

RHP Plan Update Provider Form

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

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

DY7-8 Provider RHP Plan Update Template - Provider Entry

Progress Indicators

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

Section 1: Performing Provider Information

RHP: **4**

TPI and Performing Provider Name: **135254407 - Gulf Bend MHMR Center**

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

Ownership: **Non-State Owned Public**

TIN: **17416590648003**

Physical Street Address: **6502 Nursery Drive, Suite 100**

City: **Victoria**

Zip: **77904**

Primary County: **Victoria**

Additional counties being served (optional):

Calhoun	De Witt	Goliad	Jackson
Lavaca	Refugio		

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:	Jeffrey Tunnell	Linda E. Rodriguez	Glenn Zengerle
Street Address:	6502 Nursery Drive, Suite 100	6502 Nursery Drive, Suite 100	6502 Nursery Drive, Suite 100
City:	Victoria	Victoria	Victoria
Zip:	77904	77904	77904
Email:	jeff1896@gulfbend.org	linda1830@gulfbend.org	gzengerle@gulfbend.org
Phone Number:	361-582-2314	361-582-2330	361-575-0611
Phone Extension:	314	330	357
Lead Contact or Both:	Both	Both	Both

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

Section 3: Optional Withdrawal From DSRIP

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

Do Not Withdraw from DSRIP

Section 4: Performing Provider Overview

Performing Provider Description: **Gulf Bend Center is a (CMHC) Community Mental Health Center that provides mental health and Intellectual or Developmental Disabilities services in Victoria County and the six surrounding contiguous counties. Pursuant to Texas Health & Safety Code 534.001, Gulf Bend MHMR Center is an "agency of the state, a governmental unit, and a unit of local government," with the stated purpose of carrying out the state's obligation to provide public mental health and IDD services in the local region. Local board composition aides Center planning to address the needs of the local community.**

Overall DSRIP Goals: **Gulf Bend Center's overall goals are to improve quality of care for the Behavioral Health population in our 7-county area. Leverage and improve on existing programs and infrastructure to ensure that our behavioral health delivery system will be adequately developed to better meet the overall health care needs of patients in our area. Increase access to services and the scope of services to deliver the most appropriate patient-centered care. Avoid unnecessary emergency department use and reduce recidivism of psychiatric hospitalizations.**

Alignment with regional community needs assessment: **Identified needs from our RHP region are a shortage of specialty care services for the chronic and persistent mentally ill patients with schizophrenia, bipolar and major depression. Our selected measures align by expanding upon our existing infrastructure and service array by adding specific Screening Assessments, Medical Best Practice of reviewing medications and enhanced Continuity of Care for those discharged from Psychiatric Hospitals.**

Section 5: DY7-8 DSRIP Total Valuation

	DY7-8 DSRIP Valuation Distribution			
	Valuation if regional private hospital participation requirement is met		Valuation if regional private hospital participation requirement is <u>not</u> met	
	DY7	DY8	DY7	DY8
RHP Plan Update Submission	\$795,530.80	\$0.00	\$795,530.80	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$397,765.40	\$397,765.40	\$397,765.40	\$397,765.40
Category C	\$2,187,709.70	\$2,983,240.50	\$2,585,475.10	\$3,381,005.90
Category D	\$596,648.10	\$596,648.10	\$198,882.70	\$198,882.70
Total	\$3,977,654.00	\$3,977,654.00	\$3,977,654.00	\$3,977,654.00

Would you like to decrease the total valuation?

Based on the RHP's process for distributing additional funds, has the RHP approved increasing your valuation?

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

Generate Worksheets

DY7-8 Provider RHP Plan Update Template - Category B

Progress Tracker

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

Performing Provider Information

RHP:	4
TPI and Performing Provider Name:	135254407 - Gulf Bend MHMR Center
Performing Provider Type:	Community Mental Health Center (CMHC)
Ownership:	Non-State Owned Public
Category B valuation in DY7:	\$397,765.40
Category B valuation in DY8:	\$397,765.40

Section 1: System Definition

Community Mental Health Centers - Required Components

Required System Component	Business Component?
Home-based Services	Business Component of the Organization

Please enter a description of this System Component.
 As a Community Mental Health Center and LMHA (Local Mental Health Authority), Gulf Bend Center provides all services for which we are contracted to provide to all patients under an TRR (Texas Resilience and Recovery) Level of Care as per the HHSC UM (Utilization Management) Guidelines and documented in Texas Administrative Code.
 TRR services are defined in the UM Guidelines, the HHSC/DSHS performance contract and TAC. Additionally, Gulf Bend Center provides services to those individuals designated as eligible for services under our HHSC contract as a LIDDA (Local Intellectual or Developmental Disabilities) Authority. Some psychiatric hospitalization is required under our function as a LMHA and as a LMHA perform Follow-Up services as Continuity of Care. Additionally, Gulf Bend Center may provide counseling and psychiatric medical services to those patients whom do not initially assess as eligible for TRR and whom have a third party payer and/or demonstrate a full ability to pay.

Required System Component	Business Component?
Office/Clinic	Business Component of the Organization

Please enter a description of this System Component.
 As a Community Mental Health Center and LMHA (Local Mental Health Authority), Gulf Bend Center provides all services for which we are contracted to provide to all patients under an TRR (Texas Resilience and Recovery) Level of Care as per the HHSC UM (Utilization Management) Guidelines and documented in Texas Administrative Code.
 TRR services are defined in the UM Guidelines, the HHSC/DSHS performance contract and TAC. Additionally, Gulf Bend Center provides services to those individuals designated as eligible for services under our HHSC contract as a LIDDA (Local Intellectual or Developmental Disabilities) Authority. Some psychiatric hospitalization is required under our function as a LMHA and as a LMHA perform Follow-Up services as Continuity of Care. Additionally, Gulf Bend Center may provide counseling and psychiatric medical services to those patients whom do not initially assess as eligible for TRR and whom have a third party payer and/or demonstrate a full ability to pay.

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	No
Optional System Component	Would you like to select this component?
Contracted Inpatient Beds	No
Optional System Component	Would you like to select this component?
State-funded Community Hospital	No
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	No
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)

	DY5	DY6
MLIU PPP	3,334	3,581
Total PPP	3,747	4,011

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 type="checkbox"/> Local Coverage Option	<input checked="" type="checkbox"/> Insured on the Exchange
<input checked="" type="checkbox"/> Low-Income	<input checked="" type="checkbox"/> Self-Pay	<input checked="" type="checkbox"/> Uninsured	<input type="checkbox"/> Other (please explain below)	

MLIU PPP Goal for each DY (DY7 and DY8):	3,458
Average Total PPP	3,879
MLIU percentage of Total PPP	89.13%

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

Would you like the MLIU PPP Goal to be based on DY5 or DY6 only (as opposed to the average)?	No
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DIV 8 Provider RHP Plan Update Template - Category C Selection

Progress Tracker	Complete	Note: you must perform selections at the bottom of the page to finish.	MPT Points Selected	MPT
Section 2: Selection Overview (CMHCs and LPHs only)	Complete		Points Selected	11
Section 3: Selection of Measures for Community Mental Health Centers	Complete		Measures Selected	9
Minimum Selection Requirements Met	Yes		Clinical Outcomes Selected	9
MPT Met	Yes		At least 2 measures selected	Y

Performing Provider Information

RHP:	11234403 - Gulf Bend Mental Center
TP and Performing Provider Name:	Community Mental Health Center (CMHC)
Performing Provider Type:	Community Mental Health Center (CMHC)
Ownership:	City of Victoria

Regional private hospital participation requirement is met	Category C valuation in DIV7	52,147,306.00
Regional private hospital participation requirement is met	Category C valuation in DIV8	52,147,306.00
Regional private hospital participation requirement is met	Category C valuation in DIV7	52,147,306.00
Regional private hospital participation requirement is met	Category C valuation in DIV8	52,147,306.00

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

Section 1: Attributed Population

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

Please describe any other attributed population (optional)

Section 2: Selection Overview

Please describe your rationale for the selected measures, and describe the primary system components (clinic, facilities) that will be used to report on and drive improvement in selected measure

Gulf Bend Center operates one primary Behavioral Health Clinic in Victoria Texas to address the Behavioral Health needs of our 7 county service area. Additionally, we operate a M.F. & S Counseling clinic in Fort Lacoa, Texas. Our main clinic in Victoria is the base of operations for both required System Components (Office/Clinic and Home Based Services). Our Mobile Crisis/Outreach Team (MCO) is well as Service Coordinators, Case Management and Rehab Skills (RMSP), QED's and LPHA staff make visits to individual's homes, in-vivo, and to schools in our entire service area. Our main clinic serves as the primary location for Psychiatric Medical services. Psychiatric Medical services are extended to patients throughout our service area by Telehealth when appropriate. Behavioral Health Assessments, Collaborations and Counseling services are delivered via remote sites as warranted.

M1-105 Preventive Care & Screening: Tobacco Use, Screening & Cessation Intervention
 Rationale: This measure is intended to promote cessation interventions for those who use tobacco products and screening is performed by LPHs during intake process. All screenings are tracked in EHR with specific codes to demonstrate measure accomplishment. Through PDSA, we have been making improvements to our workflow and processes to increase achievement of this goal.

M1-160 Follow-up after Hospitalization for Mental Illness
 Rationale: Improve quality of care to lower risk of rehospitalization. Hospital 7 day and 30-day follow-up tracked in a data table with all required data elements to support charted evidence of Discharge Date and Planning. All hospital follow-ups are provided by LPH staff. As a LPH, this is a measure that has been in place and we are improving practices to bring our system to the national benchmark standard (DSMC) and see the value for our patients. Gulf Bend Center has incorporated HMC guidance on these measures and has adapted the SPRF approved applications.

M1-117 Preventive Care and Screening: Unhealthy Alcohol Use, Screening & Brief Counseling
 Rationale: This measure is intended to screen for risky and hazardous alcohol use by using an AUDIT tool and if identified as positive user brief counseling is provided by LPHs during intake process. All screenings are tracked in EHR with specific codes to demonstrate measure accomplishment. Through PDSA, we have been making improvements to our workflow and processes to increase achievement of this goal.

M1-319 Adult Major Depressive Disorder (MDD): Suicide Risk Assessment
 Rationale: Building on DSM-5 pathway we are using in this measure by further focusing and ensuring that we take steps to minimize outside risk by assessing all diagnosed MDD clients during intake process and subsequent MDD Diagnostic Interviewing using the CSRS tool. All screenings are tracked in EHR with specific codes or data elements to demonstrate measure accomplishment.

M1-287 Documentation of Current Medications in the Medical Record
 Rationale: A well organized medical record keeping system permits effective and confidential client care and quality review. Documentation of current medications are documented by clinical nurses at every clinic visit and reviewed by Medical Practitioner. This is an activity that we've performed primarily with Psych Meds and recognize the value for our patients and will be improving our adherence to this measure specification to realize better outcomes for patients overall integrated care. Accomplishment of this measure is tracked in EHR with specific codes to demonstrate measure accomplishment.

Gulf Bend Center intends to align itself towards Certification as a Community Behavioral Health Clinic. We have studied the endorsed CBHC measures, service requirements and other measures within the bundle for CMHC to identify what best fits the needs of the clientele of our service area. Some of our selected measures are related to activities we already had in place and need improvement and some or new activities that we have added to our system within the last year.

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

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		M1-100	Medication Engagement of Alcohol and Other Drug Dependence Treatment (EET)	Clinical Outcome	1	1
No		M1-103	Controlling High Blood Pressure	Clinical Outcome	1	0
Yes	MU1 denominator with significant volume	M1-105	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	Process	1	0
No		M1-115	Comprehensive Diabetes Care: Hemoglobin A1c: Below 9.0% Control (at 90)	Clinical Outcome	1	0
No		M1-124	Medication Reconciliation Post-Discharge	Process	1	0
No		M1-125	Antidepressant Medication Management (MAM-AD)	Clinical Outcome	1	0
No		M1-146	Screening for Clinical Depression and Follow-up Plan (CDF-AD)	Process	1	0
No		M1-147	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up	Process	1	0
Yes	MU1 denominator with significant volume	M1-160	Follow-Up After Hospitalization for Mental Illness	Clinical Outcome	1	0
No		M1-165	Depression Remission at Twelve Months	Clinical Outcome	1	0
No		M1-180	Adherence to Antipsychotics for individuals with Schizophrenia (ASA-AP)	Clinical Outcome	1	0
No		M1-181	Depression Response at Twelve Months- Progress Towards Remission	Clinical Outcome	1	0
No		M1-182	Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SDP-AD)	Process	1	0
No		M1-200	Hepatitis C: One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk	Process	1	0
No		M1-209	Thyroid available appointment	Process	1	0
No		M1-207	Diabetes care: BP control (<140/90mm Hg)	Clinical Outcome	1	0
No		M1-210	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	Process	1	0
No		M1-211	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Process	1	0
No		M1-216	Risk Adjusted Behavioral Substance Abuse 90 Day Readmission	Clinical Outcome	1	0
No		M1-241	Screening in mental health admissions and readmissions to criminal justice settings such as jails or prisons	Clinical Outcome	1	0
No		M1-265	Follow-up Care for Children Prescribed ADHD Medication (ADHD)	Clinical Outcome	1	0
No		M1-266	Initiation of Depression Treatment	Process	1	0
No		M1-267	Care Planning for Dual Diagnosis	Process	1	0
No		M1-269	Assignment of Primary Care Physician to individuals with Schizophrenia	Process	1	0
No		M1-280	Lower Physical Exam for Depression with Mental Illness	Process	1	0
No		M1-281	Assessment for Substance Abuse Problems of Psychiatric Patients	Process	1	0
No		M1-282	Assessment of Risk to Self/Others	Process	1	0
No		M1-283	Environment for Psychiatric Issues of Psychiatric Patients	Process	1	0
No		M1-284	Functional Rehabilitation for Schizophrenia	Process	1	0
No		M1-285	Housing Assessment for individuals with Schizophrenia	Process	1	0
No		M1-286	Independent Living Skills Assessment for individuals with Schizophrenia	Process	1	0
No		M1-289	Chlamydia Screening in Women (CH)	Process	1	0
No		M1-286	Depression Remission at Six Months	Clinical Outcome	1	0
Yes	MU1 denominator with significant volume	M1-287	Documentation of Current Medications in the Medical Record	Process	1	0
No		M1-305	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (MDD-CA)	Process	1	0
No		M1-306	Use of First-Line Psychiatric Care for Children and Adolescents on Antipsychotic (LPH-C)	Process	1	0
Yes	MU1 denominator with significant volume	M1-317	Preventive Care and Screening: Unhealthy Alcohol Use, Screening & Brief Counseling	Process	1	0
Yes	MU1 denominator with significant volume	M1-319	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (MDD-AD)	Process	1	0
No		M1-339	Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge SUB 2 / Alcohol and Other Drug Use Disorder Treatment at Discharge SUB 2	Process	1	0
No		M1-387	Alcohol use disorders: Percentage of patients aged 18 years and older with a diagnosis of current opioid addiction who were counseled regarding psychosocial	Process	1	0
No		M1-391	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	0
No		M1-342	Time to Initial Evaluation: Evaluation within 30 Business Days	Process	1	0
No		M1-385	Assessment of Functional Status or QoL (Mood/Refr from PDSG #433)	Quality of Life	1	0
No		M1-386	Improvement in Functional Status or QoL (Mood/Refr from PDSG #433)	Quality of Life	1	0
No		M1-387	Reduce Emergency Department visits for Behavioral Health and Substance Abuse (Reported as Inpatient)	Clinical Outcome	1	0
No		M1-390	Time to Initial Evaluation: Mean Days to Evaluation	Process	1	0
No		M1-400	Tobacco Use and Help with Quitting Among Adolescents	Process	1	0
No		M1-405	Bipolar Disorder and Major Depression: Appraisal for Alcohol or Illicit Substance Use	Process	1	0

Total overall selected points: 11
 Are you finished making your selections? **Yes**

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

Progress Tracker

Section 1: Measure Exemption Requests and Measure Setting System Components

Complete

Section 1: Measure Exemption Requests and Measure Setting System Components

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

Bundle-Measure ID	Measure Name	Baseline Measurement Period	Requesting a shorter or delayed measurement period?	Requesting a reporting milestone exemption?	Requesting a baseline numerator of zero?
M1-105	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	CY2017: January 1, 2017 - December 31, 2017	Requesting a shorter baseline measurement period	No	Yes
Requested Baseline Measurement Period Start Date	7/1/2017	Requested Baseline Measurement Period End Date	12/31/2017	Please enter an explanation for this request	Gulf Bend Center has worked to understand the measure specifications and choose measures that are appropriate for our service area and our Center's system population of clientele. We believe that we have put in place processes, trained staff and developed appropriate data tracking mechanisms by June 30th, 2017 to capture valid base-line data for this measure between July 1st, 2017 through December 31, 2017 to facilitate 6 months of significant data for both denominator and numerator. CMHC's (Community Mental Health Center) began learning of the new PFM Protocol and potential Measures during the first month(s) of calendar year 2017. Via the Texas Council of Community Centers; training was carried out as soon as possible during the first months of CY2017 to learn the specifications of nine (9) CCBHC (Certified Community Behavioral Health Clinics) endorsed measures. Gulf Bend Center has incorporated HHSC guidance on these measures and has adopted the DSRIP approved specifications.
M1-160	Follow-Up After Hospitalization for Mental Illness	CY2017: January 1, 2017 - December 31, 2017	No	No	Yes
M1-287	Documentation of Current Medications in the Medical Record	CY2017: January 1, 2017 - December 31, 2017	Requesting a shorter baseline measurement period	No	Yes
Requested Baseline Measurement Period Start Date	7/1/2017	Requested Baseline Measurement Period End Date	12/31/2017	Please enter an explanation for this request	Gulf Bend Center has worked to understand the measure specifications and choose measures that are appropriate for our service area and our Center's system population of clientele. We believe that we have put in place processes, trained staff and developed appropriate data tracking mechanisms by June 30th, 2017 to capture valid base-line data for this measure between July 1st, 2017 through December 31, 2017 to facilitate 6 months of significant data for both denominator and numerator. CMHC's (Community Mental Health Center) began learning of the new PFM Protocol and potential Measures during the first month(s) of calendar year 2017. Via the Texas Council of Community Centers; training was carried out as soon as possible during the first months of CY2017 to learn the specifications of nine (9) CCBHC (Certified Community Behavioral Health Clinics) endorsed measures. Gulf Bend Center has incorporated HHSC guidance on these measures and has adopted the DSRIP approved specifications.
M1-317	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	CY2017: January 1, 2017 - December 31, 2017	Requesting a shorter baseline measurement period	No	Yes
Requested Baseline Measurement Period Start Date	7/1/2017	Requested Baseline Measurement Period End Date	12/31/2017	Please enter an explanation for this request	Gulf Bend Center has worked to understand the measure specifications and choose measures that are appropriate for our service area and our Center's system population of clientele. We believe that we have put in place processes, trained staff and developed appropriate data tracking mechanisms by June 30th, 2017 to capture valid base-line data for this measure between July 1st, 2017 through December 31, 2017 to facilitate 6 months of significant data for both denominator and numerator. CMHC's (Community Mental Health Center) began learning of the new PFM Protocol and potential Measures during the first month(s) of calendar year 2017. Via the Texas Council of Community Centers; training was carried out as soon as possible during the first months of CY2017 to learn the specifications of nine (9) CCBHC (Certified Community Behavioral Health Clinics) endorsed measures. Gulf Bend Center has incorporated HHSC guidance on these measures and has adopted the DSRIP approved specifications.
M1-319	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (eMeasure)	CY2017: January 1, 2017 - December 31, 2017	Requesting a shorter baseline measurement period	No	Yes
Requested Baseline Measurement Period Start Date	7/1/2017	Requested Baseline Measurement Period End Date	12/31/2017	Please enter an explanation for this request	Gulf Bend Center has worked to understand the measure specifications and choose measures that are appropriate for our service area and our Center's system population of clientele. We believe that we have put in place processes, trained staff and developed appropriate data tracking mechanisms by June 30th, 2017 to capture valid base-line data for this measure between July 1st, 2017 through December 31, 2017 to facilitate 6 months of significant data for both denominator and numerator. CMHC's (Community Mental Health Center) began learning of the new PFM Protocol and potential Measures during the first month(s) of calendar year 2017. Via the Texas Council of Community Centers; training was carried out as soon as possible during the first months of CY2017 to learn the specifications of nine (9) CCBHC (Certified Community Behavioral Health Clinics) endorsed measures. Gulf Bend Center has incorporated HHSC guidance on these measures and has adopted the DSRIP approved specifications.

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

Progress Tracker

Section 1: Measure Bundle/Measure Valuation Complete

Performing Provider Information

RHP:	4
TPI and Performing Provider Name:	135254407 - Gulf Bend MHMR Center
Performing Provider Type:	Community Mental Health Center (CMHC)
Ownership:	Non-State Owned Public

If regional hospital participation requirement is met	Category C valuation in DY7:	\$2,187,709.70
	Category C valuation in DY8:	\$2,983,240.50
If regional hospital participation requirement is <i>not</i> met	Category C valuation in DY7:	\$2,585,475.10
	Category C valuation in DY8:	\$3,381,005.90

Section 1: Measure Bundle/Measure Valuation

Valuation for Selected Measures - Community Mental Health Centers

Bundle-Measure ID	Denominator Volume	Points	Desired Valuation %	Minimum Valuation % of Total	Maximum Valuation % of Total	If regional private hospital participation requirement is met		If regional private hospital participation requirement is <i>not</i> met	
						Category C Valuation in DY7	Category C Valuation in DY8	Category C Valuation in DY7	Category C Valuation in DY8
M1-105	MLIU denominator with significant volume	2	20.00%	15.00%	20.00%	\$437,541.94	\$596,648.10	\$517,095.02	\$676,201.18
M1-160	MLIU denominator with significant volume	3	20.00%	15.00%	25.00%	\$437,541.94	\$596,648.10	\$517,095.02	\$676,201.18
M1-287	MLIU denominator with significant volume	2	20.00%	15.00%	20.00%	\$437,541.94	\$596,648.10	\$517,095.02	\$676,201.18
M1-317	MLIU denominator with significant volume	2	20.00%	15.00%	20.00%	\$437,541.94	\$596,648.10	\$517,095.02	\$676,201.18
M1-319	MLIU denominator with significant volume	2	20.00%	15.00%	20.00%	\$437,541.94	\$596,648.10	\$517,095.02	\$676,201.18
Total	N/A	11	100.00%	N/A	N/A	\$2,187,709.70	\$2,983,240.50	\$2,585,475.10	\$3,381,005.90
	Difference between selected percent and 100%		0.00%						

Your valuation allocations add to 100%.

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

Yes

CDP 4 Provider RHP Plan Checklist Template - Category 4 Core Activities

Section 1: Overview
Section 1: Overview from DDP 4 Projects to DDP 4 Provider Level Outcomes and Core Activities

Section 2: Core Activities
All Selected Measure Bundles/Measures Associated with at Least One Core Activity

Performing Provider Information

MRN	_____
MR and Performing Provider Name	_____
Performing Provider Type	_____
Ownership	_____

Section 3: Transition from DDP 4 Projects to DDP 4 Provider Level Outcomes and Core Activities

DRP Project ID	Project Dates	Project Summary	Category	Enter a description for continuation
DRP_00000001.1.1	1/1/18 - 12/31/18	Project Summary: This project was designed to improve the patient and provider experience and reduce costs by implementing a patient-centered care model. The project was implemented in a pilot unit and will be expanded to other units in the coming year. The project was implemented in a pilot unit and will be expanded to other units in the coming year.	Completed in DDP 4	
DRP_00000001.1.2	1/1/18 - 12/31/18	Project Summary: This project was designed to improve the patient and provider experience and reduce costs by implementing a patient-centered care model. The project was implemented in a pilot unit and will be expanded to other units in the coming year. The project was implemented in a pilot unit and will be expanded to other units in the coming year.	Completed in DDP 4	

Section 4: Core Activities

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

1) Please select the grouping for this Core Activity:

a) Please select the name of this Core Activity:

b) Please select the name of this Core Activity:

c) Please enter a description of this Core Activity:

d) Please describe the first Secondary Driver for the above Core Activity (optional):

e) 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.

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

g) Is this Core Activity provided by a provider that is not included in the Category 4 System Definition?

2) Please select the grouping for this Core Activity:

a) Please select the name of this Core Activity:

b) Please select the name of this Core Activity:

c) Please enter a description of this Core Activity:

d) Please describe the first Secondary Driver for the above Core Activity (optional):

e) 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.

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

g) Is this Core Activity provided by a provider that is not included in the Category 4 System Definition?

3) Please select the grouping for this Core Activity:

a) Please select the name of this Core Activity:

b) Please select the name of this Core Activity:

c) Please enter a description of this Core Activity:

d) Please describe the first Secondary Driver for the above Core Activity (optional):

e) 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.

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

g) Is this Core Activity provided by a provider that is not included in the Category 4 System Definition?

4) Please select the grouping for this Core Activity:

a) Please select the name of this Core Activity:

b) Please select the name of this Core Activity:

c) Please enter a description of this Core Activity:

d) Please describe the first Secondary Driver for the above Core Activity (optional):

e) 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.

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

g) Is this Core Activity provided by a provider that is not included in the Category 4 System Definition?

5) Please select the grouping for this Core Activity:

a) Please select the name of this Core Activity:

b) Please select the name of this Core Activity:

c) Please enter a description of this Core Activity:

d) Please describe the first Secondary Driver for the above Core Activity (optional):

e) 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.

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

g) Is this Core Activity provided by a provider that is not included in the Category 4 System Definition?

DY7-8 Provider RHP Plan Update Template - Category D

Progress Tracker

Section 2: Verification

Complete

Performing Provider Information

RHP:	4
TPI and Performing Provider Name:	135254407 - Gulf Bend MHMR Center
Performing Provider Type:	Community Mental Health Center (CMHC)
Ownership:	Non-State Owned Public

If regional hospital participation requirement is met	Category D valuation in DY7	\$596,648.10
	Category D valuation in DY8	\$596,648.10
If regional hospital participation requirement is <u>not</u> met	Category D valuation in DY7	\$198,882.70
	Category D valuation in DY8	\$198,882.70

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

Measure	Category D valuation per DY distributed across measures (if regional hospital participation requirement is met)	Category D valuation per DY distributed across measures (if regional hospital participation requirement is not met)
Effective Crisis Response	\$119,329.62	\$39,776.54
Crisis Follow up	\$119,329.62	\$39,776.54
Community Tenure (Adult and Child/Youth)	\$119,329.62	\$39,776.54
Reduction in Juvenile Justice Involvement	\$119,329.62	\$39,776.54
Adult Jail Diversion	\$119,329.62	\$39,776.54

Section 2: Verification

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

I understand

DY7-8 Provider RHP Plan Update Template - IGT Entry

Progress Tracker

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

Performing Provider Information

RHP:	
TPN and Performing Provider Name:	135254407 - Gulf Bend MHMR Center
Performing Provider Type:	Community Mental Health Center (CMHC)
Ownership:	Non-State Owned Public

Section 1: IGT Entities

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

IGT RHP	IGT Name	IGT TPI (if available)	IGT TIN	Affiliation Number
4	Gulf Bend MHMR Center	135254407	17416590648001	100-13-0000-00072

Contact #	Contact Name	Street Address	City	Zip	Email	Phone Number	Phone Extension	Lead Contact or Both
1	ANNA ARAGE	6502 Nursery Drive, Suite 100	Victoria	77904	ANNA1685@GULFBEND.ORG	(361) 582-2359	339	Both
2	GLENN ZENGERLE	6502 Nursery Drive Suite 100	Victoria	77904	GZENGERLE@GULFBEND.ORG	(361) 582-2357	357	Both
3	JEFFREY TUNNELL	6502 Nursery Drive Suite 100	Victoria	77904	JFT3896@GULFBEND.ORG	(361) 582-2314	314	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

RHP Plan Update Submission Category B	IGT Name	IGT TIN	IGT Affiliation #	DY7 % IGT Allocated	DY8 % IGT Allocated	If regional private hospital participation requirement is met		If regional private hospital participation requirement is not met	
						Total Estimated DY7 Allocation (FMAP 56.88/IGT 43.12)	Total Estimated DY8 Allocation (FMAP 57.32/IGT 42.68)	Total Estimated DY7 Allocation (FMAP 56.88/IGT 43.12)	Total Estimated DY8 Allocation (FMAP 57.32/IGT 42.68)
M1-105	Gulf Bend MHMR Center	17416590648001	100-13-0000-00072	100.00%	100.00%	\$345,032.88	\$169,786.27	\$345,032.88	\$169,786.27
M1-160	Gulf Bend MHMR Center	17416590648001	100-13-0000-00072	100.00%	100.00%	\$188,668.08	\$254,649.41	\$222,971.37	\$288,602.66
M1-287	Gulf Bend MHMR Center	17416590648001	100-13-0000-00072	100.00%	100.00%	\$188,668.08	\$254,649.41	\$222,971.37	\$288,602.66
M1-317	Gulf Bend MHMR Center	17416590648001	100-13-0000-00072	100.00%	100.00%	\$188,668.08	\$254,649.41	\$222,971.37	\$288,602.66
M1-319	Gulf Bend MHMR Center	17416590648001	100-13-0000-00072	100.00%	100.00%	\$188,668.08	\$254,649.41	\$222,971.37	\$288,602.66
Category D	Gulf Bend MHMR Center	17416590648001	100-13-0000-00072	100.00%	100.00%	\$257,274.66	\$254,649.41	\$85,758.22	\$84,883.14
Total						\$1,715,164.40	\$1,697,662.73	\$1,715,164.40	\$1,697,662.73

Your funding allocations sum to 100%.

Have the IGT Entities and funding percentages been updated?	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:	Jeffrey Tunnel
IGT Organization:	Gulf Bend MHMR Center
Date:	3/16/2018

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

Program Tracker

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

Performing Provider Information

RHP:	1
TPI and Performing Provider Name:	132254407 - Gulf Bend MHMR Center
Performing Provider Type:	Community Mental Health Center (CMHC)
Ownership:	Non-State Owned Public

Section 1: DY7-8 DSRIP Valuation

RHP Plan Update Submission	DY7-8 DSRIP Valuation Distribution					
	Valuation if regional private hospital participation requirement is met			Valuation if regional private hospital participation requirement is not met		
	DY7	DY8		DY7	DY8	
RHP Plan Update Submission	\$795,530.00	\$0.00	\$0.00	\$795,530.00	\$0.00	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$397,765.00	\$397,765.00	\$397,765.00	\$397,765.00	\$397,765.00	\$397,765.00
Category C	\$2,187,709.70	\$2,982,240.50	\$2,982,240.50	\$2,585,475.10	\$3,381,005.90	\$3,381,005.90
Category D	\$596,648.10	\$596,648.10	\$596,648.10	\$198,852.70	\$198,852.70	\$198,852.70
Total	\$3,977,654.00	\$3,977,654.00	\$3,977,654.00	\$3,977,654.00	\$3,977,654.00	\$3,977,654.00

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

Yes

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

DY5	MLIU PPP	Total PPP	MLIU Percentage of Total PPP
DY5	3,234	3,747	86.30%
DY6	3,581	4,011	89.28%
DY7 Estimated	3,458	3,879	89.13%
DY8 Estimated	3,458	3,879	89.13%

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

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

Yes

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

Bundle-Measure ID	Measure Bundle/Measure Name	# of Measures with Requested Achievement of Alternative Denominators	# of Measures with Requested Shorter or Delayed Measurement Periods	# of Measures with Requested Reporting Milestone Exemptions	Points	Valuation if regional private hospital participation requirement is met		Valuation if regional private hospital participation requirement is not met	
						DY7 Valuation	DY8 Valuation	DY7 Valuation	DY8 Valuation
M1-105	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	0	1	0	2	\$437,541.94	\$596,648.10	\$517,095.02	\$676,201.18
M1-160	Follow-Up After Hospitalization for Mental Illness	0	0	0	3	\$437,541.94	\$596,648.10	\$517,095.02	\$676,201.18
M1-287	Documentation of Current Medications in the Medical Record	0	1	0	2	\$437,541.94	\$596,648.10	\$517,095.02	\$676,201.18
M1-317	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	0	1	0	2	\$437,541.94	\$596,648.10	\$517,095.02	\$676,201.18
M1-319	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (eMeasure)	0	1	0	2	\$437,541.94	\$596,648.10	\$517,095.02	\$676,201.18
Total	N/A	0	4	0	11	\$2,187,709.70	\$2,982,240.50	\$2,585,475.10	\$3,381,005.90

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	Implementation of strategies to reduce tobacco use (Example of evidence based models: SR's (Relevance, Risks, Rewards, Roadblocks, Repetition) for patients not ready to quit; Ottawa Model; Freedom From Smoking Curriculum- American Lung Association among others)
M1-160	Follow-Up After Hospitalization for Mental Illness	Other - Increase access to continuity of care to services by utilizing a mental health practitioner to complete the 7 and 30-day follow-up.
M1-287	Documentation of Current Medications in the Medical Record	Implementation of a medication management program that serves patients across the continuum of care
M1-317	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	Provision of care aligned with Certified Community Behavioral Health Clinic (CCBHC) model
M1-319	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (eMeasure)	Provision of care aligned with Certified Community Behavioral Health Clinic (CCBHC) model

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

Yes

Section 5: Category D Valuations

Statewide Reporting for CMHCs

Measure	Category D valuation per DY distributed across measures (if regional hospital participation requirement is met)	Category D valuation per DY distributed across measures (if regional hospital participation requirement is not met)
Effective Crisis Response	\$119,329.62	\$39,776.54
Crisis Follow up	\$119,329.62	\$39,776.54
Community Tenure (Adult and Child/Youth)	\$119,329.62	\$39,776.54
Reduction in Juvenile Justice Involvement	\$119,329.62	\$39,776.54
Adult Jail Diversion	\$119,329.62	\$39,776.54

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

Yes

Section 6: Certification

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

Name: Jeffrey Tunnell
 Performing Provider: Gulf Bend MHMR Center
 Date: 3/16/2018

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

PROVIDER RHP PLAN UPDATE TEMPLATE PROGRESS: **Template is COMPLETE!**

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

Provider Entry

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

Category B

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

Category C Selection

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

Category C Additional Details

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

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

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

Category D

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

IGT Entry

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

Summary and Certification

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