

RHP Plan Update Provider Form

This page provides high-level information on the various inputs that a user will find within this template.

Cell Background	Description
Sample Text	Required user input cell, that is necessary for successful completion
Sample Text	Pre-populated cell that a user CANNOT edit
Sample Text	Pre-populated cell that a user CAN edit
Sample Text	Optional user input cell

DY7-8 Provider RHP Plan Update Template - Provider Entry

Progress Indicators

Section 1: Performing Provider Information	Complete
Section 2: Lead Contact Information	Complete
Section 3: Optional Withdrawal From DSRIP	Complete
Section 4: Performing Provider Overview	Complete
Section 5: DY7-8 DSRIP Total Valuation	Complete

Section 1: Performing Provider Information

RHP: **4**

TPI and Performing Provider Name: **138305109 - Nueces County MHMR Community Ctr dba Behavioral HI**

Performing Provider Type: **Community Mental Health Center (CMHC)**

Ownership: **Non-State Owned Public**

TIN: **17416237596003**

Physical Street Address: **1630 S. Brownlee**

City: **Corpus Christi**

Zip: **78404**

Primary County: **Nueces**

Additional counties being served (optional):

Note: you cannot type county inputs; rather, please select your county from the dropdown menu.

Section 2: Lead Contact Information

	Lead Contact 1	Lead Contact 2	Lead Contact 3
Contact Name:	Victoria Rodriguez	Mike Davis	Vicki Guerra
Street Address:	1630 South Brownlee	1630 South Brownlee	1630 South Brownlee
City:	Corpus Christi	Corpus Christi	Corpus Christi
Zip:	78404	78404	78404
Email:	vhuerta@bhcn.org	mdavis@bhcn.org	vguerra@bhcn.org
Phone Number:	361-886-4623	(361) 886-1020	(361) 886-4689
Phone Extension:			
Lead Contact or Both:	Both	Both	Both

Please note that a contact designated "Lead Contact" will be included in the RHP Plan and on the DSRIP Provider Distribution List. A contact designated as "Both" will be included in the RHP Plan, on the DSRIP Provider Distribution List, and will be given access to the DSRIP Online Reporting System.

Section 3: Optional Withdrawal From DSRIP

Please select an option below. By selecting "Yes - Withdraw from DSRIP," this organization acknowledges it understands that any DY6 DSRIP payments will be recouped as required by the DY6 Program Funding and Mechanics Protocol. This does not include recoupment of DY4-5 payments that may have occurred in DY6 due to allowable carryforward.

Do Not Withdraw from DSRIP

Section 4: Performing Provider Overview

Performing Provider Description: Behavioral Health Center of Nueces County is a community mental health center which functions as the Local Mental Health and Intellectual and Developmental Disabilities (IDD) Authority for Nueces County. The Center serves a population of approximately 1500 adults and 400 children in mental health, 360 children in Early Childhood Intervention and approximately 1000 consumers in IDD Services. The Center employs approximately 350 individuals and provides behavioral healthcare services to residents of Nueces County.

Overall DSRIP Goals: BHCNC's goals are to invest in delivery system reforms for the Medicaid and uninsured population that increase access to healthcare, improve the quality of care, and enhance the health of patients and families we serve by increasing health literacy and focusing on mental health and substance abuse. To provide best practices for children with depression and attention deficit disorder, improve quality of life for individuals with disabilities, improve screening and access to substance abuse treatment, address obesity and diabetes, and provide wellness education with a focus on whole health.

Alignment with regional community needs assessment: These goals align with the needs of region 4 to increase health literacy, address mental health issues and increase collaboration with the community.

Section 5: DY7-8 DSRIP Total Valuation

	DY7-8 DSRIP Valuation Distribution			
	Valuation if regional private hospital participation requirement is met		Valuation if regional private hospital participation requirement is not met	
	DY7	DY8	DY7	DY8
RHP Plan Update Submission	\$1,186,913.60	\$0.00	\$1,186,913.60	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$593,456.80	\$593,456.80	\$593,456.80	\$593,456.80
Category C	\$3,264,012.40	\$4,450,926.00	\$3,857,469.20	\$5,044,382.80
Category D	\$890,185.20	\$890,185.20	\$296,728.40	\$296,728.40
Total	\$5,934,568.00	\$5,934,568.00	\$5,934,568.00	\$5,934,568.00

Would you like to decrease the total valuation?
No

Based on the RHP's process for distributing additional funds, has the RHP approved increasing your valuation?
No

Have you reviewed and confirmed the valuations listed in the table above and identified available IGT to fund these DSRIP amounts?
Yes



DY7-8 Provider RHP Plan Update Template - Category B

Progress Tracker

Section 1: System Definition	Complete
Section 2: Medicaid Low-income Uninsured (MLIU) Patient Population by Provider (PPP)	Complete

Performing Provider Information

RHP:	4
TPI and Performing Provider Name:	138305109 - Nueces County MHMR Community Ctr dba Behavioral HI
Performing Provider Type:	Community Mental Health Center (CMHC)
Ownership:	Non-State Owned Public
Category B valuation in DY7:	\$593,456.80
Category B valuation in DY8:	\$593,456.80

Section 1: System Definition

Community Mental Health Centers - Required Components

Required System Component	Business Component?
Home-based Services	Business Component of the Organization
Please enter a description of this System Component. We are a community based mental health and intellectual and developmentally disabilities services provider. The majority of our services are provided in the community including homes, schools, and other natural environments.	
Office/Clinic	Business Component of the Organization
Please enter a description of this System Component. Services provided include outpatient psychiatric clinic, rehab, case management, assessment and intake services.	

Community Mental Health Centers - Optional Components

Optional System Component	Would you like to select this component?
Hospital	No
Contracted Clinic	No
School-based Clinic	No
Contracted Inpatient Beds	No
State-funded Community Hospital	No
Community Institution for Mental Disease (IMD)	No
General Medical Hospital	No
State Mental Health Facility	No
State Mental Retardation Facility	No
Other	No

Section 2: Medicaid Low-income Uninsured (MLIU) Patient Population by Provider (PPP)

	DY5	DY6
MLIU PPP	5,393	5,306
Total PPP	6,812	6,667

Please indicate the population included in the MLIU PPP

<input checked="" type="checkbox"/> Medicaid	<input checked="" type="checkbox"/> Dual Eligible	<input checked="" type="checkbox"/> CHIP	<input checked="" type="checkbox"/> Local Coverage Option	<input type="checkbox"/> Insured on the Exchange
<input checked="" type="checkbox"/> Low-income	<input type="checkbox"/> Self-Pay	<input checked="" type="checkbox"/> Uninsured	<input checked="" type="checkbox"/> Other (please explain below)	
				Individuals who received a service (possibly crisis, screening) and who did not receive a financial assessment thus we are unable to determine their income percentage compared to the FPLs

MLIU PPP Goal for each DY (DY7 and DY8):	5,350
Average Total PPP	6,740
MLIU percentage of Total PPP	79.38%

*The MLIU percentage is for informational purposes and will help HHSC determine allowable MLIU PPP variation.

Would you like the MLIU PPP Goal to be based on DY5 or DY6 only (as opposed to the average)?	No
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DY7 - Provider RHP Plan Update Template - Category C Selection

Progress Tracker		MPT	
Section 2: Selection Overview (EMHC) and (LHD only)	Complete	Note: you must justify selections at the bottom of the page to finish.	12
Section 3: Selection of Measures for Community Mental Health Centers	Complete		12
Minimum Selection Requirements Met	Yes		Y
MPT Met	Yes		Y

Performing Provider Information	
RHP:	138305106 - Waikanae County Mental Health Community Clinical Behavioral H
TR and Performing Provider Name:	Community Mental Health Center (EMHC)
Performing Provider Type:	Non-Sole United States
Ownership:	
If regional private hospital participation requirement is met	Category C evaluation in DY7: 53,768,912.00
If regional private hospital participation requirement is not met	Category C evaluation in DY6: 51,450,926.00
	Category C evaluation in DY7: 53,877,469.00
	Category C evaluation in DY6: 51,454,382.00

MINIMUM POINT THRESHOLD (MPT):
Each Performing Provider must select Measure Bundles/measures to meet or exceed their MPT to maintain their valuation that was confirmed on the Provider Entry tab

Section 1: Attributed Population

Attributed Population for Community Mental Health Center (EMHC)
 1) Individuals from the ODPH system defined in Category 3 that meet one of the following criteria during the measurement period:
 1. One encounter with the performing providers system during the measurement year and one encounter during the year prior to the measurement year OR
 2. Two encounters with the performing providers system during the measurement year

Please describe any other attributed population (optional):

Section 2: Selection Overview

Please describe your rationale for the selected measures, and describe the primary system components (clinics, facilities) that will be used to report on and drive improvement in selected measures.
 The rationale for selected measures are because they are measures closely associated with all aspects of our service provision as an LMHA and a LODA. Measures selected encompass adult mental health, youth mental health, quality of life for the intellectual and developmentally disabled population. Primary system components used to report on and drive improvement in selected measures are outpatient clinic/office visits and home/field visits. All contacts will be made face to face.

Section 3: Selection of Measure Bundles for Community Mental Health Centers

Select Measure (Y/N/A)	Measure Volume Options for Dual Setting and Achievement	Bundle/Measure ID	Measure Name	Measure Category	Point Value	Additional Points for State Priority Measure
No		M1-100	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (ET)	Clinical Outcome	3	1
No		M1-103	Controlling High Blood Pressure	Clinical Outcome	3	1
No		M1-105	Preventive Care and Screening: Tobacco Use: Screening & Cessation Intervention	Process	1	1
No		M1-115	Comprehensive Diabetes Care: Hemoglobin A1c and/or Poor Control (A1C/DM)	Clinical Outcome	3	0
No		M1-124	Medication Reconciliation Post-Discharge	Process	1	0
No		M1-125	Independent Medication Management (AMM-SD)	Clinical Outcome	3	0
No		M1-146	Screening for Clinical Depression and Follow-Up Plan (CD-AD)	Process	1	0
Yes	MU denominator with significant volume	M1-147	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Process	1	0
No		M1-160	Follow-Up After Hospitalization for Mental Illness	Clinical Outcome	3	0
No		M1-165	Depression Remission at Twelve Months	Clinical Outcome	3	1
No		M1-180	Adherence and Persistence for Individuals with Schizophrenia (SA-AD)	Clinical Outcome	3	0
No		M1-181	Depression Response at Twelve Months- Progress Towards Remission	Clinical Outcome	1	1
Yes	MU denominator with significant volume	M1-182	Schizophrenia Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SD-AD)	Process	1	1
No		M1-208	Hepatitis C One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk	Process	1	0
No		M1-209	Third next available appointment	Process	1	0
No		M1-207	Schizophrenia care: BP control (<140/90mm Hg)	Clinical Outcome	3	0
No		M1-210	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	Process	1	0
No		M1-211	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Process	1	1
No		M1-216	Risk-Adjusted Behavioral Health/ Substance Abuse 30-Day Readmission Rate	Clinical Outcome	3	0
No		M1-241	Increase in mental health admissions and admissions to criminal justice settings such as jails or prisons	Clinical Outcome	3	0
Yes	MU denominator with significant volume	M1-255	Prevalence Rate for Children Prescribed ADHD Medication (ADD)	Clinical Outcome	1	0
No		M1-256	Initiation of Depression Treatment	Process	1	0
Yes	MU denominator with significant volume	M1-257	Care Planning for Dual Diagnosis	Process	1	0
No		M1-259	Assignment of Primary Care Physician to Individuals with Schizophrenia	Process	1	0
No		M1-260	Annual Physical Exam for Persons with Mental Illness	Process	1	1
Yes	MU denominator with significant volume	M1-261	Assessment for Substance Abuse Problems of Psychiatric Patients	Process	1	1
No		M1-262	Assessment of Risk to Self/ Others	Process	1	0
No		M1-263	Assessment for Psychosocial Issues of Psychiatric Patients	Process	1	0
No		M1-264	Occupational Rehabilitation for Schizophrenia	Process	1	0
No		M1-265	Young Assessment for Individuals with Schizophrenia	Process	1	0
No		M1-266	Independent Living Skills Assessment for Individuals with Schizophrenia	Process	1	0
No		M1-280	Stimulant Screening in Women (CH)	Process	1	1
No		M1-282	Depression Remission at Six Months	Clinical Outcome	3	1
No		M1-287	Documentation of Current Medications in the Medical Record	Process	1	1
Yes	MU denominator with significant volume	M1-305	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-CH)	Process	1	1
No		M1-306	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (MPT-GH)	Process	1	0
No		M1-317	Preventive Care and Screening: Unintentional Alcohol Tap, Screening & Brief Counseling	Process	1	1
No		M1-319	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (Measure)	Process	1	1
No		M1-339	Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge (SUB-3 / Alcohol) and Other Drug Use Disorder Treatment at Psychiatric/CH	Process	1	1
No		M1-340	Substance Use Disorders: Percentage of patients aged 18 years and older with a diagnosis of current alcohol dependence who were counseled regarding psychosocial AND pharmacologic treatment options for alcohol dependence within the 12-month reporting period	Process	1	1
No		M1-341	Substance Use Disorders: Percentage of patients aged 18 years and older with a diagnosis of current alcohol dependence who were counseled regarding psychosocial AND pharmacologic treatment options for alcohol dependence within the 12-month reporting period	Process	1	1
No		M1-342	Time to Initial Evaluation: Evaluation within 10 Business Days	Process	1	0
Yes	MU denominator with significant volume	M1-385	Improvement in Functional Status or QoL (Dudhner) (SD-AD) (SD-AD)	Quality of Life	1	0
No		M1-386	Improvement in Functional Status or QoL (Dudhner) (SD-AD) (SD-AD)	Quality of Life	1	0
No		M1-387	Reduce Emergency Department visits for Behavioral Health and Substance Abuse (Reported at two rates)	Clinical Outcome	3	1
No		M1-390	Time to Initial Evaluation: Mean Days to Appointment	Process	1	0
No		M1-400	Alcohol Use and Help with Quitting Among Adolescents	Process	1	1
No		M1-405	Alcohol, Tobacco and Major Depression: Approach for alcohol or chemical substance use	Process	1	1

Total overall selected points: 12

Are you finished making your selections?
 Yes

DY7-8 Provider RHP Plan Update Template - Category C Additional Details

Progress Tracker

Section 1: Measure Exemption Requests and Measure Setting System Components Complete

Section 1: Measure Exemption Requests and Measure Setting System Components

In order to be eligible for payment for a measure's reporting milestone, the Performing Provider must report its performance on the all-payer, Medicaid-only, and LIU-only payer types. Performing Providers may request to be exempted from reporting a measure's performance on the Medicaid-only payer type or the LIU-only payer type with good cause, such as data limitations. Note that reporting a measure's all-payer performance is still required to be eligible for payment for a measure's reporting milestone.

Bundle-Measure ID	Measure Name	Baseline Measurement Period	Requesting a shorter or delayed measurement period?	Requesting a reporting milestone exemption?	Requesting a baseline numerator of zero?	
M1-147	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	CY2017: January 1, 2017 - December 31, 2017	Requesting a shorter baseline measurement period	No	Yes	
Requested Baseline Measurement Period Start Date	7/1/2017	Requested Baseline Measurement Period End Date	12/31/2017	Please enter an explanation for this request		
Please enter an explanation for requesting a baseline numerator of zero.						
While our center was collecting BMI data, we were not collecting data re: referrals/education for those with a BMI outside of normal limits.						
M1-182	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD)	CY2017: January 1, 2017 - December 31, 2017	No	No	Yes	
Please enter an explanation for requesting a baseline numerator of zero.						
While our Center was collecting data re: diabetes screening, we are still working out a process to try and verify a Diabetes diagnosis as we do not have access to claims data. We may just have to update our diagnostic records and have our physicians/psychiatrists document the diagnosis.						
M1-255	Follow-up Care for Children Prescribed ADHD Medication (ADD)	CY2017: January 1, 2017 - December 31, 2017	No	No	No	
M1-257	Care Planning for Dual Diagnosis	CY2017: January 1, 2017 - December 31, 2017	Requesting a shorter baseline measurement period	No	No	
Requested Baseline Measurement Period Start Date	7/1/2017	Requested Baseline Measurement Period End Date	12/31/2017	Please enter an explanation for this request		
Measure was selected in July.						
M1-261	Assessment for Substance Abuse Problems of Psychiatric Patients	CY2017: January 1, 2017 - December 31, 2017	Requesting a shorter baseline measurement period	No	No	
Requested Baseline Measurement Period Start Date	7/1/2017	Requested Baseline Measurement Period End Date	12/31/2017	Please enter an explanation for this request		
Measure was not selected until July.						
M1-305	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-CH)	CY2017: January 1, 2017 - December 31, 2017	Requesting a shorter baseline measurement period	No	No	
Requested Baseline Measurement Period Start Date	7/1/2017	Requested Baseline Measurement Period End Date	12/31/2017	Please enter an explanation for this request		
Measure was not selected until July, began collecting data at that time.						
M1-385	Assessment of Functional Status or QoL (Modified from NQF# 0260/2624)	CY2017: January 1, 2017 - December 31, 2017	Requesting a shorter baseline measurement period	No	No	
Requested Baseline Measurement Period Start Date	7/1/2017	Requested Baseline Measurement Period End Date	12/31/2017	Please enter an explanation for this request		
Measure was not selected until July, began collecting data at that time.						

DY7-8 Provider RHP Plan Update Template - Category C Valuation

Progress Tracker

Section 1: Measure Bundle/Measure Valuation Complete

Performing Provider Information

RHP:	4
TPI and Performing Provider Name:	138305109 - Nueces County MHMR Community Ctr dba Behavioral Hi
Performing Provider Type:	Community Mental Health Center (CMHC)
Ownership:	Non-State Owned Public

If regional hospital participation requirement is met	Category C valuation in DY7:	\$3,264,012.40
	Category C valuation in DY8:	\$4,450,926.00
If regional hospital participation requirement is not met	Category C valuation in DY7:	\$3,857,469.20
	Category C valuation in DY8:	\$5,044,382.80

Section 1: Measure Bundle/Measure Valuation

Valuation for Selected Measures - Community Mental Health Centers

Bundle-Measure ID	Denominator Volume	Points	Desired Valuation %	Minimum Valuation % of Total	Maximum Valuation % of Total	If regional private hospital participation requirement is met		If regional private hospital participation requirement is <u>not</u> met	
						Category C Valuation in DY7	Category C Valuation in DY8	Category C Valuation in DY7	Category C Valuation in DY8
M1-147	MLIU denominator with significant volume	1	14.29%	10.71%	14.29%	\$466,427.37	\$636,037.33	\$551,232.35	\$720,842.30
M1-182	MLIU denominator with significant volume	2	14.29%	10.71%	14.29%	\$466,427.37	\$636,037.33	\$551,232.35	\$720,842.30
M1-255	MLIU denominator with significant volume	3	14.29%	10.71%	17.86%	\$466,427.37	\$636,037.33	\$551,232.35	\$720,842.30
M1-257	MLIU denominator with significant volume	1	14.26%	10.71%	14.29%	\$465,448.17	\$634,702.05	\$550,075.11	\$719,328.99
M1-261	MLIU denominator with significant volume	2	14.29%	10.71%	14.29%	\$466,427.37	\$636,037.33	\$551,232.35	\$720,842.30
M1-305	MLIU denominator with significant volume	2	14.29%	10.71%	14.29%	\$466,427.37	\$636,037.33	\$551,232.35	\$720,842.30
M1-385	MLIU denominator with significant volume	1	14.29%	10.71%	14.29%	\$466,427.38	\$636,037.30	\$551,232.34	\$720,842.31
Total	N/A	12	100.00%	N/A	N/A	\$3,264,012.40	\$4,450,926.00	\$3,857,469.20	\$5,044,382.80
	Difference between selected percent and 100%:		0.00%						

Your valuation allocations add to 100%.

Are you finished allocating your Category C valuations across your selected measures?
Yes

DY7-8 Provider RHP Plan Update Template - Category A Core Activities

Progress Tracker

Section 1: Transition from DY2-6 Projects to DY7-8 Provider Level Outcomes and Core Activities Complete

Section 2: Core Activities Complete

All Selected Measure Bundles/Measures Associated with at Least One Core Activity Complete

Performing Provider Information

RHP: _____

TR and Performing Provider Name: _____

Performing Provider Type: _____

Ownership: _____

Section 1: Transition from DY2-6 Projects to DY7-8 Provider-Level Outcomes and Core Activities

DYS Project ID	Project Option	Project Summary	Completed/Continuing	Enter a description for continuation (optional)
RHP_4_13805109.2.1	2.15.1	reconcept primary preventive care into existing behavioral health care system.	Completed in DY2-6	
RHP_4_13805109.2.2	2.18.1	Peer to peer day center program to increase access to peer provided behavioral health services through "drop in" center.	Continuing as Core Activity in DY7-8	wellness activities to complement adult mental health measures.
RHP_4_13805109.2.3	2.6.1	implement innovative system for outreach and education to include website and mobile applications.	Completed in DY2-6	
RHP_4_13805109.2.4	2.11.1	Provide a dual diagnosis clinic to provide outpatient crisis prevention and support staff development using National Association of Dual Diagnosis (NADD) direct support certification and clinical competency standards for individuals with a dual diagnosis of intellectual or developmental disability (IDD) and mental health (MH).	Completed in DY2-6	
RHP_4_13805109.1.100	1.12.2	This project aims to utilize the current service design in an expanded capacity to provide routine health services to individuals currently on a waiting list for services. The project will enhance service availability to potentially eliminate the waiting list for 100 safety net services by expanding capacity in community based settings to accommodate and eliminate the waiting list.	Completed in DY2-6	
RHP_4_13805109.2.100	2.9.1	This project aims to utilize community health workers/care navigators as patient navigators to provide enhanced social support and culturally competent care to vulnerable and/or high risk patients. Navigators may assist in connecting patients to primary care physicians and/or medical home sites, as well as diverting non-urgent care from the Emergency Department to an appropriate location.	Completed in DY2-6	

Section 2: Core Activities

Please enter your organization's number of Core Activities: _____

1) Please select the grouping for this Core Activity: **Prevention and Wellness**

a) Please select the name of this Core Activity: _____

b) Please enter a description of this Core Activity: _____

c) Please describe the first Secondary Driver for the above Core Activity (required): _____

d) Please select the Measure Bundles or measures impacted by this Core Activity. If this core activity is not associated with any measure bundles or measures, please select "None" in the first dropdown.

e) Please describe how this Core Activity impacts the selected Measure Bundles or measures: _____

f) Is this Core Activity provided by a provider that is not included in the Category B System Definition? **No**

2) Please select the grouping for this Core Activity: **Restoration of Suboptimal Levels of Behavioral Health Core Services**

a) Please select the name of this Core Activity: _____

b) Please enter a description of this Core Activity: _____

c) Please describe the first Secondary Driver for the above Core Activity (required): _____

d) Please select the Measure Bundles or measures impacted by this Core Activity. If this core activity is not associated with any measure bundles or measures, please select "None" in the first dropdown.

e) Please describe how this Core Activity impacts the selected Measure Bundles or measures: _____

f) Is this Core Activity provided by a provider that is not included in the Category B System Definition? **No**

3) Please select the grouping for this Core Activity: **Prevention and Wellness**

a) Please select the name of this Core Activity: _____

b) Please enter a description of this Core Activity: _____

c) Please describe the first Secondary Driver for the above Core Activity (required): _____

d) Please select the Measure Bundles or measures impacted by this Core Activity. If this core activity is not associated with any measure bundles or measures, please select "None" in the first dropdown.

e) Please describe how this Core Activity impacts the selected Measure Bundles or measures: _____

f) Is this Core Activity provided by a provider that is not included in the Category B System Definition? **No**

DY7-8 Provider RHP Plan Update Template - Category D

Progress Tracker

Section 2: Verification Complete

Performing Provider Information

RHP:	4
TPI and Performing Provider Name:	138305109 - Nueces County MHMR Community Ctr dba Behavioral HI
Performing Provider Type:	Community Mental Health Center (CMHC)
Ownership:	Non-State Owned Public

If regional hospital participation requirement is met	Category D valuation in DY7	\$890,185.20
	Category D valuation in DY8	\$890,185.20
If regional hospital participation requirement is not met	Category D valuation in DY7	\$296,728.40
	Category D valuation in DY8	\$296,728.40

Section 1: Statewide Reporting Measure Bundle for Community Mental Health Clinics (CMHCs)

Measure	Category D valuation per DY distributed across measures (if regional hospital participation requirement is met)	Category D valuation per DY distributed across measures (if regional hospital participation requirement is not met)
Effective Crisis Response	\$178,037.04	\$59,345.68
Crisis Follow up	\$178,037.04	\$59,345.68
Community Tenure (Adult and Child/Youth)	\$178,037.04	\$59,345.68
Reduction in Juvenile Justice Involvement	\$178,037.04	\$59,345.68
Adult Jail Diversion	\$178,037.04	\$59,345.68

Section 2: Verification

Please indicate below that you understand that Category D reporting requires qualitative reporting and data will be provided by HHSC as indicated in the Measure Bundle Protocol.

I understand

DY7-8 Provider RHP Plan Update Template - IGT Entry

Progress Tracker

Section 1: IGT Entities	Complete
Section 2: IGT Funding	Complete
Section 3: Certification	Complete

Performing Provider Information

RHP:	1
TPI and Performing Provider Name:	138305109 - Nueces County MHMR Community Ctr dba Behavioral H
Performing Provider Type:	Community Mental Health Center (CMHC)
Ownership:	Non-State Owned Public

Section 1: IGT Entities

In order to delete an existing IGT, delete the name of the IGT from cell G21, G29, etc.

IGT RHP	IGT Name	IGT TPI (if available)	IGT TIN	Affiliation Number
4	Nueces County MHMR Community Center	N/A	17416237956003	100-13-0000-00066

Contact #	Contact Name	Street Address	City	Zip	Email	Phone Number	Phone Extension	Lead Contact or Both
1	Mika Davis	1630 South Brownlee	Corpus Christi	78404	mdavis@bhcmc.org	361-886-6007		both
2	Victoria Rodriguez	1546 S. Brownlee	Corpus Christi	78404	vhuerta@bhcmc.org	361-886-6023		both

IGT RHP	IGT Name	IGT TPI (if available)	IGT TIN	Affiliation Number

Contact #	Contact Name	Street Address	City	Zip	Email	Phone Number	Phone Extension	Lead Contact or Both
1								
2								
3								

Please note that a contact designated "Lead Contact" will be included in the RHP Plan and on the USRP IGT Distribution List. A contact designated as "both" will be included in the RHP Plan, on the USRP IGT Distribution List, and will be given access to the USRP Only Reporting System.

Section 2: IGT Funding

RHP Plan Update Submitter	IGT Name	IGT TIN	IGT Affiliation #	DY7 % IGT Allocated	DY8 % IGT Allocated	if regional private hospital participation requirement is met		if regional private hospital participation requirement is not met	
						Total Estimated DY7 Allocation (FMAP 56.88/IGT 43.12)	Total Estimated DY8 Allocation (FMAP 57.32/IGT 42.68)	Total Estimated DY7 Allocation (FMAP 56.88/IGT 43.12)	Total Estimated DY8 Allocation (FMAP 57.32/IGT 42.68)
Category B	Nueces County MHMR Community Center	17416237956003	100-13-0000-00066	100.00%	100.00%	\$255,898.57	\$255,898.57	\$255,898.57	\$255,898.57
M1-147	Nueces County MHMR Community Center	17416237956003	100-13-0000-00066	100.00%	100.00%	\$201,123.48	\$271,460.73	\$201,123.48	\$271,460.73
M1-182	Nueces County MHMR Community Center	17416237956003	100-13-0000-00066	100.00%	100.00%	\$201,123.48	\$271,460.73	\$201,123.48	\$271,460.73
M1-255	Nueces County MHMR Community Center	17416237956003	100-13-0000-00066	100.00%	100.00%	\$201,123.48	\$271,460.73	\$201,123.48	\$271,460.73
M1-257	Nueces County MHMR Community Center	17416237956003	100-13-0000-00066	100.00%	100.00%	\$201,123.48	\$271,460.73	\$201,123.48	\$271,460.73
M1-261	Nueces County MHMR Community Center	17416237956003	100-13-0000-00066	100.00%	100.00%	\$201,123.48	\$271,460.73	\$201,123.48	\$271,460.73
M1-305	Nueces County MHMR Community Center	17416237956003	100-13-0000-00066	100.00%	100.00%	\$201,123.48	\$271,460.73	\$201,123.48	\$271,460.73
M1-385	Nueces County MHMR Community Center	17416237956003	100-13-0000-00066	100.00%	100.00%	\$201,123.48	\$271,460.73	\$201,123.48	\$271,460.73
Category D	Nueces County MHMR Community Center	17416237956003	100-13-0000-00066	100.00%	100.00%	\$383,847.80	\$379,931.04	\$383,847.80	\$379,931.04
Total						\$2,558,985.72	\$2,532,873.62	\$2,558,985.72	\$2,532,873.62

Your funding allocations sum to 100%.

Have the IGT Entities and funding percentages been updated?	Yes
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Section 3: Certification

By my signature below, I certify the following facts:
 • I am legally authorized to sign this document on behalf of my organization;
 • I have read and understand this document.

Name:	Lorraine Moon
IGT Organization:	Nueces County MHMR Community Center
Date:	3/16/2018

DY7.8 Provider RHP Plan Update Template - Summary and Certification

Progress Tracker

Section 1: DY7.8 OSRP Valuation
 Section 2: Category B Medicaid Low-Income Uninsured (MIUI) Patient Population by Provider (PPP)
 Section 3: Category C Measure Bundles/Measures Selection and Valuation
 Section 4: Category A Core Activities Associated with Category C Measure Bundles/Measures
 Section 5: Category D Valuations
 Section 6: Certification

Complete
Complete
Complete
Complete
Complete
Complete

Performing Provider Information

Ref: 18205120 - Huesus County MHMR Community Care Clinic
 TR and Performing Provider Name: Community Mental Health Center (CMHC)
 Performing Provider Type: Free State Owned Public

Section 1: DY7.8 OSRP Valuation

RHP Plan Update Submission	DY7.8 OSRP Valuation Distribution		Valuation if regional private hospital participation requirement is met		Valuation if regional private hospital participation requirement is not met	
	DY7	DY8	DY7	DY8	DY7	DY8
Category A	\$1,186,913.60	\$0.00	\$1,186,913.60	\$0.00	\$0.00	\$0.00
Category B	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Category C	\$1,186,913.60	\$0.00	\$1,186,913.60	\$0.00	\$0.00	\$0.00
Category D	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$2,373,827.20	\$0.00	\$2,373,827.20	\$0.00	\$0.00	\$0.00

Do you confirm the information in this section and acknowledge the understanding of limited allowed changes as described in the Program Funding and Mechanics Protocol and Measure Bundle Protocol?

Yes

Section 2: Category B Medicaid Low-Income Uninsured (MIUI) Patient Population by Provider (PPP)

	MIUI PPP	Total PPP	MIUI Percentage of Total PPP
DY5	1,393	6,813	20.4%
DY6	1,306	6,667	19.6%
DY7 Estimated	1,302	6,767	19.2%
DY8 Estimated	1,302	6,767	19.2%

Were DY7.8 maintenance goals based on DY5 or DY6 only? No

Do you confirm the information in this section and acknowledge the understanding of limited allowed changes as described in the Program Funding and Mechanics Protocol and Measure Bundle Protocol?

Yes

Section 3: Category C Measure Bundles/Measures Selection and Valuation

Bundle Measure ID	Measure Bundle/Measure Name	# of Measures with Requested Achievement of Alternative Denominators	# of Measures with Requested Shorter or Delayed Measurement Periods	# of Measures with Requested Reporting Milestone Exceptions	Points	Valuation if regional private hospital participation requirement is met		Valuation if regional private hospital participation requirement is not met	
						DY7 Valuation	DY8 Valuation	DY7 Valuation	DY8 Valuation
M1-147	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	0	1	0	1	\$466,427.37	\$636,037.33	\$551,232.35	\$730,842.30
M1-182	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SDS-AD)	0	0	0	2	\$466,427.37	\$636,037.33	\$551,232.35	\$730,842.30
M1-255	Follow-up Care for Children Prescribed ADHD Medication (ADD)	0	0	0	3	\$466,427.37	\$636,037.33	\$551,232.35	\$730,842.30
M1-257	Care Planning for Dual Diagnosis	0	1	0	1	\$466,448.17	\$634,702.01	\$550,075.11	\$735,328.99
M1-261	Assessment for Substance Abuse Problems of Psychiatric Patients	0	1	0	2	\$466,427.37	\$636,037.33	\$551,232.35	\$730,842.30
M1-305	Child and Adolescent Major Depressive Disorder (MDD) Suicide Risk Assessment (SRA-C)	0	1	0	2	\$466,427.37	\$636,037.33	\$551,232.35	\$730,842.30
M1-385	Assessment of Functional Status or QoL (Modified from NQF 0262/0264)	0	1	0	1	\$466,427.38	\$636,037.30	\$551,232.34	\$730,842.31
Total	NA	0	3	0	13	\$3,404,012.96	\$4,404,012.96	\$3,657,609.39	\$5,044,012.96

Do you confirm the information in this section and acknowledge the understanding of limited allowed changes as described in the Program Funding and Mechanics Protocol and Measure Bundle Protocol?

Yes

Section 4: Category A Core Activities Associated with Category C Measure Bundles/Measures

Bundle Measure ID	Measure Bundle/Measure Name	Associated Core Activities
M1-147	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Self-management programs and wellness programs using evidence-based designs (e.g., Stanford Small Group Self-Management Programs for people with arthritis, diabetes, HIV, cancer, chronic pain, and other chronic diseases; SAMHSA's Whole Health Action Management among others)
M1-182	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SDS-AD)	Self-management programs and wellness programs using evidence-based designs (e.g., Stanford Small Group Self-Management Programs for people with arthritis, diabetes, HIV, cancer, chronic pain, and other chronic diseases; SAMHSA's Whole Health Action Management among others)
M1-255	Follow-up Care for Children Prescribed ADHD Medication (ADD)	Utilization of telehealth/telemedicine in delivering behavioral services
M1-257	Care Planning for Dual Diagnosis	Self-management programs and wellness programs using evidence-based designs (e.g., Stanford Small Group Self-Management Programs for people with arthritis, diabetes, HIV, cancer, chronic pain, and other chronic diseases; SAMHSA's Whole Health Action Management among others); Utilization of telehealth/telemedicine in delivering behavioral services
M1-261	Assessment for Substance Abuse Problems of Psychiatric Patients	Self-management programs and wellness programs using evidence-based designs (e.g., Stanford Small Group Self-Management Programs for people with arthritis, diabetes, HIV, cancer, chronic pain, and other chronic diseases; SAMHSA's Whole Health Action Management among others); Utilization of telehealth/telemedicine in delivering behavioral services
M1-305	Child and Adolescent Major Depressive Disorder (MDD) Suicide Risk Assessment (SRA-C)	Utilization of telehealth/telemedicine in delivering behavioral services
M1-385	Assessment of Functional Status or QoL (Modified from NQF 0262/0264)	Implementation of interventions focusing on social determinants of health that can lead to improvement in well-being of an individual

Do you confirm the information in this section and acknowledge the understanding of limited allowed changes as described in the Program Funding and Mechanics Protocol and Measure Bundle Protocol?

Yes

Section 5: Category D Valuations

Statewide Reporting for CMHCs

Measure	Category D valuation per DY distributed across measures (if regional hospital participation requirement is met)	Category D valuation per DY distributed across measures (if regional hospital participation requirement is not met)
Effective Crisis Response	\$176,037.04	\$16,345.63
Crisis Follow-up	\$176,037.04	\$16,345.63
Community Service (Adult and Child/Youth)	\$176,037.04	\$16,345.63
Reduction in Juvenile Justice Involvement	\$176,037.04	\$16,345.63
MHRI all Domains	\$176,037.04	\$16,345.63

Do you confirm the information in this section and acknowledge the understanding of limited allowed changes as described in the Program Funding and Mechanics Protocol and Measure Bundle Protocol?

Yes

Section 6: Certification

By my signature below, I certify the following facts:
 • I am legally authorized to sign this document on behalf of my organization;
 • I have read and understand this document;
 • The statements on this form regarding my organization are true, correct, and complete to the best of my knowledge and belief.

Name: Jennifer Mison
 Performing Provider: Huesus County MHMR Community Center
 Date: 07/16/2018

DY7-8 Provider RHP Plan Update Template - Overall Template Progress

PROVIDER RHP PLAN UPDATE TEMPLATE PROGRESS: Template is COMPLETE!

Please confirm that the Provider RHP Plan Update template progress shows complete above. If it shows that the template is not ready for submission, please complete any missing steps and correct any outstanding issues before submitting to HHS.

Provider Entry

Section 1: Performing Provider Information	Complete
Section 2: Lead Contact Information	Complete
Section 3: Optional Withdrawal From DSRIP	Complete
Section 4: Performing Provider Overview	Complete
Section 5: DY7-8 DSRIP Total Valuation	Complete

Category B

Section 1: System Definition	Complete
Section 2: Medicaid Low-income Uninsured (MLIU) Patient Population by Provider (PPP)	Complete

Category C Selection

Section 1: Selection Overview (CMHCs and LHDs only)	Complete
Section 3: Selection of Measures for Community Mental Health Centers	Complete
Minimum Selection Requirements Met	Yes
MPT Met	Yes

Category C Additional Details

Section 1: Measure Exemption Requests and Measure Setting System Components	Complete
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Category C Valuation

Section 1: Measure Bundle/Measure Valuation	Complete
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Category A Core Activities

Section 1: Transition from DY2-6 Projects to DY7-8 Provider-Level Outcomes and Core Activities	Complete
Section 2: Core Activities	Complete
All Selected Measure Bundles/Measures Associated with at Least One Core Activity	Complete

Category D

Section 1: Statewide Reporting Measure Bundle for Community Mental Health Clinics (CMHCs)	Complete
Section 2: Verification	Complete

IGT Entry

Section 1: IGT Entities	Complete
Section 2: IGT Funding	Complete
Section 3: Certification	Complete

Summary and Certification

Section 1: DY7-8 DSRIP Valuation	Complete
Section 2: Category B Medicaid Low-income Uninsured (MLIU) Patient Population by Provider (PPP)	Complete
Section 3: Category C Measure Bundles/Measures Selection and Valuation	Complete
Section 4: Category A Core Activities Associated with Category C Measure Bundles/Measures	Complete
Section 5: Category D Valuations	Complete
Section 6: Certification	Complete