

2022 Local Planning & Network Development Plan

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

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

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

When completing the template:

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

NOTES:

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

PART I: Required for all LMHA/LBHAs

Local Service Area

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

Population	1,187,526	Number of counties (total)	1
Square miles	841.3	♦ Number of urban counties	1
Population density	1,265.34	♦ Number of rural counties	0

Major populations centers (add additional rows as needed):

Name of City	Name of County	City Population	County Population	County Population Density	County Percent of Total Population
Plano city (pt.):	Collin County	290,624	1,187,526	1,265.34	24.47%
McKinney city:	Collin County	208,146	1,187,526	1,265.34	17.53%
Frisco city (pt.):	Collin County	217,213	1,187,526	1,265.34	18.29%
Allen city:	Collin County	108,703	1,187,526	1,265.34	9.15%
Dallas city (pt.):	Collin County	52,246	1,187,526	1,265.34	4.40%
Wylie city (pt.):	Collin County	60,746	1,187,526	1,265.34	5.12%

Richardson city (pt.):	Collin County	39,134	1,187,526	1,265.34	3.30%
Murphy city:	Collin County	21,673	1,187,526	1,265.34	1.83%
Prosper town (pt.):	Collin County	34,324	1,187,526	1,265.34	2.89%
Anna city:	Collin County	18,626	1,187,526	1,265.34	1.57%
Princeton city:	Collin County	19,071	1,187,526	1,265.34	1.61%
Melissa city:	Collin County	15,743	1,187,526	1,265.34	1.33%
Fairview town:	Collin County	10,996	1,187,526	1,265.34	0.93%
Celina city (pt.):	Collin County	18,881	1,187,526	1,265.34	1.59%
Sachse city (pt.):	Collin County	28,457	1,187,526	1,265.34	2.40%
Lucas city:	Collin County	8,102	1,187,526	1,265.34	0.68%
Parker city:	Collin County	5,792	1,187,526	1,265.34	0.49%
Farmersville city:	Collin County	3,674	1,187,526	1,265.34	0.31%
Lavon city:	Collin County	4,919	1,187,526	1,265.34	0.41%
Lowry Crossing city:	Collin County	1,205	1,187,526	1,265.34	0.10%
Royse City city (pt.):	Collin County	14,340	1,187,526	1,265.34	1.21%
Josephine city (pt.):	Collin County	1,488	1,187,526	1,265.34	0.13%
St. Paul town:	Collin County	725	1,187,526	1,265.34	0.06%
Nevada city:	Collin County	872	1,187,526	1,265.34	0.07%
Blue Ridge city:	Collin County	828	1,187,526	1,265.34	0.07%
New Hope town:	Collin County	600	1,187,526	1,265.34	0.05%

Garland city (pt.):	Collin County	165	1,187,526	1,265.34	0.01%
Weston city:	Collin County	233	1,187,526	1,265.34	0.02%

Current Services and Contracts

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

Adult Services: Complete Levels of Care	Most recent service capacity (non-Medicaid only)	Estimated FY 2022 service capacity (non-Medicaid only)	Percent total non-Medicaid capacity provided by external providers in FY 2021 *
Adult LOC 1m	0	0	0%

Adult LOC 1s	1,615	1,615	1.98%
Adult LOC 2	253	253	2.76%
Adult LOC 3	186	186	2.68%
Adult LOC 4	54	54	0%
Adult LOC 5	6	6	0%

Child and Youth Services: Complete Levels of Care	Most recent service capacity (non-Medicaid only)	Estimated FY 2022 service capacity (non- Medicaid only)	Percent total non- Medicaid capacity provided by external providers in FY 2021*
Children's LOC 1	43	43	6.9%
Children's LOC 2	112	112	11.6%
Children's LOC 3	54	54	9.25%
Children's LOC 4	5	5	0%
Children's LOCYC	5	5	40%
Children's LOC 5	0	0	0%

Crisis Services	FY 2021 service capacity	Estimated FY 2022 service capacity	Percent total capacity provided by external providers in FY 2021*
Crisis Hotline	10,397	8,327	100%
Mobile Crisis Outreach Team	3,444	2,953	0%

Other - Please list all Psychiatric Emergency Service Center (PESC) Projects and other Crisis Services SB292 # of Individuals Served-FY21: 83; FY22: 48	661	389	100%
PESC hospital services # of Individuals Served-FY21:48; FY22: 0	402	0	100%
Private Psychiatric Bed (PPB) hospital services # of Individuals Served-FY21: 364; FY22: 517	3,152	4,082	100%
Extended Observation Unit	1,294	2,179	0%
Crisis Respite Unit	1,155	2,253	0%

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

a) In the Provider column, list the name of the provider organization or individual practitioner. The LMHA/LBHA must have written consent to include the name of an individual peer support provider. For peer providers that do not wish to have their names listed, state the number of individuals (e.g., "3 Individuals").

b) List the services provided by each contractor, including full levels of care, discrete services (such as CBT, physician services, or family partner services), crisis and other specialty services, and support services (such as pharmacy benefits management, laboratory, etc.).

Provider Organizations	Service(s)
Child and Family Guidance Center	<ul style="list-style-type: none"> • Screening, assessment, & intake for adults, children, and adolescents • Texas Resilience and Recovery (TRR) outpatient services for adults, children, and adolescents • Services for co-occurring disorders for adults, children, and adolescents • Family partner services
Grace To Change LLC	<ul style="list-style-type: none"> • Adult Outpatient Treatment • Youth Outpatient Treatment
Imagine Programs, LLC	<ul style="list-style-type: none"> • Adult Outpatient Treatment • Youth Outpatient Treatment
Homeward Bound, Inc.	<ul style="list-style-type: none"> • Adult Residential Detoxification • Adult Intensive Residential
Nexus Recovery Center, Inc.	<ul style="list-style-type: none"> • Adult Residential Detoxification • Adult Intensive Residential • Youth Intensive Residential
Turtle Creek Manor, Inc.	<ul style="list-style-type: none"> • Adult Intensive Residential
MedPro Treatment Centers	<ul style="list-style-type: none"> • Opioid Treatment Services
West Texas Counseling & Rehabilitation Program of Plano, Inc	<ul style="list-style-type: none"> • Opioid Treatment Services
Dallas Behavioral Health Hospital	<ul style="list-style-type: none"> • Community Psychiatric Hospital Beds for children, adolescents, and adults
Garland Behavioral Hospital	<ul style="list-style-type: none"> • Community Psychiatric Beds for adults only

Glen Oaks Hospital	<ul style="list-style-type: none"> • Community Psychiatric Beds for adults only
Haven Behavioral Hospital of Frisco	<ul style="list-style-type: none"> • Community Psychiatric Beds for adolescents and adults
Methodist Richardson Medical Center	<ul style="list-style-type: none"> • Community Psychiatric Beds for adults only
Perimeter Behavioral Hospital of Garland, LLC	<ul style="list-style-type: none"> • Community Psychiatric Hospital Beds for children, adolescents, and adults
Texas Health Seay Behavioral Health Hospital	<ul style="list-style-type: none"> • Community Psychiatric Beds for adolescents and adults
TMC Behavioral Health Center	<ul style="list-style-type: none"> • Community Psychiatric Beds for adolescents and adults
ManeGait	<ul style="list-style-type: none"> • YES Waiver – Animal-Assisted Therapy
Spirit Song Equestrian Academy	<ul style="list-style-type: none"> • YES Waiver – Animal-Assisted Therapy
North Star Therapy	<ul style="list-style-type: none"> • YES Waiver – Music Therapy
Southwestern Music Therapy, LLC	<ul style="list-style-type: none"> • YES Waiver – Music Therapy
Complete Therapies, LLC	<ul style="list-style-type: none"> • YES Waiver – Recreational Therapy
Complete Treatment, LLC	<ul style="list-style-type: none"> • YES Waiver – Art Therapy • YES Waiver – Music Therapy • YES Waiver – Recreational Therapy
RecessAbility, Inc.	<ul style="list-style-type: none"> • YES Waiver – Art Therapy • YES Waiver – Music Therapy • YES Waiver – Recreational Therapy
MHMR Tarrant, ICARE Call Center	<ul style="list-style-type: none"> • Crisis hotline
The Wood Group	<ul style="list-style-type: none"> • Residential Support Services

	<ul style="list-style-type: none"> • Provides psych tech staffing for LPS Crisis Respite Unit (CRU) and Extended Observation Unit (EOU) for adults only at the Crisis Center
Clinical Pathology Laboratories	<ul style="list-style-type: none"> • Laboratory Services for Adult and C&A
Integrated Prescription Management, Inc.	<ul style="list-style-type: none"> • Pharmacy Benefit Management for Adult and C&A
Acadian Ambulance Services of Texas, LLC	<ul style="list-style-type: none"> • Ambulance Transportation Services
Allegiance Mobile Health	<ul style="list-style-type: none"> • Ambulance Transportation Services
Capstone Personnel Services, Inc.	<ul style="list-style-type: none"> • Temporary Staffing
Protouch Staffing	<ul style="list-style-type: none"> • Temporary Staffing
Supplemental Health Care	<ul style="list-style-type: none"> • Temporary Staffing
East Texas Behavioral Healthcare Network	<ul style="list-style-type: none"> • Telemedicine – Psychiatric Evaluation & Medication Management • Medical Director Services
Language Line Services, Inc.	<ul style="list-style-type: none"> • Translation
National Council of Behavioral Health	<ul style="list-style-type: none"> • Training – Case to Care • Training – BRITE • MTM Services
Community Garden Kitchen of Collin County, Inc.	<ul style="list-style-type: none"> • Beyond Blue - Food Assistance
Community Health Clinic of McKinney	<ul style="list-style-type: none"> • Beyond Blue - Medical Services
Community Lifeline Center, Inc.	<ul style="list-style-type: none"> • Beyond Blue - Social Services

Hope Clinic of McKinney	<ul style="list-style-type: none"> • Beyond Blue - Medical & Behavioral Health Services
McKinney Roots	<ul style="list-style-type: none"> • Beyond Blue - Gardening Programming & Food Supplies
Wellness Center for Older Adults	<ul style="list-style-type: none"> • Beyond Blue - Counseling, Social Services, & Database Management

Individual Practitioners	Service(s)
Gajraj, Dr. Noor	<ul style="list-style-type: none"> • Office-Based Opioid Treatment Prescriber Services
Ahmady, Nazanin	<ul style="list-style-type: none"> • YES Waiver – Art Therapy
Etheridge, Chelsea	<ul style="list-style-type: none"> • YES Waiver – Art Therapy
Inatomi, Sarah	<ul style="list-style-type: none"> • YES Waiver – Art Therapy
Sykora, Marcella	<ul style="list-style-type: none"> • YES Waiver – Art Therapy
Martinez, Nathalie	<ul style="list-style-type: none"> • YES Waiver – Recreational Therapy
Twyman, Lee	<ul style="list-style-type: none"> • YES Waiver – Recreational Therapy
Cruz, Giselle	<ul style="list-style-type: none"> • YES Waiver – Respite In-Home

Administrative Efficiencies

5) *Using bullet format, describe the strategies the LMHA/LBHA is using to minimize overhead and administrative costs and achieve purchasing and other administrative efficiencies, as required by the state legislature (see Appendix C).*

<ul style="list-style-type: none"> ◆ Participation in both Collin County Governmental Purchasing Group and Texas Comptroller’s Purchasing Coop
<ul style="list-style-type: none"> ◆ Contracts with other Centers or units of local government (MHMR of Tarrant for Crisis Hotline, ETBHN for telemed)

◆ Key staff participate in Texas Council Consortiums to learn from other Centers and enact cost saving measures (such as ED, CFO, HR, QM and Nursing Consortiums)
◆ Consolidation of Electronic Health Records in use (Streamline, Anasazi, ProMedda) to a single EHR (Streamline).
◆ Centralizing billing and revenue cycle management
◆ Automated reminder calls and texts for BH prescriber service appointments
◆ Active engagement in helping individuals apply for potentially eligible benefits
◆ Foundation created to conduct fundraising for expanding program services
◆ Monthly meetings with all LifePath Systems departments to review contract and billing status
◆ Use the EHR system to create monthly client charge based on federal/state FMMP sliding scale. Statement are sent to out each month. Payments are collected at clinic during visit, online payment or by mail.
◆ Office Sharing to maximize the use of space
◆ Remote work for positions that are able to work from home efficiently and effectively.

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

Start Date	Partner(s)	Functions
1/1/2017	MHMR of Tarrant County	Crisis Hotline

7/2017	East Texas Behavioral Health Network	Tele-medicine
6/2019	NTBHA	MHFA
1/2020	NTBHA	Crisis coordination
Ongoing	Texas Council of Community Centers CEOs and Behavioral Health Directors	Planning for future, solving implementation problems, working collaboratively with state to address concerns
Ongoing	Children's Special Interest Group	Collaborative Group of LMHA/LBHA representatives who meet monthly to discuss issues related to serving children and adolescents. Texas council leads this group and brings in speakers and representatives from HHSC as needed acting as a liaison between the C&A providers and HHSC.
Ongoing	Substance Use Disorder Special Interest Group	Collaborative Group of LMHA/LBHA representatives who meet monthly to discuss issues related to substance use disorder treatment services, contracting, and licensing as it pertains to CCBHC. Texas Council leads this group and brings in speakers and representatives from HHSC as needed acting as a liaison between providers and HHSC.
Ongoing	CS-SIG Crisis Services Special Interest Group	Collaborative Group of LMHA/LBHA representatives who meet monthly with a Texas Council representative to discuss challenges and best practices related to providing crisis services. Texas council leads this group and initiates conversation topics and agenda items provided by representatives from the group. Texas Council also serves as a liaison between the LMHA/LBHA representatives to assist each other as well as a voice to HHSC.

May 2021	ZERO Suicide Joint Regional Community of Practice	Discuss topics related to ZERO Suicide implementation across the region and state (20 Community Centers across the state)
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Provider Availability

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

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

<ul style="list-style-type: none"> ◆ Providing an open forum during monthly Law Enforcement/Hospital meetings & Tx System of Care meetings with community partners
<ul style="list-style-type: none"> ◆ Posts the most current approved LPND planning document on website at all times

◆ Individual meetings with local stakeholders interested in learning about BH Services
◆ Providing information during monthly CRCG meetings
◆ Requested feedback from our PNAC regarding any Behavioral Health providers requesting to contract to serve the indigent and Medicaid population.
◆ The leadership team has ongoing communication with existing providers, community partners throughout the planning cycle to discuss network development and other opportunities
◆ Posted an ongoing RFA on our website to continue to recruit YES Waiver service providers in an effort to continue to grow our provider network. Announcement of posting was published in the local papers and link is provided to local providers upon inquiry.
◆ Posted an ongoing RFA on our website for Substance Use Disorder (SUD) services in an effort to continue to grow our SUD provider network. Announcement of posting was published in the local papers and link is provided to local providers upon inquiry.
◆ Added Office Based Opioid Services (OBOT) services to our internal services array while utilizing ETBHN to expand options for individuals seeking treatment.

Complete the following table, inserting additional rows as needed.

List each potential provider identified during the process described in Item 7 of this section. Include all current contractors, provider organizations that registered on the HHSC website, and provider organizations that have submitted written inquiries since submission of 2020 LPND plan. You will receive notification from HHSC if a provider expresses interest in contracting with you via the HHSC

website. Provider inquiry forms will be accepted through the HHSC website through September 1, 2022. **Note:** Do not finalize your provider availability assessment or post the LPND plan for public comment before June 1, 2022.

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

Provider	Source of Identification	Summary of Follow-up Meeting or Teleconference	Assessment of Provider Availability, Services, and Capacity
Camp Fire First Texas, Inc.	Program	Contract executed for FY22 and renewed for FY23	YES - Out-of-Home Respite Camp, weekly camps with varying availability and capacity
Frontier Camp, Inc.	Program	Contract is process for FY23	YES - Out-of-Home Respite Camp, weekly camps with varying availability and capacity

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

Procurement Plans

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

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

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

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

Service or Combination of Services to be Procured	Capacity to be Procured	Method (RFA or RFP)	Geographic Area(s) in Which Service(s) will be Procured	Posting Start Date	Posting End Date	Contract Start Date
Substance Use Disorder (SUD) services	Variable	RFA	Collin County and contiguous counties	07/01/22	Ongoing	As available
YES Waiver services (Specialized Therapies, Respite - In-Home, Respite - Out-of-Home Camp)	Variable	RFA	Collin County and nearby counties	05/02/22	Ongoing	As available

Rationale for Limitations

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

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

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

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

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

Service	Transition Period	Year of Full Procurement
Not Applicable		

Capacity Development

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

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

Year	Procurement (Service, Percent of Capacity, Geographic Area)	Results (Providers and Capacity)
2017	Community Psychiatric Hospital Beds, 25%, Collin County and contiguous counties	1 – Methodist Richardson Medical Center, 25%
2018	Community Psychiatric Hospital Beds, 33%, Collin County and contiguous counties	2 – Garland Behavioral Hospital, 11%; Haven Behavioral Hospital of Frisco, 24%
2019	Community Psychiatric Hospital Beds, 15%, Collin County and neighboring counties	None
2019	Crisis Center Temporary Licensed Staffing, 5%, serve in Collin County	None
2019	Community Psychiatric Hospital Beds, 15%, Collin County and neighboring counties	None

2020	Community Psychiatric Hospital Beds, 15%, Collin County and contiguous counties	2 – Perimeter Behavioral Hospital of Dallas, 5%; Texas Health Presbyterian Hospital of Plano – Seay Behavioral Health Center, 7%
2021	Transportation Services, 100%, serve in Collin County and contiguous counties	None
2022	YES Waiver Specialized Therapies, 25%, serve in Collin County	Pending
2022	YES Waiver Respite, 100%, serve in Collin County	Pending
2022	Community Psychiatric Hospital Beds, 15%, Collin County and neighboring counties	Pending
2022	Laboratory Services, 100%, Collin County	Pending
2022	Adult Outpatient Treatment, 20%, Collin County	Pending
2022	Adult Residential Detoxification, 33%, Collin County and contiguous counties	Pending
2022	Adult Ambulatory Detoxification, 100%, Collin County and contiguous counties	Pending
2022	Adult Intensive Residential, 25%, Collin County and contiguous counties	Pending

2022	Youth Outpatient Treatment, 33%, Collin County	Pending
2022	Youth Intensive Residential, 100%, Collin County and contiguous counties	Pending
2022	Medication Assisted Treatment, 33%, Collin County	Pending

PART III: Required for all LMHA/LBHAs

PNAC Involvement

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

Date	PNAC Activity and Recommendations
10/20/2021	Bi-Monthly Meeting: Suggested visit to Harris County to learn about their homeless bed funding. Site visit was completed as suggested.
12/15/2021	Bi-Monthly Meeting: Suggested that personal quotes and other uplifting information be displayed in the clinic waiting rooms. Suggested: Continue to seek opportunities for contracting and funding for detox services within Collin County.
02/16/2021	Bi-Monthly Meeting: Suggested BH Director involvement in BH Coalition Crisis Committee
04/20/2022	Bi-Monthly Meeting: No recommendations at this time.
06/15/2022	Bi-Monthly Meeting: No recommendations at this time.

Stakeholder Comments on Draft Plan and LMHA/LBHA Response

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

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

- ◆ *Accepting the comment in full and making corresponding modifications to the plan;*
- ◆ *Accepting the comment in part and making corresponding modifications to the plan; or*
- ◆ *Rejecting the comment. Please explain the LMHA/LBHA's rationale for rejecting the comment.*

Comment	Stakeholder Group(s)	LMHA/LBHA Response and Rationale
Dallas Art Therapy noted that they were not listed in the LPND	Provider Network	LifePath Systems clarified that the listing of contractors included contractors for FY 2021. Dallas Art Therapy became a contracted provider in FY 2022. Dallas Art Therapy will be listed in the next LPND.
Community Member asked why CPS was not included within the LPND	Community Member	LifePath Systems clarified that CPS is not considered a network provider but rather a partner with which LifePath Systems collaborates with ensure the safety and wellbeing of our children and youth.

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

Appendix A

Assessing Provider Availability

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

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

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

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

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

Appendix B

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

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

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

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

Appendix C

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

Efficiencies at Local Mental Health Authorities and Intellectual Disability Authorities. The Health and Human Services Commission shall ensure that the local mental health authorities and local intellectual disability authorities that receive allocations from the funds appropriated above to the Health and Human Services Commission shall maximize the dollars available to provide services by minimizing overhead and administrative costs and achieving purchasing efficiencies. Among the strategies that should be considered in achieving this objective are consolidations among local authorities and partnering among local authorities on administrative, purchasing, or service delivery functions where such partnering may eliminate redundancies or promote economies of scale. The Legislature also intends that each state agency which enters into a contract with or makes a grant to local authorities does so in a manner that promotes the maximization of third-party billing opportunities, including to Medicare and Medicaid. Funds appropriated above to the Health and Human Services Commission in Strategies I.2.1, Long-Term Care Intake and Access, and F.1.3, Non-Medicaid IDD Community Services, may not be used to supplement the rate-based payments incurred by local intellectual disability authorities to provide waiver or ICF/IID services.