

# 2020 Local Provider Network Development Plan

By August 31, 2020, complete and submit in **Word** format (**do not PDF**) to [performance.contracts@dshs.state.tx.us](mailto:performance.contracts@dshs.state.tx.us).

All Local Mental Health Authorities and Local Behavioral Health Authorities (LMHA/LBHAs) must complete Parts I and III. Part I includes baseline data about services and contracts and documentation of the LMHA/LBHA's assessment of provider availability. Part III documents Planning and Network Advisory Committee (PNAC) involvement and public comment.

Only LMHA/LBHAs with interested providers are required to complete Part II, which includes procurement plans.

When completing the template:

- ◆ Be concise, concrete, and specific. Use bullet format whenever possible.
- ◆ Provide information only for the period since submission of the 2018 Local Provider Network Development (LPND) Plan.
- ◆ Insert additional rows in tables as needed.

NOTES:

- This process applies only to services funded through the Mental Health Performance Contract Notebook (PCN); it does not apply to services funded through Medicaid Managed Care. Data is requested only for the non-Medicaid population.
- The requirements for network development pertain only to provider organizations and complete levels of care or specialty services. Routine or discrete outpatient services and services provided by individual practitioners are governed by local needs and priorities and are not included in the assessment of provider availability or plans for procurement.

# PART I: Required for all LMHA/LBHAs

## Local Service Area

1) Provide the following information about your local service area. Most of the data for this section can be accessed from the following reports in MBOW, using data from the following report: 2019 LMHA/LBHA Area and Population Stats (in the General Warehouse folder).

<b>Population</b>	840,410	<b>Number of counties (total)</b>	1
<b>Square miles</b>	1,013	◆ <b>Number of urban counties</b>	1
<b>Population density</b>	830	◆ <b>Number of rural counties</b>	

Major populations centers (add additional rows as needed):

<b>Name of City</b>	<b>Name of County</b>	<b>City Population</b>	<b>County Population</b>	<b>County Population Density</b>	<b>County Percent of Total Population</b>
El Paso	El Paso	840,410	840,545	830	100%

## Current Services and Contracts

- 2) Complete the table below to provide an overview of current services and contracts. Insert additional rows as needed within each section.
- 3) List the service capacity based on fiscal year (FY) 2019 data.
- For Levels of Care, list the non-Medicaid average monthly served. (Note: This information can be found in MBOW, using data from the following report in the General Warehouse folder: LOC-A by Center (Non-Medicaid Only and All Clients).
  - For residential programs, list the total number of beds and total discharges (all clients).
  - For other services, identify the unit of service (all clients).
  - Estimate the FY 2020 service capacity. If no change is anticipated, enter the same information as Column A.
  - State the total percent of each service contracted out to external providers in 2019. In the sections for Complete Levels of Care, do not include contracts for discrete services within those levels of care when calculating percentages.

	FY 2019 service capacity (non-Medicaid only)	Estimated FY 2020 service capacity (non-Medicaid only)	Percent total-non-Medicaid capacity provided by external providers in FY2019*
<b>Adult Services: Complete Levels of Care</b>			
Adult LOC 1m	0	0	0
Adult LOC 1s	2,171	2,209	0
Adult LOC 2	564	611	0
Adult LOC 3	454	418	0
Adult LOC 4	24	23	0
Adult LOC -5	79	78	0
Adult Early Onset	9	15	0

	FY 2019 service capacity (non-Medicaid only)	Estimated FY 2020 service capacity (non-Medicaid only)	Percent total-non-Medicaid capacity provided by external providers in FY2019*
<b>Child and Youth Services: Complete Levels of Care</b>			
Children's LOC 1	31	23	0

Children's LOC 2	78	85	0
Children's LOC 3	32	45	0
Children's LOC 4	1	1	0
Children's LOC CYC	1	2	0
Children's LOC 5	0	0	0
Children Early Onset	4	3	0

<b>Crisis Services</b>	<b>FY 2019 service capacity</b>	<b>Estimated FY 2020 service capacity</b>	<b>Percent total capacity provided by external providers in FY 2019*</b>
Crisis Hotline	27,816	29,544	0
Mobile Crisis Outreach Team	3,406	3,494	0
Other (Please list all Psychiatric Emergency Service Center (PESC) Projects and other Crisis Services):	181	234	638
Crisis Walk-ins	1,370	1,883	0
Extended Observation Unit	1,100	1,059	0
CSU/Rapid Crisis Stabilization Unit	531	477	172

- 4) List **all** of your FY 2019 Contracts in the tables below. Include contracts with provider organizations and individual practitioners for discrete services. If you have a lengthy list, you may submit it as an attachment using the same format.
- In the Provider column, list the name of the provider organization or individual practitioner. The LMHA/LBHA must have written consent to include the name of an individual peer support provider. For peer providers that do not wish to have their names listed, state the number of individuals (e.g., "3 Individuals").
  - List the services provided by each contractor, including full levels of care, discrete services (such as Cognitive Behavioral Therapy, physician services, or family partner services), crisis and other specialty services, and support services (such as pharmacy benefits management, laboratory, etc.).

<b>Provider Organizations</b>	<b>Service(s)</b>
Associated Behavioral & Trauma Specialties	Therapy Services

Revised 08/01/20

Beatriz Carrillo-Blanco, DNP	Therapy Services
Butler Behavioral	Jail Psychiatric Services
Centro De Salud Familiar La Fe, Inc.	Social Services
Compadres Therapy, Inc.	Therapy Services
County of El Paso	County of El Paso MS
Dr. Javier Carrillo	IDD Psychological Evaluations
Eastside Rehabilitation Medicine & Pain Clinic, P.A.	Occupational Medicine; Physical Therapy
El Paso Speech & Language Service Excellence, Inc.	Speech Therapy
El Paso Vinton Diagnostic PA	Diagnostic Imaging
Enjoy Your Life Recreation Therapy, LLC	Therapy Services
Genoa Healthcare of Texas LLC	Consumable Drugs, CUBEX Machine
Homeward Bound, Inc.	Adult Mental Health Services
Inter America Interpreting	Interpreting Service
Iris Telehealth Medical Group, PA	Telehealth Services
John C. Harre Jr/ DBA 2OVE1	Therapy Services
John Praed Foundation	TCOM / Assessments
Language Line Services	Interpreting Services
Laura Margarita Rosales	Therapy Services
Maria Martinez	Therapy Services
Mediwaste Disposal, LLC.	Medical Waste
Message on Hold of El Paso	On Hold Messaging
MHMR of Tarrant County	START Consultation
MHMR Services for the Concho Valley	Money Follows the Person Treatment Support Team (TST) Interlocal Agreement
MST Services	Multisystemic Therapy
National Council for Behavioral Health	Mental Health First Aid
Norma Kirk	HCS/CFC

Revised 08/01/20

Norma Salas	HCS/CFC
Occupational Health Centers of the Southwest, P.A.	Occupational Health Services
Open Minds	Business Solutions/ Consulting
OSI Vision, LLC	Tech Support
Paloma Wellness & Rehabilitation, PLLC	Physical Therapy
Paso Del Norte Health Information Exchange	Paso Del Norte Health
Permian-Basin Community Centers	Money Follows the Person Treatment Support Team (TST) Interlocal Agreement
Pro-Action, Inc.	CPR/First Aid Courses
Proactive Motion Therapy, LLC	Occupational Therapy
PWP, Inc.	Therapy Services
Ram's House Music and Meditation	Therapy Services
Relias, LLC	Consulting Services
Rosa I. Mussiett	HCS/CFC
Ruth Romo	Yoga Instructor
Tejas Behavioral Health Services, Inc.	Support Services for Electronic Applications
Texas Applications Specialist, Inc.	TAS Mileage
Texas Tech University Health Sciences Center	Therapy Services
The Meadows Mental Health Policy Institute	CIT/ Consulting Services
University Behavioral Health	PPB Beds; PESC-RCSU
The Talk Shop	Therapy Services
University Medical Center of El Paso	Laboratory
Viva Transcription Corporation	Medical Transcription Services
VRC Companies, LLC	Shredding Services
Wells Fargo Commercial Card	Facebook Boosts FY20
West Texas Centers	Money Follows the Person Treatment Support Team (TST) Interlocal Agreement

West Texas Therapeutic Services	Therapy Services
William Rago	1115 Consulting
Yesica Najera	HCS/CFC

<b>Individual Practitioners</b>	<b>Service(s)</b>
Anastacia Martinez, LPC	Therapy Services
Annette Salinas, LPC	Therapy Services
Beatrice Carrillo- Blanco, DNP	Prescriber
Catholic Counseling Services	Therapy Services
Chris Ramirez, MS, LPC-S - El Paso Counseling Associates	Therapy Services
Claudia Ornelas, LPC	Therapy Services
Cynthia Ledee	Therapy Services
Dolores Gutierrez, LPC – The Lending Ear Counseling Center	Therapy Services
Erica Rivera, LPC	Therapy Services
Gerardo Rosas, LPC-S	Therapy Services
Graciela Gonzalez Rios, LPCI	Therapy Services
Guadalupe Castaneda, LPC	Therapy Services
Gustavo Gamez, LPC	Therapy Services
Inspiring Solutions	Therapy Services
Irma Gonzalez, LPC	Therapy Services
Ivonne Espinosa, FNP	Prescriber
Jacob Butler, APN, RN	Prescriber
James V. Henneburg, LPC	Therapy Services
Katherine Giovas, LCSW	Therapy Services
Liliana Vacio, LCDC	Therapy Services

Revised 08/01/20

Lorena Blank	Therapy Services
Luisa Elberg-Urbina	Therapy Services
Mara Hernandez, LPC	Therapy Services
Marcella De La Reza	Therapy Services
Maria Paez-Rios, LPC	Therapy Services
Martha Dominguez, LCSW	Therapy Services
Phillipe Petrus	Prescriber
Pinnacle Social Services	Therapy Services
Rochelle Middleton	Therapy Services
Ruben Fineron	Therapy Services
Ruben Moreno, LPC	Therapy Services
Samuel Marcel, LPC	Therapy Services
Sandra Hernandez	Therapy Services
Sandra Muniz, LPC	Therapy Services
Sergio Rodarte Rojas, M.D.	Physician Psychiatric Services
Sylvia Herrera, LPC	Therapy Services
Walter Deines, LPC	Therapy Services
Zul Estrada	Therapy Services

### **Administrative Efficiencies**

5) *Using bullet format, describe the strategies the LMHA/LBHA is using to minimize overhead and administrative costs and achieve purchasing and other administrative efficiencies, as required by the state legislature (see Appendix C).*

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| <ul style="list-style-type: none"> <li>◆ Purchasing has created an internal inventory of office, janitorial, and medical supplies.</li> <li>◆ Purchasing has entered into several purchasing cooperative agreements in Texas to achieve lower cost in goods and services.</li> </ul> |
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◆ Information Technology has achieved cost savings by entering into new agreements for telephone services.
◆ Fleet management leases vehicles to reduce mileage reimbursement from staff.
◆ Purchased new Human Resource Information System to assist in employee data monitoring and payroll integration.
◆ EHN has purchased and implemented myAvatar, a new electronic health record that will stream-line patient data collection and increase clinical and revenue cycle efficiencies.

6) *List partnerships with other LMHA/LBHAs related to planning, administration, purchasing, and procurement or other authority functions, or service delivery. Include only current, ongoing partnerships.*

<b>Start Date</b>	<b>Partner(s)</b>	<b>Functions</b>
05/2016	<ul style="list-style-type: none"> <li>• Tejas Behavioral Health Management Association</li> <li>• Integral Care, formerly the Austin-Travis County Mental Health and Mental Retardation Center</li> <li>• Bluebonnet Trails Community Services</li> <li>• The Center For Mental Health Services, formerly the Bexar County Board Of Trustees For Mental Health And Mental Retardation</li> <li>• Texas Council of Community Centers &amp; Hill Country Mental Health &amp; Developmental Disabilities Centers</li> </ul>	Inter-local Agreements between several Texas LMHAs pursuant to Inter-local Cooperation Act, being Chapter 791 of the Texas Government Code to create efficiencies in the performance of administrative and business functions.
06/2020	<ul style="list-style-type: none"> <li>• PermiaCare</li> </ul>	EHN is collaborating with PermiaCare to distribute information for the Crisis Counseling Program, a grant through FEMA and HHSC to provide El Paso and the Permian Basin area with a COVID-19 Mental Health Support Hotline.

## Provider Availability

*NOTE: The LPND process is specific to provider organizations interested in providing full levels of care to the non-Medicaid population or specialty services. It is not necessary to assess the availability of individual practitioners. Procurement for the services of individual practitioners is governed by local needs and priorities.*

7) *Using bullet format, describe steps the LMHA/LBHA took to identify potential external providers for this planning cycle. Please be as specific as possible. For example, if you posted information on your website, how were providers notified that the information was available? Other strategies that might be considered include reaching out to YES waiver providers, HCBS providers, and past/interested providers via phone and email; contacting your existing network, MCOs, and behavioral health organizations in the local service area via phone and email; emailing and sending letters to local psychiatrists and professional associations; meeting with stakeholders, circulating information at networking events, and seeking input from your PNAC about local providers.*

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| <ul style="list-style-type: none"><li>◆ EHN has published RFAs seeking providers for HCBS and YES waiver. These RFAs have been published on our website (<a href="https://emergencehealthnetwork.org/procurement">https://emergencehealthnetwork.org/procurement</a> ) as well as local newspaper adds. We have attempted to reach out to providers via email and calls. We have also contacted existing providers for potential leads to additional providers.</li></ul> |
| <ul style="list-style-type: none"><li>◆ Reviewed the HHSC Provider Interest List.</li></ul>   |

8) *Complete the following table, inserting additional rows as needed.*

- ◆ *List each potential provider identified during the process described in Item 5 of this section. Include all current contractors, provider organizations that registered on the HHSC website, and provider organizations that have submitted written inquiries since submission of 2018 LPND plan. You will receive notification from HHSC if a provider expresses interest in contracting with you via the HHSC website. Provider inquiry forms will be accepted through the HHSC website through February 28, 2020. **Note:** Do not finalize your provider availability assessment or post the LPND plan for public comment before March 1, 2020.*
- ◆ *Note the source used to identify the provider (e.g., current contract, HHSC website, LMHA/LBHA website, e-mail, written inquiry).*
- ◆ *Summarize the content of the follow-up contact described in Appendix A. If the provider did not respond to your invitation within 14 days, document your actions and the provider's response. In the final column, note the conclusion regarding the provider's availability. For those deemed to be potential providers, include the type of services the provider can provide and the provider's service capacity.*

<b>Provider</b>	<b>Source of Identification</b>	<b>Summary of Follow-up Meeting or Teleconference</b>	<b>Assessment of Provider Availability, Services, and Capacity</b>
Ray Leal	In person with Provider	In person meetings describing the notification process for contractual opportunities with EHN.	Adult provider with minimal capacity to conduct multiple levels of care. Conflict of interest concerns involving physician oversight requirements.
La Familia	In person with Provider CEO	In person meetings describing the notification process for contractual opportunities with EHN.	Existing external adult provider with minimal capacity to expand service array to expedite multiple levels of care. Presently, external provider serves 60 adults.

# Part II: Required for LMHA/LBHAs with potential for network development

## Procurement Plans

*If the assessment of provider availability indicates potential for network development, the LMHA/LBHA must initiate a procurement. 25 TAC §412.754 describes the conditions under which an LMHA/LBHA may continue to provide services when there are available and appropriate external providers. Include plans to procure complete levels of care or specialty services from provider organizations. Do not include procurement for individual practitioners to provide discrete services.*

- 9) Complete the following table, inserting additional rows as need.
- ◆ Identify the service(s) to be procured. Make a separate entry for each service or combination of services that will be procured as a separate contracting unit. Specify Adult or Child if applicable.
  - ◆ State the capacity to be procured, and the percent of total capacity for that service.
  - ◆ Identify the geographic area for which the service will be procured: all counties or name selected counties.
  - ◆ State the method of procurement—open enrollment (RFA) or request for proposal.
  - ◆ Document the planned begin and end dates for the procurement, and the planned contract start date.

Service or Combination of Services to be Procured	Capacity to be Procured	Method (RFA or RFP)	Geographic Area(s) in Which Service(s) will be Procured	Posting Start Date	Posting End Date	Contract Start Date
Telemedicine Psychiatric Services	40%	RFA	El Paso County	10/21/2015	Continuous	Open to providers
HCBS Adult Provider	30%	RFA	El Paso County	06/01/2019	Continuous	Open to providers
YES Waiver	30%	RFA	El Paso County	12/13/2019	Continuous	Open to providers
IDD Respite Services	100%	RFA	El Paso County	7/25/2015	Continuous	Open to providers

Remote Patient / Self Maintenance Monitoring	100%	RFA	El Paso County	06/11/2018	Continuous	Open to providers
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### **Rationale for Limitations**

**NOTE: Network development includes the addition of new provider organizations, services, or capacity to an LMHA/LBHA’s external provider network.**

10) Complete the following table. Please review 25 TAC §412.755 carefully to be sure the rationale addresses the requirements specified in the rule (See Appendix B).

- ◆ Based on the LMHA/LBHA’s assessment of provider availability, respond to each of the following questions.
- ◆ If the response to any question is Yes, provide a clear rationale for the restriction based on one of the conditions described in 25 TAC §412.755.
- ◆ If the restriction applies to multiple procurements, the rationale must address each of the restricted procurements or state that it is applicable to all of the restricted procurements.
- ◆ The rationale must provide a basis for the proposed level of restriction, including the volume of services to be provided by the LMHA/LBHA.

	Yes	No	Rationale
1) Are there any services with potential for network development that are not scheduled for procurement?		X	<ul style="list-style-type: none"> <li>• EHN has existing infrastructure to meet HHSC’s service array. The exception being Psychiatric Emergency Service Centers. In situations where gaps in services exist, procurement contracts have, in the past, been sought; a practice that EHN will continue in perpetuity.</li> </ul>
2) Are any limitations being placed on percentage of total capacity or volume of services external providers will be able to provide for any service?		X	<ul style="list-style-type: none"> <li>• Presently, there are no local providers that can provide the full HHSC’s service array. Wherever applicable, EHN contracts with external providers that can assist in meeting service delivery capacity.</li> </ul>
3) Are any of the procurements limited to certain counties within the local service area?	X		<ul style="list-style-type: none"> <li>• All services are exclusive to El Paso County.</li> </ul>

4) Is there a limitation on the number of providers that will be accepted for any of the procurements?	X	<ul style="list-style-type: none"> <li>Local community is challenged by providers that are not able to provide a full Level of Care array. This presents a challenge towards patient choice when local community capacity is lacking.</li> </ul>
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11) *If the LMHA/LBHA will not be procuring all available capacity offered by external contractors for one or more services, identify the planned transition period and the year in which the LMHA/LBHA anticipates procuring the full external provider capacity currently available (not to exceed the LMHA/LBHA's capacity).*

Service	Transition Period	Year of Full Procurement
Not applicable		

## Capacity Development

12) *In the table below, document your procurement activity since the submission of your 2018 LPND Plan. Include procurements implemented as part of the LPND plan and any other procurement for complete levels of care and specialty services that have been conducted.*

- List each service separately, including the percent of capacity offered and the geographic area in which the service was procured.*
- State the results, including the number of providers obtained and the percent of service capacity contracted as a result of the procurement. If no providers were obtained as a result of procurement efforts, state "none."*

Year	Procurement (Service, Percent of Capacity, Geographic Area)	Results (Providers and Capacity)
2018	RFA 16-001: Behavioral Health Telemedicine Services	Contract with Genoa, JSA and IRIS for services. RFA continuously open.

2018	RFP 18-005: Contracted Nursing Services	Contract with Annashae Corporation and Sunbelt Staffing.
2018	IFB 18-001: Laboratory Services	IFB Closed on March 2018
2019	RFA 19-002: HCBS Adult Provider	Continuously open
2019	RFA 20-015: YES Waiver	Continuously open
2018	RFA 17-008: IDD Respite Services	Continuously open

## PART III: Required for all LMHA/LBHAs

### **PNAC Involvement**

*13) Show the involvement of the PNAC in the table below. PNAC activities should include input into the development of the plan and review of the draft plan. Briefly document the activity and the committee's recommendations.*

<b>Date</b>	<b>PNAC Activity and Recommendations</b>
8/4/20	Meets on monthly basis and reviews policies and procedures related to client care. PNAC will review the plan in detail and provide input on each relevant section. The plan will be emailed to PNAC to begin the review process and will be discussed at the next full PNAC Meeting.
8/12/20	PNAC did not provide any recommendations for the Plan.

**Stakeholder Comments on Draft Plan and LMHA/LBHA Response**

Allow at least 30 days for public comment on the draft plan. Do not post plans for public comment before March 1, 2020. In the following table, summarize the public comments received on the draft plan. If no comments were received, state “None.” Use a separate line for each major point identified during the public comment period, and identify the stakeholder group(s) offering the comment. Describe the LMHA/LBHA’s response, which might include:

- ◆ Accepting the comment in full and making corresponding modifications to the plan;
- ◆ Accepting the comment in part and making corresponding modifications to the plan; or
- ◆ Rejecting the comment. Please explain the LMHA/LBHA’s rationale for rejecting the comment.

Comment	Stakeholder Group(s)	LMHA/LBHA Response and Rationale
None	Brain Trust	

**COMPLETE AND SUBMIT ENTIRE PLAN TO [performance.contracts@dshs.state.tx.us](mailto:performance.contracts@dshs.state.tx.us) by August 31, 2020.**



## **Appendix A**

### **Assessing Provider Availability**

Provider organizations can indicate interest in contracting with an LMHA/LBHA through the [LPND website](#) or by contacting the LMHA/LBHA directly. On the LPND website, a provider organization can submit a Provider Inquiry Form that includes key information about the provider. HHSC will notify both the provider and the LMHA/LBHA when the Provider Inquiry Form is posted.

During its assessment of provider availability, it is the responsibility of the LMHA/LBHA to contact potential providers to schedule a time for further discussion. This discussion provides both the LMHA/LBHA and the provider an opportunity to share information so that both parties can make a more informed decision about potential procurements.

The LMHA/LBHA must work with the provider to find a mutually convenient time. If the provider does not respond to the invitation or is not able to accommodate a teleconference or a site visit within 14 days of the LMHA/LBHA's initial contact, the LMHA/LBHA may conclude that the provider is not interested in contracting with the LMHA/LBHA.

If the LMHA/LBHA does not contact the provider, the LMHA/LBHA must assume the provider is interested in contracting with the LMHA/LBHA.

An LMHA/LBHA may not eliminate the provider from consideration during the planning process without evidence that the provider is no longer interested or is clearly not qualified or capable of provider services in accordance with applicable state and local laws and regulations.

## Appendix B

### 25 TAC §412.755. Conditions Permitting LMHA Service Delivery.

An LMHA may only provide services if one or more of the following conditions is present.

- (1) The LMHA determines that interested, qualified providers are not available to provide services in the LMHA's service area or that no providers meet procurement specifications.
- (2) The network of external providers does not provide the minimum level of individual choice. A minimal level of individual choice is present if individuals and their legally authorized representatives can choose from two or more qualified providers.
- (3) The network of external providers does not provide individuals with access to services that is equal to or better than the level of access in the local network, including services provided by the LMHA, as of a date determined by the department. An LMHA relying on this condition must submit the information necessary for the department to verify the level of access.
- (4) The combined volume of services delivered by external providers is not sufficient to meet 100 percent of the LMHA's service capacity for each level of care identified in the LMHA's plan.
- (5) Existing agreements restrict the LMHA's ability to contract with external providers for specific services during the two-year period covered by the LMHA's plan. If the LMHA relies on this condition, the department shall require the LMHA to submit copies of relevant agreements.
- (6) The LMHA documents that it is necessary for the LMHA to provide specified services during the two-year period covered by the LMHA's plan to preserve critical infrastructure needed to ensure continuous provision of services. An LMHA relying on this condition must:
  - (A) document that it has evaluated a range of other measures to ensure continuous delivery of services, including but not limited to those identified by the LANAC and the department at the beginning of each planning cycle;
  - (B) document implementation of appropriate other measures;

(C) identify a timeframe for transitioning to an external provider network, during which the LMHA shall procure an increasing proportion of the service capacity from external provider in successive procurement cycles; and

(D) give up its role as a service provider at the end of the transition period if the network has multiple external providers and the LMHA determines that external providers are willing and able to provide sufficient added service volume within a reasonable period of time to compensate for service volume lost should any one of the external provider contracts be terminated.

### **Appendix C**

House Bill 1, 85<sup>th</sup> Legislature, Regular Session, 2017 (Article II, Health and Human Services Commission Rider 147):

Efficiencies at Local Mental Health Authorities and Intellectual Disability Authorities. The Health and Human Services Commission shall ensure that the local mental health authorities and local intellectual disability authorities that receive allocations from the funds appropriated above to the Health and Human Services Commission shall maximize the dollars available to provide services by minimizing overhead and administrative costs and achieving purchasing efficiencies. Among the strategies that should be considered in achieving this objective are consolidations among local authorities and partnering among local authorities on administrative, purchasing, or service delivery functions where such partnering may eliminate redundancies or promote economies of scale. The Legislature also intends that each state agency which enters into a contract with or makes a grant to local authorities does so in a manner that promotes the maximization of third party billing opportunities, including to Medicare and Medicaid. Funds appropriated above to the Health and Human Services Commission in Strategies I.2.1, Long-Term Care Intake and Access, and F.1.3, Non-Medicaid IDD Community Services, may not be used to supplement the rate-based payments incurred by local intellectual disability authorities to provide waiver or ICF/IID services. (Former Special Provisions Sec. 34)