



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 |

Section 1: 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 |
| TIN: | 17416039505023 |
| Physical Street Address: | 9401 Southwest Freeway |
| City: | Houston |
| Zip: | 77074 |
| Primary County: | Harris |
| 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: | 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@mhmrharris.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

| | |
|----------------------------------|--|
| Performing Provider Description: | 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 |
| Yes | \$68,249,999.99 | 40 |

-- Note: This is your current MPT

| | | |
|-----|-----------------|----|
| 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 Providers | \$0.00 | \$0.00 |

| | Category Percentage (%) | DY9-10 DSRIP Valuation Distribution | |
|------------|-------------------------|-------------------------------------|-----------------|
| | | 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:

Adjusted MPT based on updated valuation:

| |
|----|
| 40 |
| 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

Complete

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

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 |
| Category B valuation in DY9: | \$7,892,140.35 |
| Category B valuation in DY10: | \$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? |
|---------------------------|--|
|---------------------------|--|

| | |
|----------|----|
| 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 Component.

We provide behavioral health services at co-location sites with a number of school districts in Harris County.

Optional System Component **Would you like to select this component?**

| | |
|---------------------------|-----|
| Contracted Inpatient Beds | Yes |
|---------------------------|-----|

Please enter a description of this System Component.

Inpatient contracted psychiatric services at local psychiatric hospitals for local inpatient beds.

Optional System Component **Would you like to select this component?**

| | |
|---------------------------------|-----|
| State-funded Community Hospital | Yes |
|---------------------------------|-----|

Please enter a description of this System Component.

Inpatient contracted psychiatric services at Harris County Psychiatric Center.

Optional System Component **Would you like to select this component?**

| | |
|--|----|
| Community Institution for Mental Disease (IMD) | No |
|--|----|

Optional System Component **Would you like to select this component?**

| | |
|--------------------------|----|
| General Medical Hospital | No |
|--------------------------|----|

Optional System Component **Would you like to select this component?**

| | |
|------------------------------|-----|
| State Mental Health Facility | Yes |
|------------------------------|-----|

Please enter a description of this System Component.

Individuals who are being discharged from any State funded psychiatric hospital back to our community.

| | |
|-----------------------------------|---|
| 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

| | | | | |
|---|---|---|---|---|
| <input checked="" type="checkbox"/> Medicaid | <input checked="" type="checkbox"/> Dual Eligible | <input checked="" type="checkbox"/> CHIP | <input checked="" type="checkbox"/> Local Coverage Option | <input checked="" type="checkbox"/> Insured on the Exchange |
| <input checked="" type="checkbox"/> Low-Income (Below 200% FPL) | <input type="checkbox"/> Self-Pay | <input checked="" type="checkbox"/> Uninsured | <input type="checkbox"/> 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 Individuals served in 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

| |
|----------|
| Complete |
| Complete |
| Complete |
| Yes |
| Yes |

Note: you must confirm selections at the bottom of the page to finish.

| | |
|------------------------------|----|
| MPT | 40 |
| Points Selected | 40 |
| Measures Selected | 27 |
| Maximum Deletions Met | Y |
| Clinical Outcome Selected | Y |
| At least 2 measures selected | Y |

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 |
| Category C valuation in DY9: | \$59,191,052.61 |
| Category C valuation in DY10: | \$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:
- i. 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

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

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

| | | | | | | |
|------------------------|--|--------|--|------------------|---|---|
| Yes - Continue Measure | HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU) | M1-263 | Assessment for Psychosocial Issues of Psychiatric Patients | Process | 1 | 0 |
| Yes - Continue Measure | HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU) | M1-264 | Vocational Rehabilitation for Schizophrenia | Process | 1 | 0 |
| Yes - Continue Measure | HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU) | M1-265 | Housing Assessment for Individuals with Schizophrenia | Process | 1 | 1 |
| Yes - Continue Measure | HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU) | M1-266 | Independent Living Skills Assessment for Individuals with Schizophrenia | Process | 1 | 0 |
| No | MLIU denominator with significant volume | M1-280 | Chlamydia Screening in Women (CHL) | Process | 1 | 1 |
| No | MLIU denominator with significant volume | M1-286 | Depression Remission at Six Months | Clinical Outcome | 3 | 1 |
| Yes - Continue Measure | HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU) | M1-287 | Documentation of Current Medications in the Medical Record | Process | 1 | 1 |
| Yes - Continue Measure | HHSC has approved as Delayed P4P (A: MLIU; R: All Payer, Medicaid, LIU) | M1-305 | Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-CH) | Process | 1 | 1 |
| No | MLIU denominator with significant volume | M1-306 | Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)* | Process | 1 | 0 |
| Yes - Continue Measure | HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU) | M1-317 | Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling | Process | 1 | 1 |
| Yes - Continue Measure | HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU) | M1-319 | Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (eMeasure) | Process | 1 | 1 |
| No | MLIU denominator with significant volume | M1-339 | Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge SUB-3 / Alcohol and Other Drug Use Disorder Treatment at Discharge SUB-3a | Process | 1 | 1 |
| Yes - Continue Measure | HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU) | 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 | Process | 1 | 1 |
| Yes - Continue Measure | HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU) | 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 |
| Yes - Continue Measure | HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU) | M1-342 | Time to Initial Evaluation: Evaluation within 10 Business Days | Process | 1 | 0 |
| Yes - Continue Measure | HHSC has approved as Delayed P4P (A: MLIU; R: All Payer, Medicaid, LIU) | M1-385 | Assessment of Functional Status or QoL (Modified from NQF# 0260/2624) | Quality of Life | 1 | 0 |
| Yes - Continue Measure | HHSC has approved as Delayed P4P (A: MLIU; R: All Payer, Medicaid, LIU) | M1-386 | Improvement in Functional Status or QoL (Modified 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 significant volume | M1-400 | Tobacco Use and Help with Quitting Among Adolescents | Process | 1 | 1 |
| Yes - Continue Measure | HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU) | M1-405 | Bipolar Disorder and Major Depression: Appraisal for 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?

Yes

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

| Progress Tracker | |
|-------------------------------|-----------|
| Section 1: Related Structures | Completed |

Performing Provider Information

| | |
|-----------------------------------|--|
| TPV and Performance Provider Name | 10-0000000 - 100 Percent Limited Top Market Model and Size |
| Performance Provider Type | Performance Provider Model: Limited 2.0000000 |

| | Related Strategies Link |
|--|-------------------------|
| | |

[illegible]

[illegible]

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

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).

ii) Please describe the second Secondary Driver for the above Core Activity (optional).

Secure telemedicine psychiatric services potentially for both our outpatient and some of our crisis service programs.

A) 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.

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).

iii) Please describe the third Secondary Driver for the above Core Activity (optional).

Set-up telemedicine equipment in the clinics and/or crisis services for the telemedicine services.

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

Identify which site location and offices will be used for telemedicine services.

B) Please list the second Change Idea for the above Secondary Driver (optional).

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 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 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).

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 over-the-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;
113180703.1.11; 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.

B) 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) Please describe the second Secondary Driver for the above Core Activity (optional).

Promote a culture that values integrated physical and behavioral health care for the treatment of individuals with a mental 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).

iii) Please describe the third Secondary Driver for the above Core Activity (optional).

Step up to the next SAMHSA Integration Model Level of Integrated Care.

A) 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).

iv) Please 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 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).

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 | M1-210 | M1-259 |
| M1-260 | M1-287 | M1-257 | |

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

The integration of primary care and behavioral health services impacts many of the measures we have selected through providing preventative care and screenings and the coordination of needed follow-up care for individuals we serve. The expansion of this measure beyond previous individuals served in the projects, means more individuals will benefit from this added service. 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.

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

No

New Core Activities

Please enter your organization's number of new Core Activities to add:

0

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

| Bundle-Measure ID | Denominator Volume | DY9 Category C Valuation: \$59,191,052.61 | | | | | | | DY10 Category C Valuation: \$50,493,003.11 | | | | | |
|-------------------|--|---|-------------------|--------------|----------------|--------------|--------|--------|--|--------------------|----------------|--------------|---------|--------|
| | | DY9 Measure Total | DY9 Milestone IDs | | | | | | DY10 Measure Total | DY10 Milestone IDs | | | | |
| | | | RM-1.B | RM-4 | AM-9.1 | AM-9.2 | AM-9.3 | IM-3 | | RM-5 | AM-10.1 | AM-10.2 | AM-10.3 | IM-4 |
| M1-105 | HHSC has approved as Standard 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 |
| M1-124 | HHSC has approved as Delayed 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 |
| M1-146 | HHSC has approved as Standard 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 |
| M1-147 | HHSC has approved as Standard 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 |
| M1-160 | HHSC has approved as Standard P4P (A: MLIU; R: All Payer, Medicaid, LIU) | \$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 |

[illegible]

DY9-10 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: | 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: 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 |
|---------|---|------------------------|----------------|--------------------|
| 3 | The Harris Center for Mental Health and IDD | 113180703 | 17416039505023 | 100-13-0000-00127 |

| 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 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 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% | \$857,393.36 | \$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: | The Harris Center for Mental Health and IDD |
| Date: | 10/23/2019 |

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

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: 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? No

| | 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? 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 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 | Medication 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 |

| | | |
|--------|--|--|
| M1-146 | Screening for Clinical Depression and Follow-Up Plan (CDF-AD) | Utilization of telehealth/telemedicine in delivering behavioral services |
| M1-147 | 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 |
| M1-160 | Follow-Up After Hospitalization for Mental Illness | Utilization of telehealth/telemedicine in delivering behavioral services |
| M1-210 | 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 |
| M1-256 | Initiation of Depression Treatment | Utilization of telehealth/telemedicine in delivering behavioral services |
| M1-257 | Care Planning for Dual Diagnosis | Utilization of Care Management function that integrates primary and behavioral health needs of individuals |
| M1-259 | Assignment of Primary Care Physician to Individuals with Schizophrenia | Utilization of Care Management function that integrates primary and behavioral health needs of individuals |
| M1-260 | Annual Physical Exam for Persons with Mental Illness | Utilization of Care Management function that integrates primary and behavioral health needs of individuals |
| M1-261 | Assessment for Substance Abuse Problems of Psychiatric Patients | Utilization of telehealth/telemedicine in delivering behavioral services |
| M1-262 | Assessment of Risk to Self/ Others | Utilization of telehealth/telemedicine in delivering behavioral services |
| M1-263 | Assessment for Psychosocial Issues of Psychiatric Patients | Utilization of telehealth/telemedicine in delivering behavioral services |
| M1-264 | Vocational Rehabilitation for Schizophrenia | Utilization of telehealth/telemedicine in delivering behavioral services |
| M1-265 | Housing Assessment for Individuals with Schizophrenia | Utilization of telehealth/telemedicine in delivering behavioral services |
| M1-266 | Independent Living Skills Assessment for Individuals with Schizophrenia | Utilization of telehealth/telemedicine in delivering behavioral services |
| M1-287 | 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 |
| M1-305 | Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-CH) | Utilization of telehealth/telemedicine in delivering behavioral services |
| M1-317 | Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling | Utilization of telehealth/telemedicine in delivering behavioral services |
| M1-319 | Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (eMeasure) | Utilization of telehealth/telemedicine in delivering behavioral services |
| 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 | Utilization of telehealth/telemedicine in delivering behavioral services |
| 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 | Utilization of telehealth/telemedicine in delivering behavioral services |
| M1-342 | Time to Initial Evaluation: Evaluation within 10 Business Days | Utilization of telehealth/telemedicine in delivering behavioral services |
| M1-385 | Assessment of Functional Status or QoL (Modified from NQF# 0260/2624) | Utilization of telehealth/telemedicine in delivering behavioral services |
| M1-386 | Improvement in Functional Status or QoL (Modified from PQRS #435) | Utilization of telehealth/telemedicine in delivering behavioral services |
| M1-390 | Time to Initial Evaluation: Mean Days to Evaluation | Utilization of telehealth/telemedicine in delivering behavioral services |
| M1-405 | Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use | Utilization of telehealth/telemedicine in delivering behavioral services |

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?

Vac

ICS

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 | Complete |
| Section 2: Lead Contact Information | Complete |
| Section 3: Optional Withdrawal From DSRIP | Complete |
| Section 4: Performing Provider Overview | Complete |
| Section 5: DY9-10 Total Valuation and Updated Minimum Point Threshold (MPT) | 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 2: Selection of Measures for Community Mental Health Centers | Complete |
| Section 3: Selection Overview | Complete |
| Section 4: Measure Exemption Requests | Complete |
| Minimum Selection Requirements Met | Yes |
| MPT Met | Yes |

Category C Related Strategies

| | |
|-------------------------------|----------|
| Section 1: Related Strategies | Complete |
|-------------------------------|----------|

Category A Core Activities

| | |
|----------------------------|----------|
| Section 1: Core Activities | Complete |
|----------------------------|----------|

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

Complete

IGT Entry

Section 1: IGT Entities

Complete

Section 2: IGT Funding

Complete

Section 3: Certification

Complete

Summary and Certification

Section 1: DY9-10 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

Complete

Section 6: Certification

Complete