



## Local Provider Network Development Plan: Fiscal Year 2025

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

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

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

### NOTES:

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

---

# PART I: Required for all LMHAs and LBHAs

## Local Service Area

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

**Table 1: Area and Population Statistics**

Population	LMHA or LBHA Data
Square miles	3,052
Population density	1,062
Total number of counties	3
Number of rural counties	1
Number of urban counties	2

## Current Services and Contracts

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

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

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

<b>LOC</b>	<b>Most recent service capacity (non-Medicaid only)</b>	<b>Estimated FY 2025 service capacity (non-Medicaid only)</b>	<b>% total non-Medicaid capacity provided by external providers in FY 2025</b>
Adult LOC 1m	0	1	0%
Adult LOC 1s	3,880	3,815	0%
Adult LOC 2	170	135	0%
Adult LOC 3	1,088	1,038	0%
Adult LOC 4	58	44	0%
Adult LOC 5	0	3	0%

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

<b>LOC</b>	<b>Most recent service capacity (non-Medicaid only)</b>	<b>Estimated FY 2025 service capacity (non-Medicaid only)</b>	<b>% total non-Medicaid capacity provided by external providers in FY 2025</b>
Children’s LOC 1	36	32	0%
Children’s LOC 2	294	247	0%

<b>LOC</b>	<b>Most recent service capacity (non-Medicaid only)</b>	<b>Estimated FY 2025 service capacity (non-Medicaid only)</b>	<b>% total non-Medicaid capacity provided by external providers in FY 2025</b>
Children's LOC 3	263	207	0%
Children's LOC 4	19	15	0%
Children's LOC YC	22	15	0%
Children's LOC 5	0	0	0%

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

<b>Crisis Service</b>	<b>FY 2024 service capacity</b>	<b>Estimated FY 2025 service capacity</b>	<b>% total capacity provided by external providers in FY 2024</b>
Crisis Hotline	13,703	13,703	100%
Mobile Crisis Outreach Teams	10,125	10,125	N/A
Private Psychiatric Beds	9,341	10,432	100%
Community Mental Health Hospital Beds	N/A	N/A	N/A
Contracted Psychiatric Beds (CPBs)	1,365 bed days	1,336 bed days	100%
Extended Observation Units (EOUs)	N/A	N/A	N/A
Crisis Residential Units (CRUs)	N/A	N/A	N/A

<b>Crisis Service</b>	<b>FY 2024 service capacity</b>	<b>Estimated FY 2025 service capacity</b>	<b>% total capacity provided by external providers in FY 2024</b>
Crisis Stabilization Units (CSUs)	N/A	N/A	N/A
Crisis Respite Units (CRUs)	84	84	100%

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

**Table 5: Provider Organizations**

<b>Provider Organization</b>	<b>Service(s)</b>
Abundant Grace Church	CCBHC resource service
Advanced Medical Imaging	Medical Imaging
Aging & Disability Resource Center	Community Agency
A Sign Language Company	Interpreter Services; Adult, Children and Adolescents

<b>Provider Organization</b>	<b>Service(s)</b>
Association for the Advancement of Mexican Americans	OSAR services
A Stable Learning LLC	Therapy
Avail Solutions Inc	Crisis Hotline; Adults, Children, & Adolescents
BCHC dba New Horizon Medical	CCBHC resource service
Beck Therapy	Therapy
Behavioral Health Solutions of South Texas	OSAR services
Blue Puzzle LLC	Therapy
Border Region Behavioral Health	OSAR services
Buckner Children & Family Services	CCBHC resource service
Burke Center for Youth	CCBHC resource service
Cameron County Juvenile Justice Department	CCBHC resource service
Camino Real Community Services	OSAR services
CASA of Hidalgo County	CCBHC resource service
Catholic Charities of the Rio Grande Valley	CCBHC resource service
Children's Advocacy Center of Hidalgo, Cameron, and Starr County	Children's Care
Children's Bereavement Center RGV	CCBHC resource service

<b>Provider Organization</b>	<b>Service(s)</b>
Clinical Pathology Laboratories	Laboratory Services
Coastal Bend Wellness Foundation	OSAR services
Coastal Plains Community Center	OSAR services
Community Action Corporation of South Texas	CCBHC resource service
Compass Connections	CCBHC resource service
Community Council of the Rio Grande Valley Inc	OSAR services
Complete Family Footcare	Primary Care clinic
Council on Alcohol & Drug Abuse	OSAR services
Counseling and Recovery Services (CARS)	OSAR services
Counseling Centers International Therapy	CCBHC resource service
Darrell B Hester Juvenile Detention Center	Facility Suicide Prevention – LIFE Program/Boot Camp, OSAR and CCBHC resource service
David Moron MD	Physician Services
DBT Groups	CCBHC resource service
Diabetes & Endocrinology Clinic of South Texas PLLC	Primary Care Expansion
Dismas Recovery Resource Center	OSAR services
Doctors Hospital at Renaissance	Hospital, detox

<b>Provider Organization</b>	<b>Service(s)</b>
Easter Seals	CCBHC resource service
East Texas Behavioral Health Network dba/Burke Center	Telemed services
Family Counseling Service Center	OSAR services
Gateway Community Health Center	OSAR services
GENOA, A QOL Healthcare Company LLC	Pharmaceutical
Gulf Bend Center	OSAR services
Harlingen Housing Authority	Supported Housing resource
Harlingen Innovative Rehab	Therapy
Health in Harmony Music Therapy	Music Therapy Practice
Hidalgo County Housing Authority	Supported Housing resource
Hidalgo County Sherriff's Office/Jail	Jail-Peer Support
InDemand Interpreting	Interpreting agency
Kidney and Hypertension Specialists PA	Primary Care Specialists
LabCorp of America	Lab work for clients
Loaves and Fishes	CCBHC resource service
Los Fresnos Police Department	CCBHC resource service
LV Imaging LLC	Primary Care Expansion

<b>Provider Organization</b>	<b>Service(s)</b>
Magellan RX Management	Pharmaceuticals
Medical Associates of Brownsville	Primary Care specialist
Mid Valley House	OSAR services
Mid Valley Pathology PLLC	Primary Care specialist
Mindworks Rehabilitation Center	CCBHC resource service
Mission Medical Regional Hospital	CCBHC resource service
Mujeres Unidas/Women Together Foundation Inc	CCBHC resource service, OSAR
New Beginning HCSP LLC	Crisis Respite
New Leaf Mental Health PLLC	CCBHC resource service
Nueces Center MHID	OSAR services
Origins Recovery of Texas LLC	Detox center for substance use, CCBHC resource service
Outcomes Detox Center LLC	Detox center for substance use, CCBHC resource service
Outcry in the Barrio	CCBHC resource service
Ozanam Center	Homeless shelter
Palmer Drug Abuse Program	OSAR services, CCBHC resource service
Palms Behavioral Health	Outpatient and Inpatient mental health services

<b>Provider Organization</b>	<b>Service(s)</b>
Permiacare	OSAR services
Police Departments (Pharr, Mission, Harlingen and Brownsville)	Crisis Response Unit (CRU) grants
Rancho Encino LLC	Therapy
Raymondville Police Department	CCBHC resource service
Recovery Center of Cameron County	OSAR services
RGV Literacy Center	CCBHC resource service
RGV Music therapy & Wellness Center	Therapy
Rio Gastroenterology	Primary Care specialist
Rio Grande Regional Hospital	CCBHC resource service
Rio Grande State Center	Outpatient and Inpatient mental health services
Rio Grande Valley Mobile X-rays	Medical Imaging
Smart Meter LLC	Glucose Meters
South Texas Behavioral Health	Outpatient and Inpatient mental health services, Detox Center
South Texas Substance Abuse Recovery Services (STSARS)	OSAR/COPSD services
Su Clinica Familiar	OSAR service, CCBHC resource service
Sunny Glen Children's Home	Residential services, foster care, and adoption assistance.

<b>Provider Organization</b>	<b>Service(s)</b>
Texas Department of Criminal Justice	TCOOMMI services
Texas HCS, Inc-South Texas Community Living	Crisis Respite
Texas Health Care Mobile Imaging	Primary Care service
Texas Specialty Care Clinic	OSAR services
Thurmond Eye Associates PA	Primary Care specialist
TWG Investments, LTD	Crisis Respite
University of Texas-Rio Grande Valley	Resident Program, laboratory services
Valley Aids Council	Primary Care specialist, OSAR
Valley Endoscopy Center	Primary Care specialist
Vasquez Dental Health Center LLC	Primary Care Expansion
Webb County Youth Village	OSAR services
Weslaco Counseling Center PLLC	Therapy
Xcell Orthopedics Physical Therapy	Primary Care specialist
Zepol Dietary Consults	Dietitian

**Table 6: Individual Practitioners**

Individual Practitioner	Service(s)
Lisa Moreno DBA Moon Flower Therapeutic Arts Center LLC	Therapy
Schwartz, Stephen	Primary Care specialist

## Administrative Efficiencies

5. Using bullet format, describe the strategies the LMHA or LBHA is using to minimize overhead and administrative costs and achieve purchasing and other administrative efficiencies, as required by the state legislature (see Appendix C).
  - *Use Patient Assistance Programs to reduce the cost of medication.*
  - *Utilization of Patient Assistance Programs to reduce the cost of medication.*
  - *The center uses the Relias learning system to provide online training. This helps improve performance and quality outcomes by providing employees with flexible, professional development and online training through our robust assessments and learning solutions.*
  - *The center is also utilizing different technology platforms, such as Teams, to deliver virtual in-the-moment training. These virtual training environments are designed to simulate the traditional classroom or learning experience.*
  - *The center uses telehealth technology to maximize access and efficiencies.*

- 
- *We continue to use the recommended purchasing procedures of requiring quotes and Request for Proposal (RFP) for purchases to keep our administrative costs down.*
  - *The center partners with Tejas Health Management who provides support and understanding on navigating the complex array of health care payers to ensure that the services we deliver receive maximum available reimbursement.*
  - *Programs that have been funded by a state, federal or a foundation grant will make purchases of needed supplies and equipment for the program from the grant funds.*
  - *Grant funded programs contribute a minimum of 10% for overhead and this can reduce our overall overhead.*
  - *Effective 10/1/24, the federal grants will carry a minimum of 15% overhead which will further reduce the overall overhead.*
  - *Technology grants from a foundation have secured technology equipment for both staff and clients over the past two years. This helped reduce our cost for technology to various programs.*
  - *By utilizing pharmacy hardship or discounted pharmacy programs, clinics reduce the amount spent on medications, lowering overall operating costs.*
  - *Utilization of proper medication inventory management ensures medications are used before they expire, minimizing waste. This is especially important for expensive injectable medications. It also prevents stockouts and overstock of medication/injectables/vaccines.*
  - *Volunteer Program: We try engaging volunteers to support administrative tasks and community outreach efforts.*
  - *Paperless Operations: Full transition to digital records and communications to reduce paper and printing costs.*
  - *Staffing Flexibility: Utilizing part-time or temp staff which temporarily reduces labor costs.*

- *Leveraging data analytics to support decision making and optimize processes.*

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

**Table 7: LMHA or LBHA Partnerships**

Start Date	Partner(s)	Functions
2019	Border Region Behavioral Health Center (LMHA), Coastal Plains Community Center (LMHA), Rio Grande State Center (RGSC)	<p>All Texas Access is the project implementation of Senate Bill 633, 86th Legislature, Regular Session, 2019. The intent of this legislation recognizes rural local mental health authorities, and their regional partners are the most skillful to collaboratively decide the best approach to meet their population’s mental health needs. S.B. 633 directs the Regional Groups to develop plans to reduce cost to local governments of providing services to persons experiencing a mental health crisis; transportation of persons served by an LMHA to mental health facilities; incarceration of persons with mental illness in county jails; and number of hospital emergency room visits by persons with mental illness.</p> <p>TTBH continues to participate in the partnership with other rural local mental health authorities to meet our population’s mental health needs.</p>

## Provider Availability

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

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

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

- *TTBH meets regularly with stakeholder groups for input and expansion opportunities around network development.*
- *TTBH maintains a supplier registration form on the agency website to facilitate potential provider inquiries.*
- *Reviewed prior TTBH LPND Plans to determine if there were potential providers the Center could revisit.*
- *TTBH has expanded its provider network through additional telemedicine while maintaining its crisis inpatient contracts.*
- *TTBH collaborates with physician recruiting firms to obtain both part-time and full-time physicians.*
- *Ongoing review of interested providers on the Texas Health and Human Services (HHSC) website.*
- *TTBH shares information about capacity and service availability at our center with community partners.*
- *Please reference TTBHs prior LPND Plans for 2020 and 2022 for extensive history of planning, procurement, and contracting.*
- *Ongoing recruitment efforts and strategies to secure external providers.*

Complete table 8 by listing each potential provider identified during the process described above. Include all current contractors, provider organizations that registered on the HHSC website, and provider

organizations that have submitted written inquiries since submission of the fiscal year 2023 LPND plan. HHSC will notify an LMHA or LBHA if a provider expresses interest in contracting via the HHSC website. HHSC will accept new provider inquiry forms through the HHSC website from September 1, 2024, through December 1, 2024. When completing the table:

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

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

**Table 8: Potential Providers**

<b>Provider</b>	<b>Source of Identification</b>	<b>Summary of Follow-up Meeting or Teleconference</b>	<b>Assessment of Provider Availability, Services, and Capacity</b>
No providers have expressed interest in network development with TTBH.			

---

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

### Procurement Plans

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

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

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

#### Table 9: Procurement Plans

Service or Combination of Services to be Procured	Capacity to be Procured	Method (RFA or RFP)	Geographic Area(s) in Which Service(s) will be Procured	Posting Start Date	Posting End Date	Contract Start Date
No providers have expressed interest in network development with TTBH.						

## Rationale for Limitations

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

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

- d) The rationale must provide a basis for the proposed level of restriction, including the volume of services to be provided by the LMHA or LBHA.

**Table 10: Procurement Limitations**

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

10. Complete table 11 if the LMHA or LBHA will not be procuring all available capacity offered by external contractors for one or more services and identify the planned transition period and the year in which the LMHA or

LBHA anticipates procuring the full external provider capacity currently available (not to exceed the LMHA's or LBHA's capacity).

**Table 11: Procurement Transitions**

Service	Transition Period	Year of Full Procurement
No providers have expressed interest in network development with TTBH.		

## Capacity Development

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

**Table 12: Procurement Activities**

Year	Procurement (Service, % of Capacity, Geographic Area)	Results (Providers and Capacity)
2024	No providers have expressed interest in network development with TTBH.	

---

<b>Year</b>	<b>Procurement (Service, % of Capacity, Geographic Area)</b>	<b>Results (Providers and Capacity)</b>

DRAFT

---

# PART III: Required for all LMHAs and LBHAs

## PNAC Involvement

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

**Table 13: PNAC Involvement**

Date	PNAC Activity and Recommendations
06/18/2024	Solicited feedback from PNAC regarding local planning initiatives. (CLSP/LPND)  Priorities included: <ul style="list-style-type: none"><li>• Revisions to consumer surveys to capture further demographic details.</li><li>• Formatting questions to include telehealth services, referrals and health literacy.</li><li>• Including revisions to responses to seek further feedback on barriers of accessibility to services and overall customer satisfaction questions.</li></ul>
08/02/2024	PNAC members were sent a consumer survey for completion where they were given the opportunity to share their own perspectives.

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

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

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

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

**Table 14: Public Comments**

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

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

DRAFT

---

## Appendix A: Assessing Provider Availability

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

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

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

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

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

---

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

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

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

---

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

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

DRAFT

---

## Appendix C: Legislative Authority

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

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

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

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

---

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