Tri-County Behavioral Healthcare
Local Provider Network Development Plan

2025

Local Provider Network Development Plan: Fiscal Year 2025

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

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

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

NOTES:

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

PART I: Required for all LMHAs and LBHAs

Local Service Area

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

Table 1: Area and Population Statistics

Population	LMHA or LBHA Data
Square miles	2,984
Population density	777
Total number of counties	3
Number of rural counties	2
Number of urban counties	1

Current Services and Contracts

2. Complete tables 2 through 4 to provide an overview of current services and contracts.

3. List the service capacity based on the most recent MBOW data set.

   a) For levels of care (LOC), list the non-Medicaid average monthly served found in MBOW using data from the LOC-A by Center (Non-Medicaid Only and All Clients) report in the General Warehouse folder.

   b) For residential programs, list the total number of beds and total discharges (all clients).

   c) For other services, identify the unit of service (all clients).

d) Estimate the service capacity for fiscal year 2025. If no change is anticipated, enter the same information previous column.

e) State the total percent of each service contracted out to external providers in fiscal year 2024. For LOCs, do not include contracts for discrete services within those levels of care when calculating percentages.

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

LOC	Most recent service capacity (non-Medicaid only)	Estimated FY 2025 service capacity (non-Medicaid only)	% total non-Medicaid capacity provided by external providers in FY 2025
Adult LOC 1m	0	0	0
Adult LOC 1s	2343	2466	0
Adult LOC 2	29	30	0
Adult LOC 3	169	179	0
Adult LOC 4	13	13	0
Adult LOC 5	19	22	0

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

LOC	Most recent service capacity (non-Medicaid only)	Estimated FY 2025 service capacity (non-Medicaid only)	% total non-Medicaid capacity provided by external providers in FY 2025
Children's LOC 1	45	53	0
Children's LOC 2	257	268	0

LOC	Most recent service capacity (non-Medicaid only)	Estimated FY 2025 service capacity (non-Medicaid only)	% total non-Medicaid capacity provided by external providers in FY 2025
Children's LOC 3	118	118	0
Children's LOC 4	1	1	0
Children's LOC YC	2	6	0
Children's LOC 5	0	0	0

Table 4: Service Capacity for Crisis Services

Crisis Service	FY 2024 service capacity	Estimated FY 2025 service capacity	% total capacity provided by external providers in FY 2024
Crisis Hotline	5070	5185	100
Mobile Crisis Outreach Teams	4128	4171	0
Private Psychiatric Beds	5387 bed days 664 discharges	5387 bed days 664 discharges	100
Community Mental Health Hospital Beds (N/A)	0	0	0
Contracted Psychiatric Beds (CPBs), previously known as Rapid Crisis Bed Days	242 bed days 28 discharges	215 bed days 24 discharges	100

Crisis Service	FY 2024 service capacity	Estimated FY 2025 service capacity	% total capacity provided by external providers in FY 2024
Extended Observation Units (EOUs) – N/A	0	0	0
Crisis Residential Units (CRUs) – N/A	0	0	0
Crisis Stabilization Units (CSUs) - admissions	1397 bed days 277 discharges	3000 bed days 600 discharges	0
Crisis Respite Units (CRUs)- (MH Only)	0	0	0

4. List all contracts for fiscal year 2025 in the tables 5 and 6. Include contracts with provider organizations and individual practitioners for discrete services.

   a) In tables 5 and 6, list the name of the provider organization or individual practitioner. LMHAs or LBHAs must have written consent to include names of individual peer support providers. State the number of individual peers (e.g., "3 individual peers") for peer providers that do not wish to have their names listed.

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

Table 5: Provider Organizations

Provider Organization	Service(s)
Avail Solutions	Crisis Hotline Services, 24 hours a day
Cornerstone Family Resource Center – Perry McAfee	Paraprofessional Services and Community Living Supports (YES Waiver)
Cypress Creek Hospital	Inpatient Psychiatric Services
East Texas Behavioral HealthCare Network (ETBHN)	Pharmacy services, authorization services.
FasPsych	Telepsychiatry - Crisis
Iris Telehealth	Telepsychiatry
J and D Home Care	Assisted Living Housing
Kingwood Pines Hospital	Inpatient Psychiatric Services
Laboratory Corporation of America (Labcorp)	Laboratory Services
Lifetime Homecare Services	IDD Crisis Respite
Life without Limits – Matthew Pevoto	Community Living Supports, Recreational Therapy (YES Waiver)
Nightingale Interpreting Services	Interpreting
RecessAbility, Inc. – Janette Hendrex	Animal Assisted Therapy, Art Therapy, Non-Medical Transportation and Community Living Supports (YES Waiver)
Sun Behavioral	Inpatient Psychiatric Services
Voyages Behavioral Health of Conroe	Inpatient Psychiatric Services
Woodlands Springs, LLC	Inpatient Psychiatric Services

Table 6: Individual Practitioners

Individual Practitioner	Service(s)
Various Officers from Montgomery County	Peace Officer Services

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).

◆ Tri-County Behavioral Healthcare is a member of the East Texas Behavioral Health Network (ETBHN) for shared cost savings on essential services (see below for additional information in Table 7: LMHA Partnerships).
◆ Tri-County Behavioral Healthcare is a member of the Texas Council of Community Centers which includes pooled resources and initiatives.
◆ Tri-County Behavioral Healthcare participates in quality improvement projects and Alternative Payment Methodologies (APM's), when feasible, with Medicaid Managed Care Organizations.
◆ Tri-County Behavioral Healthcare conducts annual reviews of policies and procedures to ensure they reflect accurate information and guide staff in the most efficient practices.
◆ Tri-County Behavioral Healthcare applies for and implements grants, as opportunities arise and match is available, in order to expand programming to meet identified needs without incurring additional expense.
◆ Tri-County Behavioral Healthcare incorporates efficiencies into clinical practice when deemed appropriate and feasible, such as organizing case loads by geographic locations to minimize travel expense.
◆ Tri-County Behavioral Healthcare is a Certified Community Behavioral Health Clinic, and participates in learning collaborations and shared ideas to improve quality care and best practices.

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
2001	• *East Texas Behavioral Health Network:* Membership Includes the following LMHA/LBHAs: Access, Andrews Center, Bluebonnet Trails, Burke, Community Healthcore, Gulf Bend Center, Gulf Coast Center, Lakes Regional Community Center, Pecan Valley Centers, Spindletop Center, Tri-County Behavioral Healthcare.	Tri-County Behavioral Healthcare is one of 11 Behavioral Health Authorities who actively participate in East Texas Behavioral Health Network (ETBHN). ETBHN functions in order to improve the quality of mental health and developmental disability services across Texas by using cost efficiencies, shared knowledge and cooperative initiatives. Tri-County has participated in several of the offered cost efficient offerings through ETBHN including authorization services, closed door pharmacy, and medical director consultation.

	• *Regional Planning Network Advisory Committee (RPNAC):* Membership Includes the following LMHA/LBHAs: Access, Andrews Center, Bluebonnet Trails, Burke, Community Healthcore, Gulf Bend Center, Gulf Coast Center, Lakes Regional Community Center, Pecan Valley Centers, Spindletop Center, Tri-County Behavioral Healthcare.	Tri-County Behavioral Healthcare, as a member of the ETBHN, collaborates with member Centers for the provision of certain administrative support. ETBHN formed a Regional Planning Network Advisory Committee (RPNAC) made up of at least one PNAC member from each ETBHN member Center (although it can be as many as two from each Center). At least one of Tri-County's PNAC members and a Center liaison attend the quarterly RPNAC meetings. Tri-County PNAC members who are on the RPNAC, Management Team staff and Quality Management staff work with other ETBHN Centers to meet the following goals: • To assure that the ETBHN network of providers will continuously improve the quality of services provided to all individuals through prudent mediation by network leadership. • To continuously activate mechanisms to proactively evaluate efforts to improve clinical outcomes and practices.

Start Date	Partner(s)	Functions
		• To maintain a process by which unacceptable outcomes, processes and practices can be identified.
2001	• *Regional Utilization Management Committee (RUM):* Membership Includes the following LMHA/LBHAs: Access, Andrews Center, Bluebonnet Trails, Burke, Community Healthcore, Gulf Bend Center, Gulf Coast Center, Lakes Regional Community Center, Pecan Valley Centers, Spindletop Center, Tri-County Behavioral Healthcare.	Tri-County Behavioral Healthcare, as a member of the ETBHN, collaborates with member Centers for a Regional Utilization Management Committee (RUM) that assists with the promotion, maintenance and availability of high-quality care in conjunction with effective and efficient utilization of resources. ETBHN facilitates this committee to ensure compliance with applicable contractual and regulatory UM requirements. Meetings are held quarterly or more frequently as needed and include a physician, utilization and quality management staff and fiscal/financial services staff. The Committee maintains representation from all member Centers of ETBHN as appointed by their respective Executive Director/CEO.

Start Date	Partner(s)	Functions
2001	• *Regional Oversight Committee (ROC):* Membership Includes the following LMHA/LBHAs: Access, Andrews Center, Bluebonnet Trails, Burke, Community Healthcore, Gulf Bend Center, Gulf Coast Center, Lakes Regional Community Center, Pecan Valley Centers, Spindletop Center, Tri-County Behavioral Healthcare.	Tri-County Behavioral Healthcare actively participates in the ROC which serves as the Board of Trustees to the East Texas Behavioral Health Network Executive Director. This Board is made up of the Executive Director/CEO of each member Center. The Board meets quarterly to review financials, discuss and authorize new projects and programs and review committee and workgroup activity.

Start Date	Partner(s)	Functions
	• *All Texas Access, Rusk State Hospital Regional Group:* Membership includes the following LMHAs/LBHAs: Access, Andrews Center, Burke, Community Healthcore, Spindletop Center, Tri-County Behavioral Healthcare, and Harris Center as an ex-officio member.	Tri-County Behavioral Healthcare participates in the All Texas Access Rusk State Hospital Regional Group led by HHSC in accordance with Senate Bill 454 and prior 633, in order to address the following goals through identification of ideas and efficiencies through collaboration with the regional group: • Cost to local governments of providing services to people experiencing a mental health crisis; • Transportation of people served by an LMHA or LBHA to mental health facilities; • Incarceration of people with mental illness in county jails; and • Hospital Emergency room visits by people with mental illness.

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.

◆ Tri-County staff sought feedback on the potential for interested local providers from our MHPNAC. The MHPNAC committee members were unaware of anyone in the community that had the ability to provide full levels of care at that time. The MHPNAC reviewed the information provided to stakeholders about LPND during the local planning process.
◆ One virtual and five (5) face to face local planning meetings were held in which information was provided about LPND and how a provider could express interest. During these public meetings, attendees are provided information about the LPND process and how to express interest. These meetings were advertised in local newspapers, through the PNAC members and invitations were emailed out to local stakeholders. Stakeholders attending local planning meetings were provided information about LPND and asked 1) what services they felt individuals most needed a choice of providers for and 2) what factors should be considered when seeking additional providers to provide choice.
◆ Tri-County staff reached out to the provider who expressed interest prior to the last LPND plan to determine if the provider was interested. Previous communication indicated no interest at that time and the provider did not respond to follow up.

8. Complete table 8 by listing each potential provider identified during the process described above. Include all current contractors, provider organizations that registered on the HHSC website, and provider organizations that have submitted written inquiries since submission of the fiscal year 2023 LPND plan. HHSC will notify an LMHA or LBHA if a provider

expresses interest in contracting via the HHSC website. HHSC will accept new provider inquiry forms through the HHSC website from September 1, 2024, through December 1, 2024. When completing the table:

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

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

Table 8: Potential Providers

Provider	Source of Identification	Summary of Follow-up Meeting or Teleconference	Assessment of Provider Availability, Services, and Capacity
None			

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

Procurement Plans

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

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

9. Complete table 9, inserting additional rows as need.

    a) Identify the service(s) to be procured. Make a separate entry for each service or combination of services that will be procured as a separate contracting unit. Specify Adult or Child if applicable.

    b) State the capacity to be procured, and the percent of total capacity for that service.

    c) State the method of procurement—open enrollment Request for Application (RFA) or request for proposal (RFP).

    d) Identify the geographic area for which the service will be procured: all counties or name selected counties.

    e) Document the planned begin and end dates for the procurement, and the planned contract start date.

Table 9: Procurement Plans

Service or Combination of Services to be Procured	Capacity to be Procured	Method (RFA or RFP)	Geographic Area(s) in Which Service(s) will be Procured	Posting Start Date	Posting End Date	Contract Start Date
None. N/A						

Rationale for Limitations

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

10. Complete table 10 based on the LMHA's or LBHA's assessment of provider availability. Review [26 TAC Section 301.259] carefully to be sure the rationale addresses the requirements specified in the rule (See Appendix B).

    a) Based on the LMHA's or LBHA's assessment of provider availability, respond to each of the following questions.

    b) If "yes" is answered for any restriction identified in table 10, provide a clear rationale.

    c) If the restriction applies to multiple procurements, the rationale must address each of the restricted procurements or state that it is applicable to all the restricted procurements.

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

Table 10: Procurement Limitations

	Yes	No	Rationale
1. Are there any services with potential for network development that are not scheduled for procurement?			
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?			
3. Are any of the procurements limited to certain counties within the local service area?			
4. Is there a limitation on the number of providers that will be accepted for any of the procurements?			

11. Complete table 11 if the LMHA or LBHA will not be procuring all available capacity offered by external contractors for one or more services and identify the planned transition period and the year in which the LMHA or LBHA anticipates procuring the full external provider capacity currently available (not to exceed the LMHA's or LBHA's capacity).

Table 11: Procurement Transitions

Service	Transition Period	Year of Full Procurement

Capacity Development

12. In table 12, document the LMHA's or LBHA's procurement activity since the submission of the fiscal year 2023 LPND plan. Include procurements implemented as part of the LPND plan and any other procurements for full LOCs and specialty services that have been conducted.

    a) List each service separately, including the percent of capacity offered and the geographic area in which the service was procured.

    b) State the results, including the number of providers obtained and the percent of service capacity contracted because of the procurement. If no providers were obtained because of procurement efforts, state "none."

Table 12: Procurement Activities

Year	Procurement (Service, % of Capacity, Geographic Area)	Results (Providers and Capacity)

PART III: Required for all LMHAs and LBHAs

PNAC Involvement

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

Table 13: PNAC Involvement

Date	PNAC Activity and Recommendations
April 17, 2024	The MHPNAC participated in the Local Planning and LPND Kickoff meeting where they reviewed and discussed the rules guiding our participation in the CLSP and LPND Process (Including Texas Administrative Code: Title 26, Part 1, Chapter 301, Subchapter F, Provider Network Development Rule and HHSC Performance Contract Information Item I, Instructions for Local Planning) in addition to reviewing the local planning process and general timeline.
June 26, 2024	The MH PNAC reviewed and provided feedback on the information that will be provided to stakeholders through a series of community meetings and surveys. The Committee was informed that the due dates for CLSP and LPND were pending.
August 21, 2024	The MHPNAC participated in Local Planning and provided feedback on LPND including what services they felt individuals most needed a choice of providers for and what factors should be considered when seeking providers to provide choice. The Committee was not currently aware of any providers interested in procuring non-Medicaid full levels of care at this time.

Date	PNAC Activity and Recommendations
October 9, 2024	Prior to receipt of the 2025 Provider Network Development Plan Template in October 2024, the MHPNAC met to review the new submission timeline of December 31, 2024 outlined in the HHSC Broadcast Message #24.015 and provided an update on feedback received from stakeholders to date. Additionally, it was discussed with the MH PNAC that we have had no interested providers at this time nor were there any providers who completed a Provider Interest Form with HHSC to date for this planning cycle.
November 5, 2024	The draft LPND plan was provided to the MH PNAC along with information on the posting of the plan on the Center website for 30 days, how to make public comment on the plan as well as how to access information regarding LPND on the HHSC website should the PNAC come into contact with anyone wanting to comment or learn more about the LPND process.
December 11, 2024	The Draft LPND Plan was reviewed by ETBHN Regional PNAC and there were no additional comments made on the plan for Tri-County Behavioral Healthcare; however, there were comments and discussion by and for each Community Center. The comments were as follows: • Each Center reported postings on their various public internet venues of the opportunity to provide comprehensive services as part of the service network. Centers have regular stakeholder meetings throughout the year to continue to connect with potential providers. • No ETBHN Centers received notice of individuals or organizations interested in providing comprehensive services. • Administrative efficiencies gained by each Center include services received through ETBHN and Texas Council of Community Services, as well as through partnerships with other Centers within the ETBHN Network and local resources available.
December 11, 2024	The MHPNAC reviewed the plan results and did not have any additional recommendations or changes to the plan.

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
No Public Comments were received outside of those listed above for RPNAC as a group.		

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

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.

Appendix C: Legislative Authority

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

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

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

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