

## Conference Call regarding Network Development and Enhancement 9/20/07

**Question:** How does your work tie into the work of the Planning and Network Advisory Committee?

**Answer:** Network Advisory Committee (NAC) merged with Citizens' Planning Advisory Committee (CPAC) this month, Sept. 2007. The Center now has one advisory committee which is the Planning and Network Advisory Committee. It will have a standing subcommittee which will be addressing Network Development and Management issues. This critical subcommittee will be charged with helping the Center to 1) ensure all planning processes are transparent, 2) ensure widespread consumer and family member input, 3) identify other stakeholders to provide input; and 4) to make recommendations to the Board regarding network development and management and some of the processes.

**Question:** What is the process for aligning current systems and processes that the center has in place relative to the current provider network or the MSO function and the timeline relative to that?

**Answer:** There are current systems in place for contracting function in various networks in the Center. This committee and the Executive Management Team, will be reviewing how the Center may need to be reorganized in order to take on additional responsibilities of network contracting under the rules of the DSHS performance contract and the law. There will, out of necessity, need to be some realignment of functions and responsibilities. There will probably be changes in processes, concerning development of the network plans and procurement practices.

Marietta Noel described the various planning requirements:

**Local Service Area Plan (LSAP)** is required in accordance with Texas Health and Safety Code. It addresses services individuals within the local catchment area need and want. The LSAP will continue to include an assessment of the community and what services are currently being provided, what the demographics of the community are, and identification of service gaps. The LSAP, additionally, describes services to be provided and the network of providers who will deliver them. Other Center Plans (e.g., Local Network Development Plan (LNDP), Crisis Plan, and the Jail Diversion Plan) are a part of the Local Network Service Area Plan, usually as attachments. Submission date to DSHS is on or before July 1, 2008.

**Local Network Development Plan** is a Plan regarding the design and development of the Center's provider network. It must reflect local needs and priorities and maximize consumer choice and access to qualified service providers. The process of determining who will provide those services will require a great deal of input from many community stakeholders. DSHS has been clear that this should be very transparent process with input all along the way not just when there is a draft Plan ready for review by the stakeholders.

**Crisis Plan** – The Center is required to submit a Crisis Redesign Plan to DSHS no later than October 31, 2007. There will be a Community Forum to get stakeholder input and provide information on October 2<sup>nd</sup>, 2007. Staff is invited to attend and participate in this input opportunity. The state agency has not given a template for that.

**Question:** (*Pertaining to the Network Development Planning document e-mailed to the field*) Page 1 – this is not an any willing provider rule, yet on pg 4 (1<sup>st</sup> bullet), ATC as a provider – no willing provider of the relevant services has been identified. Seems to be a conflict on the two points.

**Answer:** Page 1 – We don't have to accept just anybody who comes along and wants to provide services, we are able to set the rules and requirements about what these potential providers have to do or not do.

Page 4 – When can the Center itself provide services, if Center solicits providers for particular service and doesn't receive input from at least one willing provider who meets requirements then the Center will be allowed to provide services.

Follow-up Question: Then page 4 should be 'no willing qualified provider'?

**Answer:** Yes

**Question:** Would we build on the Center's current network that we have or would we have to start all over?

**Answer:** The rule identifies two procurement processes:

1. request for application process – that must be re-bid every two years, and
2. request for proposal process (5 years)

Currently in our processes, we do not require individuals to reapply to the network once they are on the network. So some of those practices will have to change. Depending upon whether services described remain bundled or unbundled, our network has unbundled services. That may also change some of the ways of procuring services. Internally, as a contract work group we are interested in making sure that practices can be similar so they are most cost effective..

**Question:** Page 3 - ATCMHMR can not respond to its own RFA/RFP If provider part of our agency wants to be part of the regular provider network, how can we do that, or are we just going to be the safety net for the external providers to come out, the apply and promise to deliver, then they don't deliver, we become a last resort? We can't let the Community SAMSO; we can not actually be a provider?

**Answer:** Substance Abuse Programs are not included in this rule.

**Question:** What about service providers within the agency that are doing the LOC1, LOC3, and LOC4?

**Answer:** The intent of this rule, was that if there two more providers that provide all of the Adult Mental Health Services that the Center is already providing then the Center has a choice to make, it can either be the authority or the provider. If it decides to be the provider it has to give up its authority function. We are talking about three different groups of funding, State General Resident Funding, Federal Block Grant Funding, Medicaid Mental Health Rehabilitation Services Funding, it does not apply to targeted case management because the law does not provide for that and it does not apply to Medicaid Card Services.

*Clarification of the above response*

The first thing you need to keep in mind is there are certain funds that this process applies to, once you cross that hurdle you are talking about a service that is funded by money from DSHS not DADS, DARS, local match or contribution but if you are talking about money that is covered then the next set is to develop your local plan and once/providing it is approved by the State it will say what we intend to procure from outside providers and what we do not intend to procure through outside providers. Once that plan has been approved we will be in the procurement process for the services that our plan says will provide – If we don't locate a sufficient number of willing qualified providers to provide the services that we're seeking then we'll be authorized to provide those services and only then.

**Question:** It appears the rule making Committee attempted to avoid at all costs some of the experiences they had with private companies from pulling out, they allowed local planning Network Development Plan for a local authority with its input from various constituents to retain as a safety net, so that you can back bill in case a private company was to pull out of the business?.

**Answer:** That is absolutely correct. Part of the issues that we still have to figure out is what would that safety net look like for our local service area and to be able to make sure we maintain the infrastructure that would be necessary to support those services. Those are still issues that need to be worked out.

**Question:** Has the State given us any guidance yet on what knowledge assistance in this process?

**Answer:** Not at this point

**Question:** Maintaining the safety net would be from those funds? Is there an analysis of how much money we are talking about?

**Answer:** We know how dollars we're receiving right now prior to an allocation to any crisis redesigned funds. Currently the Children and Adult general revenue funding is \$8.4 million. This includes not only the program but pharmacy Allocation of medication costs have not been clarified. Funding reallocation would also be part of this process. The budget for rehab is \$1.5million for both Child and Adult. As I understand it, they would not be changing the rules so the private providers would be billing directly, but they would bill rehab services under arrangement with the Center.

**Question:** Is there a chance of getting new money so that we keep doing services the way that we have been doing them and choosing who uses the new money to contract out with, has that been mentioned at the State?.

**Answer:** The new money is the crisis redesign, there is some discussion of further need of clarification whether Crisis Services is part of this, and we didn't think so at first but the way that the templates have started coming out of the State it appears that that is their intent.

**Question:** Has this been done in other states and what percentage of the total allocation of dollars from those three funding sources have authorities held back to provide the safety net, is there any data that says we have to hold back like 10% to make sure that if the people that we contract with do fall apart that we have to be there to do that and so requires a certain amount of infrastructure, is there a trend with the different states that have done, is there a percentage of the total allocation that they keep in order to keep the safety net in place?.

**Answer:** So far the only other experience that we have had a chance to preliminarily review has been Kansas' experience and Kansas is just starting and they actually have a slightly different model, they have more of a managed services model so we have not identified other states at this point. Best practices but that is definitely something that is on the agenda for our committee to look at, is what have other states done, what's been their experience, particularly we are interested in what has been the experience from the consumer point of view with the changes that have been made but we are not there yet.

**Answer:** The difference between what we are doing here and what they are doing in Kansas, is that in Kansas through a managed care organization that was set up by the state they have 'any willing provider' status meaning that local mental health authorities can bid to provide services, under this plan. It is not the same. They can only provide services under certain conditions as laid out in the law.

**Question:** Is that regardless of funding source?

**Answer:** No, it only has to do with three funding sources that I mentioned earlier, State General Revenue Funding for Adult Mental Health and Children's mental health ., Federal Block Grant Fund and Medicaid Mental Health Rehabilitation Services.

**Answer:** The Plan has to address what the Center's strategies are for handling a situation where a provider would stop providing services. One possible option is that when developing our provider contracts, we need to estimate how much time it would take for the Center to be able to ramp back up and provide the services.

**Question:** Could we in our contract hypothetically put some performance bond or something that would compensate us during that ramp up period?

**Answer:** Yes

**Question:** We just recently got a complaint from an individual provider in Children's Services, one of the things that that provider talked a lot about was how much better being contractor for the agency would be if he had access to some automated billing and some automated records keeping system rather than doing that by hand - Are you looking at that at all as a committee and would that be a part of our plan that we would be working to develop between now and next July?.

**Answer:** We have to consider this issue in the readiness review and part of that especially in the billing system, since we would have compliance issues probably it would be preferable that they did bill in our system. We have to work with MIS about access to our system, that is really important versus batching under our number and us not having that control as to what is sent and actually going through the algorithm of all the items that are in place, from a billing aspect it would be preferable.

**Comment:** It would make continuity care for the client also lots easier if we had access to the chart they developed if we had to jump in that we had that information already there.

**Question:** Is it clear what all the functions are going to be in authority or provider in this process, things like intake?

**Answer:** For instance, in other systems Crisis is recognized as an essential authority function, so part of the issues around authority provider separation of functions is identifying which of those services go where. Just because something is a Children's intake or a DD intake, we still have to recognize that those are still intakes and usually are identified as authority functions. That means being able to separate the funding. There are a lot of questions about where crisis belongs and there are going to be continuing discussions about this...

**Question:** Who will manage and maintain the wait list, is it an authority function?.

**Answer:** We still very early in the process. There will be more discussions with staff, Planning Network Advisory Committee, EMT, and the Board of Trustees about this separation and there aren't going to be any decisions made in isolation.

**Question:** As external stakeholders learn more about this, what is the best way to communicate information to them?.

**Answer:** One of the things we have discussed is having some space internally for ongoing communication among staff on our intranet. I also know that we have talked about having a space for providers on or internet in the future, something that is more prominent and visible than perhaps it is right now.

Answer: During the negotiated rulemaking process there was a lot of discussion and a lot of concern about making sure that stakeholders were informed and involved in a meaningful way in every step of this process and there was a lot of discussion about how the communication would be made to them so in a lot places when working through there were requirements that had to be met, it tells exactly how to communicate, one of the ways is to provide information to local advocacy groups. To put information on our website, communications with the Board, because they are attended by the public and Community Forums.

**Question:** What is the possibility of lay-offs of the staff, of programs and what percentage are we looking at of current providers to who are employed by ATCMHMR that will be laid off as full time employees and become contract staff and those who become contract staff with those that are already in our system have to be on the level playing field of all stakeholders to apply for a contract?.

**Answer:** There is no way to know that at this point. The plan is due on July 1<sup>st</sup> 2008 and then we'll have to wait for approval from DSHS on that. Our plan is not something that we'll say will start on September 1, we'll want to have some time to ease into that and so whatever happens is not going to happen for at least another year and probably longer, so there is no way of knowing at this point, until we start working on the plan and seeing what services we might be able contract out and still meet all the requirements. If a staff person was no longer employed here for whatever reason and decided that they wanted to be in the external provider network, they have to compete on the same footing and meet the same requirements all the other providers out there, they'd have to meet all the same qualifications. There have been 35 FTE created over the last year with other kinds of service funding, 35 new positions have been added to Center services with other funding resources.

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