

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

DY9-10 Provider RHP Plan Update Template - Provider Entry

Progress Indicators

Section 1: Performing Provider Information

Section 2: Lead Contact Information

Section 3: Optional Withdrawal From DSRIP

Section 4: Performing Provider Overview

Section 5: DY9-10 Total Valuation and Updated Minimum Point Threshold (MPT)

Complete
Complete
Complete
Complete
Complete
Complete

Section 1: Performing Provider Information

RHP:

TPI and Performing Provider Name:

Performing Provider Type:

Ownership:

TIN:

Physical Street Address:

City: Zip:

Primary County:

Additional counties being served (optional):

3

113180703 - The Harris Center for Mental Health and IDD

Community Mental Health Center (CMHC)

Non-State Owned Public

17416039505023

9401 Southwest Freeway

Houston 77074

Harris

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:	Jeanne Wallace	Wayne Young	Keena Pace
Street Address:	9401 Southwest Freeway	9401 Southwest Frwy	9401 Southwest Frwy
City:	Houston	Houston	Houston
Zip:	77074	77074	77074
Email:	jeanne.wallace@mhmraharris.org	Wayne.Young@TheHarrisCenter.org	keena.pace@TheHarrisCenter.org
Phone Number:	713-970-3971	713-970-7190	713-970-7170
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 DY9-10 DSRIP funds will be redistributed within the RHP and it will no longer have access to those DSRIP funds.

Do Not Withdraw from DSRIP

Section 4: Performing Provider Overview

The Harris Center for Mental Health and IDD, formerly known as "MHMRA of Harris County", is state-designated as the Local Mental Health Authority and Local Intellectual and Developmental Disability Authority for Harris County. The Harris Center provides the highest level of integrated mental health and intellectual & developmental disability (IDD) services to residents through four service divisions: Mental Health Outpatient Services, Mental Health Forensics, Intellectual Disability & Autism Services, and Comprehensive Psychiatric Emergency Programs. We serve over 51,000 individuals each year, about 4,500 of whom are children. It is estimated that of those we serve 40% are Low-Income Uninsured and 47% are Medicaid recipients. The Agency also served over 18,000 individuals at the Harris County Jail through its contract with the Harris County Sheriff's Office. While we can only count the number of individuals we serve, we know our impact extends to their entire community. As the largest behavioral and developmental disability care center in Texas, The Harris Center strives to provide high quality, efficient, and cost effective services so that persons with mental disabilities may live with dignity as fully functioning, participating, and contributing members of our community.

Overall DSRIP Goals:

Our identified objective is to transform the current health care delivery system has the direct impact of improving individual functioning. In Waiver 2.0 we will be expanding the number of individuals who will be impacted by the additional services offered through implementation of the selected measures. In the past we served only individuals within projects, but the expansion will result in us serving all individuals with a mental illness in all of our Mental Health, Forensic, Crisis, and IDD services. We are beginning with looking at improving our processes to provide better tracking of physical health and social-related issues, which should impact the treatment of services. We will also be looking at two clinical outcome measures to improve the overall health of individuals being served at The Harris Center. The ultimate goal is to improve the overall care of individuals with a severe mental illness to increase their capacity for life and improvement in their daily living.

Alignment with regional community needs assessment:

We were actively involved with the development of the Southeast Regional Healthcare Partnership Community Needs Assessment (CHNA). The updated CHNA presents the status of public health across nine counties and assesses how community needs have changed. According to data presented in both Assessments, many of the community's needs identified in 2012 continue to be the identified needs today. The Region continues to have a lack of primary and specialty care Providers, particularly for uninsured individuals and people requiring behavioral health services. There also continues to face a high prevalence of chronic disease and poor health, including diabetes, heart disease, asthma, cancer and cardiovascular disease. Behavioral health needs continues to grow throughout our region. The CHNA indicated that over 70% of respondents agreed that their organization had challenges navigating patients to necessary social resources, which could be due to Providers not understanding patient needs. As a part of DSRIP renewal, we are implementing a number of process measures that will assess an individual's need of risk; intervention for depression which could lead to suicide; substance use intervention; and physical health needs. Also as a part of the CHNA stable housing has been identified as a central challenge for patients with behavioral health conditions and their inability to make use of services (to connect them to healthcare, healthy food, or work opportunities) continues to be a challenge for individuals in the Region. We are implementing housing assessments; vocational assessments; and daily living assessments to assist in the treatment for the individuals we serve.

Section 5: DY9-10 Total Valuation and Updated Minimum Point Threshold (MPT)

Initial DY9 DSRIP Valuation	Initial DY10 DSRIP Valuation	Initial DY9-10 MPT	
\$78,921,403.48	\$67,324,004.14	40	

Would you like to decrease the total valuation?

No

If a provider withdraws in your RHP, would you be willing to increase the total valuation and MPT by the following?

Provider Selection:	Increase DY10 Valuation up to:	Updated MPT:	
Yes	\$67,749,999.99	40	< Note: This is your current MPT
Yes	\$68,249,999.99	40	

Yes	\$68,749,999.99	40
Yes	\$69,249,999.99	40
Yes	\$69,749,999.99	40
Yes	\$70,249,999.99	40
Yes	\$70,749,999.99	40

At this point, please stop and submit your RHP Plan Update to your RHP's Anchor Entity for calculating available funds for redistribution. Once you receive information from your Anchor regarding additional funds available, you may continue.

Have you received information from your Anchor regarding additional funds available?

Yes

	DY9	DY10
Additional DSRIP Funds from Withdrawn	\$0.00	\$0.00
Providers	\$0.00	\$0.00

	Category Percentage (%)	DY9-10 DSRIP Valuation Distribution		
	Category Percentage (%)	DY9	DY10	
Category A	0%	\$0.00	\$0.00	
Category B	10%	\$7,892,140.35	\$6,732,400.41	
Category C	75%	\$59,191,052.61	\$50,493,003.11	
Category D	15%	\$11,838,210.52	\$10,098,600.62	
Total	100%	\$78,921,403.48	\$67,324,004.14	

Original MPT: 40
Adjusted MPT based on updated valuation: 40

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

Yes

Generate Worksheets

DY9-10 Provider RHP Plan Update Template - Category B

Progress Tracker

Section 1: System Definition

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

Complete Complete

Performing Provider Information

RHP:

TPI and Performing Provider Name:

Performing Provider Type: Ownership:

Category B valuation in DY9:

Category B valuation in DY10:

3
113180703 - The Harris Center for Mental Health and IDD
Community Mental Health Center (CMHC)
Non-State Owned Public
\$7,892,140.35
\$6,732,400.41

Section 1: System Definition

Would you like to modify the System Definition?

No

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.

Services provided in the community to all individuals served at The Harris Center, which includes those services provided in the home.

Required System Component Business Component?

Office/Clinic Business Component of the Organization

Please enter a description of this System Component.

Services provided either in the office or at a behavioral health psychiatric clinic for individuals served at The Harris Center.

Community Mental Health Centers - Optional Components

Optional System Component

Would you like to select this component?

Hassital	No
Hospital	No
Optional System Component	Would you like to select this component?
Contracted Clinic	No
Optional System Component	Would you like to select this component?
School-based Clinic	Yes
Please enter a description of this System Cor	nponent.
	ocation sites with a number of school districts in
Optional System Component	Would you like to select this component?
Contracted Inpatient Beds	Yes
Please enter a description of this System Cor	nnonent
	ocal psychiatric hospitals for local inpatient beds
, , , , , , , , , , , , , , , , , , ,	roan poyentation coopitation for toolar in patient scale
Optional System Component	Would you like to select this component?
State-funded Community Hospital	Yes
Please enter a description of this System Com	ananant
Please enter a description of this System Cor Inpatient contracted psychiatric services at F	
mpadent contracted psychiatric services at 1	arris country rayonatric center.
Optional System Component	Would you like to select this component?
Community Institution for Mental Disease	No
(IMD)	
Continued Contour Cours	Manda and Blocks and Add and an an an and an
Optional System Component	Would you like to select this component?
General Medical Hospital	No
Optional System Component	Would you like to select this component?
Spending System Component	
State Mental Health Facility	Yes
State Mental Health Facility	Yes
State Mental Health Facility Please enter a description of this System Cor	•
Please enter a description of this System Cor	•

Optional System Component	Would you like to select this component?
State Mental Retardation Facility	No
Optional System Component	Would you like to select this component?
Other	No
	.

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

	DY7	DY8
MLIU PPP	37,561	36,683
Total PPP	43,356	42,369

Please indicate the population included in the MLIU PPP

✓ Medicaid	✓ Dual Eligible	✓ CHIP	✓ Local Coverage Option	✓ Insured on the Exchange
✓ Low-Income (Below 200% FPL)	☐ Self-Pay	✓ Uninsured	Other (please explain below)	

Would you like to modify the MLIU PPP goal and/or Total PPP?

No

Please fill out the applicable fields below:

Estimated Medicaid individuals served in DY7	20,111
Estimated Low-income or Uninsured	20,111
Individuals served in DY7	16 572
illulviduais served ill DY7	16,572
Estimated Medicaid individuals served in DY8	20,111
Estimated Low-income or Uninsured	
Individuals served in DY8	16,572
MLIU PPP Goal for each DY (DY9 and DY10):	36,683
Forecasted Medicaid individuals served in	
each DY for DY9-10	20,111
Forecasted Low-income or Uninsured	
individuals served in each DY for DY9-10	16,572
Average Total PPP in each DY	42,369
MLIU percentage of Total PPP	86.58%
Allowable Variation	2.00%

*The MLIU percentage and forecasted Medicaid and LIU counts are for informational purposes only.	

DY9-10 Provider RHP Plan Update Template - Category C Selection

Progress Tracker

Section 2: Selection of Measures for Community Mental Health Centers

Section 3: Selection Overview

Section 4: Measure Exemption Requests Minimum Selection Requirements Met

MPT Met

	Note: you must	MPT
Complete	confirm selections	Points Selected
Complete	at the bottom of the	Measures Selected
Complete	page to finish.	Maximum Deletions Met
Yes		Clinical Outcome Selected
Yes		At least 2 measures selected

40

40

27

Υ

Υ

Performing Provider Information

RHP:

TPI and Performing Provider Name: Performing Provider Type:

Ownership:

Category C valuation in DY9: Category C valuation in DY10:

3
113180703 - The Harris Center for Mental Health and IDD
Community Mental Health Center (CMHC)
Non-State Owned Public
\$59,191,052.61
\$50,493,003.11

MINIMUM POINT THRESHOLD (MPT):

40

Each Performing Provider must maintain or select Measure Bundles/measures to meet or exceed their MPT to maintain their valuation that was confirmed on the Provider Entry tab. A maximum of 20 points from DY7-8 to DY9-10 may be deleted with good cause. There is no limit on the number of added bundles or measures.

Section 1: Attributed Population

Attributed Population for Community Mental Health Center (CMHC)

- a. All individuals that meet one of the following criteria during the measurement period:
- . One encounter with the performing providers system during the measurement year and one encounter during the year prior to the measurement year OR
- ii. Two encounters with the performing providers system during the measurement year OR
- iii. Other populations defined by the CMHC in the RHP Plan Submission and approved by HHSC

Section 2: Selection of Measures for Community Mental Health Centers

Standard CMHC Menu Options

	Measure Volume Options for					Additional Points for State Priority
Select Measure (Yes/No)	Goal Setting and Achievement	Bundle-Measure ID	Measure Name	Measure Category	Point Value	Measure
No	MLIU denominator with		Initiation and Engagement of Alcohol and Other			
NO	significant volume	M1-100	Drug Dependence Treatment (IET)	Clinical Outcome	3	1
No	MLIU denominator with					
NO	significant volume	M1-103	Controlling High Blood Pressure	Clinical Outcome	3	1
	HHSC has approved as					
Yes - Continue Measure	Standard P4P (A: MLIU; R: All		Preventive Care & Screening: Tobacco Use:			
	Payer, Medicaid, LIU)	M1-105	Screening & Cessation Intervention	Process	1	1
No	MLIU denominator with		Comprehensive Diabetes Care: Hemoglobin A1c			
NO	significant volume	M1-115	(HbA1c) Poor Control (>9.0%)	Clinical Outcome	3	0
	HHSC has approved as					
Yes - Continue Measure	Delayed P4P (A: MLIU; R: All					
	Payer, Medicaid, LIU)	M1-124	Medication Reconciliation Post-Discharge	Process	1	0
No	MLIU denominator with					
140	significant volume	M1-125	Antidepressant Medication Management (AMM-AD)	Clinical Outcome	3	0

	HHSC has approved as					
Yes - Continue Measure	Standard P4P (A: MLIU; R: All		Screening for Clinical Depression and Follow-Up Plan			
res commue measure	Payer, Medicaid, LIU)	M1-146	(CDF-AD)	Process	1	0
	HHSC has approved as					
Yes - Continue Measure	Standard P4P (A: MLIU; R: All		Preventive Care and Screening: Body Mass Index			
res commue measure	Paver, Medicaid, LIU)	M1-147	(BMI) Screening and Follow-Up	Process	1	0
	HHSC has approved as					
Yes - Continue Measure	Standard P4P (A: MLIU; R: All					
res continue measure	Payer, Medicaid, LIU)	M1-160	Follow-Up After Hospitalization for Mental Illness	Clinical Outcome	3	0
	MLIU denominator with		· · ·			
No	significant volume	M1-165	Depression Remission at Twelve Months	Clinical Outcome	3	1
	MLIU denominator with		Adherence to Antipsychotics for Individuals with			
No	significant volume	M1-180	Schizophrenia (SAA-AD)	Clinical Outcome	3	0
	MLIU denominator with		Depression Response at Twelve Months- Progress			
No	significant volume	M1-181	Towards Remission	Clinical Outcome	3	1
			Diabetes Screening for People With Schizophrenia or			
No	MLIU denominator with		Bipolar Disorder Who Are Using Antipsychotic			
140	significant volume	M1-182	Medications (SSD-AD)	Process	1	1
	MLIU denominator with	102	Hepatitis C: One-Time Screening for Hepatitis C Virus			
No	significant volume	M1-203	(HCV) for Patients at Risk	Process	1	1
	MLIU denominator with	1112 200		1100000		
No	significant volume	M1-205	Third next available appointment	Process	1	0
	MLIU denominator with	1112 200	The state of the s	1100000		
No	significant volume	M1-207	Diabetes care: BP control (<140/90mm Hg)	Clinical Outcome	3	0
	HHSC has approved as	1112 207	57 Contract	Cinnour Guttonic	_	
Yes - Continue Measure	Standard P4P (A: MLIU; R: All		Preventive Care and Screening: Screening for High			
res - Continue Measure	Payer, Medicaid, LIU)	M1-210	Blood Pressure and Follow-Up Documented	Process	1	0
	MLIU denominator with	111220	Weight Assessment and Counseling for Nutrition and	1100000		
No	significant volume	M1-211	Physical Activity for Children/ Adolescents	Process	1	1
	MLIU denominator with	WITZII	Risk Adjusted Behavioral Health/ Substance Abuse	110003		
No	significant volume	M1-216	30-Day Readmission Rate	Clinical Outcome	3	0
	significant volume	1111 210	Decrease in mental health admissions and	Cilifical Outcome	_	-
No	MLIU denominator with		readmissions to criminal justice settings such as jails			
NO	significant volume	M1-241	or prisons	Clinical Outcome	3	0
	MLIU denominator with	1111 2-11	Follow-up Care for Children Prescribed ADHD	Cilifical Outcome	_	
No	significant volume	M1-255	Medication (ADD)	Clinical Outcome	3	0
	HHSC has approved as	200	, ,			
Yes - Continue Measure	Standard P4P (A: MLIU; R: All					
res continue measure	Payer, Medicaid, LIU)	M1-256	Initiation of Depression Treatment	Process	1	0
	HHSC has approved as					
Yes - Continue Measure	Standard P4P (A: MLIU; R: All					
- res continue Measure	Payer, Medicaid, LIU)	M1-257	Care Planning for Dual Diagnosis	Process	1	0
	HHSC has approved as	207	5	2 3000		
Yes - Continue Measure	Standard P4P (A: MLIU; R: All		Assignment of Primary Care Physician to Individuals			
res - continue Measure	Payer, Medicaid, LIU)	M1-259	with Schizophrenia	Process	1	0
	HHSC has approved as	200	,			
Yes - Continue Measure	Standard P4P (A: MLIU; R: All					
res - continue Measure	Payer, Medicaid, LIU)	M1-260	Annual Physical Exam for Persons with Mental Illness	Process	1	1
	HHSC has approved as		,			
Yes - Continue Measure	Standard P4P (A: MLIU; R: All		Assessment for Substance Abuse Problems of			
res - continue measure	Paver. Medicaid. LIU)	M1-261	Psychiatric Patients	Process	1	1
	HHSC has approved as	1417 201	, , , , , , , , , , , , , , , , , , , ,	110003	-	
Voc. Continuo Mossure	The state of the s					
Yes - Continue Measure	Standard P4P (A: MLIU; R: All	M1-262	Assessment of Risk to Self/ Others	Process	1	0
	Payer, Medicaid, LIU)	IAIT-505	Assessment of Mak to Jen/ Others	FIOCESS	1	J

	HHSC has approved as					
Yes - Continue Measure	Standard P4P (A: MLIU; R: All		Assessment for Psychosocial Issues of Psychiatric			
Yes - Continue Measure	· · · · · · · · · · · · · · · · · · ·	M1-263	Patients	Process	1	0
	Payer, Medicaid, LIU)	1011-203	radents	FIOCESS	-	
Y	HHSC has approved as					
Yes - Continue Measure	Standard P4P (A: MLIU; R: All	N41 2C4	Vocational Rehabilitation for Schizophrenia	D	1	0
	Payer, Medicaid, LIU)	M1-264	vocational Kenabilitation for Schizophreina	Process	1	U
	HHSC has approved as		Housing Assessment for Individuals with			
Yes - Continue Measure	Standard P4P (A: MLIU; R: All		_	_	4	4
	Payer, Medicaid, LIU)	M1-265	Schizophrenia	Process	1	1
	HHSC has approved as		Independent Living Chille Assessment for Individuals			
Yes - Continue Measure	Standard P4P (A: MLIU; R: All		Independent Living Skills Assessment for Individuals			
	Payer, Medicaid, LIU)	M1-266	with Schizophrenia	Process	1	0
No	MLIU denominator with		Chlored to Constitution (CIII)		4	4
	significant volume	M1-280	Chlamydia Screening in Women (CHL)	Process	1	1
No	MLIU denominator with					
140	significant volume	M1-286	Depression Remission at Six Months	Clinical Outcome	3	1
	HHSC has approved as					
Yes - Continue Measure	Standard P4P (A: MLIU; R: All		Documentation of Current Medications in the		4	
	Payer, Medicaid, LIU)	M1-287	Medical Record	Process	1	1
	HHSC has approved as		Child and Adalaseant Main Donner Direct			
Yes - Continue Measure	Delayed P4P (A: MLIU; R: All		Child and Adolescent Major Depressive Disorder			
	Payer, Medicaid, LIU)	M1-305	(MDD): Suicide Risk Assessment (SRA-CH)	Process	1	1
No	MLIU denominator with		Use of First-Line Psychosocial Care for Children and			
140	significant volume	M1-306	Adolescents on Antipsychotics (APP-CH)*	Process	1	0
	HHSC has approved as		December 1 Comment Comment of the best bloom Alexander			
Yes - Continue Measure	Standard P4P (A: MLIU; R: All		Preventive Care and Screening: Unhealthy Alcohol			
	Payer, Medicaid, LIU)	M1-317	Use: Screening & Brief Counseling	Process	1	1
	HHSC has approved as					
Yes - Continue Measure	Standard P4P (A: MLIU; R: All		Adult Major Depressive Disorder (MDD): Suicide Risk			
	Payer, Medicaid, LIU)	M1-319	Assessment (eMeasure)	Process	1	1
			Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge SUB-3 / Alcohol			
No	MLIU denominator with					
	significant volume		and Other Drug Use Disorder Treatment at Discharge			
		M1-339	SUB-3a	Process	1	1
			Substance use disorders: Percentage of patients			
	HHSC has approved as		aged 18 years and older with a diagnosis of current			
Yes - Continue Measure	Standard P4P (A: MLIU; R: All		opioid addiction who were counseled regarding			
	Payer, Medicaid, LIU)		psychosocial AND pharmacologic treatment options			
	2,5,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		for opioid addiction within the 12 month reporting			
		M1-340	period	Process	1	1
			Chatana and Bandana Bandana Carta			
			Substance use disorders: Percentage of patients			
	HHSC has approved as		aged 18 years and older with a diagnosis of current			
Yes - Continue Measure	Standard P4P (A: MLIU; R: All		alcohol dependence who were counseled regarding			
	Payer, Medicaid, LIU)		psychosocial AND pharmacologic treatment options			
			for alcohol dependence within the 12 month			
		M1-341	reporting period	Process	1	1
	HHSC has approved as					
Yes - Continue Measure	Standard P4P (A: MLIU; R: All		Time to Initial Evaluation: Evaluation within 10			
	Payer, Medicaid, LIU)	M1-342	Business Days	Process	1	0
	HHSC has approved as					
Yes - Continue Measure	Delayed P4P (A: MLIU; R: All		Assessment of Functional Status or QoL (Modified			
	Payer, Medicaid, LIU)	M1-385	from NQF# 0260/2624)	Quality of Life	1	0
	HHSC has approved as					
Yes - Continue Measure	Delayed P4P (A: MLIU; R: All		Improvement in Functional Status or QoL (Modified			
	Payer, Medicaid, LIU)	M1-386	from PQRS #435)	Quality of Life	1	0

No	MLIU denominator with significant volume	M1-387	Reduce Emergency Department visits for Behavioral Health and Substance Abuse (Reported as two rates)	Clinical Outcome	3	1
Yes - Continue Measure	HHSC has approved as Standard P4P (A: MLIU; R: All					
	Payer, Medicaid, LIU)	M1-390	Time to Initial Evaluation: Mean Days to Evaluation	Process	1	0
No	MLIU denominator with		Tobacco Use and Help with Quitting Among			
NO	significant volume	M1-400	Adolescents	Process	1	1
	HHSC has approved as					
Yes - Continue Measure	Standard P4P (A: MLIU; R: All		Bipolar Disorder and Major Depression: Appraisal for			
	Payer, Medicaid, LIU)	M1-405	alcohol or chemical substance use	Process	1	1

Total overall selected points: 40

You have met the minimum selection requirements.

You have selected enough measures to meet or exceed your organization's MPT.

Are you finished making your selections?

Ves

Section 3: Selection Overview

Please describe your rationale for adding the newly-selected measures, and describe the primary system components (clinics, facilities) that will be used to report on and drive improvement in selected measures.

No additional measures were selected

Section 4: Measure Exemption Requests

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.

No new bundles/measures were selected for DY9-DY10, therefore this section is not applicable

Note that the second se

										Related Str	rategies Lists									
	Related Strategies		M1-103, 105, 115, 147, 182	1, 203, 207, 210, 259, 260, 280	M1-124, 160	216, 287, 287	M1-211, 255, 305, 306, 400		M1-385, 286		M1-125, 146, 165, 181, 256, 262, 286, 219		M1-180, 263, 264, 265, 266		M1-100, 257, 261, 217, 329, 340, 341, 405		M1-205	i, 342, 390		
			Physical Health G	amorbidities (CMHC)	Hospital Readmissions and Emerge	ncy Department Utilization (CMHC)	Children and A	dalescents (CMWC)	Specialty Care (Chronic and Life Impacting Conditions) (CMHC) Serious Mental Illness: Depression (CMHC)			Serious Mental Illnes	: Schlaaghrenia (CMHC)	Dual Diagnosis and Substance U	se Disorder (SUD) Treatment (CMHC)	Access to 0	Care (CMHC)			
Related Strategies ID	Related Strategies Description	Related Strategies Thome	Implementation Date	Implementation Status	Implementation Date	Implementation Status	Implementation Date	Implementation Status	Implementation Date	Implementation Status	Implementation Date	Implementation Status	Implementation Date	Implementation Status	Implementation Date	Implementation Status	Implementation Date	Implementation Status		
141	Same-day and/or walk-or association of a the autoattest setting	Access to Care	DITA	Instended in stall cale	DY7-E	tinolenented is criall scale	DIT-E	Insolemented is onall scale			DI7-8	Studiensested in could scale	DIP-8	trafemented scorcal code	DVP-K	tinotemented is unall scale	DIT-E	treatmented is coall scale		
	trufit and for weekend appointments is the outsident orting integration or or fugation of primary care and specialty care (although		Not assentable	Not sourced	977-E	Instrumented in court scale	DV-8	Indemedad is onall state			DF7-E	Indianacial is cost one	007-8	Instrumented trional code	DV7-R	Incornacionalis cocal scale	987-E	Implemented is unall state		
1.10	Search and contracts to the contract contract	Access to Care		INFORMATION CONTRACTOR		Ingervalven countries	No. approace	No. approace				Improved in that day		imperioritie in citat date	****	ingerviewer in chair issue	37.0	ingeneral it state sale		
1.01	treleteolithic provide virtual medical appointments and/or consultations with a province assessment	Access to Care	Not applicable	Not applicable	Notapplicable	Not applicable	Not applicable	Not applicable			Not applicable	Notapplicable	Not applicable	Not applicable	Notapplicable	Not applicable	Not applicable	Notapplicable		
1.12	telehealth to provide virtual medical appointments and/or consultations with a specialty care physician (obviocal health only)	Access to Care	Not applicable	Not applicable	Nutapylicable	Nut applicable	Not applicable	Not applicable			Not applicable	Notapplicable	Not applicable	Not applicable	Notapylicable	Nut applicable	Not applicable	Notappicable		
1.20	Integration or co-location of primary care and psychiatric services in the controlled certifies	Access to Care	DF3-4	Inglemented in small scale	217-6	tinglemented is small scale	Not applicable	Not applicable			Dr3-6	Implemented in small scale	004	Inglemented in small scale	0114	Implemented is small scale	D11-6	Single-mented is small scale		
1.21	Telehealth to provide virtual medical appointments and/or consultations with a newholeser	Access to Care	D17 8	Inglemented in small scale	2Y7-E	tinglemented is small scale	Nut applicable	Not applicable			DIT-E	Implemented in small scale	DIP 8	Inglemented in small scale	DV7-8	tinglemented is snall scale	DYP-8	Implemented is small scale		
133	Integration or co-facation of psychiatry and substance use disorder treatment occurs to the outsettent certifies	Access to Care	Planted for DMI 50	Nut yet implemented	Nutropylicable	Not applicable	Planted for DVP 30	Not yet implemented			Manuel for DRF-50	Not yet implemented	Flammed for DVF-50	Not yet implemented	Planned for DVP 33	But yet implemented	Manuel for the 10	Not yet implemented		
1.80	Mabble clinic or other community-based delivery model to provide care	Access to Care	Not applicable	Not applicable	Nutapplicable	Nut applicable	Nut applicable	Not applicable			Not applicable	Notapplicable	Not applicable	Nut applicable	Matapplicable	Nut applicable	Not applicable	Notapplicable		
2.00	Culturally and trajustically appropriate care observe for patients	Care Coordination	Before DSRP	Inglemented throughout cyclers	Before DSRP	Implemented throughout system	Before DSEP	Implemented throughout system	Before OSEP	Implemented throughout system	tefan cour	Implemented throughout system	Before DSRP	Implemented Stroughout cycleris	Before DERIF	tinglemented throughout system				
201	Pre-viot planning and, for standing order protocolic/e, g. for corresings/assessments, immunication status, tests/fesults, precorption changes/velist, scheduling fallow-up-viots, evidence-based practices, 2022.	Care-Coordination	Not applicable	Nort applicable	Nutapplicable	Nut applicable	Nut applicable	Not applicable	Notapplicable	Not applicable	Not applicable	Not applicable	tox applicable	Nort applicable	not applicable	Nut applicable				
242	Automated remoders/Tags within the E.M.R. or other electronic case platform (e.g. for screenings/accessments, immunication storus, texts/enable, precurption sharps/velible, scheduling follow-up-victor, authors in based in ordinary.	Care-Coordination	Box applicable	Not applicable	Nutapplicable	Nut applicable	Nut applicable	Not applicable	Notapplicable	Not applicable	Not applicable	Notapplicable	tox applicable	Nort applicable	Nort applicable	Nut applicable				
210	Care team includes personnel in a care coordination rate not requiring clinical liceosure (e.g. non-clinical social worker, community health	Care Coordination	Before DDDP	Implemented throughout system	Belian DEEP	Implemented throughout system	Below DBDP	Implemented throughout system	Believ CORP	Implemented throughout system	Before DIXIP	Implemented throughout system	Before DBDP	Implemented throughout cyclem	Before DDIOP	Implemented throughout system				
2.01	Care train includes personnel in a care coordination rain requiring directal ticricure (n.g. registered nurse, ticricaed directal occid worker, etc.)	Care Coordination	Before DDIEP	Implemented throughout system	Before DURP	Implemented throughout system	Before SORP	Implemented throughout system	Before CERP	Implemented throughout system	Before DURIF	Implemented throughout system	Before DIMIP	Implemented throughout cyclem	Before COOP	Implemented throughout system				
232	Notice, call creter, or other condar programming staffed by perconnel with clinical licensure to answer questions for patients (and their families) related to medications, clinical stage, care transitions, etc.	Care Coordination	Not applicable	Not applicable	Nutapplicativ	Nuc applicable	Not applicable	Not applicable	Notapplicable	Not applicable	Not applicable	Not applicable	tox applicable	Not applicable	Not applicable	Natapplicativ				
120	Formal closed top process for scheduling a follow-up visit with a primary care provider and/or assigning a primary care provider when none is:	Carre Coordination	Not applicable	Not applicable	Nutapplicable	Not applicable	Not applicable	Not applicable	Notapplicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Notapplicable	Nut applicable				
2.60	Formal closed toop praces for scheduling referral years as seeded	Care Coordination	tor periodic	ter surviva	But scale Mile	tor successive	tor successive	tor subratia	No reconstant	Not become	test positivation	Ser seasons	NOT SHARE WAY	Not soutcable	test positivation	that production				
2.00	tura chang connectivity or arrangement with Medical Managed Care	Care Coordination	Planted for DMH 50	Nut yet implemented	Planted for DV9 33	But yet implemented	Planted for DVP 30	Not yet implemented	Planted for DW-30	Not yet implemented	Manuel for DRF-50	Not yet implemented	Flammed for DYF-33	Not yet implemented	Notapylicable	Not applicable				
230	Data sharing connectivity across care settings within provider's integrated delivery system (includes inputient, outputient, post-acute, wigent care,	Care Coordination	Flamed for DVP 10	But yet implemented	Planned for DVP 12	Nut yet implemented	Planted for DVP-30	Not yet implemented	Planted for DW-30	Not yet implemented	Planned for DRF-SD	Not yet implemented	Planted for DVP-32	Nut yet implemented	Nortapplicable	Next applicable				
231	Data daming connectively or results information technique (HEE) arrangement accordance cettings external to provider's office/integrated delivery cycles (spicioles) impatient, outpatient, poor acute, wignet care, absolute, air forcement resolution.	Care-Coordination	Planted for DYR 50	Nut yet implemented	Planted for DVP 12	Nut yet implemented	Planted for DVP 33	Not yet implemented	Planted for DW-20	Not yet ingliene ited	Manuel for DM-50	Not yet implemented	Planted for DVP 12	Not yet implemented	Notapplicable	Not applicable				
240	normal closed loop process for coordinating the transition from pediatric	Care Coordination					Selices DSEP	Implemented throughout system												
100	as along time. Paide introgenent and/or proactive outworks of patients using a gap analysis method (i.e. strategically targeting patients with morang or overdue size-energis, introductations, assessments, lab work, etc.)	Data Analytics	Not applicable	Not applicable	Nutapplicativ	Nuc applicable	Not applicable	них эруйсаме	Notapplicable	Not applicable	Not applicable	Not applicable	tox applicable	Not applicable	Not applicable	Natapplicativ	Not applicable	Notapplicable		
849	Panel management and/or proactive outmoch of patients using a risk- structhistics method (i.e. strategically targeting patients based on risk	Data Analytics	Not applicable	Not applicable	Netapphodile	Nut applicable	Nut applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Notapplicable		
830	business or negoting to track quality and clinical autoomes data on patients	Data Analytics	D17-8	Implemented throughout system	019-6	Implemented is small scale	DVF-8	implemented throughout system	DIT-8	Implemented throughout system	DI7-8	Implemented throughout system	DIP-8	Implemented throughout cyclers	DVP-8	Implemented throughout system	DI7-8	Implemented throughout system		
120	Analysis of associationed "no-show" rates	Data Analysics	for applicable	Not applicable	Sutapplicable	Not applicable	Not applicable	Not applicable	Notapphoble	Not applicable	Not applicable	Notapphoble	Not applicable	Not applicable	Notapplicable	Not applicable	Not applicable	Not applicable		

1.00	Formal partnership or arcangement with poto source care facilities (e.g., skilled ensting facility, importence enhaltitions facility, lang-sees source care hospiral, home health appears, hospira, etc.) in Stackfakee quality measures such as length of stay and readinspoin store, etc.	Class Analytics			Notapplicable	Not applicable			Not applicable	Not applicable								
1.00	Formal partnership or arrangement with odnostylchool district to	Data Analytics					Not applicable	Not applicable										
400	Care transindudes a direct aborracidid	Disease Management	for audicable	Not applicable			Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not assitisable	Not applicable	Not according	Not assistable	Not accomplish		
681	Care team includes a behavioral health professional such as a psychologist, beened clinical social worker, boresed counterior (IPC, reser) ser.	Disease Management	DF3-6	Implemented in small code			Belian DBDP	Implemented throughout system	Below DEEP	Implemented throughout system	Before DUDIE	Inglemented throughout system	Before CORCE	Implemented Stronghout Cycless	Before DERIF	Implemented throughout system		
683	Care trans includes a registered dieticani d	Disease Management	for applicable	Not applicable			Not accordable	Not applicable	Notaeahcable	Not applicable	Not applicable	Notacolisable	Not applicable	Not acelicable	Not seelicable	Not applicably		
430	Group vist model or civilar non-coditional appointment format that includes at least one provider and a group of patients with shared clinical leading codit appearance.	Disease Management	Not applicable	Not applicable			Not applicable	Not applicable	Notapplicable	Not applicable	Not applicable	Notapplicable	Box applicable	Not applicable	Natapplicable	Not applicable		
620	Home with model of providing clinical services at agathest's residence times he currented to country content automorphisms.	Disease Management	Not applicable	Not applicable			Nut applicable	Not applicable	Below DEEP	Implemented throughout system	Before OSKSP	Implemented throughout system	Before DSRP	Implemented Stroughout system	Before DDRP	Implemented throughout system		
4.00	Classecfor patients/focused on disease self-management (e.g. lifestyle changes, symptom recognition, clinical triage guidance, etc.)	Disease Management	Not applicable	test applicable			Nut applicable	Not applicable	Below DIREP	Implemented in small scale	tefav CMP	Implemented in small scale	Before printer	Implemented in small scale	Before CORP	Implemented is craft scale		
4.00	Classes for patients focused on diet, nutrition courseling, and/or cooking	Disease Management	Not applicable	Not applicable			Not applicable	Not applicable	Notapplicable	Not applicable	Not applicable	Notapplicable	Not applicable	Not applicable	Matapplicable	Not applicable		
4.82	Classes for patients focused on physical activity	Disease Management	Not applicable	Not applicable			for accidable	Not applicable	Notaeaticable	Not applicable	Not applicable	Notacinoble	Not applicable	Not applicable	Not seek cable	Not applicable		
4.0	Peer based programming (includes support groups, peer continual machines and 1	Disease Management	Not applicable	Not applicable			Before DBDP	implemented throughout system	Ballan DERF	Implemented throughout system	Bellan DINIF	Implemented their discontinued	Before DSKP	Implemented throughout cyclem	Before DDRP	Implemented throughout system		
430	Selebolists provide renote monitoring of patient biometric data (e.g. Militat levels, blood pressure, etc.) and/or medication adherence	Disease Management	Not applicable	Not applicable			Not applicable	Implemented throughout system	Notappicable	Not applicable	Not applicable	Notapphoble	Not applicable	Not applicable	Notapylicable	Not applicable		
680	Patent educational materials or campaigns about preventive care (e.g.	Disease Management	tox applicable	Not applicable			Not applicable	Not applicable	Notapplicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Notapplicable	Not applicable		
470	SSRT (Susering, Stref Intervention, Referral, and Treatment) workflow	Disease Management	013-6	Implemented throughout system			015-6	implemented throughout system	D13-6	Implemented throughout system	DIS-6	Implemented throughout system	010-6	Implemented throughout cyclem	0754	Implemented throughout system		
4.71	Medication-Assisted Telatinest (MRT) services actively affered	Disease Management													DYP-8	tinglemented is small scale		
5.00	towers ament for food war outly	Social Determinants of Health	for audicible	test seaticable	Not southeably	Not accordable	tot seekokin	Not applicable	Not seal cable	ter assisable	test applicable	ter audicable	tor applicable	Not aceticable	Not southeable	Not applicable		
101	Formal partnership or arrangement with food resources to support patient benefit status for a local food basis, process more acr.)	Social Determinants of Health	Not applicable	Nort applicable	Nutapplicable	Not applicable	Nut applicable	Not applicable	Notapphoble	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Nortapyticable	Not applicable		
5.50	towering satients for housing needs	Social Determinants of Health	Before DDIEF	inglemented throughout cyclens	Before DBRP	implemented throughout system	Before DBEP	implemented throughout system	telav diter	Implemented throughout system	tefan coor	Inglemented throughout system	Before DBDF	Englemented Stroughout cycleris	Before DUID	implemented throughout system		
5.11	homal partiership or anangement with housing resources to support patient health status (e.g. offordable housing wirth, transitional housing, control workforce, and 1	Social Determinants of realth	0134	Inglemented in small scale	Nutapplicable	Nut applicable	Nut applicable	Not applicable	DH3-6	Implemented in small scale	DIS-6	Implemented in small scale	064	Implemented in small scale	015-6	Implemented is small scale		
1.12	Sciences authors for housing quality seeds	Social Deberminants of Health	for assisoble	Not seeks bis	Sutacelicable	Not assistable	Not assistable	Not applicable	Notaeahcable	Not applicable	Not applicable	Notacinoble	017-8	snale-mented throughout outlens	Matacalicable	Not applicable		
5.23	Normal partiership or anaignment with housing quality resources to support patient health-status (e.g. housing inspections, pest control commencer health-status and other withhouseness and it.	Social Determinants of realth	Not applicable	Not applicable	Nutapplicable	Nut applicable	Not applicable	Not applicable	Notapplicable	Not applicable	Not applicable	Notapplicable	Box applicable	Not applicable	Natapplicable	Not applicable		
120	Screening authors for transportation needs	Social Deberminants of Health	017-8	topienested in usual scale	2Y7-K	molemented is unuit state	DVF-K	studemented is small scale	DIT-E	tractemented in onall scale	Q17-8.	studiensested in could state	017-8	snale-mented in small scale	CV7-8	molemented is small scale	D17-E	treatemented is coall scale
521	Pormal partnership or arrangement with transportation resources to exposed noticed between to move by a public or extends transfer and it.	Social Determinants of Health	Not applicable	Not applicable	Nutapplicable	Not applicable	Not applicable	Not applicable	Notapplicable	Not applicable	Not applicable	Notapplicable	Not applicable	Not applicable	Matapylicable	Not applicable	Not applicable	Not applicable
5.00	normal partnership or arrangement with othosis/school distincts to collaborate on health-promoting institutives (e.g., addressing environmental languest, healthy bunch-options, field day activities, etc.)	Social Determinants of Health					Nut applicable	Not applicable										

DY9-10 Provider RHP Plan Update Template - Category A Core Activities **Progress Tracker** Section 1: Core Activities All Selected Measure Bundles/Measures Associated with at Least One Core Activity Complete **Performing Provider Information** RHP: 3 TPI and Performing Provider Name: 113180703 - The Harris Center for Mental Health and IDD Performing Provider Type: Community Mental Health Center (CMHC) Ownership: Non-State Owned Public Section 1: Core Activities **Previous Core Activities** Core Activity #1 Do you want to edit or delete this Core Activity? Delete Please explain why the Core Activity is being discontinued The Harris Center for Mental Health and IDD has achieved certification from HHS of Texas as a Certified Community Behavioral Health Clinic on June 11, 2019. Core Activity #2 Do you want to edit or delete this Core Activity? No 2) Please select the grouping for this Core Activity. Availability of Appropriate Levels of Behavioral Health Care Services

a) Please select the name of this Core Activity.

Utilization of telehealth/telemedicine in delivering behavioral services

b) Please enter a description of this Core Activity

Due to the shortage of psychiatrists in Texas and the high number of Medicaid and Low-Income Uninsured individuals seeking mental health treatment, we will be looking at utilizing telemedicine as a resource to utilize. For many psychiatrists the Medicaid reimbursement rate for psychiatric services is so low and they set a limit of how many individuals on Medicaid that they will treat making The Harris Center the only option for individuals to choose for their psychiatric treatment. Access to telemedicine in our 24/7 crisis services programs is an optimal use of this type of psychiatry. The option to utilize telemedicine is a new venture for The Harris Center, but many of our rural community mental health center counterparts have been using this mode of psychiatric treatment with success.

i) Please describe the first Secondary Driver for the above Core Activity (required).

Set-up a	system internally to accommodate telemedicine services per the Medicaid guidelines.
A)	Please list the first Change Idea for the above Secondary Driver (required).
	Modify our current billing codes to support billing Medicaid and insurances for providing the telemedicine services.
B)	Please list the second Change Idea for the above Secondary Driver (optional).
	Modify our current staffing workflow to accommodate Medicaid telemedicine requirements.
C)	Please list the third Change Idea for the above Secondary Driver (optional).
	Identify which clinics and/or crisis services the telemedicine services will be expanded to.
D)	Please list the fourth Change Idea for the above Secondary Driver (optional).
E)	Please list the fifth Change Idea for the above Secondary Driver (optional).
::\ D	and the second Consider. Driver for the above Cons Asticity (asticus)
	escribe the second Secondary Driver for the above Core Activity (optional). elemedicine psychiatric services potentially for both our outpatient and some of our crisis service
program	
	Please list the first Change Idea for the above Secondary Driver (required).
,	Response for Proposal (RFP) posted to seek telemedicine psychiatry providers interested in contracting to provide the
	identified services.
В)	Please list the second Change Idea for the above Secondary Driver (optional).
C)	Please list the third Change Idea for the above Secondary Driver (optional).
D)	Please list the fourth Change Idea for the above Secondary Driver (optional).
E)	Please list the fifth Change Idea for the above Secondary Driver (optional).
:::\ Dlagge d	asserted that the indicator of the control of the c
	escribe the third Secondary Driver for the above Core Activity (optional). elemedicine equipment in the clinics and/or crisis services for the telemedicine services.
	Please list the first Change Idea for the above Secondary Driver (required).
	Identify which site location and offices will be used for telemedicine services.
	Please list the second Change Idea for the above Secondary Driver (optional).
5,	Purchase and install the necessary telemedicine equipment to activate the service.
C)	Please list the third Change Idea for the above Secondary Driver (optional).
D)	Please list the fourth Change Idea for the above Secondary Driver (optional).
	, - , , , , , , , , , , , , , , , , , ,
E)	Please list the fifth Change Idea for the above Secondary Driver (optional).
	· · · ·

iv) Please o	describe the fourth Secondary Driver for the above Core Activity (optional).
A)	Please list the first Change Idea for the above Secondary Driver (required).
B)	Please list the second Change Ideas for the above Secondary Driver (optional).
C)	Please list the third Change Ideas for the above Secondary Driver (optional).
D)	Please list the fourth Change Ideas for the above Secondary Driver (optional).
E)	Please list the fifth Change Idea for the above Secondary Driver (optional).
v) Please o	describe the fifth Secondary Driver for the above Core Activity (optional).
A)	Please list the first Change Idea for the above Secondary Driver (required).
B)	Please list the second Change Idea for the above Secondary Driver (optional).
C)	Please list the third Change Idea for the above Secondary Driver (optional).
D)	Please list the fourth Change Idea for the above Secondary Driver (optional).
E)	Please list the fifth Change Idea for the above Secondary Driver (optional).
E)	Please list the fifth Change Idea for the above Secondary Driver (optional).

c) 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.

M1-124	M1-147	M1-160	M1-210
M1-256	M1-261	M1-262	M1-263
M1-264	M1-265	M1-305	M1-319
M1-342	M1-405	M1-105	M1-146
M1-266	M1-287	M1-317	M1-340
M1-341	M1-385	M1-386	M1-390

i) Please describe how this Core Activity impacts the selected Measure Bundles or measures.

Access to telemedicine psychiatric time will allow us to assure that individuals receive an initial diagnosis within 10 days of contact. All new patients will receive an initial diagnostic evaluation from a licensed clinician. This initial evaluation will include assessments for risk of harm; substance and tobacco use; a psychosocial, vocational, housing, and independent living skills assessments. These assessments will be used to drive treatment. Additional access to psychiatrics via telemedicine will allow for follow-up contact with a prescriber

within 7 days of discharge from a psychiatric hospital. Prior to seeing the doctor an individual will be evaluated by nursing staff for their BMI, high blood pressure, any medications post hospital discharge, as well as any overthe-counter medications they are taking and entered this information in our Electronic Health Record for a physician to access. In addition the availability of telemedicine psychiatric services can ensure individuals whom otherwise would be on a waiting list for services would receive treatment and receive any services attributed to the measures. The following Waiver 1.0 projects will participate in this Core Activity: 113180703.1.1; 113180703.1.4; 113180703.1.5; 113180703.1.6; 113180703.1.7; 113180703.2.1; 113180703.1.3; 113180703.2.4; 113180703.2.5; 113180703.2.7; 113180703.1.100; 113180703.2.101; 113180703.1.3; 113180703.2.8; 113180703.2.9.

d) Is this Core Activity provided by a provider that is not included in the Category B System Definition?

No

Core Activity #3

Do you want to edit or delete this Core Activity?

Edit

Please explain the changes made to the Core Activity and why it was changed

Had to add measure M1-257 to this Core Activity after successfully achieving the Texas CCBHC as a Certified Community Behavioral Health Clinic which was our Core Activity #1 selection.

3) Please select the grouping for this Core Activity.

Availability of Appropriate Levels of Behavioral Health Care Services

a) Please select the name of this Core Activity.

Utilization of Care Management function that integrates primary and behavioral health needs of individuals

b) Please enter a description of this Core Activity

Substantial research exists to support the benefits of co-locating or the integration of physical and behavioral health care services. According to the SAMHSA-HRSA Center for Integrated Care, benefits of integration include improving an individuals experience of care, improving the health of the general population, and reducing per capita healthcare costs. Significant gaps exist for individuals with severe mental illness, which contribute to higher rates of physical health conditions, shorter life expectancies and higher health care costs (SAMHSA). For these reasons, The Harris Center operates with two FQHCs in two of our Behavioral Health clinics to provide physical health services alongside our psychiatric services for individuals that we serve. We seek to strengthen this relationship and broaden primary healthcare partnerships at 2 additional clinics.

i) Please describe the first Secondary Driver for the above Core Activity (required).

Expand primary care clinic services within two additional behavioral health clinics.

A) Please list the first Change Idea for the above Secondary Driver (required).

Facilitate primary care integration in the two additional clinics utilizing either an FQHC or hiring of a Primary Care Physician.

В)	Please list the second Change Idea for the above Secondary Driver (optional).
	Identify space in two projected clinics to create an office for primary care services.
C)	Please list the third Change Idea for the above Secondary Driver (optional).
D)	Please list the fourth Change Idea for the above Secondary Driver (optional).
E)	Please list the fifth Change Idea for the above Secondary Driver (optional).
ii) Dlaaca d	asserting the second Secondary Driver for the above Core Activity (antional)
	escribe the second Secondary Driver for the above Core Activity (optional). e a culture that values integrated physical and behavioral health care for the treatment of individuals
	nental illness.
A)	Please list the first Change Idea for the above Secondary Driver (required).
	Action plan to create and deploy a integrated physical health & behavioral health training to be completed at new
	employee orientation and annually for mental health providers.
B)	Please list the second Change Idea for the above Secondary Driver (optional).
C)	Please list the third Change Idea for the above Secondary Driver (optional).
D)	Please list the fourth Change Idea for the above Secondary Driver (optional).
E)	Please list the fifth Change Idea for the above Secondary Driver (optional).
ii) Please d	escribe the third Secondary Driver for the above Core Activity (optional).
	to the next SAMHSA Integration Model Level of Integrated Care.
	Please list the first Change Idea for the above Secondary Driver (required).
,	Identify current SAMHSA Integration Model Level of Integrated Care in our current collaborative care project.
B)	Please list the second Change Idea for the above Secondary Driver (optional).
	Work on the elements needed to move to the next Level of Integrated Care.
C)	Please list the third Change Idea for the above Secondary Driver (optional).
D)	Please list the fourth Change Idea for the above Secondary Driver (optional).
E)	Please list the fifth Change Idea for the above Secondary Driver (optional).
v) Plaase d	escribe the fourth Secondary Driver for the above Core Activity (optional).
v, i lease u	escribe the router secondary briver for the above core Activity (optional).

A) Please list the first Change Idea for the above Secondary Driver (required).

В	Please lis	t the second Change Ide	eas for the above Second	ary Driver (optional).			
C	C) Please lis	t the third Change Ideas	for the above Secondar	y Driver (optional).			
D) Please lis	t the fourth Change Ide	as for the above Seconda	ary Driver (optional).			
E	Please lis	t the fifth Change Idea f	or the above Secondary	Driver (optional).			
v) Please	describe th	e fifth Secondary Drive	for the above Core Activ	vity (optional).			
A) Please lis	t the first Change Idea f	or the above Secondary	Driver (required).			
В) Please lis	t the second Change Ide	ea for the above Seconda	ary Driver (optional).			
C	C) Please lis	t the third Change Idea	for the above Secondary	Driver (optional).			
D) Please lis	t the fourth Change Ide	a for the above Seconda	ry Driver (optional).			
E	Please lis	t the fifth Change Idea f	or the above Secondary	Driver (optional).			
c) Please select the	e Measure	Bundles or measures in	npacted by this Core Acti	vity. If this core activity is r	not associated with a	ny measure bui	ndles or measures, please
select "None" ir			,	,	•	,	,,,
M1-124		M1-147	M1-210	M1-259			
·	describe ho			ure Bundles or measures.	as we have		
selecte	d through	providing preventative of	care and screenings and	the coordination of needed revious individuals served	d follow-up care		
in this (following Waiver 1.0 projects; 113180703.1.6; 113180			
		ed by a provider that is i	not included in the Categ	ory B System Definition?			

DY9-10 Provider RHP Plan Update Template - DSRIP Valuation Summary

Performing Provider Information

RHP:

TPI and Performing Provider Name: Performing Provider Type: Ownership: 3
113180703 - The Harris Center for Mental Health and IDD
Community Mental Health Center (CMHC)
Non-State Owned Public

Section 1: Valuation by Category and Measure

Category / Measure / Measure Bundle Item:	DY9	DY10		
Category B - MLIU PPP	\$7,892,140.35	\$6,732,400.41		
M1-105	\$2,192,261.21	\$1,870,111.23		
M1-124	\$2,192,261.21	\$1,870,111.23		
M1-146	\$2,192,261.21	\$1,870,111.23		
M1-147	\$2,192,261.21	\$1,870,111.23		
M1-160	\$2,192,261.21	\$1,870,111.23		
M1-210	\$2,192,261.21	\$1,870,111.23		
M1-256	\$2,192,261.21	\$1,870,111.23		
M1-257	\$2,192,261.21	\$1,870,111.23		
M1-259	\$2,192,261.21	\$1,870,111.23		
M1-260	\$2,192,261.21	\$1,870,111.23		
M1-261	\$2,192,261.21	\$1,870,111.23		
M1-262	\$2,192,261.21	\$1,870,111.23		
M1-263	\$2,192,261.21	\$1,870,111.23		
M1-264	\$2,192,261.21	\$1,870,111.23		
M1-265	\$2,192,261.21	\$1,870,111.23		
M1-266	\$2,192,261.21	\$1,870,111.23		
M1-287	\$2,192,261.21	\$1,870,111.23		
M1-305	\$2,192,261.21	\$1,870,111.23		
M1-317	\$2,192,261.21	\$1,870,111.23		
M1-319	\$2,192,261.21	\$1,870,111.23		
M1-340	\$2,192,261.21	\$1,870,111.23		
M1-341	\$2,192,261.21	\$1,870,111.23		
M1-342	\$2,192,261.21	\$1,870,111.23		
M1-385	\$2,192,261.21	\$1,870,111.23		
M1-386	\$2,192,261.21	\$1,870,111.23		
M1-390	\$2,192,261.21	\$1,870,111.23		
M1-405	\$2,192,261.15	\$1,870,111.13		
M1 Total	\$59,191,052.61	\$50,493,003.11		
Category C Total:	\$59,191,052.61	\$50,493,003.11		
Effective Crisis Response	\$2,367,642.10	\$2,019,720.12		
Crisis Follow up	\$2,367,642.10	\$2,019,720.12		
Community Tenure (Adult and Child/Youth)	\$2,367,642.10	\$2,019,720.12		
Reduction in Juvenile Justice Involvement	\$2,367,642.10	\$2,019,720.12		
Adult Jail Diversion	\$2,367,642.12	\$2,019,720.14		
Category D Total:	\$11,838,210.52	\$10,098,600.62		
DSRIP Total	\$78,921,403.48	\$67,324,004.14		

Section 2: Category C Milestone Valuation

				DY9 Catego	ory C Valuation: \$59	,191,052.61				DY10 Category C Valuation: \$50,493,003.11				
Bundle-		DY9 Measure			DY9 Mile	stone IDs			DY10 Measure		D'	Y10 Milestone IDs		
Measure ID	Denominator Volume	Total	RM-1.B	RM-4	AM-9.1	AM-9.2	AM-9.3	IM-3	Total	RM-5	AM-10.1	AM-10.2	AM-10.3	IM-4
	HHSC has approved as Standard													
M1-105	P4P (A: MLIU; R: All Payer,	\$2,192,261.21	\$0.00	\$548,065.30	\$1,644,195.91	\$0.00	\$0.00	\$0.00	\$1,870,111.23	\$467,527.81	\$1,402,583.42	\$0.00	\$0.00	\$0.00
	Medicaid, LIU)													
	HHSC has approved as Delayed													
M1-124	P4P (A: MLIU; R: All Payer,	\$2,192,261.21	\$0.00	\$548,065.30	\$1,644,195.91	\$0.00	\$0.00	\$0.00	\$1,870,111.23	\$467,527.81	\$1,402,583.42	\$0.00	\$0.00	\$0.00
	Medicaid, LIU)													
	HHSC has approved as Standard													
M1-146	P4P (A: MLIU; R: All Payer,	\$2,192,261.21	\$0.00	\$548,065.30	\$1,644,195.91	\$0.00	\$0.00	\$0.00	\$1,870,111.23	\$467,527.81	\$1,402,583.42	\$0.00	\$0.00	\$0.00
	Medicaid, LIU)													
	HHSC has approved as Standard													
M1-147	P4P (A: MLIU; R: All Payer,	\$2,192,261.21	\$0.00	\$548,065.30	\$1,644,195.91	\$0.00	\$0.00	\$0.00	\$1,870,111.23	\$467,527.81	\$1,402,583.42	\$0.00	\$0.00	\$0.00
	Medicaid, LIU)													
	HHSC has approved as Standard													
M1-160	P4P (A: MLIU; R: All Payer,	\$2,192,261.21	\$0.00	\$548,065.30	\$822,097.95	\$822,097.96	\$0.00	\$0.00	\$1,870,111.23	\$467,527.81	\$701,291.71	\$701,291.71	\$0.00	\$0.00
	Medicaid, LIU)													

M1-210	HHSC has approved as Standard P4P (A: MLIU; R: All Payer,	\$2,192,261.21	\$0.00	\$548,065.30	\$1,644,195.91	\$0.00	\$0.00	\$0.00	\$1,870,111.23	\$467,527.81	\$1,402,583.42	\$0.00	\$0.00	\$0.00
M1-256	Medicaid, LIU) HHSC has approved as Standard P4P (A: MLIU; R: All Payer,	\$2,192,261.21	\$0.00	\$548,065.30	\$1,644,195.91	\$0.00	\$0.00	\$0.00	\$1,870,111.23	\$467,527.81	\$1,402,583.42	\$0.00	\$0.00	\$0.00
M1-257	Medicaid, LIU) HHSC has approved as Standard P4P (A: MLIU; R: All Payer,	\$2,192,261.21	\$0.00	\$548,065.30	\$1,644,195.91	\$0.00	\$0.00	\$0.00	\$1,870,111.23	\$467,527.81	\$1,402,583.42	\$0.00	\$0.00	\$0.00
M1-259	Medicaid, LIU) HHSC has approved as Standard P4P (A: MLIU; R: All Payer,	\$2,192,261.21	\$0.00	\$548,065.30	\$1,644,195.91	\$0.00	\$0.00	\$0.00	\$1,870,111.23	\$467,527.81	\$1,402,583.42	\$0.00	\$0.00	\$0.00
M1-260	Medicaid, LIU) HHSC has approved as Standard P4P (A: MLIU; R: All Payer,	\$2,192,261.21	\$0.00	\$548,065.30	\$1,644,195.91	\$0.00	\$0.00	\$0.00	\$1,870,111.23	\$467,527.81	\$1,402,583.42	\$0.00	\$0.00	\$0.00
M1-261	Medicaid, LIU) HHSC has approved as Standard P4P (A: MLIU; R: All Payer,	\$2,192,261.21	\$0.00	\$548,065.30	\$1,644,195.91	\$0.00	\$0.00	\$0.00	\$1,870,111.23	\$467,527.81	\$1,402,583.42	\$0.00	\$0.00	\$0.00
M1-262	Medicaid, LIU) HHSC has approved as Standard P4P (A: MLIU; R: All Payer,	\$2,192,261.21	\$0.00	\$548,065.30	\$1,644,195.91	\$0.00	\$0.00	\$0.00	\$1,870,111.23	\$467,527.81	\$1,402,583.42	\$0.00	\$0.00	\$0.00
M1-263	Medicaid, LIU) HHSC has approved as Standard P4P (A: MLIU; R: All Payer,	\$2,192,261.21	\$0.00	\$548,065.30	\$1,644,195.91	\$0.00	\$0.00	\$0.00	\$1,870,111.23	\$467,527.81	\$1,402,583.42	\$0.00	\$0.00	\$0.00
M1-264	Medicaid, LIU) HHSC has approved as Standard P4P (A: MLIU; R: All Payer,	\$2,192,261.21	\$0.00	\$548,065.30	\$1,644,195.91	\$0.00	\$0.00	\$0.00	\$1,870,111.23	\$467,527.81	\$1,402,583.42	\$0.00	\$0.00	\$0.00
M1-265	Medicaid, LIU) HHSC has approved as Standard P4P (A: MLIU; R: All Payer,	\$2,192,261.21	\$0.00	\$548,065.30	\$1,644,195.91	\$0.00	\$0.00	\$0.00	\$1,870,111.23	\$467,527.81	\$1,402,583.42	\$0.00	\$0.00	\$0.00
M1-266	Medicaid, LIU) HHSC has approved as Standard	\$2,192,261.21	\$0.00	\$548,065.30	\$1,644,195.91	\$0.00	\$0.00	\$0.00	\$1,870,111.23	\$467,527.81	\$1,402,583.42	\$0.00	\$0.00	\$0.00
M1-287	P4P (A: MLIU; R: All Payer, Medicaid, LIU) HHSC has approved as Standard		\$0.00				•	\$0.00					•	
	P4P (A: MLIU; R: All Payer, Medicaid, LIU) HHSC has approved as Delayed	\$2,192,261.21		\$548,065.30	\$1,644,195.91	\$0.00	\$0.00	•	\$1,870,111.23	\$467,527.81	\$1,402,583.42	\$0.00	\$0.00	\$0.00
M1-305	P4P (A: MLIU; R: All Payer, Medicaid, LIU) HHSC has approved as Standard	\$2,192,261.21	\$0.00	\$548,065.30	\$1,644,195.91	\$0.00	\$0.00	\$0.00	\$1,870,111.23	\$467,527.81	\$1,402,583.42	\$0.00	\$0.00	\$0.00
M1-317	P4P (A: MLIU; R: All Payer, Medicaid, LIU) HHSC has approved as Standard	\$2,192,261.21	\$0.00	\$548,065.30	\$1,644,195.91	\$0.00	\$0.00	\$0.00	\$1,870,111.23	\$467,527.81	\$1,402,583.42	\$0.00	\$0.00	\$0.00
M1-319	P4P (A: MLIU; R: All Payer, Medicaid, LIU) HHSC has approved as Standard	\$2,192,261.21	\$0.00	\$548,065.30	\$1,644,195.91	\$0.00	\$0.00	\$0.00	\$1,870,111.23	\$467,527.81	\$1,402,583.42	\$0.00	\$0.00	\$0.00
M1-340	P4P (A: MLIU; R: All Payer, Medicaid, LIU) HHSC has approved as Standard	\$2,192,261.21	\$0.00	\$548,065.30	\$1,644,195.91	\$0.00	\$0.00	\$0.00	\$1,870,111.23	\$467,527.81	\$1,402,583.42	\$0.00	\$0.00	\$0.00
M1-341	P4P (A: MLIU; R: All Payer, Medicaid, LIU) HHSC has approved as Standard	\$2,192,261.21	\$0.00	\$548,065.30	\$1,644,195.91	\$0.00	\$0.00	\$0.00	\$1,870,111.23	\$467,527.81	\$1,402,583.42	\$0.00	\$0.00	\$0.00
M1-342	P4P (A: MLIU; R: All Payer, Medicaid, LIU) HHSC has approved as Delayed	\$2,192,261.21	\$0.00	\$548,065.30	\$1,644,195.91	\$0.00	\$0.00	\$0.00	\$1,870,111.23	\$467,527.81	\$1,402,583.42	\$0.00	\$0.00	\$0.00
M1-385	P4P (A: MLIU; R: All Payer, Medicaid, LIU) HHSC has approved as Delayed	\$2,192,261.21	\$0.00	\$548,065.30	\$1,644,195.91	\$0.00	\$0.00	\$0.00	\$1,870,111.23	\$467,527.81	\$1,402,583.42	\$0.00	\$0.00	\$0.00
M1-386	P4P (A: MLIU; R: All Payer, Medicaid, LIU) HHSC has approved as Standard	\$2,192,261.21	\$0.00	\$548,065.30	\$1,644,195.91	\$0.00	\$0.00	\$0.00	\$1,870,111.23	\$467,527.81	\$1,402,583.42	\$0.00	\$0.00	\$0.00
M1-390	P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$2,192,261.21	\$0.00	\$548,065.30	\$1,644,195.91	\$0.00	\$0.00	\$0.00	\$1,870,111.23	\$467,527.81	\$1,402,583.42	\$0.00	\$0.00	\$0.00
M1-405	HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU)	\$2,192,261.15	\$0.00	\$548,065.30	\$1,644,195.85	\$0.00	\$0.00	\$0.00	\$1,870,111.13	\$467,527.81	\$1,402,583.32	\$0.00	\$0.00	\$0.00

DY9-10 Provider RHP Plan Update Template - IGT Entry

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

TPI and Performing Provider Name: Performing Provider Type: Ownership:

3
113180703 - The Harris Center for Mental Health and IDD
Community Mental Health Center (CMHC)
Non-State Owned Public

Section 1: IGT Entities

In order to delete an existing IGT, delete the name of the IGT from cell F21, F29, etc. 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	Sean Kim	9401 Southwest Freeway	Houston	77074	sean.kim@theharriscenter.org	(713) 970-7301		Both
2	Keena Pace	9401 Southwest Frwy	Houston	77074	keena.pace@TheHarrisCenter.org	713-970-7170		Both
3	Jeanne Wallace	9401 Southwest Freeway	Houston	77074	jeanne.wallace@theharriscenter.org	713-970-3971		Both

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

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 DSRIP IGT Distribution List. A contact designated as "Both" will be included in the RHP Plan, on the DSRIP IGT Distribution List, and will be given access to the DSRIP Online Reporting System.

Section 2: IGT Funding

Funding Category	IGT Name	IGT TIN	IGT Affiliation #	DY9 % IGT Allocated	DY10 % IGT Allocated	Total Estimated DY9 Allocation (FMAP 60.89/IGT 39.11)	Total Estimated DY10 Allocation (FMAP 60.89/IGT 39.11)
Category B	The Harris Center for Mental Health and IDD	17416039505023	100-13-0000-00127	100.00%	100.00%	\$3,086,616.09	\$2,633,041.80
M1-105	The Harris Center for Mental Health and IDD	17416039505023	100-13-0000-00127	100.00%	100.00%	\$857,393.36	\$731,400.50
M1-124	The Harris Center for Mental Health and IDD	17416039505023	100-13-0000-00127	100.00%	100.00%	\$857,393.36	\$731,400.50
M1-146	The Harris Center for Mental Health and IDD	17416039505023	100-13-0000-00127	100.00%	100.00%	\$857,393.36	\$731,400.50
M1-147	The Harris Center for Mental Health and IDD	17416039505023	100-13-0000-00127	100.00%	100.00%	\$857,393.36	\$731,400.50
M1-160	The Harris Center for Mental Health and IDD	17416039505023	100-13-0000-00127	100.00%	100.00%	\$857,393.36	\$731,400.50
M1-210	The Harris Center for Mental Health and IDD	17416039505023	100-13-0000-00127	100.00%	100.00%	\$857,393.36	\$731,400.50
M1-256	The Harris Center for Mental Health and IDD	17416039505023	100-13-0000-00127	100.00%	100.00%	\$857,393.36	\$731,400.50
M1-257	The Harris Center for Mental Health and IDD	17416039505023	100-13-0000-00127	100.00%	100.00%	\$857,393.36	\$731,400.50
M1-259	The Harris Center for Mental Health and IDD	17416039505023	100-13-0000-00127	100.00%	100.00%	\$857,393.36	\$731,400.50
M1-260	The Harris Center for Mental Health and IDD	17416039505023	100-13-0000-00127	100.00%	100.00%	\$857,393.36	\$731,400.50
M1-261	The Harris Center for Mental Health and IDD	17416039505023	100-13-0000-00127	100.00%	100.00%	\$857,393.36	\$731,400.50
M1-262	The Harris Center for Mental Health and IDD	17416039505023	100-13-0000-00127	100.00%	100.00%	\$857,393.36	\$731,400.50
M1-263	The Harris Center for Mental Health and IDD	17416039505023	100-13-0000-00127	100.00%	100.00%	\$857,393.36	\$731,400.50
M1-264	The Harris Center for Mental Health and IDD	17416039505023	100-13-0000-00127	100.00%	100.00%	\$857,393.36	\$731,400.50
M1-265	The Harris Center for Mental Health and IDD	17416039505023	100-13-0000-00127	100.00%	100.00%	\$857,393.36	\$731,400.50
M1-266	The Harris Center for Mental Health and IDD	17416039505023	100-13-0000-00127	100.00%	100.00%	\$857,393.36	\$731,400.50
M1-287	The Harris Center for Mental Health and IDD	17416039505023	100-13-0000-00127	100.00%	100.00%	\$857,393.36	\$731,400.50
M1-305	The Harris Center for Mental Health and IDD	17416039505023	100-13-0000-00127	100.00%	100.00%	\$857,393.36	\$731,400.50
M1-317	The Harris Center for Mental Health and IDD	17416039505023	100-13-0000-00127	100.00%	100.00%	\$857,393.36	\$731,400.50
M1-319	The Harris Center for Mental Health and IDD	17416039505023	100-13-0000-00127	100.00%	100.00%	\$857,393.36	\$731,400.50
M1-340	The Harris Center for Mental Health and IDD	17416039505023	100-13-0000-00127	100.00%	100.00%	\$857,393.36	\$731,400.50
M1-341	The Harris Center for Mental Health and IDD	17416039505023	100-13-0000-00127	100.00%	100.00%	\$857,393.36	\$731,400.50
M1-342	The Harris Center for Mental Health and IDD	17416039505023	100-13-0000-00127	100.00%	100.00%	\$857,393.36	\$731,400.50
M1-385	The Harris Center for Mental Health and IDD	17416039505023	100-13-0000-00127	100.00%	100.00%	\$857,393.36	\$731,400.50
M1-386	The Harris Center for Mental Health and IDD	17416039505023	100-13-0000-00127	100.00%	100.00%	\$857,393.36	\$731,400.50
M1-390	The Harris Center for Mental Health and IDD	17416039505023	100-13-0000-00127	100.00%	100.00%	\$857,393.36	\$731,400.50
M1-405	The Harris Center for Mental Health and IDD	17416039505023	100-13-0000-00127	100.00%	100.00%	\$857,393.34	\$731,400.46
Category D	The Harris Center for Mental Health and IDD	17416039505023	100-13-0000-00127	100.00%	100.00%	\$4,629,924.13	\$3,949,562.70
Total						\$30,866,160.90	\$26,330,418.02

Your funding allocations sum to 100%.

Have the IGT Entities and funding percentages been reviewed and updated as needed?

Yes

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:
 Sean Kim

IGT Organization:

Date:

DY9-10 Provider RHP Plan Update Template -Summary and Certification

Progress Tracker

Section 1: DY9-10 DSRIP Valuation

Section 2: Category B Medicaid Low-income Uninsured (MLIU) 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 Section 6: Certification Complete
Complete
Complete
Complete
Complete
Complete
Complete

Performing Provider Information

RHP

TPI and Performing Provider Name: 113180703 - The Harris Center for Mental Health and IDD

Performing Provider Type:

Community Mental Health Center (CMHC)

Ownership:

Non-State Owned Public

Section 1: DY9-10 DSRIP Valuation

	DY9-10 DSRIP Valuation Distribution					
	DY9	DY10				
Category A	\$0.00	\$0.00				
Category B	\$7,892,140.35	\$6,732,400.41				
Category C	\$59,191,052.61	\$50,493,003.11				
Category D	\$11,838,210.52	\$10,098,600.62				
Total	\$78,921,403.48	\$67,324,004.14				

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 (MLIU) Patient Population by Provider (PPP)

Did provider request a modification to the System Definition for DY9-10?

	Forecasted Medicaid	Forecasted LIU	MLIU PPP	Total PPP	MLIU Percentage of Total PPP	Allowable Variation %
DY9 Estimated	20,111	16,572	36,683	42,369	86.58%	2.00%
DY10 Estimated	20,111	16,572	36,683	42,369	86.58%	2.00%

Did provider request a modification to MLIU PPP for DY9-10?

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

		# of Measures with					
Bundle-Measure ID	Measure Bundle/Measure Name	Requested Achievement of Alternative Denominators	Requested Shorter or Delayed Measurement Periods	# of Measures with Requested Reporting Milestone Exemptions	Points	DY9 Valuation	DY10 Valuation
M1-105	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	0	0	0	2	\$2,192,261.21	\$1,870,111.23
M1-124	Medication Reconciliation Post-Discharge	0	0	0	1	\$2,192,261.21	\$1,870,111.23
M1-146	Screening for Clinical Depression and Follow-Up Plan (CDF-AD)	0	0	0	1	\$2,192,261.21	\$1,870,111.23
M1-147	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	0	0	0	1	\$2,192,261.21	\$1,870,111.23
M1-160	Follow-Up After Hospitalization for Mental Illness	0	0	0	3	\$2,192,261.21	\$1,870,111.23
M1-210	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	0	0	0	1	\$2,192,261.21	\$1,870,111.23
M1-256	Initiation of Depression Treatment	0	0	0	1	\$2,192,261.21	\$1,870,111.23
M1-257	Care Planning for Dual Diagnosis	0	0	0	1	\$2,192,261.21	\$1,870,111.23
M1-259	Assignment of Primary Care Physician to Individuals with Schizophrenia	0	0	0	1	\$2,192,261.21	\$1,870,111.23
M1-260	Annual Physical Exam for Persons with Mental Illness	0	0	0	2	\$2,192,261.21	\$1,870,111.23
M1-261	Assessment for Substance Abuse Problems of Psychiatric Patients	0	0	0	2	\$2,192,261.21	\$1,870,111.23
M1-262	Assessment of Risk to Self/ Others	0	0	0	1	\$2,192,261.21	\$1,870,111.23
M1-263	Assessment for Psychosocial Issues of Psychiatric Patients	0	0	0	1	\$2,192,261.21	\$1,870,111.23

M1-264	Vocational Rehabilitation for Schizophrenia	0	0	0	1	\$2,192,261.21	\$1,870,111.23
M1-265	Housing Assessment for Individuals with Schizophrenia	0	0	0	2	\$2,192,261.21	\$1,870,111.23
M1-266	Independent Living Skills Assessment for Individuals with Schizophrenia	0	0	0	1	\$2,192,261.21	\$1,870,111.23
M1-287	Documentation of Current Medications in the Medical Record	0	0	0	2	\$2,192,261.21	\$1,870,111.23
M1-305	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-CH)	0	0	0	2	\$2,192,261.21	\$1,870,111.23
M1-317	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	0	0	0	2	\$2,192,261.21	\$1,870,111.23
M1-319	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (eMeasure)	0	0	0	2	\$2,192,261.21	\$1,870,111.23
M1-340	Substance use disorders: Percentage of patients aged 18 years and older with a diagnosis of current opioid addiction who were counseled regarding psychosocial AND pharmacologic treatment options for opioid addiction within the 12 month reporting period	0	0	0	2	\$2,192,261.21	\$1,870,111.23

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	0	0	0	2	\$2,192,261.21	\$1,870,111.23
M1-342	Time to Initial Evaluation: Evaluation within 10 Business Days	0	0	0	1	\$2,192,261.21	\$1,870,111.23
M1-385	Assessment of Functional Status or QoL (Modified from NQF# 0260/2624)	0	0	0	1	\$2,192,261.21	\$1,870,111.23
M1-386	Improvement in Functional Status or QoL (Modified from PQRS #435)	0	0	0	1	\$2,192,261.21	\$1,870,111.23
M1-390	Time to Initial Evaluation: Mean Days to Evaluation	0	0	0	1	\$2,192,261.21	\$1,870,111.23
M1-405	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	0	0	0	2	\$2,192,261.15	\$1,870,111.13
Total	N/A	0	0	0	40	\$59,191,052.61	\$50,493,003.11

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
M1-105	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	Utilization of telehealth/telemedicine in delivering behavioral services
M1-124	IMedication Reconciliation Post-Discharge	Utilization of telehealth/telemedicine in delivering behavioral services; Utilization of Care Management function that integrates primary and behavioral health needs of individuals

Screening for Clinical Depression and Follow-Up Plan (CDF-AD)	Utilization of telehealth/telemedicine in delivering behavioral services
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Utilization of telehealth/telemedicine in delivering behavioral services; Utilization of Care Management function that integrates primary and behavioral health needs of individuals
Follow-Up After Hospitalization for Mental Illness	Utilization of telehealth/telemedicine in delivering behavioral services
Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	Utilization of telehealth/telemedicine in delivering behavioral services; Utilization of Care Management function that integrates primary and behavioral health needs of individuals
Initiation of Depression Treatment	Utilization of telehealth/telemedicine in delivering behavioral services
Care Planning for Dual Diagnosis	Utilization of Care Management function that integrates primary and behavioral health needs of individuals
Assignment of Primary Care Physician to Individuals with Schizophrenia	Utilization of Care Management function that integrates primary and behavioral health needs of individuals
Annual Physical Exam for Persons with Mental Illness	Utilization of Care Management function that integrates primary and behavioral health needs of individuals
Assessment for Substance Abuse Problems of Psychiatric Patients	Utilization of telehealth/telemedicine in delivering behavioral services
Assessment of Risk to Self/ Others	Utilization of telehealth/telemedicine in delivering behavioral services
Assessment for Psychosocial Issues of Psychiatric Patients	Utilization of telehealth/telemedicine in delivering behavioral services
Vocational Rehabilitation for Schizophrenia	Utilization of telehealth/telemedicine in delivering behavioral services
Housing Assessment for Individuals with Schizophrenia	Utilization of telehealth/telemedicine in delivering behavioral services
Independent Living Skills Assessment for Individuals with Schizophrenia	Utilization of telehealth/telemedicine in delivering behavioral services
Documentation of Current Medications in the Medical Record	Utilization of telehealth/telemedicine in delivering behavioral services; Utilization of Care Management function that integrates primary and behavioral health needs of individuals
Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-CH)	Utilization of telehealth/telemedicine in delivering behavioral services
Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	Utilization of telehealth/telemedicine in delivering behavioral services
Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (eMeasure)	Utilization of telehealth/telemedicine in delivering behavioral services
Substance use disorders: Percentage of patients aged 18 years and older with a diagnosis of current opioid addiction who were counseled regarding psychosocial AND pharmacologic treatment options for opioid addiction within the 12 month reporting period	Utilization of telehealth/telemedicine in delivering behavioral services
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	Utilization of telehealth/telemedicine in delivering behavioral services
Time to Initial Evaluation: Evaluation within 10 Business Days	Utilization of telehealth/telemedicine in delivering behavioral services
Assessment of Functional Status or QoL (Modified from NQF# 0260/2624)	Utilization of telehealth/telemedicine in delivering behavioral services
Improvement in Functional Status or QoL (Modified from PQRS #435)	Utilization of telehealth/telemedicine in delivering behavioral services
Time to Initial Evaluation: Mean Days to Evaluation	Utilization of telehealth/telemedicine in delivering behavioral services
Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	Utilization of telehealth/telemedicine in delivering behavioral services
	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Follow-Up After Hospitalization for Mental Illness Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented Initiation of Depression Treatment Care Planning for Dual Diagnosis Assignment of Primary Care Physician to Individuals with Schizophrenia Annual Physical Exam for Persons with Mental Illness Assessment for Substance Abuse Problems of Psychiatric Patients Assessment of Risk to Self/ Others Assessment for Psychosocial Issues of Psychiatric Patients Vocational Rehabilitation for Schizophrenia Housing Assessment for Individuals with Schizophrenia Independent Living Skills Assessment for Individuals with Schizophrenia Documentation of Current Medications in the Medical Record Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-CH) Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counselling Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (eMeasure) Substance use disorders: Percentage of patients aged 18 years and older with a diagnosis of current opioid addiction who were counseled regarding psychosocial AND pharmacologic treatment options for opioid addiction within the 12 month reporting period 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 Time to Initial Evaluation: Evaluation within 10 Business Days Assessment of Functional Status or QoL (Modified from NQF# 0260/2624) Improvement in Functional Status or QoL (Modified from PQRS #435) Time to Initial Evaluation: Mean Days to Evaluation Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical

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?

Section 5: Category D

Statewide Reporting for CMHCs

Measure	Category D DY9 Valuation	Category D DY10 Valuation
Effective Crisis Response	\$2,367,642.10	\$2,019,720.12
Crisis Follow up	\$2,367,642.10	\$2,019,720.12
Community Tenure (Adult and Child/Youth)	\$2,367,642.10	\$2,019,720.12
Reduction in Juvenile Justice Involvement	\$2,367,642.10	\$2,019,720.12
Adult Jail Diversion	\$2,367,642.10	\$2,019,720.12

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.

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: Jeanne Wallace

Performing Provider: The Harris Center for Mental Health and IDD

Date: 10/23/2019

DY9-10 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

Section 2: Lead Contact Information

Section 3: Optional Withdrawal From DSRIP

Section 4: Performing Provider Overview

Section 5: DY9-10 Total Valuation and Updated Minimum Point Threshold (MPT)

Complete

Complete

Complete

Complete

Complete

Category B

Section 1: System Definition

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

Complete

Complete

Category C Selection

Section 2: Selection of Measures for Community Mental Health Centers

Section 3: Selection Overview

Section 4: Measure Exemption Requests Minimum Selection Requirements Met

MPT Met

Complete

Complete

Complete

Yes

Yes

Category C Related Strategies

Section 1: Related Strategies

Complete

Category A Core Activities

Section 1: Core Activities

Complete

Complete

IGT Entry

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

Complete
Complete
Complete

Summary and Certification

Section 1: DY9-10 DSRIP Valuation

Section 2: Category B Medicaid Low-income Uninsured (MLIU) 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
Section 6: Certification

Complete
Complete
Complete
Complete

Complete

Complete