

## TCMHCC CPWE Policy – HRI Feedback and Responses

Section	Original Language	Feedback	Updated Language/Explanation if No Change
3.2.1 Eligibility	<p>Eligible activities shall be patient-facing (in-person or telehealth) clinical services provided by the psychiatric residents (general, CAP, or other fellows) or an academic medical director to patients in an LMHA or community mental settings.</p> <p>Rotations <b>excluded</b> from CPWE funding include:</p> <ul style="list-style-type: none"> <li>• Rotations outside the State of Texas</li> <li>• Non-patient-facing activities such as reading electives, board-study, or research activities</li> <li>• Faculty academic time not directly related to CPWE</li> <li>• Observerships or shadowing activities involving no patient care by the resident</li> <li>• Any activity which, in the opinion of the CPWE Medical Director, is not in the spirit of the CPWE statute</li> </ul>	Our HRI puts a focus on quality improvement projects in our CPWE rotation. We would like more flexibility in the policy to allow for this.	<p>No change made.</p> <p>The policy does not prohibit QI projects from being part of rotations.</p>
3.2.1 Eligibility	Rotations and activities excluded from CPWE funding include:	The list is specific to rotation activities. Remove “activities” to be less redundant.	<p>Change made.</p> <p>Rotations excluded from CPWE funding include:</p>
3.2.3 Non-Compete	More than one HRI may collaborate with a single partner, provided that they coordinate their programs to enhance services for the partner overall and not engage in destructive competition.	Change “destructive” to “detrimental.”	<p>Change made.</p> <p>More than one HRI may collaborate with a single partner, provided that they coordinate their programs to enhance services for the partner</p>

			overall and not engage in <u>detrimental</u> competition.
3.2.4 Ending Partnerships	The partner can end a relationship at any time. If a partner ends a relationship with an HRI, the HRI shall notify the CPWE Medical Director within 15 days and discuss the reasons that the partner terminated the arrangement.	Most contracts require a 30-day notice of termination.  What is the process for notifying the CPWE Medical Director if prior notice is not feasible?	Changes made.  The partner can end a relationship at any time. If a partner ends a relationship with an HRI, the HRI shall notify the CPWE Medical Director within <u>30</u> days and discuss the reasons that the partner terminated the arrangement. <u>If prior notice of terminating the relationship is not feasible, the partner is expected to contact the HRI and CPWE Medical Director immediately.</u>
3.2.4 Ending Partnerships	If the HRI wants to end a partnership, the HRI shall notify the CPWE Medical Director at least 30 days prior to a termination letter to discuss the reasons the HRI wishes to terminate the relationship.	What is the process for notifying the CPWE medical director if prior notice is not feasible?	Change made.  If the HRI wants to end a partnership, the HRI shall notify the CPWE Medical Director at least 30 days prior to a termination letter to discuss the reasons the HRI wishes to terminate the relationship. <u>If a partnership needs to end abruptly, the HRI should notify the CPWE Medical Director immediately.</u>
3.3.1 Populations Served  4. Definitions	CPWE's mission is primarily to serve children and adolescents (youth). A youth is defined as someone between the ages of 0 and 20 years or a person with a mental age of less than 18 who is served in a mental health program for persons with developmental disabilities.  Youth: Someone between the ages of 0 and 20 years or a person with a mental age of less than 18 who is served in a mental health program for persons with developmental disabilities.	Consider changing the definition of youth to include accepted language about people with disabilities.	Changes made.  CPWE's mission is primarily to serve children and adolescents (youth). A youth is defined as someone between the ages of 0 and 20 years or a person <u>diagnosed with an intellectual disability.</u>  Youth: A youth is defined as someone between the ages of 0 and 20 years or a person <u>diagnosed with an intellectual disability.</u>

3.3 Services and Administration	N/A	Should HRI faculty time at the LMHA, which is used for direct patient care rather than supervision of residents, be mentioned as a funded service?	Change made. 3.3.2 Recording Time/LMHAs and 3.3.3 Finance and Billing already include mention of faculty time at the LMHA/time for direct service.  3.3.2 Recording Time/Community Mental Health Agencies was changed to include the following: <u>Metrics should include direct services performed by residents and by attendings.</u>
3.3.1 Populations Served	An individual who turns 21 years of age during the fiscal year shall be counted as both one adult and one child patient when calculating the number of patients served in the fiscal year. For monthly calculations of number of patients served, they shall be counted as either a child or an adult based on their age during that month.	How do we record a patient during the month of their 21 <sup>st</sup> birthday?	Change made.  An individual who turns 21 years of age during the fiscal year shall be counted as both one adult and one child patient when calculating the number of patients served in the fiscal year. For monthly calculations of number of patients served, they shall be counted as either a child or an adult based on their age during that month. <u>On the month of a youth's 21st birthday, they shall be counted as a youth before their birthday. On the day of and after their birthday, they shall be counted as an adult.</u>
3.3.2 Recording Time  3.3.3 Finance and Billing  4. Definitions	Non-LMHAs Each HRI shall arrange a method with their non-LMHA partner to collect all patient and visit count metrics.  LMHAs and community mental health partners may bill for the patient services provided by the academic medical director, either directly by the Medical Director or by the resident under their supervision, provided all applicable state and federal regulations for the billing of services by residents under faculty supervision are	Be consistent throughout the policy in reference to the partner type that is not LMHA partners.	Changes made.  <u>Community Mental Health Agencies</u> Each HRI shall arrange a method with their <u>community mental health agency</u> partner to collect all patient and visit count metrics.  LMHAs and community mental health <u>agency</u> partners may bill for the patient services provided by the academic medical director, either directly by the Medical Director or by the resident under their supervision, provided all applicable state and federal regulations for the billing of services by residents under faculty supervision are

	<p>followed by the LMHA or community mental health provider.</p> <p>Community Mental Health Provider: A business, agency, or entity that provides mental health services to children/adolescents in a local area.</p> <p>Community Psychiatry Workforce Expansion (CPWE): A TCMHCC-funded program that funds full-time academic psychiatrists as academic Medical Directors and new psychiatric resident rotation positions at facilities operated by community mental health providers.</p> <p>Partner: An LMHA or community mental health provider where a CPWE program exists.</p>		<p>followed by the LMHA or community mental health provider.</p> <p>Community Mental Health <u>Agency</u>: <u>A non-profit entity providing mental health services to children (it may provide additional services to adults), which serves Medicaid-eligible, underserved, and disadvantaged populations and has not been designated as an LMHA for any region in Texas.</u></p> <p>Community Psychiatry Workforce Expansion (CPWE): A TCMHCC-funded program that funds full-time academic psychiatrists as academic Medical Directors and new psychiatric resident rotation positions at facilities operated by <u>LMHAs and community mental health agencies</u>.</p> <p>Partner: An LMHA or community mental health <u>agency</u> where a CPWE program exists.</p>
3.3.3 Finance and Billing	LMHAs and community mental health agency partners may bill for the patient services provided by the Academic Medical Director, either directly by the Medical Director or by the resident under their supervision, provided all applicable state and federal regulations for the billing of services by residents are followed by the LMHA or community mental health provider.	Billing of services by residents requires faculty supervision.	LMHAs and community mental health agency partners may bill for the patient services provided by the academic medical director, either directly by the Medical Director or by the resident under their supervision, provided all applicable state and federal regulations for the billing of services by residents <u>under faculty supervision</u> are followed by the LMHA or community mental health provider.
3.3.3 Finance and Billing	For each 1.0 FTE of resident CPWE, the HRI may require that the resident spend up to 0.2 FTE in educational activities. The ratio of educational time to the total resident time shall not exceed 20% for the entire resident group funded by CPWE at an HRI.	Is there guidance about faculty time?	For each 1.0 FTE of resident CPWE, the HRI may require that the resident spend up to 0.2 FTE in educational activities. The ratio of educational time to the total resident time shall not exceed 20% for the entire resident group funded by CPWE at an HRI. <u>For each 1.0 of faculty CPWE, the HRI</u>

			<u>may allow the faculty to spend up to 0.1 FTE in professional development activities.</u>
4. Definitions	Other Workforce Expansion (OWE): TCMHCC-funded programs to expand training programs for non-psychiatry mental health professionals.	“Psychiatry” can include all mental health providers – physicians and non-physicians.	Change made.  Other Workforce Expansion (OWE): TCMHCC-funded programs to expand training programs for non- <u>physician</u> mental health professionals.
4. Definitions	Local Mental Health Authority: A regional community-based provider of mental and behavioral health services that is partially funded by governmental agencies.	Consider revising the definition to reference the statutory definition.	Change made.  Local Mental Health Authority: <u>An entity designated as an LMHA by the Health and Human Services Commission in accordance with Texas Health and Safety Code §533.035(a).</u>
4. Definitions	Mental and Behavioral Health Outpatient Warehouse: A data warehouse that standardizes reporting and analysis across the state-funded LMHA and LBHA service network.	Be clear about who oversees this.	Change made.  Mental and Behavioral Health Outpatient Warehouse: A data warehouse <u>overseen by the Texas Health and Human Services Commission</u> that standardizes reporting and analysis across the state-funded LMHA and LBHA service network.
4. Definitions	Community Mental Health Agency: A non-profit entity providing mental health services to children (it may provide additional services to adults), which serves Medicaid-eligible, underserved, and disadvantaged populations and has not been designated as an LMHA for any region in Texas.	Are FQHCs considered a Community Mental Health Agency?	Changes made. FQHCs may be considered a Community Mental Health Agency. HRIs should follow the policy regarding new partnerships if they have an interest in partnering with an FQHC.  Community Mental Health Agency: A non-profit entity providing mental health services to children (it may provide additional services to adults), which serves Medicaid-eligible, underserved, and disadvantaged populations and has not been designated as an LMHA for any region in Texas. <u>This may include Federally Qualified Health Centers (FQHCs).</u>

			<u>Federally Qualified Health Center: A community-based health care provider that receives funding from the federal government to offer comprehensive primary health care and behavioral health services to underserved populations.</u>
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