

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: **080368601 - Coastal Plains Community MHMR Center**

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

Ownership: **Non-State Owned Public**

TIN: **17429191780000**

Physical Street Address: **200 Marriott Dr.**

City: **Portland**

Zip: **78374**

Primary County: **San Patricio**

Additional counties being served (optional):

Aransas	Brooks	Duval	Bee
Jim Wells	Kleberg	Kenedy	Live Oak

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:	Mark Durand	Christine Johnson	Leo Trejo
Street Address:	200 Marriott Drive	200 Marriott Drive	200 Marriott Drive
City:	Portland	Portland	Portland
Zip:	78374	78374	78374
Email:	mdurand@coastalplainsctr.org	cjohnson@coastalplainsctr.org	ltrejo@coastalplainsctr.org
Phone Number:	361-777-3991	361-777-3991	361-777-3991
Phone Extension:			
Lead Contact or Both:	Both	Both	Both

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

Section 3: Optional Withdrawal from DSRIP

Please select an option below. By selecting "Yes - Withdraw from DSRIP," this organization acknowledges it understands that any 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: **Coastal Plains Community Center (CPCC) is a rural Center that provides behavioral health and primary care services to a nine county area. Coastal Plains Community Center operates 7 clinics that provide integrated primary care and substance abuse services. We contract with two providers: Community Action Corporation of South Texas (CACOST) and Coastal Bend Wellness Foundation (CBWF) to provide our Primary Care services. We contract with two providers for the Substance abuse services. Those providers are The Council on Alcohol and Drug Abuse (COADA) and United Connections Counseling (UCC). Coastal Plains Community Center has been providing integrated care for over six (6) years now and has achieved all its' DSRIP measures each year.**

Overall DSRIP Goals: **A primary goal for Coastal Plains Community Center is to continue our Integrated Healthcare program. This program has had a significant impact on assisting patients moved toward recovery. Our Center hopes to achieve sustainability of this program through continued collaboration with our service providers and stakeholders, and developing strategies to help with funding. We will continue to focus on providing services to the MLU population which we primarily serve and plan to use a regional funding allocation to ensure our clients have transportation to participate in our services.**

Alignment with regional community needs assessment: **Coastal Plains Community Center's DSRIP goals align with the regional community needs. In our rural community access to care has been difficult for residents of our nine (9) county area since the majority of individuals attempting to access care are either low income or uninsured. As for those who are insured it has also been difficult to access care due to the shortage of physicians and specialty care in our area. As a result most of these individuals end up in an emergency room to assist with basic care. Transportation is another barrier for individuals in rural communities since there are no public transit services available. CPCC offers integrated care to all eligible individuals in our nine county area which includes assistance with transportation, specialty care, crisis services, primary care, and assistance with addictions. CPCC also has a patient assistance program (pap) in place to also assist individuals who can't afford their medications.**

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 not met	
	DY7	DY8	DY7	DY8
RHP Plan Update Submission	\$738,802.00	\$0.00	\$738,802.00	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$369,401.00	\$369,401.00	\$369,401.00	\$369,401.00
Category C	\$2,031,705.50	\$2,770,507.50	\$2,401,106.50	\$3,139,908.50
Category D	\$554,101.50	\$554,101.50	\$184,700.50	\$184,700.50
Total	\$3,694,010.00	\$3,694,010.00	\$3,694,010.00	\$3,694,010.00

Would you like to decrease the total valuation?
No

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

Please enter the updated increased total valuation per DY.
\$3,834,010.00

	Adjusted 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	\$766,802.00	\$0.00	\$766,802.00	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$383,401.00	\$383,401.00	\$383,401.00	\$383,401.00
Category C	\$2,108,705.50	\$2,875,507.50	\$2,492,106.50	\$3,258,908.50
Category D	\$575,101.50	\$575,101.50	\$191,700.50	\$191,700.50
Total	\$3,834,010.00	\$3,834,010.00	\$3,834,010.00	\$3,834,010.00

Original MPT: **7**

Adjusted MPT based on updated valuation: **8**

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



DY7-8 Provider RHP Plan Update Template - Category B

Progress Tracker

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

Performing Provider Information

RHP:	4
TPI and Performing Provider Name:	080368601 - Coastal Plains Community MHMR Center
Performing Provider Type:	Community Mental Health Center (CMHC)
Ownership:	Non-State Owned Public
Category B valuation in DY7:	\$383,401.00
Category B valuation in DY8:	\$383,401.00

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.
 Coastal Plains Community Center (CPCC) provides targeted casemanagement, intensive casemanagement, respite, community living supports, psychosocial rehabilitation, individual skills training, crisis, peer supports, and veterans' services to eligible individuals in their homes. Coastal Plains has seven (7) integrated clinics where direct service providers report to as their worksite before heading out to provide home-based services. All data provided by all Center staff is recorded in Coastal Plains' electronic health record.

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

Please enter a description of this System Component.
 CPCC provides psychiatric evaluations, medication education, navigation, counseling, intake/screening, targeted casemanagement, intensive casemanagement, community living supports, individual/group psychosocial rehabilitation, individual/group skills training, crisis, individual/group peer supports, and veterans' services to eligible individuals. Coastal Plains has seven (7) integrated clinics where direct service providers meet with individuals enrolled into services. In addition, Coastal Plains contracts with primary care and substance abuse providers to deliver these services in all of its' seven (7) locations. All data provided by all Center staff is recorded in Coastal Plains' electronic health record.

Community Mental Health Centers - Optional Components

Optional System Component	Would you like to select this component?
Hospital	No
Contracted Clinic	No
School-based Clinic	No
Contracted Inpatient Beds	No
State-funded Community Hospital	No
Community Institution for Mental Disease (IMD)	No
General Medical Hospital	No
State Mental Health Facility	No
State Mental Retardation Facility	No
Other	No

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

	DY5	DY6
MIU PPP	4,835	5,154
Total PPP	5,918	6,282

Please indicate the population included in the MIU 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)	

MIU PPP Goal for each DY (DY7 and DY8):	4,995
Average Total PPP	6,100
MIU percentage of Total PPP	81.88%

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

Would you like the MIU PPP Goal to be based on DY5 or DY6 only (as opposed to the average)?	No
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DY7-9 Provider BHP Plan Update Template - Category C Selection

Progress Tracker		MPT	
Section 2: Selection Overview (EMHC) and UDS only	Complete	Points Selected	0
Section 3: Selection of Measures for Community Mental Health Centers	Complete	Measures Selected	0
Minimum Selection Requirements Met	Yes	Clinical Outcome Selected	0
MPT Met	Yes	All Next 3 measures selected	0

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

Performing Provider Information	
RHP:	00000000 - Coastal Plains Community MHRM Center
TR and Performing Provider Name:	Coastal Plains Community MHRM Center
Performing Provider Type:	Non-State Owned Public
Ownership:	

Regional private hospital participation requirement is met	Category C evaluation in DY7:	02,038,705.00
Regional private hospital participation requirement is not met	Category C evaluation in DY8:	02,875,527.00
Regional private hospital participation requirement is not met	Category C evaluation in DY7:	02,482,106.00
Regional private hospital participation requirement is not met	Category C evaluation in DY8:	02,253,908.00

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 tab

Section 1: Attributed Population

Attributed Population for Community Mental Health Center (CMHC)

All individuals from the OSRP 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 (clinics, facilities) that will be used to report on and drive improvement in selected measures.

Coastal Plains Community Center has selected measures in areas that are relevant to the population we serve. We have focused on measures where we have seen past success and an increase in positive client outcomes. The primary system component to be used will be our 7 clinic sites. Our primary care navigators have been certified in tobacco cessation training and can provide that service in our clinics. Also located in our clinics are contracted substance abuse providers to which we can refer clients identified as unhealthy alcohol users. In addition, our Center will continue to contract with two (2) primary care providers that will provide these services to all eligible clients in our nine (9) county area. The measures selected align with our identified regional community need for accessible primary care and the primary OSRP goal of serving the MLU population. Our success in the selected measure areas will allow our center to continue to have a positive impact on the clients we serve through our integrated healthcare program.

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		M1-108	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (AET)	Clinical Outcome	3	0
No		M1-103	Controlling High Blood Pressure	Clinical Outcome	3	0
Yes	MLU denominator with significant volume	M1-105	Preventive Care & Screening: Tobacco Use: Counseling & Cessation Intervention	Process	1	0
Yes	MLU denominator with significant volume	M1-115	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (≥9.0%)	Clinical Outcome	1	0
No		M1-124	Medication Reconciliation Post-Discharge	Process	1	0
No		M1-125	Independent Medication Management (IMM-SD)	Clinical Outcome	3	0
No		M1-146	Screening for Clinical Depression and Follow-Up (SD-AD)	Process	1	0
Yes	MLU denominator with significant volume	M1-147	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Process	1	0
No		M1-150	Follow-Up After Hospitalization for Mental Illness	Clinical Outcome	3	0
No		M1-165	Depression Remission at Twelve Months	Clinical Outcome	3	0
No		M1-180	Adherence to Antipsychotics for Individuals with Schizophrenia (SA-AD)	Clinical Outcome	1	0
No		M1-181	Depression Response at Twelve Months: Progress Towards Remission	Clinical Outcome	3	0
No		M1-182	Preventive Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SD-AD)	Process	1	0
No		M1-203	Hepatitis C One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk	Process	1	0
No		M1-205	Third next available appointment	Process	1	0
No		M1-207	Substance use: 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 Health/ Substance Abuse 30-Day Readmission Rate	Clinical Outcome	3	0
No		M1-241	Decrease in mental health admissions and readmissions to criminal justice settings (such as jails or prisons)	Clinical Outcome	1	0
No		M1-255	Follow-up Care for Children Prescribed ADHD Medication (ADHD)	Clinical Outcome	1	0
No		M1-256	Initiation of Depression Treatment	Process	1	0
No		M1-257	Care Planning for Dual Diagnosis	Process	1	0
No		M1-259	Assignment of Primary Care Physician to Individuals with Schizophrenia	Process	1	0
No		M1-260	Annual Physical Exam for Persons with Mental Illness	Process	1	0
No		M1-261	Assessment for Substance Abuse Problems of Psychiatric Patients	Process	1	0
No		M1-262	Assessment of Risk to Self/ Others	Process	1	0
No		M1-263	Assessment for Psychosocial Issues of Psychiatric Patients	Process	1	0
No		M1-264	Vocational Rehabilitation for Schizophrenia	Process	1	0
No		M1-265	Housing Assessment for Individuals with Schizophrenia	Process	1	0
No		M1-266	Independent Living Skills Assessment for Individuals with Schizophrenia	Process	1	0
No		M1-280	Stimulus Screening of Women (CAL)	Process	1	0
No		M1-286	Depression Remission at Six Months	Clinical Outcome	3	0
No		M1-287	Documentation of Current Medication in the Medical Record	Process	1	0
No		M1-305	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRM-CAL)	Process	1	0
No		M1-306	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (SRM-CAL)	Process	1	0
Yes	MLU denominator with significant volume	M1-317	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	Process	1	0
No		M1-319	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (SRM-ADULT)	Process	1	0
No		M1-339	Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge SUB-3 / Alcohol and Other Drug Use Disorder Treatment at Discharge SUB-3a	Process	1	0
No		M1-340	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 assessment period	Process	1	0
No		M1-341	Substance use disorders: Percentage of patients aged 18 years and older with a diagnosis of current alcohol dependence who were counseled regarding psychosocial AND pharmacologic treatment options for alcohol dependence within the 12 month assessment period	Process	1	0
No		M1-342	Time to Initial Evaluation: Evaluation within 10 Business Days	Process	1	0
No		M1-385	Assessment of Functional Status or QoL (Modified from NHR QSOQ/SL24)	Quality of Life	1	0
No		M1-386	Improvement in Functional Status or QoL (Modified from QSOQ #413)	Quality of Life	1	0
No		M1-387	Reduce Emergency Department visits for Behavioral Health and Substance Abuse (Reported at Two Rates)	Clinical Outcome	3	0
No		M1-390	Time to Initial Evaluation: 30-Day Day to Evaluation	Process	1	0
No		M1-400	Tobacco Use and Help with Quitting Among Subscribers	Process	1	0
No		M1-405	Severe Disorder and Major Depression: Approval for alcohol or chemical substance use	Process	1	0

Total overall selected points: 0

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	No	No	No
M1-115	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	CY2017: January 1, 2017 - December 31, 2017	No	No	No
M1-147	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	CY2017: January 1, 2017 - December 31, 2017	No	No	No
M1-317	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	CY2017: January 1, 2017 - December 31, 2017	No	No	No

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:	080368601 - Coastal Plains Community 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:	\$2,108,705.50
	Category C valuation in DY8:	\$2,875,507.50
If regional hospital participation requirement is not met	Category C valuation in DY7:	\$2,492,106.50
	Category C valuation in DY8:	\$3,258,908.50

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 not 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	25.00%	18.75%	25.00%	\$527,176.38	\$718,876.88	\$623,026.63	\$814,727.13
M1-115	MLIU denominator with significant volume	3	25.00%	18.75%	31.25%	\$527,176.38	\$718,876.88	\$623,026.63	\$814,727.13
M1-147	MLIU denominator with significant volume	1	25.00%	18.75%	25.00%	\$527,176.38	\$718,876.88	\$623,026.63	\$814,727.13
M1-317	MLIU denominator with significant volume	2	25.00%	18.75%	25.00%	\$527,176.36	\$718,876.86	\$623,026.61	\$814,727.11
Total	N/A	8	100.00%	N/A	N/A	\$2,108,705.50	\$2,875,507.50	\$2,492,106.50	\$3,258,908.50
	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

DY7-8 Provider RHP Plan Update Template - Category A Core Activities

Progress Tracker

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

Performing Provider Information

RHP:	4
TPI and Performing Provider Name:	080368601 - Coastal Plains Community MH/MR Center
Performing Provider Type:	Community Mental Health Center (CMHC)
Ownership:	Non-State-Owned Public

Section 1: Transition from DY2-6 Projects to DY7-8 Provider-Level Outcomes and Core Activities

DY6 Project ID	Project Option	Project Summary	Completed/Continuing	Enter a description for continuation (optional)
RHP_4_080368601.2.1	2.15.1	Partner with 2 non-profit organizations, the FQHC and the Council on Alcohol and Drug Abuse, to integrate primary healthcare and substance abuse services at 5 Behavioral/Mental Health Clinics using the 4-Quadrant Model.	Continuing as Core Activity in DY7-8	Coastal Plains plans to continue to contract with two (2) primary care providers and two (2) substance abuse providers for its' nine (9) county area.

Section 2: 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 enter a description of this Core Activity

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

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

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

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

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

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

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

c) Please select the Measure Bundles or measures impacted by this Core Activity. If this core activity is not associated with any measure bundles or measures, please select "None" in the first dropdown.

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

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

2) Please select the grouping for this Core Activity.

a) Please select the name of this Core Activity.

b) Please enter a description of this Core Activity

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

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

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

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

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

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

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

c) Please select the Measure Bundles or measures impacted by this Core Activity. If this core activity is not associated with any measure bundles or measures, please select "None" in the first dropdown.

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

d) Is this Core Activity provided by a provider that is not included in the Category B 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:	080368601 - Coastal Plains Community 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	\$575,101.50
	Category D valuation in DY8	\$575,101.50
If regional hospital participation requirement is not met	Category D valuation in DY7	\$191,700.50
	Category D valuation in DY8	\$191,700.50

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	\$115,020.30	\$38,340.10
Crisis Follow up	\$115,020.30	\$38,340.10
Community Tenure (Adult and Child/Youth)	\$115,020.30	\$38,340.10
Reduction in Juvenile Justice Involvement	\$115,020.30	\$38,340.10
Adult Jail Diversion	\$115,020.30	\$38,340.10

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:	
TPI and Performing Provider Name:	080368601 - Coastal Plains Community MHRM 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	Coastal Plains Community MHRM Center	N/A	17429191780000	100-13-0000-00065

Contact #	Contact Name	Street Address	City	Zip	Email	Phone Number	Phone Extension	Lead Contact or Both
1	Mark Durand	300 Marriott Drive	Portland	78374	mdurand@coastalplainsmhrm.org	853.777.9091		both
2								
3								

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

Section 2: IGT Funding

RHP Plan Update Submission	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 42.12)	Total Estimated DY8 Allocation (FMAP 57.32/IGT 42.68)	Total Estimated DY7 Allocation (FMAP 56.88/IGT 42.12)	Total Estimated DY8 Allocation (FMAP 57.32/IGT 42.68)
Category B	Coastal Plains Community MHRM Center	17429191780000	100-13-0000-00065	100.00%	100.00%	\$330,645.02	\$169,635.55	\$330,645.02	\$169,635.55
M2-105	Coastal Plains Community MHRM Center	17429191780000	100-13-0000-00065	100.00%	100.00%	\$227,318.46	\$306,816.65	\$268,649.08	\$347,725.54
M2-115	Coastal Plains Community MHRM Center	17429191780000	100-13-0000-00065	100.00%	100.00%	\$227,318.46	\$306,816.65	\$268,649.08	\$347,725.54
M2-147	Coastal Plains Community MHRM Center	17429191780000	100-13-0000-00065	100.00%	100.00%	\$227,318.46	\$306,816.65	\$268,649.08	\$347,725.54
M2-217	Coastal Plains Community MHRM Center	17429191780000	100-13-0000-00065	100.00%	100.00%	\$227,318.46	\$306,816.65	\$268,649.08	\$347,725.54
Category D	Coastal Plains Community MHRM Center	17429191780000	100-13-0000-00065	100.00%	100.00%	\$247,988.77	\$245,453.32	\$83,661.26	\$81,817.77
Total						\$1,653,225.11	\$1,636,355.47	\$1,653,225.11	\$1,636,355.47

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:	Dwaine B. Traylor
IGT Organization:	Coastal Plains Community MHRM Center
Date:	3/6/2018

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

Progress Tracker

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

Complete
 Complete
 Complete
 Complete
 Complete
 Complete

Performing Provider Information

RHP:	1
TPJ and Performing Provider Name:	280368602 - Coastal Plains Community MHRM Center
Performing Provider Type:	Community Mental Health Center (CMHC)
Ownership:	Non-State Owned Public

Section 1: DY7-8 DSRIP Valuation

	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	\$766,802.00	\$0.00	\$766,802.00	\$0.00
Category A	\$0.00	\$0.00	\$0.00	\$0.00
Category B	\$383,401.00	\$383,401.00	\$383,401.00	\$383,401.00
Category C	\$2,108,705.50	\$2,875,507.50	\$2,492,106.50	\$3,258,908.50
Category D	\$576,403.50	\$576,403.50	\$576,403.50	\$576,403.50
Total	\$3,824,912.00	\$3,824,912.00	\$3,824,912.00	\$3,824,912.00

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)

	MLIU PPP	Total PPP	MLIU Percentage of Total PPP
DY5	4,935	5,918	83.39%
DY6	5,154	6,282	82.04%
DY7 Estimated	4,935	6,100	81.08%
DY8 Estimated	4,935	6,100	81.08%

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	0	0	2	\$527,176.34	\$718,876.88	\$623,026.63	\$814,727.13
M1-115	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	0	0	0	3	\$527,176.34	\$718,876.88	\$623,026.63	\$814,727.13
M1-147	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	0	0	0	1	\$527,176.34	\$718,876.88	\$623,026.63	\$814,727.13
M1-317	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	0	0	0	2	\$527,176.34	\$718,876.88	\$623,026.63	\$814,727.13
Total	N/A	0	0	0	8	\$2,108,705.50	\$2,875,507.50	\$2,492,106.50	\$3,258,908.50

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	Office-based additional treatment for uninsured individuals
M1-115	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	Integrated physical and behavioral health care services
M1-147	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Integrated physical and behavioral health care services
M1-317	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	Office-based additional treatment for uninsured individuals

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	\$115,000.00	\$38,340.10
Crisis Follow-up	\$115,000.00	\$38,340.10
Community Tenure (Adult and Child/Youth)	\$115,000.00	\$38,340.10
Reduction in Juvenile Justice Involvement	\$115,000.00	\$38,340.10
Adult Jail Diversion	\$115,000.00	\$38,340.10

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

Yes

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: Lesnell B. Trepo
 Performing Provider: Coastal Plains Community Center
 Date: 07/14/2018

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