs
  - Utilizing information technology staff to develop and maintain both administrative and authority software
  - Combining administrative and authority functions such as incident reporting and crisis line
  - Leveraging funding and/or services from local government and non-governmental organizations
  - Leveraging other funding to compensate for Medicaid rates that do not include funding for authority functions
  - Utilizing only 10% of DSHS funds for administrative and authority functions.
- MHMR of Tarrant County has:
  - Negotiated reduced rent
  - Received donated office space
  - Received donations of ancillary support services
  - Received in kind contributions of valuable program space

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	Denton County MHMR	Crisis Hotline Services
2004	Pecan Valley MHMR	Crisis Hotline Services
2008	Heart of Texas Region MHMR	Crisis Hotline Services
2009	Harris County MHMR	Healthcare Information Technology System

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

- MHMRTC is a participating member of the Norwest Network of Community Centers

- Coordination of services for Medicaid Managed Care

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)
Adult Male Crisis Respite/Residential, 100%, Tarrant County	Currently in the negotiation phase
Child/ Adolescent RDM Clinic Services, 100%, Arlington, Texas	No proposals submitted

List the comments you received after posting the draft procurement documents during the 2010 planning cycle, and how you responded to the comments, including any modifications made to the procurement document. If the comments are extensive, you may provide this information in an attachment.

Comment or Suggestion	LMHA Response
No comments received	

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.

- Our TOPAZ initiative to develop a robust information management system that includes an electronic medical record and external provider management system.
- We have continued efforts to develop external networks not only in our mental health services but also MR-IDD, addictions and ECI.
- Our efforts have also included refinement of current systems due to our successful procurement of Adult RDM clinic services during the last planning cycle.

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
Staff Shortages in the Fort Worth area: • Physicians • Nurses	Enhanced efforts to partner with local medical groups to encourage partnerships.

Barriers	Plans
State Regulations/Service Requirements: • Medicaid rate structure • Medicaid rates are below the cost of delivery of services	Work with providers to develop service designs that support staffing patterns in line with rate structure where possible. Provide information to DSHS regarding Medicaid rate inadequacies and the impact on contracting
Providers unable to establish successful business model: • Inadequate business systems	Examine providers business systems and practices for ability to meet business demands
Potential for Medicaid fraud	Increase QM and UM staffing to provide increased oversight and monitoring of contract providers. Provide provider orientation and training on service/billing expectations.
Inexperienced providers in the delivery of RDM services including: • Rehab • CBT • TIMA • State RDM service documentation is extensive, challenging and costly • Medication cost containment	Select providers that have demonstrated experience and success in the delivery of state mandated RDM requirements.* LMHA will provide training and oversight on the delivery of RDM services and documentation. Will include provisions for sanctions in contracts. Providers will be required to participate in LMHA cost containment practices for prescribing medications. LMHA will provide active monitoring and feedback to providers.
Provider unable to deliver RDM services to comply with DSHS mandates, resulting in recoupments.	LMHA will provide training on performance expectations. Will include provisions for sanctions in contracts. Recoupment/penalties will be charged to external provider when recoupment is determined to be tied to provider failure to meet performance requirements.
Provider without current Medicaid number and unable to bill Medicaid for Card services	LMHA provide assistance to provider in acquiring a Medicaid number and assistance in billing for Medicaid Card services.

**MHMRTC's strategy is to is to find the best qualified providers. The more experience the provider has in delivering effective behavioral health services the more likely both MHMRTC and the provider will succeed. MHMRTC's history of network development has included contracting both with providers who have DSHS experience and those who have no DSHS experience but have similar behavioral healthcare experience and are willing to comply with the requirements associated with DSHS services.*

22) <u>Long Term Planning</u>

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.

The Board of Trustees of MHMR of Tarrant County anticipates continuing on a path of both managing the state's resources, as a local mental health authority, and providing direct services as necessary to meet community needs. MHMR of Tarrant County will continue to maintain strong relationships with local stakeholders, including an active Community Advisory Committee (CAC). MHMR of Tarrant County also anticipates continued response to community needs expressed by county and city government, our hospital district, and other local organizations.

In future years, we will follow a process that listens to our informed and active community. Our Community Advisory Committee will participate in an ongoing process of Best Value Reviews to determine the competence and effectiveness of the entire service delivery system. The CAC will play a key role in making recommendations to the Board of Trustees regarding the network of providers. In a theoretically ideal contracting environment MHMR of Tarrant County anticipates potentially contracting out services in future planning periods at a rate similar to the contracting planned in the current planning period as stated in the Current and Planned Network Development section of this plan A complete transition of DSHS funded services to an external provider network could possibly take place within 5 to 6 planning cycles dependent upon the outcome of several important variables listed below:

1. An ongoing assessment of the LMHA's provider network, including; service quality, ability to ensure the continuous provision of services, and ability to meet contract requirements.
2. Growth of the LMHA's network management capacity. As the LMHA's network grows its ability to manage the network must also grow in order manage expanded oversight responsibilities. We are currently exploring both personnel and technology enhancements that will be required and how to ensure adequate funds are available for both.
3. Future provider interest in providing services. Currently, some potential providers have indicated their preference for a gradual pace of increase. We will continue to work with providers who express an interest either directly with us or through the DSHS webstie. During future procurement cycles we will mine both resources to expand the network.
4. Factors outside the LMHA's control will also affect the expansion of the network. DSHS will be making determinations on critical issues such as:
    a. Funding of costs associated with authority activities
    b. Revision of RDM service delivery requirements,
    c. Rates for services
    d. Determination of funding of reserve capacity in order to ensure the continuous provision of services in the event a network provider terminates their contract.
    e. Another important external issue is the roll out of CMBHS and how that will impact the LMHA and its network of contracted providers.

In the case of RDM revisions, those changes may either attract or repel future providers. The same is certainly true for decisions on rates. Current providers may also make new contracting decisions on the basis of changes in RDM or rates.

Having significant experience in developing a network of providers allows MHMR of Tarrant County to be confident that with thoughtful decision making, the application of the appropriate level of local and state resources, and a focus on consumer needs we will be able to comply with both the spirit and the letter of the law as it pertains to LPND.

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.

- Plan will be posted on our agency website for a minimum of 14 days
- Notice will be sent to providers who have indicated their interest
- Notice will be sent to local advocacy groups
- Notice will be sent to our agency stakeholders
- Notice will be sent to our consumers via their current service provider
- Notice will be sent to our advisory committees

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.

Date	Key Activities and Milestones
est. January 2013	Draft procurement document (RFA) posted for public comment (at least 14 days)
est. February 2013	Publication of final procurement
est. April 2013	Due date for procurement responses
est May 2013	Award date
est. September 2013	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.

Date or Timeframe	Key Activities and Milestones
est. August 2013	Date provider list will be posted to website and distributed to consumer and advocacy groups
est. August 2013	Timeframe for hosting provider forums to allow providers to share information with consumers
est. September 2013	Date to begin offering consumers choice of providers in the new network
Choice offered at intake and tx plan update	Period of time given to consumers to select provider
Variable dependent on providers ability to accept new clients	Timeframe for transitioning current clients to new providers

Stakeholder Comments on Draft Plan and LMHA Response

Allow at least14 days 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**
Requested clarification of "Dollars Allocated" Column on pg. 6	Contractor	Provided clarification

COMPLETE AND SUBMIT ENTIRE PLAN TO performance.contracts@dshs.state.tx.us by OCTOBER 1, 2012.

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.