Local Provider Network Development Plan: Fiscal Year 2027

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

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 2025 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	838
Population density	421
Total number of counties	1
Number of rural counties	0
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 2027. 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 2027 – Service capacity (non-Medicaid only)	% total non-Medicaid capacity provided by external providers in FY 2027
Adult LOC 1m	N/A	N/A	0
Adult LOC 1s	1,149.25	1,149.25	0
Adult LOC 2	25.5	25.5	0
Adult LOC 3	143.58	143.58	0
Adult LOC 4	18.75	18.75	0
Adult LOC 5	74	74	0

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

LOC	Most recent service capacity (non-Medicaid only)	Estimated FY 2027 service capacity (non-Medicaid only)	% total non-Medicaid capacity provided by external providers in FY 2027
Children's LOC 1	6.33	6.33	0
Children's LOC 2	27.25	27.25	0

LOC	Most recent service capacity (non-Medicaid only)	Estimated FY 2027 service capacity (non-Medicaid only)	% total non-Medicaid capacity provided by external providers in FY 2027
Children's LOC 3	9.42	9.42	0
Children's LOC 4	N/A	N/A	0
Children's LOC YC	.5	.5	0
Children's LOC 5	1.58	6.33	0

IDD Table: Service Capacity for Intellectual and Developmental Disability Community Services

Service Type	Most recent service capacity	Estimated FY 2027 service capacity	Estimated FY 2028 Service Capacity
General Revenue Service Coordination	75	75	75
Texas Home Living Service Coordination	60	60	75
HCS Service Coordination	550	560	570
PASRR Habilitation Coordination	60	60	60
Community First Choice Service Coordination	10	15	20
General Revenue Services	54	51	45

Service Type	Most recent service capacity	Estimated FY 2027 service capacity	Estimated FY 2028 Service Capacity
Outpatient Biopsychosocial Intervention Program (mental health services for adults and children with intellectual disabilities and co-occurring mental health, substance-use, or behavioral health needs)	0	25	25
Employment Navigation	25	50	100
PASRR Specialized services (independent living skills training, Day habilitation, etc)	2	2	2
Determination of Intellectual Disability	60	100	72
Community Living Options Information Process	200	200	200

Table 4: Service Capacity for Crisis Services

Crisis Service	FY 2027 service capacity	Estimated FY 2028 service capacity	% total capacity provided by external providers in FY 2027
Crisis Hotline	709	709	100%
Mobile Crisis Outreach Teams	4,258	4,258	0%
Private Psychiatric Beds	10,204	10,204	100%

Crisis Service	FY 2027 service capacity	Estimated FY 2028 service capacity	% total capacity provided by external providers in FY 2027
Community Mental Health Hospital Beds	N/A	N/A	N/A
Contracted Psychiatric Beds (CPBs)	N/A	N/A	N/A
0%Extended Observation Units (EOUs)	N/A	N/A	0%
Crisis Residential Units (CRUs)	N/A	N/A	0%
Crisis Stabilization Units (CSUs)	N/A	N/A	0%
Crisis Respite Units (CRUs)	400	400	0%
IDD Crisis Intervention	50	100	0
IDD Crisis Respite	22	22	1

4. List all contracts for fiscal year 2027 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)
Cenikor	Substance Detox and residential services
Avail Solutions Inc.	Psychiatric Hotline Services and MCOT services
Ocean's Behavioral Hospital	Inpatient psychiatric care for adults served through the Center.
Palm's Behavioral Hospital	Inpatient psychiatric care for adults served through the Center. -PPB
Bayview Behavioral Hospital	Inpatient psychiatric care for adults served through the Center. -PPB
Glenoak Therapeutic Riding Center	Yes Waiver: Equine Therapy
UTMB – Telemedicine	Youth medication management via telehealth.
ETBHN	Utilization management and assessment authorization, tele-psychiatry services.
UTMB-Telemedicine	Youth Medication management via telehealth
Tomorrow's Voice	IDD Crisis and TST
Health in Harmony	YES Waiver, Music and Recreational Therapy
Nueces County Juvenile Probation Department	Psychiatric assessments and medication management

Table 6: Individual Practitioners

Individual Practitioner	Service(s)
Paul Osborne	IDD Crisis and TST
Caren Cornelius	IDD Crisis and TST
Robert C Cramer, PhD	Determination of Intellectual Disability; IDD Behavioral Support
Elizabeth Levy, PhD	Determination of Intellectual Disability
Anna Pineda, LPA	Determination of Intellectual Disability
Dr. Michael Hernandez, M.D.	Serves as the Chief Medical Officer for the Center and provides psychiatric assessments and medication management for adult mental health services.
Dr. Jack Chelebian M.D.	Adult Mental Health: Psychiatric assessments and medication management.
Troy Martinez, PsyD	Psychological services: competency exams for the Outpatient Competency Restoration Program.
Rondey Prater, PMHNP	Adult Mental Health: Psychiatric assessments and medication management.
Dr. Krishnaiah Rayasam M.D.	Youth Mental Health Services: Psychiatric assessments and medication management.

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).

- The Center leverages local collaborative partnerships with counties, hospitals, law enforcement, schools, and other community organizations to expand access to services without creating duplicative administrative infrastructure or incurring unnecessary overhead costs.
- The Center uses available external grant funding, local dollars, and other eligible grant opportunities, to offset administrative and program costs when available and to preserve local operating funds for direct services.
- The Center uses telehealth and virtual service platforms, including Cloud 9 and contracted telemedicine services, to reduce travel, improve staff efficiency, support timely access to care, and lower operational costs associated with in-person service delivery.
- The Center contracts for selected specialty and high-cost services, including hotline support, tele-psychiatry, inpatient psychiatric care, detoxification, residential treatment, equine therapy, music therapy, recreational therapy, and specialized IDD services, when contracting is more efficient than developing and maintaining full in-house capacity.
- The Center aligns staff responsibilities to the lowest appropriate cost structure by assigning administrative and care coordination duties that do not require QMHP licensure to qualified support staff, allowing licensed and clinical staff to focus on direct treatment, service access, and other billable activities.
- The Center maximizes third-party billing opportunities, including Medicaid and Medicare where applicable, to ensure state and local funds are directed toward services for individuals who are uninsured, underinsured, or receiving non-billable services, consistent with legislative intent.
- The Center maintains utilization management and quality management review processes that use MBOW, SmartCare, and other operational reports to identify inefficiencies, documentation concerns, billing risks, and service gaps and to implement cost-effective corrective actions.
- The LIDDA monitors service contracts to ensure statutory, regulatory, contractual, documentation, and billing requirements

are met, which supports accountability, reduces recoupment risk, and promotes the efficient use of public funds.

- When evaluating purchasing and service delivery options, the Center applies a best-value approach that considers cost, access, provider capacity, individual choice, outcomes, regulatory compliance, and continuity of care rather than cost alone.
- The Center integrates administrative oversight, contract management, and service coordination functions across programs where appropriate to reduce duplication and direct a greater share of available resources to direct service delivery.

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
2016	Tropical Texas Behavioral Health Center	OSAR services on site at NCMHID
2018	Cenikor	Detox and residential treatment for SUD crisis
2018	Nueces County Jail	Law Enforcement officers and jail staff assist with forensic diversions.
2005	Tropical Texas Behavioral Health Center, Blue Bonnet Trails, Camino Real, Gulf Bend	Community Living Options Information Process subcontracted to the designated LIDDA
2014	Tropical Texas Behavioral Health Center, Coastal Plains Community Center, Border Region Behavioral Health	Transition Support Team

Start Date	Partner(s)	Functions
2022	Cloud 9	Virtual communication application for on-demand provider access and linkage to community resources.
2018	Nueces County Hospital District	Funding for diversionary Mental Health Services and Co-Occurring/SUD services.
Ongoing	SSLC	Solicit information and collaborate regarding community needs from representatives of the SSLC, family members of these residents and members of SSLC volunteer services councils to insure cost effectiveness, LRE, availability of the SSLC, diversion goals and opportunities for innovation.

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.

- The Center continues ongoing recruitment of YES Waiver providers. Staff research potential resources and conduct outreach by phone and in person to identify qualified providers.
- The Center reviews the HHSC LPND website for provider inquiries and follows up as appropriate regarding provider interest and potential contracting opportunities.
- The Center conducts outreach to other LIDDAs regarding possible MOUs for Determinations of Intellectual Disability (DIDs).

- The Center seeks additional out-of-home IDD crisis respite providers through other LIDDAs and its existing network of out-of-area private community waiver and ICF/IID 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 2025 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
Community Options	RAF	Discussion resulted in agreement on rate for IDD Crisis respite, contract sent; pending signatures.	Ability to provide out of home crisis respite in waiver group home or host home settings as needed IDD crisis participants.

Provider	Source of Identification	Summary of Follow-up Meeting or Teleconference	Assessment of Provider Availability, Services, and Capacity
Rebecca Kratz	RAF	Contract under review	Determinations of Intellectual Disability including to individuals in PASRR program/Nursing Facilities.

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
IDD Crisis Respite Provider	Up to 14 bed days per occurrence	RFA	Nueces	FY 2025	FY 2027	ASAP
IDD PASRR Specialized Services – Day Habilitation	As needed	RFA	Nueces	FY 2025	FY 2027	ASAP

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?	N/A	N/A	N/A
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?	N/A	N/A	N/A

	Yes	No	Rationale
3. Are any of the procurements limited to certain counties within the local service area?	N/A	N/A	N/A
4. Is there a limitation on the number of providers that will be accepted for any of the procurements?	N/A	N/A	N/A

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
N/A	N/A	N/A

Capacity Development

11. In table 12, document the LMHA's or LBHA's procurement activity since the submission of the fiscal year 2025 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)
N/A	N/A	N/A

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
2/10/26	Review CLSP and LPND draft updates for IDD programs including OBI with PNAC.
4/14/26	C Review and Approval of the LPND/CLSP Community Survey
5/19/26	Review LPND/CLSP Results provide feed back/recommendations

Date	PNAC Activity and Recommendations
6/16/26	Continue review of survey and LPND draft for approval

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, 2026.

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
None	None	None
None	None	None

Complete and submit entire plan to Performance.Contracts@hhs.texas.gov by .

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