

Fiscal Year 2012-13 Department of State Health Services Performance Contract

EXECUTIVE OVERVIEW

The Fiscal Year (FY) 2012-2013 Performance Contract for the Department of State Health Services (DSHS) has a two year term.

The most significant funding changes from the 82nd Legislative are as follows:

DSHS received level funding for Crisis services so those services can continue as in FY2011 with one exception. Rider 78 mandates \$4,000,000 per fiscal year for Outpatient Competency Restoration with five new pilots to be added. In order to fully fund this mandate, crisis transitional services are reduced for 2012 by \$1.5 million. Additional Community Hospital funding was appropriated bringing the Community Hospital appropriation to \$53.7 million which includes funding for the Montgomery County Mental Health Treatment Facility.

Adult General Revenue (GR) was reduced by \$7.2 million with a reduction to Centers of \$6.8 million in FY2012. GR for children's services was reduced by \$1.3 million in FY2012. The FY2013 GR appropriations restore the FY2012 reductions.

Significant modifications to the Performance Contract for FY 12-13 are outlined below:

General Provisions

Sections 3.06 and 7.11 Telemedicine requirements were clarified and expanded, to include more detail on videoconferencing technologies and specifications for both distant and client site locations.

Section 3.07 Disaster Reporting requirements were revised for more standardized data tracking and reporting disaster contact information to DSHS.

Section 3.11 Targeted Case Management and Rehab - Medicaid Settle up was removed, although reconciliation of funds regarding state match reductions will continue to be completed by DSHS. There are no major changes to the reconciliation process.

Section 7.02 Security Administrator reporting requirements were added.

Section 8.02 Family size and income reporting requirements were added for compliance with the Texas Administrative Code Title 25, Part 1, Chapter 412, Subchapter C as outlined in Performance Contracts Broadcast Message 0652.

Sections 10.01, 10.02, 10.07, 10.09 and 10.10 Requirements were revised regarding Protected Health Information, including new Contractor responsibilities for documenting and reporting complaints. A specific requirement on exchange of juvenile client information was added for compliance with Senate Bill 1106, 82nd Legislature.

Section 19.02 Remedies and Sanctions language was revised to specify that the dollar values for occurrences of noncompliance are limited to a fiscal year rather than over the contract term.

Performance Contract Notebook

I. A. Authority and Administrative Services

1.g. Local Planning - The Local Service Area Plan has been replaced by the Consolidated Local Service Plan (CLSP) and the Local Provider Network Development Plan (LPND Plan). The CLSP will integrate elements of the local service plan, crisis plan, and jail diversion plan into a single document. The LPND Plan will remain a separate document. To comply with statute, LMHAs will be required to post on their websites a list of persons with whom the local authority had a contract or agreement related to the provision of mental health services, except for peer providers. Both the CLSP and LPND templates are under development, and will be made available to the LMHAs through a broadcast message.

3.h. CARE batching requirements on jail bookings were deleted and requirements for Forensic Clearinghouse Wait List Reporting were added.

6.e. Requirements for Contractor's Quality Management Program were expanded.

I.B. Adult Services

3.c. Evidence-based practices have been outlined in detail.

I. C. Children's Services

2.b. Language was revised to clarify policy on assessing 17-year-olds.

2. f. Revised ability to pay language.

II. Service Targets, Outcomes, and Performance Measures

A.5. Supported Employment and Supported Housing performance measures were added. The performance measures will begin in FY13. DSHS expects the LMHAs to increase engagement and educational services around employment to facilitate employment opportunities and successes for a defined percentage of the adult population.

A.6. and B.7. Most Disease Management Outcomes were increased 3%. The initial outcomes were developed based on the median performance across all LMHAs. LMHA performance has improved and sufficient time has passed to reasonably allow for an increase in expected performance. Since this is a key measure of how well clients are served, it is appropriate to continually work to increase expectations in this area. Also, the Adult Employment Disease Management Outcome was revised to calculate based upon the Paid Employment Type dimension of the Community Data Section on the Adult Uniform Assessment vs. the Employment domain of the Adult Texas Recommended Assessment Guidelines.

A. and B. Centers for Programmatic Excellence and Good Standing language was deleted from the contract. DSHS has established criteria for the designation of any contractor in good standing with the agency. Letters of Good Standing are available via request to the DSHS Contract Oversight and Support section at CosGoodStanding@dshs.state.tx.us.

Specific to Programmatic Excellence, DSHS is developing a voluntary application process designed to increase the prestige and benefit associated with such a distinguished designation.

Forms and Information Items

Form J for HUB reporting was deleted. See 9.10 of the General Provisions for replacement form.

Form K was added for Security Administrator Reporting and Form T was added for Disaster Reporting.

Form Y for signature delegation was deleted.

Form Z was added for Forensic Clearinghouse Wait List Reporting.

Information Item A - "Crisis Services and Diversion Action Plan" was deleted. Planning for crisis services and diversion strategies will no longer be submitted as separate plans, but rather considered a part of the Consolidated Local Service Plan as described in the revised Information Item I – "Instructions for Local Planning."

Information Item C - "Services, Targets, Outcomes, and Performance Measures" of the Performance Contract Notebook was reformatted for easier navigation and a glossary has been added. Employment and housing targets are now included, and crisis transitional targets were revised. Center-specific outcome thresholds for waiver of recoupment for failure to meet service targets have been removed. The Juvenile Justice Avoidance outcome measure was refined to more accurately assess this dimension. The Montgomery County Mental Health Treatment Facility was added to the 7-day follow up measures. Other outcomes were revised consistent with the PCN.

Information Item G – "Adult and Child Service Definitions" – Assertive Community Treatment population expanded to include clients with at least one hospitalization of greater than 30 days duration in the last two years. The Child Counseling definition was expanded.

Information Item H – "Instructions for Developing the Client Benefits Plan" – Training requirements for Clients Benefits Coordinators were added.

Information Item V – "Crisis Service Standards" was revised to strengthen the requirement for crisis response at all locations. Definitions of emergent and urgent were added. Staffing standards were modified to clarify description of Urban and Rural staffing patterns. Language was added regarding policies and procedures for training and service delivery locations. Language was added to clarify the number of MCOT members that must respond to emergent or urgent situations. Clarifying language regarding requirements for a physician's examination has also been included.

Contract Location

The General Provisions, Performance Contract Notebook Attachment, and all forms, reports, and information items that support the Performance Contract can be found on the Department of State Health Services website at: <http://www.dshs.state.tx.us/mhcontracts/ContractDocuments.shtm>.