



**THE GULF COAST CENTER
 PROVIDER OF LAST RESORT PLAN
 AMENDED: MAY 2006**



CONTENTS

- I. Background
- II. Objectives/Goals Procurement Process
- III. Current and Future Areas of Concern
- IV. Determination of Services to be Contracted and Implementation Timelines
- V. Baseline Level Analysis of Network Development Activities
 - a. Mental Retardation services
 - b. Mental Health Adult services
 - c. Mental Health Child services

Attachment A: List of Provider Services and Contracted Services

Attachment B: RFI Summary

I. Background. The 78th Legislative Regular Session had profound effects on the mental health, mental retardation and chemical dependency service delivery system throughout Texas. Specifically, the amendment of THSC §533.035(e)¹ required a local MHMR Authority (LA) to assemble a network of service providers in which the LA may only serve as a provider of last resort. The LA is considered the provider of last resort if it can demonstrate that it has made every attempt to solicit an available and appropriate provider base and there is no willing provider available in the local service area or county of need.

However, the new requirements of Sec. 533.035(e) must be followed in conjunction with the requirements contained in Sec. 533.035(c). This means that the “potential providers” solicited by the RFI would ultimately be assembled into a network by the LA through consideration of public input, ultimate cost-benefit, and client care issues to ensure consumer choice and the best use of public money.

To that end, in March 2004 a Request for Information (RFI) process was developed and initiated as a means of determining interest in a comprehensive treatment network for people with mental illness and mental retardation. Respondents were asked to provide information on various service packages and include any topics or questions the respondent or any other interested parties believes important to address in any future Request For Proposal (RFP). The RFI document included a geographic description of the local service areas, thus giving the respondents the opportunity to indicate the preference to serve the entire local service area or a portion thereof. The RFI document included the verbatim service descriptions from LA’s FY’04 TDMHMR Performance Contract, Attachment IX-Exhibits A, B, and C. Respondents were given an opportunity to express interest in providing the entire service package or individual services

¹ a.k.a. HB2292, Sec. 2.74 (2003)

within the package. See Attachment A for the LA's RFI Summary and Attachment B for a list of the LA's current contractors/providers.

After reviewing the RFI responses, comments and questions, the Gulf Coast Center the designated local MH/MR authority for the Galveston and Brazoria County's local service area specified in its FY 2005 Performance Contract, submitted its FY'05 Procurement Plan.

II. Goals of Procurement Process

- Provide the basis for negotiation of timelines between the LA and TDMHMR (now known as DSHS and DADS) in accordance the December 9, 2003 memo from Karen Hale
- Coordinate the Procurement Plan with the 2005 Performance Contract required Local Plan which is due June 2005
- Comply with *Guidelines for Local Service Area Planning*
- Optimize the availability of providers in the Local service area
- Ensure compliance and synchronization of the relevant statutory, regulatory, and contractual requirements enumerated in the Texas Health and Safety Code Chapters 533 and 534, 25 TAC 412 Chapter B, Medicaid rules, TDMHMR Performance Contract requirements
- Ensure participation of the LA's Board of Trustee, advisory committee members and other stakeholders

III. Current and Future Areas of Concern

- Ambiguity/Uncertainty of Texas' new service delivery system
- Center received a low response (only 9 respondents) to the previously published RFI.
- Uncertainty of the role of LA's in the future
- Funding instability and uncertainty including consideration that rates of service have not been adequately determined for all services which have the potential for procurement.
- Medicaid concerns including applicability of rehabilitation requirements (including under-arrangement agreements), administrative claiming, and service coordination
- Potential Department of Labor concerns caused by the degree of control required to be exercised by the LA over the potential contract providers.
- Inconsistent requirements of present and future relevant statutory, regulatory, and contractual requirements enumerated in Texas Health and Safety Code Chapters 533 and 534, 25 TAC 412 Chapter B, Medicaid rules, TDMHMR (now known as DSHS and DADS) Performance Contract requirements

IV. Determination of Services to be Procured

The determination of contracting for services for FY'06 will be contingent upon a variety of factors:

1. Analysis of current provider network
2. finalization of local planning process
3. Obtaining clarification and guidance for the concerns enumerated in Section III.

The LA will submit its Local Plan inclusive of the Provider Network Analysis and the Procurement Plan.

V. Baseline Level Analysis of Network Development Activities. TEXAS HEALTH & SAFETY CODE §533.035(c) requires that the LA consider public input, ultimate cost-benefit, and client care issues to ensure consumer choice and the best use of public money in: (1) assembling a network of service providers; and (2) making recommendations relating to the most appropriate and available treatment alternatives for individuals in need of mental health or mental retardation services. Examples of Evaluation Tools that the LA utilizes to ensure consideration of public input, cost benefit and client care include: Mental Health and Mental Retardation Planning Committees, Regional Planning and Network Advisory Committee's Quarterly Evaluation of Services, Consumer Satisfaction Surveys, Perception of Care Surveys, Referral Source Surveys, MHCA Consumer Surveys, and/or Individual Program Surveys. In light of the changes brought by the "Provider of Last Resort" amendment of THSC §533.035(e), these tools will continue to assist the LA by ensuring the ongoing requirement of considering public input, ultimate cost benefit, and client care issues in assembling its network of providers. It is anticipated the LA will incorporate these processes into its Local Plan. [Note: The FY 2005 Performance Contract requires submission of each LA's Local Plan by June 1, 2005. See *FY 2005 Contract, Attachment XVIII, Page XVIII-3*]. By doing so, the LA ensures that the goal of the Local Planning process, to aggregate the requirements of all of customers, internal, external and ultimate, into a set of initiatives which guide resource allocation and priorities, taking into account fiduciary responsibility as well as excellence of care, is met along with ensuring compliance with relevant statutory and regulatory requirements.

a. Mental Retardation Services

In FY'02 the LA developed a MR Services Network via Open Enrollment for supported employment and in FY03 expanded the network to include community development, day habilitation, sheltered workshops, and supported employment. In May 2004, The Gulf Coast Center once again published an Open Enrollment Application for its Local Service Area. The application included both General Revenue and Texas Home Living Waiver Services. The provider contracts were awarded at the July 21, 2004 board meeting.

Community Support: Published in the May'04 RFA but no respondents at present.

Respite: The LA currently utilizes contract providers and a voucher system for respite services as well as being a provider itself. This service was also published in the May'04 RFA and received 1 respondent who on August 19, 2004 retracted its request to provide this service after re-evaluating the rate. The Center also has contracted for several years with an individual provider of out-of-home respite to one consumer.

Employment Assistance: Contracted via Open Enrollment since FY'02; also published in the May'04 RFA.

Supported Employment: Contracted via Open Enrollment since FY'02; also published in the May'04 RFA.

Day Habilitation : Contracted via Open Enrollment since FY'03; also published in the May'04 RFA.

Vocational Training: Contracted via Open Enrollment since FY'03; also published in the May'04 RFA.

Nursing: Newly contracted service. This service was included in the May'04 RFA and received only one respondent.

Behavioral Support: Published in the May'04 RFA but no respondents at present.

Specialized Therapies: Published in the May'04 RFA and received only one response from an Occupational Therapist. No responses for a physical therapists, speech, and language pathologists, audiologists, and dieticians.

GR Residential Services: The Center does not operate any MR residential services itself.

- Family Living
- Residential Living
- Contract Specialized Residences

Note: Health and Safety Code 533.035(g) (HB2292, Section 2.74, Subchapter (g)) does not require the transfer of ICF/MR and waiver programs on or before August 31, 2006.

Summary Analysis for MR Services: The Gulf Coast Center started an Open Enrollment Network for MR Services several years ago and has continued to expand the network which now includes all MR services except service coordination. The LA has no other services to procure under MR services at this time but does plan to publish its RFA as required as a means of increasing its network of providers thereby increasing choice for consumers. While providers can submit an Open Enrollment Application at anytime, the next scheduled publication of the Application shall be in June 2006.

Note: Of the 5 respondents who responded to the MR services portion of the RFI, 2 were providers who do not currently contract with the LA; neither responded to the RFA to join the Network.

b. Mental Health Services-Adult

The LA currently contracts a portion of its MH services. UTMB and LA have cultivated a long history of collaboration in the MH community. The LA currently contracts with UTMB for its Regional Hospital, psychiatrists, telemedicine services in the jail and commitment hearings. Other services contracted include services within the Galveston and Brazoria County Jails, and pharmacy services.

Crisis Services: includes crisis counseling; psychiatric consultation, crisis respite in a variety of settings; and 23-hour observation in a hospital setting. A portion of crisis services is currently contracted; i.e. Mental Health Deputy support contract.

Level of Care/Service Package 1: includes

pharmacological management services-the Center has several staff as well as contract psychiatrist working in clinics and programs.

Routine case management-not currently contracted.

Rehabilitative services- not currently contracted.

Supported employment- not currently contracted.

Level of Care/Service Package 2

pharmacological management services-the Center has several staff as well as contract psychiatrist working in clinics and programs.

Routine case management-not currently contracted.

Rehabilitative Counseling & Therapy- not currently contracted.

Rehabilitative services- not currently contracted.

Supported employment- not currently contracted.

Level of Care/Service Package 3 (integrated treatment team structure)

pharmacological management services-the Center has several staff as well as contract psychiatrist working in clinics and programs.

Rehabilitative services- including medication training & support and psychosocial rehabilitative services are not currently contracted.

Medical- including psychosocial rehab and other non-billable medical support are not currently contracted.

Supported employment- not currently contracted.

Level of Care/Service Package 4 (ACT Team-Alternative)

pharmacological management services-the Center has several staff as well as contract psychiatrist working in clinics and programs.

Rehabilitative services- including medication training & support and psychosocial rehabilitative services are not currently contracted.

Medical- including psychosocial rehab and other non-billable medical support are not currently contracted.

The integrated ACT team provides service coordination, nursing, and rehabilitation services.

Summary Analysis for MH Adult Services:

The LA does contract services for MH-Adult but not at the same degree it has developed a network for both its MR and Recovery Services. Two factors which primarily contribute to this are previous stakeholder input requesting the LA hire its psychiatrist to eliminate consumers from seeing a different psychiatrist at each visit and the advantage of providing wrap-around services and continuity of care thereby increasing care and satisfaction.

Procurement within the framework of Disease Management presents several challenges which need further analysis before an intelligent and informed decision can be made in regards to contracting additional services. A few of the initial queries include:

- With the requirement of the LA to provide service coordination, how does this effect rehab services which may be provided by this individual?
- In instances where rates have not been previously established, the LA runs the risk of creating a network with providers and limited resources or limited providers and limited

resources. Would the logical resolution include, developing an efficient Disease Management Delivery system and then in FY06 meet with the Regional Network Advisory Committee to do an evaluation of the Centers MH services to determine which services could reasonably be procured using the requirements of public input, ultimate cost benefit and client care?

- Does contracting services or a portion thereof for Service Packages 3 and 4 affect the integrated team structures for which they are designed?

This is only a few of the unknowns which make developing a solid procurement plan involving MH-Adult services challenging.

Note: Of the 4 respondents who responded to the MH services portion of the RFI, 2 responded to providing the entire service packages.

c. Mental Health Services-Child

The LA does contract a small portion of its services for MH Child. Currently psychiatric evaluations and med management are done by contract psychiatrist through our UTMB Children's Services contract. NAMI-Gulf Coast provides support and family education. All other services are performed by Center staff.

Note: The MH Child portion of the RFI received no respondents.

Attachment A

V. List of Services Provided and Contracted by The Gulf Coast Center

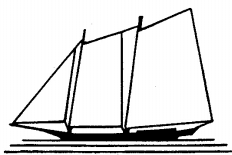
THE GULF COAST CENTER		
MENTAL RETARDATION SERVICES		
SERVICE	PROVIDER	PROCUREMENT INFORMATION
Community Support	The Gulf Coast Center	Provided by the Center
Respite	The Gulf Coast Center Voucher Respite System Evie Divin (out of home)	Procured via Open Enrollment in FY'04 Published in May'04 RFA 1 respondent who retracted on 8/19/04.
Employment Assistance and Supported Employment	Sunshine Center Inc.	Procured via Open Enrollment in FY'04 Published in May'04 RFA
Day Habilitation	Sunshine Center Inc. Alternative Business Services Brazoria County Center for the Retarded Helping Hearts Forgotten Angels MOSAIC	Procured via Open Enrollment in FY'04 Published in May'04 RFA
Nursing	InterMed Home Care Inc.	Procured via Open Enrollment in FY'04 Published in May'04 RFA . <u>Provider subsequently chose to terminate.</u>
Behavioral Support	No response	Procured via Open Enrollment in FY'04 Published in May'04 RFA no respondents at present
Specialized Therapies	Martha Allen (OT) InterMed Home Care (OT & PT) Alvin Dental Care (Dental)	Procured via Open Enrollment in FY'04 Published in May'04 RFA <u>Center terminated TxHmL program.</u>
GR Residential Services	No response	Procured via Open Enrollment in FY'04 Published in May'04 RFA no respondents at present
Other MR Services	No response	Procured via Open Enrollment in FY'04 Published in May'04 RFA no respondents at present
MENTAL HEALTH SERVICES		
SERVICE	PROVIDER	PROCUREMENT INFORMATION
Crisis Services—crisis counseling, psychiatric consultation, crisis respite	The Gulf Coast Center Mental Health Deputies	Open Enrollment procurement may be utilized in FY'06 pending Local Planning process
MH Crisis Services—Inpatient Hospitalization	UTMB-Galveston	Procured via TAC Chapter 412, subchapter B
Pharmacological Management Services	UTMB contracted psychiatrist The Gulf Coast Center	Procured via TAC Chapter 412, subchapter B
Routine Case Management	The Gulf Coast Center	Open Enrollment procurement may be utilized in FY'06 pending Local Planning process
Rehabilitative Services	The Gulf Coast Center	Open Enrollment procurement may be

		utilized in FY'06 pending Local Planning process
Supported Employment	The Gulf Coast Center	Open Enrollment procurement may be utilized in FY'06 pending Local Planning process
Rehabilitative Counseling and Therapy	The Gulf Coast Center	Open Enrollment procurement may be utilized in FY'06 pending Local Planning process
Medical Support	The Gulf Coast Center	Open Enrollment procurement may be utilized in FY'06 pending Local Planning process
Skills Training—Child and Parent	The Gulf Coast Center	Open Enrollment procurement may be utilized in FY'06 pending Local Planning process
Multisystemic Therapy	The Gulf Coast Center	Open Enrollment procurement may be utilized in FY'06 pending Local Planning process
Family Psychoeducation	The Gulf Coast Center	Open Enrollment procurement may be utilized in FY'06 pending Local Planning process
Case Coordination	The Gulf Coast Center	Open Enrollment procurement may be utilized in FY'06 pending Local Planning process
Counseling	The Gulf Coast Center	Open Enrollment procurement may be utilized in FY'06 pending Local Planning process
Family Partner	NAMI-Gulf Coast	None
Intensive Case Management	The Gulf Coast Center	Open Enrollment procurement may be utilized in FY'06 pending Local Planning process
Medication Management	UTMB contracted psychiatrist	Procured via TAC Chapter 412, subchapter B
Psychiatric Evaluation	UTMB contracted psychiatrist Correctional Medical Services	Procured via TAC Chapter 412, subchapter B
Treatment Foster Care		none
Other MH Services—	NAMI-Gulf Coast Sharon Shimek- (Peer Support Group) Correctional Medical Services- (Galveston County Jail Telemedicine service)	None Procurement completed thru the County.

As the Center has been selected as an HCS provider in May 2006, procurement (including sole source) shall be initiated as necessary to meet the service needs of those we serve. As foster care providers has been an identified immediate need, contracts and applications have already been developed and contract awards are pending.

Attachment B

Attach is the RFI summary submitted by The Gulf Coast Center to Rod Swan, TDMHMR Contract Manager on May 17, 2004.



THE GULF COAST CENTER

Our mission is to enable and empower individuals and families to live quality lives.

MEMORANDUM

May 17, 2004

TO: Rod Swan, LMSW
Contract Manager
TDMHMR- Central Office

FROM: Linda Bell
Legal Affairs

RE: Attachment IX-Provider of Last Resort contract amendment

Dear Mr. Swan,

Please find attached the required information for compliance with the FY04 Performance Contract Amendment-Attachment IX (Provider of Last Resort). Specifically, item B, *The LA shall receive and analyze responses to the RFI. No later than June 1, 2004, the LA shall provide to TDMHMR the following:*

- 1. A summary description of the types of services that respondents are interested in providing and associated geographic areas,*
- 2. The number of respondents expressing an interest in providing the various types of mental health or mental retardation services, and*
- 3. A summary of issues or questions from respondents related to the RFI.*

The Gulf Coast Center's deadline to respond to its RFI was April 19, 2004 and we received a total of 9 unduplicated respondents, one of which was our regional advisory committee. In summary we received:

- 5 respondents for Exhibit A: MR services
- 4 respondents for Exhibit B: MH-Adult services
- There were no respondents for Exhibit C: Mental Health Child services.

Attached you will find the list of issues and questions and a summary grid of interested services by respondents. If you have any questions or need any additional information, feel free to call me at (409) 944-4314 or via e-mail lindab@gcmhmr.com.

Below is a verbatim (including grammatical errors) listing of the issues and questions received with the RFI response. All but 4 were submitted from our regional advisory committee.

1. Response time-The mental Health Authority needs to allow a reasonable time for response of the RFP. We have received some RFP's in the past that had a very short response time.
2. RFP Format- If possible it would help if the Request for Proposals format used by each individual MHMR was universal in format. This FRI is a good example of 41 centers using the same basic format. This made answering the FRI much simpler.
3. RFI-Prospective Bidder Meeting: If possible a prospective bidders meeting is very helpful. It allows for questions and answers to the RFP process. We have found that the majority of Local Centers have these meeting, but not all.
4. When a person or entity responds to the RFI/RFP, who will provide the oversight for the contract?
5. Who will set the standards under which providers would operate?
6. Who would establish the contract terms?
7. What would be the consequence for failure to comply with contract terms?
8. If a consumer is released fro a provider's services, what services would be available for that consumer?
9. Would there be a contract term obligated providers to serve consumers for a certain period of time?
10. Would there be performance requirements, insurance requirements, and worker's compensation requirements in the contracts?
11. Who will define the work product that is expected of the providers?
12. The ETBHN PRNAC had discussed that, because private providers are able to "pick and choose" types of clients they will or will not serve, those clients who are the most challenging, as well as those whose services are less-funded than others, may be left without services entirely. How will private providers be responsible for care for indigent clients?
13. Who is funding coming through to pay the Contractors? Will contracts be awarded by a State department or local community Center?
14. The ETBHN RPNAC has discussed the importance of financial viability of providers, such as insurance, bonding, and worker's compensation. What verification will be required of provider's financial ability to provide services?
15. What types of qualifications/experience of providers and its employees will be required and what minimum standards will be required?
16. ETBHN RPNAC has discussed that a system with separate providers would be fragmented and difficult to MHMR clients to navigate. How will services be integrated to clients to provide easy access for clients and client's family?
17. The ETBHN RPNAC has discussed that transportation continues to be a challenge for LA clients. How will transportation needs of clients be met by providers, particularly in rural areas? How would consumers be protected if a private provider deems transportation services cost prohibitive, and thus discontinues it as part of their service delivery model?
18. The ETBHN RPNAC has discussed the importance of the availability of crisis services. If a provider has a client in crisis, what types of emergency care will be required that a provider make available? Will the LMHA continue to be responsible for determining when hospitalization is necessary or will the private providers make this determination?
19. How would children be handled in juvenile probation?

20. The ETBHN RPNAC has discussed that, in reference to ICF-MR clients, HB2292 mandates that all ICF-MR's must be privatized. If these private providers can deny services to clients as they choose, who will be responsible for those clients not accepted?
21. The ETBHN RPNAC has discussed that a non-competitive procurement method of the RFI may result in Responses received from providers that are not qualified. How will oversight be provided to disqualify these providers from the Network?
22. The ETBHN RPNAC has discussed the use of a call-center-system, specifically the concern that using the telephone to apply for and qualify for services would be inadequate and inappropriate for clients. How would these clients be accommodated?
23. The ETBHN RPNAC has discussed that if there is only one willing private provider, consumer choice is eliminated. Likewise, if there are two or three providers to choose from, but the client does not approve of any of these providers. What options will that client have? What choices will be available for clients with Medicaid, when Private Providers may not accept Medicaid?
24. The ETBHN RPNAC has discussed that the HHSC re-design does not address stakeholder input, such as advisory committees. How will stakeholder input be achieved in the new system?
25. The ETBHN RPNAC has discussed that the provider of last resort system creates a mandatory change of life for the clients receiving services, particularly when a provider decides to move geographical locations and the clients are forced to move as well. How will this issue be addressed in the new system?
26. The ETBHN RPNAC has discussed that, in the current system, community centers provide continuity of care services, as well as safety-net services. How will these services be provided in the future?
27. Who will be responsible for providing New Generations medications, sample medications, and PAP medications—LMHA's or Private Providers?
28. The ETBHN RPNAC has discussed the importance of effective communication, particularly the importance of timely and effective communication; how will services be coordinated in a private-provider Network system?
29. The following areas could be presented in any future RFPs:
 - System of Care Overview: An analysis of the system of care including strengths and weaknesses, gaps and deficits, and major challenges within the system,
 - Relationships: A discussion of the relationship of the requested services with the remaining components of the system of care and other major constituencies,
 - Responsibilities: Delineation of the responsibility of all entities participating in the project,
 - Values: Discussion of values, needs and desires, as well as the strategic direction of the Authority as it relates to the RFP,
 - Challenge or Issue to be resolved: What is the issue or challenge for the system that the RFP is intended to address or fix,
 - Outcomes: What are the anticipated outcomes, what is the Authority's vision for services,
 - Consumer Role: What is the role of consumers in the project,
 - Risk-taking/Innovation: What is the amount of innovation, science-based creativity sought related to the RFP.