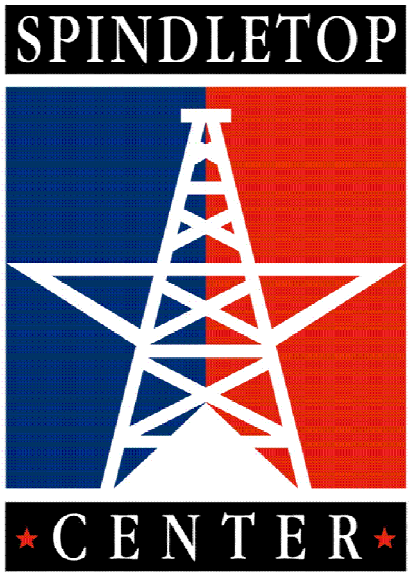

2018 Local Provider Network Development (LPND) Plan
Spindletop Center – Beaumont, Texas
Fiscal Years 2018 - 2019

2018 Local Provider Network Development (LPND) Plan

By April 30, 2018, complete and submit in **Word** format (**do not PDF**) to 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 2016 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: 2016 LMHA/LBHA Area and Population Stats (in the General Warehouse folder).*

***Population** **(July 1, 2016 population estimate)**	435,865	**Number of counties (total)**	4
Square miles	3,262	◆ **Number of urban counties**	4* *(TDHCA-2017 Index of Texas Counties)
Population density	133.619	◆ **Number of rural counties**	0

*Source: https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml

Major populations centers (add additional rows as needed):

Name of City	Name of County	City Population	County Population	County Population Density	County Percent of Total Population
Anahuac	Chambers	2,339	39,899	45.808	9.154%
Winnie	Chambers	3,254	39,899	45.808	9.154%
Lumberton	Hardin	12,594	56,322	62.719	12.922%
Silsbee	Hardin	6,735	56,322	62.719	12.922%
Beaumont	Jefferson	118,299	254,679	228.822	58.431%
Port Arthur	Jefferson	55,427	254,679	228.822	58.431%
Bridge City	Orange	8,165	84,964	223.589	19.493%
Orange	Orange	19,418	84,964	223.589	19.493%

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) 2017 data.*
   a) *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).*
   b) *For residential programs, list the total number of beds and total discharges (all clients).*
   c) *For other services, identify the unit of service (all clients).*
   d) *Estimate the FY 2018 service capacity. If no change is anticipated, enter the same information as Column A.*
   e) *State the total percent of each service contracted out to external providers in 2017. In the sections for Complete Levels of Care, do not include contracts for discrete services within those levels of care when calculating percentages.*

	FY 2017 service capacity (non-Medicaid only)	**Estimated FY 2018 service capacity (non-Medicaid only)**	**Percent total non-Medicaid capacity provided by external providers in FY 2017***
Adult Services: Complete Levels of Care			
Adult LOC 1m	0	0	0
Adult LOC 1s	1,116	1,400	0
Adult LOC 2	20	20	0
Adult LOC 3	78	85	0
Adult LOC 4	47	50	0
Adult LOC 5	21	21	0
Adult TAY	0	5	0

Child and Youth Services: Complete Levels of Care	**FY 2017 service capacity (non-Medicaid only)**	**Estimated FY 2018 service capacity (non-Medicaid only)**	**Percent total non-Medicaid capacity provided by external providers in FY 2017***
Children's LOC 1	10	10	0
Children's LOC 2	64	67	0

Children's LOC 3	52	55	0
Children's LOC 4	1	2	0
Children's CYC	6	6	0
Children's LOC 5	0	0	0

Crisis Services	**FY 2017 service capacity**	**Estimated FY 2018 service capacity**	**Percent total capacity provided by external providers in FY 2017***
Crisis Hotline	1,814	1,820	100%
Mobile Crisis Outreach Team	3,265	3,500	0
Crisis Residential	16 Beds – 402 DC	16 Beds – 420 DC	100%
Crisis Respite	2 Beds – 214 DC	3 Beds – 260 DC	100%
Crisis Stabilization Unit	10 Beds – 370 DC	10 Beds – 370 DC	0
48-Hour Extended Observation	2,551	2,600	100%
9-Bed Private Psychiatric Unit	9 Beds – 332 DC	9 Beds – 350 DC	100%

4) *List **all** of your FY 2017 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.*
   a) *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").*
   b) *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.).*

Provider Organizations	**Service(s)**
Harris Center for Mental Health / IDD	Crisis Hotline
The Wood Group (TWG Investments)	Crisis residential and peer run crisis respite
The Medical Center of Southeast Texas	48-Hour extended observation and 9-bed private psychiatric unit

Beaumont Baptist Hospital	48-Hour extended observation
East Texas Behavioral Healthcare Network (ETBHN)	Telemedicine Psychiatry / LPC Services and Regional Network Pharmacy
Jackson & Coker	*Locum Tenens* Psychiatry Services
Accutox Laboratory	Laboratory Test Services
Trinity Family Mentoring, LLC	Youth Empowerment Services (YES) Waiver – Employment screening / hiring of staff to provide paraprofessional services, community living support, respite services in and out of home, family support services for child (age 3-18) consumers with MH diagnoses
Stable Spirits	Youth Empowerment Services (YES) Waiver – Animal assistive therapy for child (age 3-18) consumers with MH diagnoses
Painting With a Twist	Youth Empowerment Services (YES) Waiver – Adaptive Aids and Support for child (age 3-18) consumers with MH diagnoses
Beaumont Recreational Education Complex	Youth Empowerment Services (YES) Waiver – Art, Music, & Recreational Therapy, and paraprofessional services for child (age 3-18) consumers with MH diagnoses
Texas Karate Academy	Youth Empowerment Services (YES) Waiver – Adaptive Aids and Support for child (age 3-18) consumers with MH diagnoses
Equine Therapy	Youth Empowerment Services (YES) Waiver – Animal assistive therapy for child (age 3-18) consumers with MH diagnoses
Harvest House	Youth Empowerment Services (YES) Waiver – Outreach, awareness, mentoring, prevention, mobilization, & residential care for victims age 8-14 of sexual trafficking
Tiger Rock Martial Arts	Youth Empowerment Services (YES) Waiver – Adaptive Aids and Support for child (age 3-18) consumers with MH diagnoses
Barnes & Noble Bookstore	Youth Empowerment Services (YES) Waiver – Adaptive Aids and Support for child (age 3-18) consumers with MH diagnoses

Individual Practitioners	**Service(s)**
Gayla Young, DFPS licensed child	Youth Empowerment Services (YES) Waiver – Out of home respite services for child

placement agency	(age 3-18) consumers with MH diagnoses
Ramona Stewart, DFPS licensed child placement agency	Youth Empowerment Services (YES) Waiver – Out of home respite services for child (age 3-18) consumers with MH diagnoses

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).*

◆ Participate in ETBHN regional efficiencies projects, including the regional pharmacy, regional telemedicine psychiatry and LPC services, regional procurement bidding for computer hardware for member centers
◆ Contracted with human resources benefits broker to find opportunities to enhance employee benefits while also reducing administrative expenses related to managing employee benefits
◆ Implemented a staff reduction in force to eliminate an executive management team position and reorganize staff functions
◆ Reviewed and assessed computer hardware equipment procurement process to maximize bidding results for the Center
◆ Invested in new Dynamics GP payroll software system
◆ Upgrade automated staff evaluation system to enhance efficiency and reduce paperwork
◆ Upgraded external Internet service providers to ensure redundancy in case of service outage
◆ Submitted for and received federal Meaningful Use funding to maintain and enhance electronic records system
◆ Upgraded file sharing for electronic health exchange with Baptist Hospital to provide a new external patient portal to support discharge planning and continuity of care planning with the Center
◆ 4-county telemedicine continues upgraded and enhanced within the local county jail systems
◆ Developing plan to provide telemedicine psychiatric services in all 4 county jails
◆ Automated Center billing through insurance carriers for services provided to consumers
◆ Centralized SharePoint file sharing & converted paper records into electronic medical records
◆ Participated in regionalized utilization management of services
◆ Continue regional wide area network with 10 other member centers of ETBHN
◆ Joined regional HHSC funded veterans service initiative managed by the City of Houston
◆ Continue to support and participate with ETBHN regional planning and network advisory committee (RPNAC)
◆ Continue to consolidate staff functions when Center staff resign or retire

◆ Participated in regional ETBHN purchasing functions for regular operational supplies
◆ Continued monitoring of productivity standards and measures for clinical staff
◆ Implemented standardized office design and equipment material
◆ Implemented a managed care steering team to focus on internal policy and procedures, and quality assurance related to revenue cycle management

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.*

Start Date	Partner(s)	Functions
9/1/2011	East Texas Behavioral Healthcare Network (ETBHN) member LMHAs	Regional pharmacy, regional telemedicine psychiatry and LPC services, regional computer procurement bidding
9/1/2011	East Texas Behavioral Healthcare Network (ETBHN) member LMHAs	Regional utilization management Regional file sharing Regional medical records conversion Regional pharmacy Regional audio/video teleconferencing
4/14/2014	Tejas Behavioral Health Services	Provides behavioral service reports for managed care providers that are used to authorize service delivery

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.

◆ Spindletop Center already contracts with existing providers of crisis services.
◆ Spindletop Center already contracts with all available local providers of inpatient behavioral healthcare.
◆ Center reached out via e-mail, telephone conversations, and face-to-face conversations to current hospital provider of private psychiatric and crisis beds to consider reducing number of beds based on hospital performance.
◆ Center reached out via e-mail, telephone conversations, and face-to-face conversations to another local hospital to consider offering private psychiatric and crisis beds.
◆ Center held telephone meetings with private provider businesses to discuss their level of interest in possibly contracting for services. ◆ Center posted at its extranet home page a public link to the draft LPND planning document.
◆ Center posted at its extranet home page a public link to the final version of the LPND planning document.
◆ Center made telephone contacts with providers to inform them of the LPND planning document and to discuss their interest in possibly procuring services.
◆ Providers invited to attend Center Local Planning and Network Development advisory council meetings, and providers are included as members of this advisory council.
◆ Center presently has 2 contracts with private psychiatrists to provide services to consumers, and in the past the number of contract psychiatrists has varied from 6 – 8 – now numbers 2
◆ Center posts public notices of all governing board meetings.
◆ When the YES waiver funding stream became available, the Center made extensive personal contacts with possible providers in the community to determine interest in providing services to children
◆ Center staff had awareness of availability of existing possible providers, staff held meetings with providers, distributed surveys to children of their interest in possible YES waiver services, staff distributed flyers in the community to solicit interest in possibly providing YES waiver services

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 2016 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, 2018.* ***Note:*** *Do not finalize your provider availability assessment or post the LPND plan for public comment before March 1, 2018.*

- *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.*

Provider	**Source of Identification**	**Summary of Follow-up Meeting or Teleconference**	**Assessment of Provider Availability, Services, and Capacity**
Beaumont Baptist Hospital	Current Contract	In FY 2016, Medical Center began contract for 9-bed private psychiatric services; Hospital performance resulted in less use of the contracted beds than was originally projected; Spindletop held email, telephone and face-to-face conversations with hospital staff; Hospital agreed to reduce the number of contracted beds; Center contacted via email, telephone and face-to-face meetings Beaumont Baptist Hospital to offer remaining beds; Center negotiated with Beaumont Baptist Hospital to operate the a portion of the beds.	Private psychiatric beds Total Capacity is 9 beds; Beaumont Baptist Hospital agrees to contract for 3 beds.
The Medical Center of Southeast Texas	Current Contract	In FY 2016, Medical Center began contract for 9-bed private psychiatric services; Hospital performance resulted in less use of the contracted beds than was originally projected; Spindletop held email, telephone and face-to-face conversations with hospital staff; Hospital agreed to reduce the number of contracted beds; Center contacted via email, telephone and face-to-face meetings Beaumont Baptist Hospital to offer remaining beds; Center negotiated with Beaumont Baptist Hospital to operate the a portion of the beds.	Private psychiatric beds Total Capacity is 9 beds; Medical Center agrees to contract for 6 beds.
Baptist Beaumont Hospital	HHSC provider	Upon receiving the provider inquiry form from HHSC on 2/12/18, Center representative emailed the identified	Baptist Hospital does not currently have outpatient services to provide

	inquiry form	persons from Baptist Hospital; A meeting was held between hospital staff and Center staff on 2/15/18 to discuss hospital's interest; Hospital staff stated they are not currently interested or capable of providing full level of care services, rather the hospital staff stated they wish to provide a discreet service to patients discharging from hospital with a referral to Center for outpatient care; During a second meeting between hospital staff and Center staff on 3/15/18, hospital staff stated that they are interested in providing full level of care services to adults and children with the exception of ACT services, intensive case management and wrap-around services. On April 9, 2018, Baptist Hospital sent an email communication to Spindletop stating that after further consideration they are withdrawing their interest in procurement of LOC services at this time.	full levels of care to Spindletop Center adult or child clients in any of the LOCs at 100% capacity or below, but they are in the planning process for adding an outpatient component to their service system.

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**

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	
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	
3) Are any of the procurements limited to certain counties within the local service area?		X	
4) Is there a limitation on the number of providers that will be accepted for any of the procurements?		X	

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

Capacity Development

12) *In the table below, document your procurement activity since the submission of your 2016 LPND Plan. Include procurements implemented as part of the LPND plan and any other procurements 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)
FY 2016	Private psychiatric beds (inpatient psychiatric services, 100% capacity, 4-county catchment)	In FY 2016, Medical Center began contract for 9-bed private psychiatric beds; Hospital performance resulted in less use of the contracted beds than was originally projected; Hospital agreed to reduce the number of contracted beds – Center contacted Beaumont Baptist Hospital to offer remaining beds; As of 3/1/2018, Medical Center will contract for 6 beds and Baptist will contract for 3 beds.

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.

Date	PNAC Activity and Recommendations
2/21/2018	Reviewed procurement plans with local Mental Health Planning and Advisory Committee in preparation for upcoming procurement cycle – Committee recommended continuation of current efforts
4/18/2018	Reviewed with East Texas Behavioral Healthcare Network (ETBHN) Regional Planning and Network Advisory Committee prior LPND plan and possible upcoming new plan components, current contracts for services, and interest in community for possible procurement of services – Committee noted that ETBHN continues to participate in Center's administrative efficiencies and recommended continuation of all current efforts.

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, 2018.
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		

COMPLETE AND SUBMIT ENTIRE PLAN TO performance.contracts@dshs.state.tx.us by April 30, 2018.

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, 85th 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)