

# **Health and Human Services Commission Strategic Plan for 2021–2025 Part II**

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**As Required by**

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**TEXAS**  
**Health and Human  
Services**

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## Schedule A: Budget Structure

*This budget structure is taken from the Health and Human Services Commission (HHSC) Base Reconciliation as approved by the Office of the Governor and the Legislative Budget Board in July 2020.*

### Goal 1. Medicaid

Administer the state Medicaid system efficiently and effectively, using a comprehensive approach to integrate Medicaid client health services with other direct service delivery programs.

#### Objective 1.1. Acute Care Services (including STAR+PLUS Long-Term Care) for Full-Benefit Clients

Administer programs that provide medically necessary health care in the most appropriate, accessible, and cost-effective setting.

- Outcome 1.1.1. Average Medicaid and Children's Health Insurance Program (CHIP) Children Recipient Months per Month
- Outcome 1.1.2. Average Full Benefit Medicaid Recipient Months per Month
- Outcome 1.1.3. Average Monthly Cost per Full Benefit Medicaid Client (Including Drug and Long-Term Care)
- Outcome 1.1.4. Medicaid Recipient Months: Proportion in Managed Care
- Outcome 1.1.5. Average Number of Members Receiving Waiver Services through Managed Care
- Outcome 1.1.6. Average Number Members Receiving Nursing Facility Care through Managed Care
- Outcome 1.1.7: Average Number Served per Month: Medically Dependent Children Program

#### *Related Strategic Planning Goals*

**Strategic Planning (SP) Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Goal 4: Integrity, Transparency, and Accountability**

**SP Goal 5: Customer Service and Dynamic Relationships**

**Strategy 1.1.1 Aged and Medicare-Related Eligibility Group**

Provide medically necessary health care in the most appropriate, accessible, and cost-effective setting to aged and Medicare-related Medicaid-eligible persons.

- ▶ Efficiency 1.1.1.1. Average Aged and Medicare-Related Cost per Recipient Month
- ▶ Output 1.1.1.1. Average Aged and Medicare-Related Recipient Months per Month: Total

*Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.1:** Team Texas Health and Human Services (HHS)

SP Action Item 1.1.1: Recruitment and Retention

SP Action Item 1.1.2: Key Occupation Staffing

SP Action Item 1.1.3: System Culture

**SP Objective 1.2:** Technology and Innovation

SP Action Item 1.2.4: Data-Driven Decision Support

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.2:** Behavioral Health

SP Action Item 3.2.1: Community-Based Behavioral Health Care

SP Action Item 3.2.2: Medication-Assisted Treatment

SP Action Item 3.2.3 Certified Community Behavioral Health Clinics

**SP Objective 3.3:** Well-Being for People with Disabilities

SP Action Item 3.3.4: Overcoming Barriers to Transition

SP Action Item 3.3.5: Community-Based Waiver Programs

**SP Objective 3.4:** Independence and Well-Being for Older Adults and Their Families

SP Action Item 3.4.3: Older Adults with Developmental Disabilities

**SP Objective 3.5:** Women and Children

SP Action Item 3.5.4: Reproductive Health

SP Action Item 3.5.5: Childhood Immunizations

**SP Goal 4: Integrity, Transparency, and Accountability**

**SP Objective 4.1:** Medicaid Managed Care

SP Action Item 4.1.1: Ensuring Access to Providers

SP Action Item 4.1.2: Ensuring Access to Services

SP Action Item 4.1.3: Optimizing Managed Care Performance

**SP Objective 4.2:** Fraud Prevention, Detection, and Education

SP Action Item 4.2.1: Prevention of Fraud, Waste, and Abuse across the HHS System

SP Action Item 4.2.2: Detection of Fraud, Waste, and Abuse across the HHS System

**SP Goal 5: Customer Service and Dynamic Relationships**

**SP Objective 5.1:** Services and Supports

SP Action Item 5.1.3: Connecting Women to Services

**SP Objective 5.2:** Advisory Committee Engagement and Diversity

SP Action Item 5.2.1: Stakeholder Engagement

**Strategy 1.1.2. Disability-Related Eligibility Group**

Provide medically necessary health care in the most appropriate, accessible, and cost-effective setting for disability-related Medicaid-eligible adults and children.

- ▶ Efficiency 1.1.2.1. Average Disability-Related Cost per Recipient Month
- ▶ Output 1.1.2.1. Average Disability-Related Recipient Months per Month: Total

*Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.1:** Team Texas HHS

SP Action Item 1.1.1: Recruitment and Retention

SP Action Item 1.1.2: Key Occupation Staffing

SP Action Item 1.1.3: System Culture

**SP Objective 1.2:** Technology and Innovation

SP Action Item 1.2.4: Data-Driven Decision Support

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.3:** Well-Being for People with Disabilities

SP Action Item 3.3.7: Implementing Disability Services Action Plan

**SP Goal 4: Integrity, Transparency, and Accountability**

**SP Objective 4.1:** Medicaid Managed Care

SP Action Item 4.1.1: Ensuring Access to Providers

SP Action Item 4.1.2: Ensuring Access to Services

SP Action Item 4.1.3: Optimizing Managed Care Performance

**Strategy 1.1.3. Pregnant Women Eligibility Group**

Provide medically necessary health care in the most appropriate, accessible, and cost-effective setting for Medicaid-eligible pregnant women.

- ▶ Efficiency 1.1.3.1. Average Pregnant Women Cost per Recipient Month
- ▶ Output 1.1.3.1. Average Pregnant Women Recipient Months per Month

*Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.1:** Team Texas HHS

SP Action Item 1.1.1: Recruitment and Retention

SP Action Item 1.1.2: Key Occupation Staffing

SP Action Item 1.1.3: System Culture

**SP Objective 1.2:** Technology and Innovation

SP Action Item 1.2.4: Data-Driven Decision Support

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.5:** Women and Children

SP Action Item 3.5.4: Reproductive Health

**SP Goal 4: Integrity, Transparency, and Accountability**

**SP Objective 4.1:** Medicaid Managed Care

SP Action Item 4.1.1: Ensuring Access to Providers

SP Action Item 4.1.2: Ensuring Access to Services

SP Action Item 4.1.3: Optimizing Managed Care Performance

## **SP Goal 5: Customer Service and Dynamic Relationships**

### **SP Objective 5.1:** Services and Supports

SP Action Item 5.1.3: Connecting Women to Services

### **Strategy 1.1.4. Other Adults Eligibility Group**

Provide medically-necessary health care in the most appropriate, accessible, and cost-effective setting to adults who are principally income-level eligible (non-pregnant, non-Medicare, non-disability-related).

- ▶ Efficiency 1.1.4.1. Average Other Adults Cost per Recipient Month
- ▶ Output 1.1.4.1. Average Other Adults Recipient Months per Month

### *Related Strategic Planning Elements*

## **SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

### **SP Objective 1.1:** Team Texas HHS

SP Action Item 1.1.1: Recruitment and Retention

SP Action Item 1.1.2: Key Occupation Staffing

SP Action Item 1.1.3: System Culture

### **SP Objective 1.2:** Technology and Innovation

SP Action Item 1.2.4: Data-Driven Decision Support

## **SP Goal 4: Integrity, Transparency, and Accountability**

### **SP Objective 4.1:** Medicaid Managed Care

SP Action Item 4.1.1: Ensuring Access to Providers

SP Action Item 4.1.2: Ensuring Access to Services

SP Action Item 4.1.3: Optimizing Managed Care Performance

### **Strategy 1.1.5. Children Eligibility Group**

Provide medically necessary health care in the most appropriate, accessible, and cost-effective setting to newborn infants and Medicaid-eligible children who are not receiving Supplemental Security Income disability-related payments.

- ▶ Efficiency 1.1.5.1. Average Income-Eligible Children Cost per Recipient Month
- ▶ Efficiency 1.1.5.2. Average STAR Health Foster Care Children Cost per Recipient Month

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- ▶ Output 1.1.5.1. Average Income-Eligible Children Recipient Months per Month
- ▶ Output 1.1.5.2. Average STAR Health Foster Care Children Recipient Months per Month

*Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.1:** Team Texas HHS

SP Action Item 1.1.1: Recruitment and Retention

SP Action Item 1.1.2: Key Occupation Staffing

SP Action Item 1.1.3: System Culture

**SP Objective 1.2:** Technology and Innovation

SP Action Item 1.2.4: Data-Driven Decision Support

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.3:** Well-Being for People with Disabilities

SP Action Item 3.3.1: Supporting Children with Disabilities

**SP Objective 3.5:** Women and Children

SP Action Item 3.5.5: Childhood Immunizations

**SP Goal 4: Integrity, Transparency, and Accountability**

**SP Objective 4.1:** Medicaid Managed Care

SP Action Item 4.1.1: Ensuring Access to Providers

SP Action Item 4.1.2: Ensuring Access to Services

SP Action Item 4.1.3: Optimizing Managed Care Performance

**Strategy 1.1.6. Medicaid Prescription Drugs**

Provide prescription medication to Medicaid-eligible recipients as prescribed by their treating physician.

- ▶ Efficiency 1.1.6.1. Average Cost / Medicaid Recipient Month: Prescription Drugs

*Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.1:** Team Texas HHS

SP Action Item 1.1.1: Recruitment and Retention

SP Action Item 1.1.2: Key Occupation Staffing

SP Action Item 1.1.3: System Culture

**SP Objective 1.2:** Technology and Innovation

SP Action Item 1.2.4: Data-Driven Decision Support

**SP Goal 4: Integrity, Transparency, and Accountability**

**SP Objective 4.1:** Medicaid Managed Care

SP Action Item 4.1.1: Ensuring Access to Providers

SP Action Item 4.1.2: Ensuring Access to Services

SP Action Item 4.1.3: Optimizing Managed Care Performance

**Strategy 1.1.7. Texas Health Steps Early and Periodic Screening, Diagnosis and Treatment Dental**

Provide dental care in accordance with all federal mandates.

- ▶ Efficiency 1.1.7.1. Average Cost per Texas Health Steps Early and Periodic Screening, Diagnosis, and Treatment Dental Recipient Months per Month
- ▶ Output 1.1.7.1. Average Texas Health Steps Early and Periodic Screening, Diagnosis, and Treatment Dental Recipient Months per Month

*Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.1:** Team Texas HHS

SP Action Item 1.1.1: Recruitment and Retention

SP Action Item 1.1.2: Key Occupation Staffing

SP Action Item 1.1.3: System Culture

**SP Objective 1.2:** Technology and Innovation

SP Action Item 1.2.4: Data-Driven Decision Support

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.3:** Well-Being for People with Disabilities

SP Action Item 3.3.1: Supporting Children with Disabilities

**SP Goal 4: Integrity, Transparency, and Accountability**

**SP Objective 4.1:** Medicaid Managed Care

SP Action Item 4.1.1: Ensuring Access to Providers

SP Action Item 4.1.2: Ensuring Access to Services

SP Action Item 4.1.3: Optimizing Managed Care Performance

**Strategy 1.1.8. Medical Transportation**

Support and reimburse for non-emergency transportation assistance to individuals receiving medical assistance.

- ▶ Efficiency 1.1.8.1. Average Nonemergency Transportation Cost per Recipient Month

*Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.1:** Team Texas HHS

SP Action Item 1.1.1: Recruitment and Retention

SP Action Item 1.1.2: Key Occupation Staffing

SP Action Item 1.1.3: System Culture

**SP Objective 1.2:** Technology and Innovation

SP Action Item 1.2.4: Data-Driven Decision Support

**SP Goal 4: Integrity, Transparency, and Accountability**

**SP Objective 4.1:** Medicaid Managed Care

SP Action Item 4.1.1: Ensuring Access to Providers

SP Action Item 4.1.2: Ensuring Access to Services

SP Action Item 4.1.3: Optimizing Managed Care Performance

**Objective 1.2. Community Services and Supports — Entitlement**

Provide Medicaid-covered supports and services in home and community settings to enable aging individuals, individuals with disabilities, and others who qualify for nursing facility care, but can be served at home or in the community, to maintain their independence and avoid institutionalization.

*Related Strategic Planning Goals*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Goal 4: Integrity, Transparency, and Accountability**

**Strategy 1.2.1. Community Attendant Services**

Provide attendant care services to Medicaid-reimbursed subgroup of Primary Home Care eligible individuals that must meet financial eligibility of total gross monthly income less than or equal to 300 percent of the Supplemental Security Income federal benefit rate.

- ▶ Efficiency 1.2.1.1. Average Monthly Cost per Individual Served: Community Attendant Services
- ▶ Output 1.2.1.1. Average Number of Individuals Served per Month: Community Attendant Services

*Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.1:** Team Texas HHS

SP Action Item 1.1.1: Recruitment and Retention

SP Action Item 1.1.2: Key Occupation Staffing

SP Action Item 1.1.3: System Culture

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.2:** Behavioral Health

SP Action Item 3.2.1: Community-Based Behavioral Health Care

SP Action Item 3.2.2: Medication-Assisted Treatment

SP Action Item 3.2.3 Certified Community Behavioral Health Clinics

**SP Objective 3.3:** Well-Being for People with Disabilities

SP Action Item 3.3.4: Overcoming Barriers to Transition

SP Action Item 3.3.5: Community-Based Waiver Programs

**SP Goal 4: Integrity, Transparency, and Accountability**

**SP Objective 4.1:** Medicaid Managed Care

SP Action Item 4.1.1: Ensuring Access to Providers

SP Action Item 4.1.2: Ensuring Access to Services

SP Action Item 4.1.3: Optimizing Managed Care Performance

### **Strategy 1.2.2. Primary Home Care**

Provide Medicaid-reimbursed, non-technical, medically related personal care services prescribed by a physician to eligible individuals whose health problems limit their ability to perform activities of daily living.

- ▶ Efficiency 1.2.2.1. Average Monthly Cost per Individual Served: Primary Home Care
- ▶ Output 1.2.2.1. Average Number of Individuals Served per Month: Primary Home Care

#### *Related Strategic Planning Elements*

#### **SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

##### **SP Objective 1.1:** Team Texas HHS

SP Action Item 1.1.1: Recruitment and Retention

SP Action Item 1.1.2: Key Occupation Staffing

SP Action Item 1.1.3: System Culture

#### **SP Goal 4: Integrity, Transparency, and Accountability**

##### **SP Objective 4.1:** Medicaid Managed Care

SP Action Item 4.1.1: Ensuring Access to Providers

SP Action Item 4.1.2: Ensuring Access to Services

SP Action Item 4.1.3: Optimizing Managed Care Performance

### **Strategy 1.2.3. Day Activity and Health Services**

Provide daytime services five days a week to individuals residing in the community as an alternative to placement in nursing facilities or other institutions.

- ▶ Efficiency 1.2.3.1. Average Monthly Cost per Individual Served: Day Activity and Health Services
- ▶ Output 1.2.3.1. Average Number of Individuals per Month: Day Activity and Health Services

#### *Related Strategic Planning Elements*

#### **SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

##### **SP Objective 1.1:** Team Texas HHS

SP Action Item 1.1.1: Recruitment and Retention

SP Action Item 1.1.2: Key Occupation Staffing

SP Action Item 1.1.3: System Culture

#### **SP Goal 4: Integrity, Transparency, and Accountability**

##### **SP Objective 4.1: Medicaid Managed Care**

SP Action Item 4.1.1: Ensuring Access to Providers

SP Action Item 4.1.2: Ensuring Access to Services

SP Action Item 4.1.3: Optimizing Managed Care Performance

#### **Strategy 1.2.4. Nursing Facility Payments**

Provide payments that will promote quality care for individuals with medical needs that require nursing facility care.

- ▶ Efficiency 1.2.4.1. Net Nursing Facility Cost per Medicaid Fee-for-Service Resident per Month
- ▶ Output 1.2.4.1. Average Number Receiving Medicaid-Funded Fee-for-Service Nursing Facility Services/Month
- ▶ Output 1.2.4.2. Average Number Receiving Personal Needs Allowance per Month

#### *Related Strategic Planning Elements*

#### **SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

##### **SP Objective 1.1: Team Texas HHS**

SP Action Item 1.1.1: Recruitment and Retention

SP Action Item 1.1.2: Key Occupation Staffing

SP Action Item 1.1.3: System Culture

##### **SP Objective 1.2: Technology and Innovation**

SP Action Item 1.2.4: Data-Driven Decision Support

#### **SP Goal 3: Improving the Health and Well-Being of Texans**

##### **SP Objective 3.2: Behavioral Health**

SP Action Item 3.2.1: Community-Based Behavioral Health Care

##### **SP Objective 3.3: Well-Being for People with Disabilities**

SP Action Item 3.3.4: Overcoming Barriers to Transition

SP Action Item 3.3.7: Implementing Disability Services Action Plan

**SP Goal 4: Integrity, Transparency, and Accountability**

**SP Objective 4.1:** Medicaid Managed Care

SP Action Item 4.1.1: Ensuring Access to Providers

SP Action Item 4.1.2: Ensuring Access to Services

SP Action Item 4.1.3: Optimizing Managed Care Performance

**Strategy 1.2.5. Medicare Skilled Nursing Facility**

Provides payments for individuals in dually qualified certified facilities (certified for both Medicaid and Medicare).

- ▶ Efficiency 1.2.5.1. Net Medicaid/Medicare Copay per Individual Nursing Facility Services
- ▶ Output 1.2.5.1. Average Number Receiving Nursing Facility Copayments/Month

*Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.1:** Team Texas HHS

SP Action Item 1.1.1: Recruitment and Retention

SP Action Item 1.1.2: Key Occupation Staffing

SP Action Item 1.1.3: System Culture

**SP Goal 4: Integrity, Transparency, and Accountability**

**SP Objective 4.1:** Medicaid Managed Care

SP Action Item 4.1.1: Ensuring Access to Providers

SP Action Item 4.1.2: Ensuring Access to Services

SP Action Item 4.1.3: Optimizing Managed Care Performance

**Strategy 1.2.6. Hospice**

Provide palliative care consisting of medical, social, and support services for individuals.

- ▶ Efficiency 1.2.6.1. Average Net Payment per Individual per Month for Hospice
- ▶ Output 1.2.6.1. Average Number of Individuals Receiving Hospice Services per Month

*Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.1:** Team Texas HHS

SP Action Item 1.1.1: Recruitment and Retention

SP Action Item 1.1.2: Key Occupation Staffing

SP Action Item 1.1.3: System Culture

**SP Goal 4: Integrity, Transparency, and Accountability**

**SP Objective 4.1:** Medicaid Managed Care

SP Action Item 4.1.1: Ensuring Access to Providers

SP Action Item 4.1.2: Ensuring Access to Services

SP Action Item 4.1.3: Optimizing Managed Care Performance

**Strategy 1.2.7. Intermediate Care Facilities for Individuals with Intellectual Disability**

Provide or contract for residential facilities of four or more beds for 24-hour care for the intellectual and developmentally disabled residents.

- ▶ Efficiency 1.2.7.1. Monthly Cost per Intermediate Care Facility for Individuals with Intellectual Disability Medicaid-Eligible Individual
- ▶ Output 1.2.7.1. Average Number of Persons in Intermediate Care Facilities for Individuals with Intellectual Disability Medicaid Beds per Month

*Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.1:** Team Texas HHS

SP Action Item 1.1.1: Recruitment and Retention

SP Action Item 1.1.2: Key Occupation Staffing

SP Action Item 1.1.3: System Culture

**SP Goal 4: Integrity, Transparency, and Accountability**

**SP Objective 4.1:** Medicaid Managed Care

SP Action Item 4.1.1: Ensuring Access to Providers

SP Action Item 4.1.2: Ensuring Access to Services

SP Action Item 4.1.3: Optimizing Managed Care Performance

### **Objective 1.3. Long-term Care — Non-Entitlement**

Provide supports and services through Medicaid waivers in home and community settings to enable aging individuals, individuals with physical or mental disabilities, and others who qualify for institutional care to maintain their independence and avoid institutionalization.

#### *Related Strategic Planning Goals*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Goal 4: Integrity, Transparency, and Accountability**

### **Strategy 1.3.1. Home and Community-Based Services**

Provide individualized services to individuals with intellectual disability living in their family's home, their own homes, or other settings in the community.

- ▶ Efficiency 1.3.1.1. Average Monthly Cost per Individual Served: Home and Community-Based Services (HCS)
- ▶ Efficiency 1.3.1.2. Average Monthly Cost per Individual Served: HCS Residential
- ▶ Efficiency 1.3.1.3. Average Monthly Cost per Individual: HCS Non-Residential
- ▶ Explanatory 1.3.1.1. Number of Individuals Receiving Services at the End of the Fiscal Year: HCS
- ▶ Explanatory 1.3.1.2. Percent of HCS Recipients Receiving Residential Services
- ▶ Output 1.3.1.1. Average Number Individuals Served per Month: HCS

#### *Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.1:** Team Texas HHS

SP Action Item 1.1.1: Recruitment and Retention

SP Action Item 1.1.2: Key Occupation Staffing

SP Action Item 1.1.3: System Culture

**SP Objective 1.2:** Technology and Innovation

SP Action Item 1.2.4: Data-Driven Decision Support

### **SP Goal 3: Improving the Health and Well-Being of Texans**

#### **SP Objective 3.2:** Behavioral Health

SP Action Item 3.2.1: Community-Based Behavioral Health Care

SP Action Item 3.2.2: Medication-Assisted Treatment

SP Action Item 3.2.3 Certified Community Behavioral Health Clinics

#### **SP Objective 3.3:** Well-Being for People with Disabilities

SP Action Item 3.3.4: Overcoming Barriers to Transition

SP Action Item 3.3.5: Community-Based Waiver Programs

### **SP Goal 4: Integrity, Transparency, and Accountability**

#### **SP Objective 4.1:** Medicaid Managed Care

SP Action Item 4.1.1: Ensuring Access to Providers

SP Action Item 4.1.2: Ensuring Access to Services

SP Action Item 4.1.3: Optimizing Managed Care Performance

### **Strategy 1.3.2. Community Living Assistance and Support Services**

Provide home and community-based services to persons who have a "related condition" diagnosis qualifying them for placement in an intermediate care facility. A related condition is a disability other than intellectual and/or developmental disability which originates before age 22 and which substantially limits life activity. Such disabilities, which may include cerebral palsy, epilepsy, spina bifida, head injuries, and other diagnoses, are said to be "related to" intellectual and/or developmental disability in their effect upon the individual's functioning.

- ▶ Efficiency 1.3.2.1. Average Monthly Cost per Individual: Community Living Assistance and Support Services (CLASS) Waiver
- ▶ Explanatory 1.3.2.1. Number of Persons Receiving Services at the End of the Fiscal Year: CLASS
- ▶ Output 1.3.2.1. Average Number of Individuals Served per Month: CLASS Waiver

### *Related Strategic Planning Elements*

### **SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

#### **SP Objective 1.1:** Team Texas HHS

SP Action Item 1.1.1: Recruitment and Retention

SP Action Item 1.1.2: Key Occupation Staffing

SP Action Item 1.1.3: System Culture

**SP Goal 4: Integrity, Transparency, and Accountability**

**SP Objective 4.1:** Medicaid Managed Care

SP Action Item 4.1.1: Ensuring Access to Providers

SP Action Item 4.1.2: Ensuring Access to Services

SP Action Item 4.1.3: Optimizing Managed Care Performance

**Strategy 1.3.3. Deaf-Blind Multiple Disabilities**

Provide home and community-based services to adult individuals diagnosed with deafness, blindness, and multiple disabilities.

- ▶ Efficiency 1.3.3.1. Average Monthly Cost per Individual: Deaf-Blind Multiple Disabilities (DBMD) Waiver
- ▶ Explanatory 1.3.3.1. Number of Persons Receiving Services at the End of the Fiscal Year: DBMD Waiver
- ▶ Output 1.3.3.1. Average Number of Individuals Served per Month: DBMD Waiver

*Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.1:** Team Texas HHS

SP Action Item 1.1.1: Recruitment and Retention

SP Action Item 1.1.2: Key Occupation Staffing

SP Action Item 1.1.3: System Culture

**SP Goal 4: Integrity, Transparency, and Accountability**

**SP Objective 4.1:** Medicaid Managed Care

SP Action Item 4.1.1: Ensuring Access to Providers

SP Action Item 4.1.2: Ensuring Access to Services

SP Action Item 4.1.3: Optimizing Managed Care Performance

**Strategy 1.3.4. Texas Home Living Waiver**

Provide individualized services, not to exceed \$17,000 per year, to individuals with an intellectual disability living in their family's home, their own homes, or other settings in the community.

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- ▶ Efficiency 1.3.4.1. Average Monthly Cost per Individual Served: Texas Home Living (TxHmL) Waiver
- ▶ Explanatory 1.3.4.1. Number of Individuals Receiving Services at the End of the Fiscal Year: TxHmL
- ▶ Output 1.3.4.1. Average Number of Individuals Served per Month: TxHmL Waiver

*Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.1:** Team Texas HHS

SP Action Item 1.1.1: Recruitment and Retention

SP Action Item 1.1.2: Key Occupation Staffing

SP Action Item 1.1.3: System Culture

**SP Objective 1.2:** Technology and Innovation

SP Action Item 1.2.4: Data-Driven Decision Support

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.3:** Well-Being for People with Disabilities

SP Action Item 3.3.5: Community-Based Waiver Programs

**SP Goal 4: Integrity, Transparency, and Accountability**

**SP Objective 4.1:** Medicaid Managed Care

SP Action Item 4.1.1: Ensuring Access to Providers

SP Action Item 4.1.2: Ensuring Access to Services

SP Action Item 4.1.3: Optimizing Managed Care Performance

**Strategy 1.3.5. Program of All-Inclusive Care for the Elderly**

Provide community-based services to frail and elderly individuals who qualify for nursing facility placement. Services include in-patient and outpatient medical care and social/community services at a capitated rate.

- ▶ Efficiency 1.3.5.1. Average Monthly Cost per Recipient: Program of All-Inclusive Care for the Elderly (PACE)
- ▶ Explanatory 1.3.5.1. Number of Persons Receiving Services End of Fiscal Year: PACE
- ▶ Output 1.3.5.1. Average Number of Recipients per Month: PACE

*Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.1:** Team Texas HHS

SP Action Item 1.1.1: Recruitment and Retention

SP Action Item 1.1.2: Key Occupation Staffing

SP Action Item 1.1.3: System Culture

**SP Objective 1.2:** Technology and Innovation

SP Action Item 1.2.4: Data-Driven Decision Support

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.3:** Well-Being for People with Disabilities

SP Action Item 3.3.4: Overcoming Barriers to Transition

SP Action Item 3.3.5: Community-Based Waiver Programs

**SP Goal 4: Integrity, Transparency, and Accountability**

**SP Objective 4.1:** Medicaid Managed Care

SP Action Item 4.1.1: Ensuring Access to Providers

SP Action Item 4.1.2: Ensuring Access to Services

SP Action Item 4.1.3: Optimizing Managed Care Performance

**Objective 1.4. Other Medicaid Services**

Provide policy direction and management of the state's Medicaid program and maximize federal dollars.

*Related Strategic Planning Goals*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Goal 4: Integrity, Transparency, and Accountability**

**Strategy 1.4.1. Non-Full Benefit Payments**

Provide payments for medically necessary health care to eligible recipients for certain services not covered under the insured arrangement, including undocumented persons, school health, women's health, and other related services.

- ▶ Efficiency 1.4.1.1. Average Emergency Services for Non-Citizens Cost per Recipient Month
- ▶ Output 1.4.1.1. Average Monthly Number of Non-Citizens Receiving Emergency Services

*Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.1:** Team Texas HHS

SP Action Item 1.1.1: Recruitment and Retention

SP Action Item 1.1.2: Key Occupation Staffing

SP Action Item 1.1.3: System Culture

**SP Goal 4: Integrity, Transparency, and Accountability**

**SP Objective 4.1:** Medicaid Managed Care

SP Action Item 4.1.1: Ensuring Access to Providers

SP Action Item 4.1.2: Ensuring Access to Services

SP Action Item 4.1.3: Optimizing Managed Care Performance

**Strategy 1.4.2. For Clients Dually Eligible for Medicare and Medicaid**

Provide accessible premium-based health services to certain Title XVIII Medicare-eligible recipients.

- ▶ Efficiency 1.4.2.1. Average Part B Premium per Month
- ▶ Output 1.4.2.1. Average Part B Recipient Months per Month

*Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.1:** Team Texas HHS

SP Action Item 1.1.1: Recruitment and Retention

SP Action Item 1.1.2: Key Occupation Staffing

SP Action Item 1.1.3: System Culture

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.3:** Well-Being for People with Disabilities

SP Action Item 3.3.4: Overcoming Barriers to Transition

**SP Goal 4: Integrity, Transparency, and Accountability**

**SP Objective 4.1:** Medicaid Managed Care

SP Action Item 4.1.1: Ensuring Access to Providers

SP Action Item 4.1.2: Ensuring Access to Services

SP Action Item 4.1.3: Optimizing Managed Care Performance

**Strategy 1.4.3. Transformation Payments**

Maximize federal funding to provide supplemental Medicaid reimbursement for uncompensated care and delivery system reform incentives under the 1115 waiver. Historically provided children's hospital upper payment level match.

*Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.1:** Team Texas HHS

SP Action Item 1.1.1: Recruitment and Retention

SP Action Item 1.1.2: Key Occupation Staffing

SP Action Item 1.1.3: System Culture

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.3:** Well-Being for People with Disabilities

SP Action Item 3.3.5: Community-Based Waiver Programs

**SP Goal 4: Integrity, Transparency, and Accountability**

**SP Objective 4.1:** Medicaid Managed Care

SP Action Item 4.1.1: Ensuring Access to Providers

SP Action Item 4.1.2: Ensuring Access to Services

SP Action Item 4.1.3: Optimizing Managed Care Performance

**Goal 2. Medicaid and Children's Health Insurance  
Program Contracts and Administration**

Administer efficient and effective Medicaid and CHIP programs, set overall policy direction of the state Medicaid program and CHIP program, and manage interagency initiatives to maximize federal dollars.

## **Objective 2.1. Medicaid and Children's Health Insurance Program Contracts and Administration**

Improve the quality of Medicaid services by serving as the single state Medicaid agency.

### *Related Strategic Planning Goals*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Goal 4: Integrity, Transparency, and Accountability**

**SP Goal 5: Customer Service and Dynamic Relationships**

### **Strategy 2.1.1. Medicaid Contracts and Administration**

Administer efficient and effective Medicaid program, set the overall policy direction of the state Medicaid program, and manage interagency initiatives to maximize federal dollars.

### *Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.1:** Team Texas HHS

SP Action Item 1.1.1: Recruitment and Retention

SP Action Item 1.1.2: Key Occupation Staffing

SP Action Item 1.1.3: System Culture

**SP Objective 1.2:** Technology and Innovation

SP Action Item 1.2.3: Performance Management

SP Action Item 1.2.4: Data-Driven Decision Support

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.1:** Self-Sufficiency and Well-Being for Families

SP Action Item 3.1.1: Self-Sufficiency for Families

**SP Objective 3.2:** Behavioral Health

SP Action Item 3.2.1: Community-Based Behavioral Health Care

SP Action Item 3.2.2: Medication-Assisted Treatment

**SP Objective 3.3:** Well-Being for People with Disabilities

SP Action Item 3.3.4: Overcoming Barriers to Transition

SP Action Item 3.3.5: Community-Based Waiver Programs

SP Action Item 3.3.7: Implementing Disability Services Action Plan

**SP Objective 3.4:** Independence and Well-Being for Older Adults and Their Families

SP Action Item 3.4.1: Healthy Aging

**SP Goal 4: Integrity, Transparency, and Accountability**

**SP Objective 4.1:** Medicaid Managed Care

SP Action Item 4.1.1: Ensuring Access to Providers

SP Action Item 4.1.2: Ensuring Access to Services

SP Action Item 4.1.3: Optimizing Managed Care Performance

**SP Goal 5: Customer Service and Dynamic Relationships**

**SP Objective 5.2:** Advisory Committee Engagement and Diversity

SP Action Item 5.2.1: Stakeholder Engagement

**Strategy 2.1.2. Children's Health Insurance Program Contracts and Administration**

Administer efficient and effective CHIP program, including contracted administration, and set overall policy direction of CHIP programs.

*Related Strategic Planning Elements*

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.1:** Self-Sufficiency and Well-Being for Families

SP Action Item 3.1.1: Self-Sufficiency for Families

**SP Objective 3.2:** Behavioral Health

**SP Objective 3.3:** Well-Being for People with Disabilities

**SP Objective 3.5:** Women and Children

SP Action Item 3.5.5: Childhood Immunizations

**SP Goal 4: Integrity, Transparency, and Accountability**

**SP Objective 4.2:** Fraud Prevention, Detection, and Education

## **Goal 3. Children's Health Insurance Program Services**

Ensure health insurance coverage for eligible children in Texas.

### **Objective 3.1. Children's Health Insurance Program**

Ensure health insurance coverage for eligible children in Texas.

- Outcome 3.1.1. Average CHIP Programs Recipient Months per Month
- Outcome 3.1.2. Average CHIP Programs Benefit Cost with Prescription Benefit

#### *Related Strategic Planning Goals*

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Goal 4: Integrity, Transparency, and Accountability**

**SP Goal 5: Customer Service and Dynamic Relationships**

### **Strategy 3.1.1. Children's Health Insurance Program**

Provide health care to uninsured children who apply and are determined eligible for insurance through CHIP.

- ▶ Efficiency 3.1.1.1. Average CHIP Children Benefit Cost per Recipient Month
- ▶ Output 3.1.1.1. Average CHIP Children Recipient Months per Month

#### *Related Strategic Planning Elements*

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.1:** Self-Sufficiency and Well-Being for Families

SP Action Item 3.1.1: Self-Sufficiency for Families

**SP Objective 3.3:** Well-Being for People with Disabilities

SP Action Item 3.3.1: Supporting Children with Disabilities

**SP Objective 3.5:** Women and Children

SP Action Item 3.5.5: Childhood Immunizations

**SP Goal 4: Integrity, Transparency, and Accountability**

**SP Objective 4.2:** Fraud Prevention, Detection, and Education

**Strategy 3.1.2. Children's Health Insurance Program Perinatal Services**

Provide health care to perinates whose mothers apply and are determined eligible for insurance through CHIP.

- ▶ Efficiency 3.1.2.1. Average Perinatal Benefit Cost per Recipient Month
- ▶ Output 3.1.2.1. Average Perinatal Recipient Months per Month

*Related Strategic Planning Elements*

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.1:** Self-Sufficiency and Well-Being for Families

SP Action Item 3.1.1: Self-Sufficiency for Families

**SP Objective 3.5:** Women and Children

SP Action Item 3.5.2: Prenatal Nutrition

**SP Goal 4: Integrity, Transparency, and Accountability**

**SP Goal 5: Customer Service and Dynamic Relationships**

**SP Objective 5.1:** Services and Supports

SP Action Item 5.1.3: Connecting Women to Services

**Strategy 3.1.3. Children's Health Insurance Program Prescription Drugs**

Provide prescription medication to CHIP-eligible recipients (includes all CHIP Programs) as provided by their treating physician.

- ▶ Efficiency 3.1.3.1. Average Cost / CHIP Recipient Month: Pharmacy Benefit

*Related Strategic Planning Elements*

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.1:** Self-Sufficiency and Well-Being for Families

SP Action Item 3.1.1: Self-Sufficiency for Families

**SP Goal 4: Integrity, Transparency, and Accountability**

**Strategy 3.1.4. Children's Health Insurance Program Dental Services**

Provide dental health care services to uninsured children who apply and are determined eligible for insurance through CHIP.

- ▶ Efficiency 3.1.4.1. Average Monthly Cost of the Dental Benefit per CHIP Program Recipient

*Related Strategic Planning Elements*

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.1:** Self-Sufficiency and Well-Being for Families

SP Action Item 3.1.1: Self-Sufficiency for Families

**SP Objective 3.3:** Well-Being for People with Disabilities

**SP Objective 3.5:** Women and Children

**SP Goal 4: Integrity, Transparency, and Accountability**

**Goal 4. Provide Additional Health-Related Services**

Improve the physical and mental health (MH) of children, women, families, and individuals and enhance the capacity of communities to deliver health care services.

**Objective 4.1. Provide Primary Health and Specialty Care**

Develop and support primary health care and specialty services to children, women, families, and other qualified individuals through community-based providers.

- Outcome 4.1.1. Percent of Early Childhood Intervention (ECI) Clients Enrolled in Medicaid

*Related Strategic Planning Goals*

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Goal 5: Customer Service and Dynamic Relationships**

### **Strategy 4.1.1. Women's Health Programs**

Women's Health Programs.

- ▶ Efficiency 4.1.1.1. Average Monthly Cost per Healthy Texas Women Client Receiving Services
- ▶ Efficiency 4.1.1.2. Average Monthly Cost per Family Planning Client Receiving Services
- ▶ Explanatory 4.1.1.1. Number of Certified Clinical Providers Enrolled in Healthy Texas Women Program
- ▶ Explanatory 4.1.1.2. Number of Clinical Providers Enrolled in Family Planning
- ▶ Output 4.1.1.1. Average Monthly Number of Women Enrolled in Services through Healthy Texas Women
- ▶ Output 4.1.1.2. Average Monthly Number of Family Planning Clients Receiving Services
- ▶ Output 4.1.1.3. Average Monthly Number of Women Receiving Healthy Texas Women Services

#### *Related Strategic Planning Elements*

### **SP Goal 3: Improving the Health and Well-Being of Texans**

#### **SP Objective 3.5:** Women and Children

SP Action Item 3.5.1: Alternatives to Abortion

SP Action Item 3.5.2: Prenatal Nutrition

SP Action Item 3.5.3: Equity in Breastfeeding Rates

SP Action Item 3.5.4: Reproductive Health

SP Action Item 3.5.5: Childhood Immunizations

#### **SP Objective 3.6:** Improving Health and Well-Being of Service Members, Veterans, and Their Families

SP Action Item 3.6.1: Information Sources and Outreach

### **SP Goal 5: Customer Service and Dynamic Relationships**

#### **SP Objective 5.1:** Services and Supports

SP Action Item 5.1.3: Connecting Women to Services

#### **SP Objective 5.3:** Dynamic Relationships with Partners

SP Action Item 5.3.2: Academic Partnerships

### **Strategy 4.1.2. Alternatives to Abortion. Nontransferable.**

Provide pregnancy support services that promote childbirth for women seeking alternatives to abortion.

- ▶ Output 4.1.2.1. Number of Persons Receiving Services as Alternative to Abortion
- ▶ Output 4.1.2.2. Number of Alternatives to Abortion Services Provided

#### *Related Strategic Planning Elements*

### **SP Goal 3: Improving the Health and Well-Being of Texans**

#### **SP Objective 3.1:** Self-Sufficiency and Well-Being for Families

SP Action Item 3.1.1: Self-Sufficiency for Families

#### **SP Objective 3.5:** Women and Children

SP Action Item 3.5.1: Alternatives to Abortion

SP Action Item 3.5.2: Prenatal Nutrition

### **SP Goal 5: Customer Service and Dynamic Relationships**

#### **SP Objective 5.1:** Services and Supports

SP Action Item 5.1.3: Connecting Women to Services

SP Action Item 5.1.4: Improved Contractor Training

### **Strategy 4.1.3. Early Childhood Intervention Services**

Administer a statewide comprehensive system of services to ensure that eligible infants, toddlers, and their families have access to the resources and support they need to reach their service plan goals.

- ▶ Efficiency 4.1.3.1. Average Monthly Cost per Child: Comprehensive Services / State and Federal
- ▶ Explanatory 4.1.3.1. Average Monthly Number of Hours of Service Delivered per Child per Month
- ▶ Output 4.1.3.1. Average Monthly Number of Children Served in Comprehensive Services
- ▶ Output 4.1.3.2. Average Monthly Number of Referrals to Local Programs
- ▶ Output 4.1.3.3. Average Monthly Number of Eligibility Determinations Completed

- ▶ Output 4.1.3.4. Average Monthly Number of Children Determined Eligible for ECI Services
- ▶ Output 4.1.3.5. Average Monthly Number of Children Newly Enrolled in ECI

*Related Strategic Planning Elements*

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.3:** Well-Being for People with Disabilities

SP Action Item 3.3.1: Supporting Children with Disabilities

**SP Objective 3.5:** Women and Children

SP Action Item 3.5.5: Childhood Immunizations

**Strategy 4.1.4. Ensure Early Childhood Intervention Respite Services and Quality Early Childhood Intervention Services**

Serves families with children in the ECI program. Provides respite services to help preserve the family unit and prevent out-of-home placements. Provides technical assistance to parents and service providers serving in the ECI program.

*Related Strategic Planning Elements*

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.3:** Well-Being for People with Disabilities

SP Action Item 3.3.1: Supporting Children with Disabilities

**SP Objective 3.5:** Women and Children

SP Action Item 3.5.5: Childhood Immunizations

**Strategy 4.1.5. Children's Blindness Services**

Provide information and training for blind and visually impaired children and their families so these children have the skills and confidence to live as independently as possible.

- ▶ Efficiency 4.1.5.1. Average Monthly Cost per Child: Children's Blindness Services
- ▶ Output 4.1.5.1. Average Monthly Number of Children Receiving Blindness Services

*Related Strategic Planning Elements*

**SP Goal 3: Improving the Health and Well-Being of Texans**

**Strategy 4.1.6. Autism Program**

To provide services to Texas children ages 3–15 diagnosed with autism spectrum disorder.

- ▶ Efficiency 4.1.6.1. Average Monthly Cost per Child Receiving Focused Autism Services
- ▶ Output 4.1.6.1. Average Monthly Number of Children Receiving Focused Autism Services

*Related Strategic Planning Elements*

**SP Goal 3: Improving the Health and Well-Being of Texans**

**Strategy 4.1.7. Children with Special Health Care Needs**

Administer service program for children with special health care needs (CSCHN).

- ▶ Efficiency 4.1.7.1. Average Monthly Cost per CSHCN Client Receiving Services
- ▶ Output 4.1.7.1. Average Monthly Number of CSHCN Clients Receiving Services

*Related Strategic Planning Elements*

**SP Goal 3: Improving the Health and Well-Being of Texans**

**Strategy 4.1.8. Title V Dental and Health Services**

Title V dental and health services.

- ▶ Output 4.1.8.1. Number of Infants <1 and Children Age 1–21 Years Provided Services
- ▶ Output 4.1.8.2. Number of Women over 21 Provided Title V Services

*Related Strategic Planning Elements*

**SP Goal 3: Improving the Health and Well-Being of Texans**

### **Strategy 4.1.9. Kidney Health Care**

Administer service programs for kidney health care.

- ▶ Efficiency 4.1.9.1. Average Annual Cost per Kidney Health Care Client
- ▶ Output 4.1.9.1. Number of Kidney Health Clients Provided Services

#### *Related Strategic Planning Elements*

### **SP Goal 3: Improving the Health and Well-Being of Texans**

### **Strategy 4.1.10. Additional Specialty Care**

Deliver specialty care services including service programs for epilepsy and hemophilia, as well as provide leadership and direction to the statewide umbilical cord blood bank and health information technology initiatives.

- ▶ Explanatory 4.1.10.1. Number of Epilepsy Program Clients Provided Services
- ▶ Explanatory 4.1.10.2. Number of Hemophilia Assistance Program Clients

#### *Related Strategic Planning Elements*

### **SP Goal 3: Improving the Health and Well-Being of Texans**

### **Strategy 4.1.11. Community Primary Care Services**

Develop systems of primary and preventive health care delivery in underserved areas of Texas.

- ▶ Efficiency 4.1.11.1. Average Cost per Primary Health Care Client
- ▶ Output 4.1.11.1. Number of Primary Health Care Clients Receiving Services

#### *Related Strategic Planning Elements*

### **SP Goal 5: Customer Service and Dynamic Relationships**

**SP Objective 5.1:** Services and Supports

SP Action Item 5.1.3: Connecting Women to Services

### **Strategy 4.1.12. Abstinence Education**

Increase abstinence education programs in Texas.

- ▶ Output 4.1.12.1. Number of Persons Served in Abstinence Education Programs

### *Related Strategic Planning Elements*

#### **SP Goal 5: Customer Service and Dynamic Relationships**

##### **SP Objective 5.1:** Services and Supports

SP Action Item 5.1.4: Improved Contractor Training

#### **Objective 4.2. Provide Community Behavioral Health Services**

Support services for MH and for substance abuse prevention, intervention, and treatment.

- Outcome 4.2.1. Percent of Adults Receiving Community MH Services Whose Functional Level Improved
- Outcome 4.2.2. Percent of Children Receiving Community MH Services Whose Functional Level Improved
- Outcome 4.2.3. Percent Receiving Crisis Services Who Avoid Psychiatric Hospitalization within 30 Days
- Outcome 4.2.4. Percent of Adults Who Complete Treatment Program and Report No Past Month Substance Use
- Outcome 4.2.5. Percent of Youth Who Complete Treatment Program and Report No Past Month Substance Use
- Outcome 4.2.6. Percent of Adults with Opioid Use Disorder Receiving Medication-Assisted Treatment

### *Related Strategic Planning Goals*

#### **SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

#### **SP Goal 3: Improving the Health and Well-Being of Texans**

#### **Strategy 4.2.1. Community Mental Health Services for Adults**

Provide services and supports in the community for adults with serious mental illness.

- ▶ Efficiency 4.2.1.1. Average Monthly Cost per Adult: Community MH Services
- ▶ Output 4.2.1.1. Average Monthly Number of Adults Receiving Community MH Services

*Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.2:** Technology and Innovation

SP Action Item 1.2.4: Data-Driven Decision Support

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.2:** Behavioral Health

SP Action Item 3.2.1: Community-Based Behavioral Health Care

**Strategy 4.2.2. Community Mental Health Services for Children**

Provide services and supports for emotionally disturbed children and their families.

- ▶ Efficiency 4.2.2.1. Average Monthly Cost per Child Receiving Community MH Services
- ▶ Output 4.2.2.1. Average Monthly Number of Children Receiving Community MH Services

*Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.2:** Technology and Innovation

SP Action Item 1.2.4: Data-Driven Decision Support

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.2:** Behavioral Health

SP Action Item 3.2.1: Community-Based Behavioral Health Care

**Strategy 4.2.3. Community Mental Health Crisis Services**

Community MH Crisis Services.

- ▶ Efficiency 4.2.3.1. Average General Revenue (GR) Spent per Person for Crisis Residential Services
- ▶ Efficiency 4.2.3.2. Average GR Spent per Person for Crisis Outpatient Services
- ▶ Output 4.2.3.1. Number of Persons Receiving Crisis Residential Services per Year Funded by GR

- ▶ Output 4.2.3.2. Number of Persons Receiving Crisis Outpatient Services per Year Funded by GR

### *Related Strategic Planning Elements*

#### **SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

##### **SP Objective 1.2:** Technology and Innovation

SP Action Item 1.2.4: Data-Driven Decision Support

#### **SP Goal 3: Improving the Health and Well-Being of Texans**

##### **SP Objective 3.2:** Behavioral Health

SP Action Item 3.2.1: Community-Based Behavioral Health Care

#### **Strategy 4.2.4. Substance Abuse Prevention, Intervention, and Treatment**

Implement prevention services to reduce the risk of substance use, abuse and dependency. Implement intervention services to interrupt illegal substance use by youth and adults and reduce harmful use of legal substances by adults. Implement a continuum of community and family-based treatment and related services for chemically dependent persons. Optimize performance quality and cost efficiency through the managing and monitoring of contracted services for substance abuse.

- ▶ Efficiency 4.2.4.1. Average Monthly Cost per Youth for Substance Abuse Prevention Services
- ▶ Efficiency 4.2.4.2. Average Monthly Cost per Adult for Substance Abuse Intervention Services
- ▶ Efficiency 4.2.4.3. Average Monthly Cost per Youth for Substance Abuse Intervention Services
- ▶ Efficiency 4.2.4.4. Average Monthly Cost per Adult Served in Treatment Programs for Substance Abuse
- ▶ Efficiency 4.2.4.5. Average Monthly Cost per Youth Served in Treatment Programs for Substance Abuse
- ▶ Output 4.2.4.1. Average Monthly Number of Youth Served in Substance Abuse Prevention Programs
- ▶ Output 4.2.4.2. Average Monthly Number of Youth Served in Treatment Programs for Substance Abuse
- ▶ Output 4.2.4.3. Average Monthly Number of Adults Served in Substance Abuse Intervention Programs

- ▶ Output 4.2.4.4. Average Monthly Number of Youth Served in Substance Abuse Intervention Programs
- ▶ Output 4.2.4.5. Average Monthly Number of Adults Served in Treatment Programs for Substance Abuse

### *Related Strategic Planning Elements*

#### **SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

##### **SP Objective 1.1:** Team Texas HHS

SP Action Item 1.1.3: System Culture

##### **SP Objective 1.2:** Technology and Innovation

SP Action Item 1.2.4: Data-Driven Decision Support

#### **SP Goal 3: Improving the Health and Well-Being of Texans**

##### **SP Objective 3.2:** Behavioral Health

SP Action Item 3.2.1: Community-Based Behavioral Health Care

SP Action Item 3.2.2: Medication-Assisted Treatment

##### **SP Objective 3.4:** Independence and Well-Being for Older Adults and Their Families

SP Action Item 3.4.1: Healthy Aging

SP Action Item 3.4.2: Outreach to Communities with Limited Resources

SP Action Item 3.4.3: Older Adults with Developmental Disabilities

#### **Strategy 4.2.5. Behavioral Health Waiver and Plan Amendment**

Provide intensive community-based services for emotionally disturbed children and their families and for adults with serious mental illness.

- ▶ Efficiency 4.2.5.1. Average Monthly Cost per Client Served in Home and Community-Based Services—Adult MH Program
- ▶ Efficiency 4.2.5.2. Average Monthly Cost per Client Served in Youth Empowerment Services Waiver
- ▶ Output 4.2.5.1. Average Monthly Number of Clients Served in Home and Community-Based Services—Adult MH Program
- ▶ Output 4.2.5.2. Average Monthly Number of Clients Served in Youth Empowerment Services Waiver

*Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.2:** Technology and Innovation

SP Action Item 1.2.4: Data-Driven Decision Support

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.2:** Behavioral Health

SP Action Item 3.2.1: Community-Based Behavioral Health Care

**Strategy 4.2.6. Community Mental Health Grant Programs**

Administer grant programs to support community MH programs for veterans and their families, support community MH programs for individuals experiencing mental illness, and to reduce recidivism, arrest, and incarceration of individuals with mental illness.

*Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.2:** Technology and Innovation

SP Action Item 1.2.4: Data-Driven Decision Support

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.2:** Behavioral Health

SP Action Item 3.2.1: Community-Based Behavioral Health Care

**SP Objective 3.6:** Improving Health and Well-Being of Service Members, Veterans, and Their Families

SP Action Item 3.6.1: Information Sources and Outreach

SP Action Item 3.6.2: Coordination with Partners to Improve Services

**Objective 4.3. Build Community Capacity**

Develop and enhance capacities for community clinical service providers and regionalized emergency health care systems.

*Related Strategic Planning Goals*

**SP Goal 3: Improving the Health and Well-Being of Texans**

### **Strategy 4.3.1. Indigent Health Care Reimbursement (University of Texas Medical Branch)**

Reimburse the provision of indigent health services through the deposit of funds in the State-Owned Multicategorical Teaching Hospital Account.

#### *Related Strategic Planning Elements*

**SP Goal 3: Improving the Health and Well-Being of Texans**

### **Strategy 4.3.2. County Indigent Health Care Services**

Provide support to local governments that provide indigent health care services.

#### *Related Strategic Planning Elements*

**SP Goal 3: Improving the Health and Well-Being of Texans**

## **Goal 5. Encourage Self-Sufficiency**

HHSC will encourage and promote self-sufficiency, safety, and long-term independence for families.

### **Objective 5.1. Financial and Other Assistance**

Provide appropriate support services that address the employment, financial, and/or social service needs of eligible persons.

#### *Related Strategic Planning Goals*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Goal 3: Improving the Health and Well-Being of Texans**

### **Strategy 5.1.1. Temporary Assistance for Needy Families Grants**

Provide Temporary Assistance for Needy Families (TANF) grants to low-income Texans.

- ▶ Efficiency 5.1.1.1. Average Monthly Grant: TANF Basic Cash Assistance
- ▶ Efficiency 5.1.1.2. Average Monthly Grant: State Two-Parent Cash Assistance Program
- ▶ Output 5.1.1.1. Average Number of TANF Basic Cash Assistance Recipients per Month

- ▶ Output 5.1.1.2. Average Number of State Two-Parent Cash Assistance Recipients per Month

*Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.1:** Team Texas HHS

SP Action Item 1.1.1: Recruitment and Retention

SP Action Item 1.1.2: Key Occupation Staffing

SP Action Item 1.1.3: System Culture

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.1:** Self-Sufficiency and Well-Being for Families

SP Action Item 3.1.1: Self-Sufficiency for Families

**SP Objective 3.5:** Women and Children

SP Action Item 3.5.4: Reproductive Health

**Strategy 5.1.2. Provide Special Supplemental Program for Women, Infants, and Children Services: Benefits, Nutrition Education, and Counseling**

Provide Special Supplemental Program for Women, Infants and Children (WIC) services including benefits, nutrition education, and counseling.

- ▶ Output 5.1.2.1. Number of WIC Participants Provided Nutritious Supplemental Food

*Related Strategic Planning Elements*

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.5:** Women and Children

SP Action Item 3.5.2: Prenatal Nutrition

SP Action Item 3.5.3: Equity in Breastfeeding Rates

**Strategy 5.1.3. Disaster Assistance**

Provide financial assistance to victims of federally declared natural disasters.

*Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.2:** Technology and Innovation

SP Action Item 1.2.4: Data-Driven Decision Support

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.2:** Behavioral Health

SP Action Item 3.2.1: Community-Based Behavioral Health Care

**SP Objective 3.5:** Women and Children

SP Action Item 3.5.5: Childhood Immunizations

**Goal 6. Community and Independent Living  
Services and Coordination**

Provide programs and support services to encourage self-sufficiency and healthier living in the community.

**Objective 6.1. Long-Term Care Services and Coordination**

Provide non-Medicaid services and supports in home and community settings to enable aging individuals and individuals with disabilities to maintain their independence and prevent institutionalization.

*Related Strategic Planning Goals*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Goal 3: Improving the Health and Well-Being of Texans**

**Strategy 6.1.1. Guardianship**

Provide full or limited authority over an incapacitated aging or disabled adult who is the victim of validated abuse, neglect, exploitation, or of an incapacitated minor in Child Protective Services' conservatorship.

- ▶ Output 6.1.1.1. Average Number of Wards Receiving Guardianship Services

*Related Strategic Planning Elements*

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.3:** Well-Being for People with Disabilities

SP Action Item 3.3.7: Implementing Disability Services Action Plan

**Strategy 6.1.2. Non-Medicaid Services**

Provide services to individuals ineligible for Medicaid services, in their own home or community. Services include family care, home-delivered meals, adult foster care, Day Activities and Health Services (Title XX of the Social Security Act), emergency response, and personal attendant services.

- ▶ Output 6.1.2.1. Average Number of Individuals Served per Month: Non-Medicaid Community Care (Title XX / GR)

*Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.1:** Team Texas HHS

SP Action Item 1.1.3: System Culture

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.1:** Self-Sufficiency and Well-Being for Families

SP Action Item 3.1.1: Self-Sufficiency for Families

**SP Objective 3.4:** Independence and Well-Being for Older Adults and Their Families

SP Action Item 3.4.1: Healthy Aging

SP Action Item 3.4.2: Outreach to Communities with Limited Resources

SP Action Item 3.4.3: Older Adults with Developmental Disabilities

**Strategy 6.1.3. Non-Medicaid Developmental Disability Community Services**

Provide services, other than those provided through the Medicaid waiver programs, to individuals with intellectual or developmental disabilities who reside in the community, including independent living, employment services, day training, therapies, and respite services.

- Efficiency 6.1.3.1. Average Monthly Cost per Individual Receiving Community Services
- Output 6.1.3.1. Average Monthly Number of Individuals with IDD Receiving Community Services

### *Related Strategic Planning Elements*

#### **SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

##### **SP Objective 1.2:** Technology and Innovation

SP Action Item 1.2.4: Data-Driven Decision Support

#### **SP Goal 3: Improving the Health and Well-Being of Texans**

##### **SP Objective 3.3:** Well-Being for People with Disabilities

SP Action Item 3.3.4: Overcoming Barriers to Transition

SP Action Item 3.3.5: Community-Based Waiver Programs

SP Action Item 3.3.7: Implementing Disability Services Action Plan

##### **SP Objective 3.5:** Women and Children

SP Action Item 3.5.5: Childhood Immunizations

### **Objective 6.2. Provide Rehabilitation Services to Persons with General Disabilities**

To provide quality vocational rehabilitation services to eligible persons with general disabilities. Additionally, to provide quality consumer-directed independent living services to persons with significant disabilities who have been determined eligible.

### *Related Strategic Planning Goals*

#### **SP Goal 3: Improving the Health and Well-Being of Texans**

#### **SP Goal 5: Customer Service and Dynamic Relationships**

### **Strategy 6.2.1. Independent Living Services (General, Blind, and Centers for Independent Living)**

Provide quality, statewide consumer-directed independent living services that focus on acquiring skills and confidence to live as independently as possible in the community for eligible people with significant disabilities. Work with the State Independent Living Council to develop the State Plan for Independent Living.

- ▶ Output 6.2.1.1. Number People Receiving Services from Centers for Independent Living
- ▶ Output 6.2.1.2. Number of People Receiving HHSC Contracted Independent Living Services

*Related Strategic Planning Elements*

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.3:** Well-Being for People with Disabilities

**SP Objective 3.4:** Independence and Well-Being for Older Adults and Their Families

**SP Goal 5: Customer Service and Dynamic Relationships**

**SP Objective 5.2:** Advisory Committee Engagement and Diversity

**Strategy 6.2.2. Blindness Education, Screening, and Treatment Program**

Provide screening, education, and urgently needed eye-medical treatment to prevent blindness.

- ▶ Output 6.2.2.1. Number of Individuals Receiving Treatment Services in Blindness Education, Screening, and Treatment Program
- ▶ Output 6.2.2.2. Number of Individuals Receiving Screening Services in Blindness Education, Screening, and Treatment Program

*Related Strategic Planning Elements*

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.3:** Well-Being for People with Disabilities

**Strategy 6.2.3. Provide Services to People with Spinal Cord / Traumatic Brain Injuries**

Provide consumer-driven and counselor-supported Comprehensive Rehabilitation Services for people with traumatic brain injuries or spinal cord injuries.

- ▶ Output 6.2.3.1. Average Monthly Number of People Receiving Comprehensive Rehabilitation Services

*Related Strategic Planning Elements*

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.3:** Well-Being for People with Disabilities

**SP Objective 3.6:** Improving Health and Well-Being of Service Members, Veterans, and Their Families

**SP Goal 5: Customer Service and Dynamic Relationships**

**SP Objective 5.2:** Advisory Committee Engagement and Diversity

**Strategy 6.2.4. Provide Services to Persons Who Are Deaf or Hard of Hearing**

Ensure continuity of services, foster coordination and cooperation among organizations, facilitate access to training and education programs, and support access to telephone systems to individuals who are deaf or hard of hearing. To increase the number of persons (who are deaf or hard of hearing) receiving quality services by 10 percent each biennium.

- ▶ Output 6.2.4.1. Number of Interpreter Certificates Issued
- ▶ Output 6.2.4.2. Number of Equipment/Service Vouchers Issued

*Related Strategic Planning Elements*

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.3:** Well-Being for People with Disabilities

SP Action Item 3.3.6: Improving Communications Access for People Who Are Deaf or Hard of Hearing

SP Action Item 3.3.7: Implementing Disability Services Action Plan

**SP Goal 5: Customer Service and Dynamic Relationships**

**SP Objective 5.1:** Services and Supports

SP Action Item 5.1.2: American Sign Language Videos

**Objective 6.3. Other Community Support Services**

Promote safety, self-sufficiency, and long-term independence for those living with domestic violence or other adverse circumstances.

*Related Strategic Planning Goals*

**SP Goal 2: Protecting Vulnerable Texans**

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Goal 5: Customer Service and Dynamic Relationships**

**Strategy 6.3.1. Family Violence Services**

Provide emergency shelter and support services to victims of family violence and their children, educate the public, and provide training and prevention support to institutions and agencies.

*Related Strategic Planning Elements*

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.3:** Well-Being for People with Disabilities

SP Action Item 3.3.7: Implementing Disability Services Action Plan

**SP Goal 5: Customer Service and Dynamic Relationships**

**SP Objective 5.1:** Services and Supports

SP Action Item 5.1.1: Support for Victims and Survivors of Human Trafficking

SP Action Item 5.1.4: Improved Contractor Training

**Strategy 6.3.2. Child Advocacy Programs**

Train, provide technical assistance, and evaluate services for Children's Advocacy Centers of Texas, Inc. and Texas Court Appointed Special Advocates, Inc.

*Related Strategic Planning Elements*

**SP Goal 2: Protecting Vulnerable Texans**

**SP Goal 3: Improving the Health and Well-Being of Texans**

**Strategy 6.3.3. Additional Advocacy Programs**

Provide support services for interested individuals (Healthy Marriage, Community Resource Coordination Group Adult/Child, Texas Integrated Funding Initiative, Office of Acquired Brain Injury, Office of Disability Prevention for Children, Office of Minority Health Statistics and Engagement).

*Related Strategic Planning Elements*

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.3:** Well-Being for People with Disabilities

**SP Objective 3.5:** Women and Children

**SP Objective 3.6:** Improving Health and Well-Being of Service Members, Veterans, and Their Families

**SP Goal 5: Customer Service and Dynamic Relationships**

**SP Objective 5.2:** Advisory Committee Engagement and Diversity

**Goal 7. Mental Health State Hospitals, State Supported Living Centers, and Other Facilities**

Provide specialized assessment, treatment, support, and medical services in state supported living centers (SSLCs), state MH hospitals, and other facilities.

**Objective 7.1. State Supported Living Centers**

Provide specialized assessment, treatment, support, and medical services in SSLC programs for intellectual and developmentally disabled residents.

*Related Strategic Planning Goals*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Goal 5: Customer Service and Dynamic Relationships**

**Strategy 7.1.1. State Supported Living Centers**

Provide direct services and support to individuals living in SSLCs. Provide 24-hour residential services for individuals who are medically fragile or severely physically impaired or have severe behavior problems, and who choose these services or cannot currently be served in the community.

- ▶ Efficiency 7.1.1.1. Average Monthly Cost per Campus Resident
- ▶ Output 7.1.1.1. Average Monthly Number of SSLC Campus Residents

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- ▶ Output 7.1.1.2. Number of Unfounded Abuse/Neglect/Exploitation Allegations Against SSLC Staff
- ▶ Output 7.1.1.3. Number of Confirmed Abuse/Neglect/Exploitation Incidents at SSLC

*Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.1:** Team Texas HHS

SP Action Item 1.1.1: Recruitment and Retention

SP Action Item 1.1.2: Key Occupation Staffing

SP Action Item 1.1.3: System Culture

SP Action Item 1.1.4: Communications

**SP Objective 1.2:** Technology and Innovation

SP Action Item 1.2.3: Performance Management

SP Action Item 1.2.5: Process Improvement

SP Action Item 1.2.6: Centralized Accounting and Payroll/Personnel System (CAPPS)

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.2:** Behavioral Health

**SP Objective 3.3:** Well-Being for People with Disabilities

SP Action Item 3.3.2: Health and Specialty Care System

SP Action Item 3.3.3: SSLC Planning

SP Action Item 3.3.4: Overcoming Barriers to Transition

SP Action Item 3.3.7: Implementing Disability Services Action Plan

**SP Objective 3.4:** Independence and Well-Being for Older Adults and Their Families

SP Action Item 3.4.1: Healthy Aging

SP Action Item 3.4.3: Older Adults with Developmental Disabilities

**SP Objective 3.5:** Women and Children

SP Action Item 3.5.5: Childhood Immunizations

**SP Goal 5: Customer Service and Dynamic Relationships**

**SP Objective 5.1:** Services and Supports

**SP Objective 5.3:** Dynamic Relationships with Partners

SP Action Item 5.3.2: Academic Partnerships

**Objective 7.2. Mental Health State Hospital Facilities and Services**

Provide inpatient MH services for adults and children.

*Related Strategic Planning Goals*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Goal 5: Customer Service and Dynamic Relationships**

**Strategy 7.2.1. Mental Health State Hospitals**

Provide specialized assessment, treatment, and medical services in state MH facility programs.

- Efficiency 7.2.1.1. Average Daily Cost per Occupied State MH Facility Bed
- Output 7.2.1.1. Average Daily Census of State MH Facilities

*Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.1:** Team Texas HHS

SP Action Item 1.1.1: Recruitment and Retention

SP Action Item 1.1.2: Key Occupation Staffing

SP Action Item 1.1.3: System Culture

SP Action Item 1.1.4: Communications

**SP Objective 1.2:** Technology and Innovation

SP Action Item 1.2.3: Performance Management

SP Action Item 1.2.5: Process Improvement

SP Action Item 1.2.6: CAPPs

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.2:** Behavioral Health

SP Action Item 3.2.4: State Hospitals

**SP Objective 3.3:** Well-Being for People with Disabilities

SP Action Item 3.3.2: Health and Specialty Care System

**SP Objective 3.4:** Independence and Well-Being for Older Adults and Their Families

SP Action Item 3.4.1: Healthy Aging

SP Action Item 3.4.3: Older Adults with Developmental Disabilities

**SP Objective 3.5:** Women and Children

SP Action Item 3.5.5: Childhood Immunizations

**SP Objective 3.6:** Improving Health and Well-Being of Service Members, Veterans, and Their Families

SP Action Item 3.6.2: Coordination with Partners to Improve Services

**SP Goal 5: Customer Service and Dynamic Relationships**

**SP Objective 5.1:** Services and Supports

**SP Objective 5.3:** Dynamic Relationships with Partners

SP Action Item 5.3.2: Academic Partnerships

### **Strategy 7.2.2. Mental Health Community Hospitals**

Provide inpatient treatment, crisis assessment, and medical services to adults and children served in community hospitals.

- ▶ Efficiency 7.2.2.1. Average Daily Cost per Occupied MH Community Hospital Bed
- ▶ Output 7.2.2.1. Average Daily Number of Occupied MH Community Hospital Beds

#### *Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.2:** Technology and Innovation

SP Action Item 1.2.4: Data-Driven Decision Support

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.2:** Behavioral Health

SP Action Item 3.2.1: Community-Based Behavioral Health Care

SP Action Item 3.2.4: State Hospitals

### **Objective 7.3. Other Facilities**

Provide specialized assessment, treatment, support, and medical services at other state medical facilities (Corpus Christi Bond Homes and Rio Grande State Center Outpatient Clinic).

#### *Related Strategic Planning Goals*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Goal 5: Customer Service and Dynamic Relationships**

#### **Strategy 7.3.1. Other State Medical Facilities**

Provide program support to SSLCs, state MH hospitals, and other facilities (Corpus Christi Bond Homes and Rio Grande State Center Outpatient Clinic).

#### *Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.1:** Team Texas HHS

SP Action Item 1.1.1: Recruitment and Retention

SP Action Item 1.1.2: Key Occupation Staffing

SP Action Item 1.1.4: Communications

**SP Objective 1.2:** Technology and Innovation

SP Action Item 1.2.3: Performance Management

SP Action Item 1.2.5: Process Improvement

SP Action Item 1.2.6: CAPPs

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.3:** Well-Being for People with Disabilities

SP Action Item 3.3.2: Health and Specialty Care System

SP Action Item 3.3.3: SSLC Planning

SP Action Item 3.3.4: Overcoming Barriers to Transition

**SP Objective 3.4:** Independence and Well-Being for Older Adults and Their Families

SP Action Item 3.4.1: Healthy Aging

SP Action Item 3.4.3: Older Adults with Developmental Disabilities

**SP Objective 3.5:** Women and Children

SP Action Item 3.5.5: Childhood Immunizations

**SP Goal 5: Customer Service and Dynamic Relationships**

**SP Objective 5.1:** Services and Supports

### **Objective 7.4. Facility Program Support**

Provide program support to SSLCs, state MH hospitals, and other facilities (Corpus Christi Bond Homes and Rio Grande State Center Outpatient Clinic).

#### *Related Strategic Planning Goals*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Goal 5: Customer Service and Dynamic Relationships**

### **Strategy 7.4.1. Facility Program Support**

Provide program support to SSLCs, state MH hospitals, and other facilities (Corpus Christi Bond Homes and Rio Grande State Center Outpatient Clinic).

#### *Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.1:** Team Texas HHS

SP Action Item 1.1.1: Recruitment and Retention

SP Action Item 1.1.2: Key Occupation Staffing

SP Action Item 1.1.3: System Culture

SP Action Item 1.1.4: Communications

**SP Objective 1.2:** Technology and Innovation

SP Action Item 1.2.5: Process Improvement

SP Action Item 1.2.6: CAPPS

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.3:** Well-Being for People with Disabilities

SP Action Item 3.3.2: Health and Specialty Care System  
SP Action Item 3.3.3: SSLC Planning  
SP Action Item 3.3.4: Overcoming Barriers to Transition  
SP Action Item 3.3.7: Implementing Disability Services Action Plan

### **Strategy 7.4.2. Capital Repair and Renovation at State Supported Living Centers, State Hospitals, and Other**

Conduct maintenance and construction projects critical to meeting accreditation/certification standards and to ensuring the safety of consumers and Master Lease Purchase Program.

#### *Related Strategic Planning Elements*

#### **SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.1:** Team Texas HHS  
SP Action Item 1.1.4: Communications

#### **SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.3:** Well-Being for People with Disabilities  
SP Action Item 3.3.2: Health and Specialty Care System

#### **SP Goal 5: Customer Service and Dynamic Relationships**

**SP Objective 5.3:** Dynamic Relationships with Partners  
SP Action Item 5.3.2: Academic Partnerships

## **Goal 8. Regulatory, Licensing, and Consumer Protection Services**

Provide licensing, certification, contract enrollment services, financial monitoring, and complaint investigation, to ensure that residential facilities, home and community support services agencies, and persons providing services in facilities or home settings comply with state and federal standards, and that individuals receive high-quality services and are protected from abuse, neglect, and exploitation.

### **Objective 8.1. Long-Term Care and Acute Care Regulation**

Provide licensing, certification, contract enrollment services, financial monitoring, and complaint investigation, to ensure that residential facilities, home and

community support services agencies, and persons providing services in facilities or home settings comply with state and federal standards, and that individuals receive high-quality services and are protected from abuse, neglect, and exploitation.

### *Related Strategic Planning Goals*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Goal 2: Protecting Vulnerable Texans**

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Goal 4: Integrity, Transparency, and Accountability**

**SP Goal 5: Customer Service and Dynamic Relationships**

### **Strategy 8.1.1. Health Care Facilities and Community-Based Regulation**

Provide licensing, certification, contract enrollment services, financial monitoring, and complaint investigation to ensure that residential facilities and home and community support services agencies comply with state and federal standards and individuals receive high-quality services.

- ▶ Efficiency 8.1.1.1. Average Daily Caseload per Worker Provider Investigations
- ▶ Output 8.1.1.1. Number of Long-Term Care and Health Care Regulation Licenses Issued
- ▶ Output 8.1.1.2. Number of Long-Term Care and Health Care Contacts

### *Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.1:** Team Texas HHS

SP Action Item 1.1.1: Recruitment and Retention

SP Action Item 1.1.2: Key Occupation Staffing

**SP Objective 1.2:** Technology and Innovation

SP Action Item 1.2.1: Infrastructure Improvement

SP Action Item 1.2.3: Performance Management

SP Action Item 1.2.4: Data-Driven Decision Support

SP Action Item 1.2.5: Process Improvement

**SP Goal 2: Protecting Vulnerable Texans**

**SP Objective 2.1:** Health and Safety through Improved Regulation

SP Action Item 2.1.1: Improved Regulation to Protect Texans

SP Action Item 2.1.3: Policy Recommendations

**SP Goal 4: Integrity, Transparency, and Accountability**

**SP Objective 4.1:** Medicaid Managed Care

SP Action Item 4.1.3: Optimizing Managed Care Performance

**SP Goal 5: Customer Service and Dynamic Relationships**

**SP Objective 5.3:** Dynamic Relationships with Partners

SP Action Item 5.3.2: Academic Partnerships

**Strategy 8.1.2. Long-Term Care Quality Outreach**

Provide quality monitoring and rapid response team visits to access quality and promote quality improvement in nursing facilities.

*Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.1:** Team Texas HHS

SP Action Item 1.1.3: System Culture

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.2:** Behavioral Health

**SP Objective 3.4:** Independence and Well-Being for Older Adults and Their Families

SP Action Item 3.4.1: Healthy Aging

SP Action Item 3.4.2: Outreach to Communities with Limited Resources

SP Action Item 3.4.3: Older Adults with Developmental Disabilities

**SP Goal 4: Integrity, Transparency, and Accountability**

**SP Objective 4.1:** Medicaid Managed Care

SP Action Item 4.1.3: Optimizing Managed Care Performance

## **SP Goal 5: Customer Service and Dynamic Relationships**

### **SP Objective 5.3:** Dynamic Relationships with Partners

SP Action Item 5.3.2: Academic Partnerships

## **Objective 8.2. Childcare Regulation**

Provide a comprehensive system of consultation, licensure, and regulation to ensure maintenance of minimum standards by daycare and residential childcare facilities, registered family homes, child-placing agencies, facility administrators, and child-placing agency administrators.

### *Related Strategic Planning Goals*

#### **SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

#### **SP Goal 2: Protecting Vulnerable Texans**

### **Strategy 8.2.1. Childcare Regulation**

Provide a comprehensive system of consultation, licensure, and regulation to ensure maintenance of minimum standards by daycare and residential childcare facilities, registered family homes, child-placing agencies, facility administrators, and child-placing agency administrators.

- ▶ Efficiency 8.2.1.1. Average Monthly Daycare Caseload per Monitoring Worker
- ▶ Efficiency 8.2.1.2. Average Monthly Residential Caseload per Monitoring Worker
- ▶ Output 8.2.1.1. Number of Childcare Facility Inspections
- ▶ Output 8.2.1.2. Number of Completed Non-Abuse/Neglect Investigations
- ▶ Output 8.2.1.3. Number of Childcare Regulatory Permits Issued

### *Related Strategic Planning Elements*

#### **SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

##### **SP Objective 1.1:** Team Texas HHS

SP Action Item 1.1.1: Recruitment and Retention

SP Action Item 1.1.2: Key Occupation Staffing

##### **SP Objective 1.2:** Technology and Innovation

SP Action Item 1.2.1: Infrastructure Improvement

SP Action Item 1.2.3: Performance Management  
SP Action Item 1.2.4: Data-Driven Decision Support  
SP Action Item 1.2.5: Process Improvement

**SP Goal 2: Protecting Vulnerable Texans**

**SP Objective 2.1:** Health and Safety through Improved Regulation

SP Action Item 2.1.1: Improved Regulation to Protect Texans  
SP Action Item 2.1.2: Reducing Unregulated Childcare  
SP Action Item 2.1.3: Policy Recommendations

**Objective 8.3. Professional and Occupational Regulation**

Provide credentialing, training, and enforcement services to qualify individuals to provide services to long-term care facility and home health care agency individuals in compliance with applicable law and regulations.

*Related Strategic Planning Goals*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Goal 2: Protecting Vulnerable Texans**

**Strategy 8.3.1. Credentialing/Certification of Health Care Professionals and Others**

Provide credentialing, training, and enforcement services to qualify individuals to provide services to long-term care facility and home health care agency individuals in compliance with applicable law and regulations.

- ▶ Output 8.3.1.1. Number of Licenses/Credentials Issued
- ▶ Output 8.3.1.2. Number of Investigations Completed

*Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.2:** Technology and Innovation

SP Action Item 1.2.1: Infrastructure Improvement  
SP Action Item 1.2.2: Modernization Roadmap  
SP Action Item 1.2.3: Performance Management  
SP Action Item 1.2.4: Data-Driven Decision Support  
SP Action Item 1.2.5: Process Improvement

**SP Goal 2: Protecting Vulnerable Texans**

**SP Objective 2.1:** Health and Safety through Improved Regulation

SP Action Item 2.1.1: Improved Regulation to Protect Texans

SP Action Item 2.1.3: Policy Recommendations

**Objective 8.4. Texas.gov. Estimated and Nontransferable**

Texas.gov. Estimated and Nontransferable.

*Related Strategic Planning Goals*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Goal 2: Protecting Vulnerable Texans**

**Strategy 8.4.1. Texas.gov. Estimated and Nontransferable**

Texas.gov. Estimated and Nontransferable.

*Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.2:** Technology and Innovation

**SP Goal 2: Protecting Vulnerable Texans**

**SP Objective 2.1:** Health and Safety through Improved Regulation

**Goal 9. Program Eligibility Determination and Enrollment**

Provide accurate information on and timely eligibility and issuance services for financial assistance, medical benefits, and food assistance.

**Objective 9.1 Eligibility Operations**

Provide accurate and timely eligibility and issuance services for financial assistance, medical benefits, and Supplemental Nutrition Assistance Program (SNAP) benefits.

*Related Strategic Planning Goals*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Goal 4: Integrity, Transparency, and Accountability**

**Strategy 9.1.1. Integrated Financial Eligibility and Enrollment**

Provide accurate and timely eligibility and issuance services for financial assistance, medical benefits, and SNAP benefits.

- ▶ Output 9.1.1.1. Average Monthly Number of Eligibility Determinations

*Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.1:** Team Texas HHS

SP Action Item 1.1.1: Recruitment and Retention

SP Action Item 1.1.2: Key Occupation Staffing

SP Action Item 1.1.3: System Culture

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.1:** Self-Sufficiency and Well-Being for Families

SP Action Item 3.1.1: Self-Sufficiency for Families

**SP Objective 3.4:** Independence and Well-Being for Older Adults and Their Families

SP Action Item 3.4.1: Healthy Aging

**SP Goal 4: Integrity, Transparency, and Accountability**

**SP Objective 4.2:** Fraud Prevention, Detection, and Education

SP Action Item 4.2.3: SNAP Fraud Framework

**Objective 9.2. Community Access and Supports**

Determine eligibility for, promote access to, and monitor long-term care services and supports.

- Outcome 9.2.1. Percent Long-Term Care Ombudsman Complaints Resolved or Partially Resolved

*Related Strategic Planning Goals*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Goal 3: Improving the Health and Well-Being of Texans**

**Strategy 9.2.1. Intake, Access, and Eligibility to Services and Supports**

Determine functional eligibility for long-term care services, develop individual service plans based on individual needs and preferences, authorize service delivery, and monitor the delivery of services (Medicaid and non-Medicaid).

- ▶ Output 9.2.1.1. Average Monthly Number Individuals with Intellectual Disability Receiving Assessment and Service Coordination

*Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.1:** Team Texas HHS

SP Action Item 1.1.1: Recruitment and Retention

SP Action Item 1.1.2: Key Occupation Staffing

SP Action Item 1.1.3: System Culture

**SP Objective 1.2:** Technology and Innovation

SP Action Item 1.2.3: Performance Management

SP Action Item 1.2.4: Data-Driven Decision Support

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.1:** Self-Sufficiency and Well-Being for Families

SP Action Item 3.1.1: Self-Sufficiency for Families

**SP Objective 3.2:** Behavioral Health

SP Action Item 3.2.1: Community-Based Behavioral Health Care

**SP Objective 3.3:** Well-Being for People with Disabilities

SP Action Item 3.3.4: Overcoming Barriers to Transition

SP Action Item 3.3.5: Community-Based Waiver Programs

SP Action Item 3.3.7: Implementing Disability Services Action Plan

**SP Objective 3.4:** Independence and Well-Being for Older Adults and Their Families

SP Action Item 3.4.1: Healthy Aging

### **Objective 9.3. Texas Integrated Eligibility Redesign System**

Texas Integrated Eligibility Redesign System (TIERS).

#### *Related Strategic Planning Goals*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Goal 3: Improving the Health and Well-Being of Texans**

#### **Strategy 9.3.1. Texas Integrated Eligibility Redesign System and Supporting Tech**

TIERS and eligibility supporting technologies capital.

#### *Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.1:** Team Texas HHS

SP Action Item 1.1.1: Recruitment and Retention

SP Action Item 1.1.2: Key Occupation Staffing

SP Action Item 1.1.3: System Culture

**SP Objective 1.2:** Technology and Innovation

SP Action Item 1.2.4: Data-Driven Decision Support

#### **Strategy 9.3.2. Texas Integrated Eligibility Redesign System Capital Projects**

TIERS capital projects.

#### *Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.2:** Technology and Innovation

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.1:** Self-Sufficiency and Well-Being for Families

SP Action Item 3.1.1: Self-Sufficiency for Families

## **Goal 10. Provide Disability Determination Services within Social Security Administration Guidelines**

Enhance service to persons with disabilities by achieving accuracy and timeliness within the Social Security Administration Disability Program guidelines and improving the cost-effectiveness of the decision-making process in the disability determination services.

### **Objective 10.1. Increase Decisional Accuracy and Timeliness of Determinations**

To achieve annually the decisional accuracy of 90.6 percent and timeliness of 125 days as measured by Social Security Administration Disability Program guidelines.

#### *Related Strategic Planning Goals*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Goal 3: Improving the Health and Well-Being of Texans**

### **Strategy 10.1.1. Determine Federal Supplemental Security Income and Social Security Disability Insurance Eligibility**

Determine eligibility for federal Supplemental Security Income and Social Security Disability Insurance benefits.

- Output 10.1.1.1. Number of Disability Cases Determined

#### *Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.1:** Team Texas HHS

SP Action Item 1.1.1: Recruitment and Retention

SP Action Item 1.1.2: Key Occupation Staffing

SP Action Item 1.1.3: System Culture

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.1:** Self-Sufficiency and Well-Being for Families

SP Action Item 3.1.1: Self-Sufficiency for Families

## **Goal 11. Office of Inspector General**

Office of Inspector General.

### **Objective 11.1. Client and Provider Accountability**

Improve HHS programs and operations by protecting them against fraud, waste, and abuse.

- Outcome 11.1.1. Net State Dollars Recovered per Dollar Expended from All Funds

#### *Related Strategic Planning Goals*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Goal 4: Integrity, Transparency, and Accountability**

### **Strategy 11.1.1. Office of Inspector General**

Office of Inspector General.

- ▶ Output 11.1.1.1. Number of Completed Provider and Recipient Investigations
- ▶ Output 11.1.1.2. Number of Audits and Reviews Performed
- ▶ Output 11.1.1.3. Number of Nursing Facility Utilization Reviews
- ▶ Output 11.1.1.4. Number of Hospital Utilization Reviews
- ▶ Output 11.1.1.5. Total Dollars Recovered (Millions)
- ▶ Output 11.1.1.6. Referrals to Office of the Attorney General Fraud Control Unit
- ▶ Output 11.1.1.7. Total Medicaid Overpayments Recovered with Special Investigation Units
- ▶ Output 11.1.1.8. Average Number of Clients in the Inspector General Lock-in Program
- ▶ Output 11.1.1.9. Total Dollars Identified (Millions)

#### *Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.1: Team Texas HHS**

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SP Action Item 1.1.1: Recruitment and Retention

SP Action Item 1.1.2: Key Occupation Staffing

SP Action Item 1.1.3: System Culture

**SP Goal 4: Integrity, Transparency, and Accountability**

**SP Objective 4.2:** Fraud Prevention, Detection, and Education

SP Action Item 4.2.1: Prevention of Fraud, Waste, and Abuse across the HHS System

SP Action Item 4.2.2: Detection of Fraud, Waste, and Abuse across the HHS System

SP Action Item 4.2.3: SNAP Fraud Framework

**Strategy 11.1.2. Office of Inspector General Administrative Support**

Office of Inspector General Administrative Support.

- ▶ Output 11.1.2.1. Number of Trainings Presented by Office of Inspector General Staff

*Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.1:** Team Texas HHS

SP Action Item 1.1.1: Recruitment and Retention

SP Action Item 1.1.2: Key Occupation Staffing

SP Action Item 1.1.3: System Culture

**SP Goal 4: Integrity, Transparency, and Accountability**

**SP Objective 4.2:** Fraud Prevention, Detection, and Education

SP Action Item 4.2.1: Prevention of Fraud, Waste, and Abuse across the HHS System

SP Action Item 4.2.2: Detection of Fraud, Waste, and Abuse across the HHS System

SP Action Item 4.2.3: SNAP Fraud Framework

## **Goal 12. Health and Human Services Enterprise Oversight and Policy**

Improve the effectiveness and efficiency of the delivery of health and human services in Texas through the oversight and coordination of a prompt, accurate, and comprehensive service delivery system.

### **Objective 12.1. Enterprise Oversight and Policy**

Improve the business operations of the HHS System to maximize federal funds, improve efficiency in system operations, improve accountability and coordination throughout the system, and ensure the timely and accurate provision of eligibility determination services for all individuals in need of HHS System programs.

#### *Related Strategic Planning Goals*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Goal 2: Protecting Vulnerable Texans**

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Goal 4: Integrity, Transparency, and Accountability**

**SP Goal 5: Customer Service and Dynamic Relationships**

### **Strategy 12.1.1. Enterprise Oversight and Policy**

Provide leadership and direction to achieve an efficient and effective HHS System.

#### *Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.1:** Team Texas HHS

SP Action Item 1.1.1: Recruitment and Retention

SP Action Item 1.1.2: Key Occupation Staffing

SP Action Item 1.1.3: System Culture

**SP Objective 1.2:** Technology and Innovation

SP Action Item 1.2.3: Performance Management

SP Action Item 1.2.4: Data-Driven Decision Support

SP Action Item 1.2.5: Process Improvement

**SP Objective 1.3:** Purchasing

SP Action Item 1.3.1: Process Improvement in Purchasing, Procurement, and Contracting

SP Action Item 1.3.2: Historically Underutilized Businesses

**SP Goal 2: Protecting Vulnerable Texans**

**SP Objective 2.1:** Health and Safety through Improved Regulation

SP Action Item 2.1.1: Improved Regulation to Protect Texans

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.6:** Improving Health and Well-Being of Service Members, Veterans, and Their Families

SP Action Item 3.6.1: Information Sources and Outreach

SP Action Item 3.6.2: Coordination with Partners to Improve Services

**SP Goal 4: Integrity, Transparency, and Accountability**

**SP Objective 4.3:** Protecting Confidential Information

SP Action Item 4.3.1: Privacy Compliance

**SP Goal 5: Customer Service and Dynamic Relationships**

**SP Objective 5.2:** Advisory Committee Engagement and Diversity

SP Action Item 5.2.1: Stakeholder Engagement

**SP Objective 5.3:** Dynamic Relationships with Partners

SP Action Item 5.3.1: Information on Procurement and Contracting

**Strategy 12.1.2. Information Technology Capital Projects Oversight and Program Support**

Information technology capital projects and program support.

*Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.1:** Team Texas HHS

SP Action Item 1.1.1: Recruitment and Retention

SP Action Item 1.1.2: Key Occupation Staffing

SP Action Item 1.1.3: System Culture

SP Action Item 1.1.4: Communications

**SP Objective 1.2:** Technology and Innovation

SP Action Item 1.2.1: Infrastructure Improvement

SP Action Item 1.2.2: Modernization Roadmap

SP Action Item 1.2.3: Performance Management

SP Action Item 1.2.4: Data-Driven Decision Support

SP Action Item 1.2.5: Process Improvement

SP Action Item 1.2.6: CAPPS

**SP Objective 1.3:** Purchasing

SP Action Item 1.3.1: Process Improvement in Purchasing, Procurement, and Contracting

**Objective 12.2. Program Support**

Program support.

*Related Strategic Planning Goals*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Goal 2: Protecting Vulnerable Texans**

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Goal 4: Integrity, Transparency, and Accountability**

**SP Goal 5: Customer Service and Dynamic Relationships**

**Strategy 12.2.1. Central Program Support**

Central program support.

*Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.1:** Team Texas HHS

SP Action Item 1.1.1: Recruitment and Retention

SP Action Item 1.1.2: Key Occupation Staffing

SP Action Item 1.1.3: System Culture

SP Action Item 1.1.4: Communications

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**SP Objective 1.2:** Technology and Innovation

SP Action Item 1.2.3: Performance Management

SP Action Item 1.2.4: Data-Driven Decision Support

SP Action Item 1.2.5: Process Improvement

SP Action Item 1.2.6: CAPPS

**SP Objective 1.3:** Purchasing

SP Action Item 1.3.1: Process Improvement in Purchasing, Procurement, and Contracting

SP Action Item 1.3.2: Historically Underutilized Businesses

**SP Goal 2: Protecting Vulnerable Texans**

**SP Objective 2.1:** Health and Safety through Improved Regulation

SP Action Item 2.1.1: Improved Regulation to Protect Texans

SP Action Item 2.1.2: Reducing Unregulated Childcare

SP Action Item 2.1.3: Policy Recommendations

**SP Objective 2.2:** Strengthening Advocacy

SP Action Item 2.2.1: Retention

SP Action Item 2.2.2: Evaluation and Improvement

**SP Goal 3: Improving the Health and Well-Being of Texans**

**SP Objective 3.1:** Self-Sufficiency and Well-Being for Families

SP Action Item 3.1.1: Self-Sufficiency for Families

**SP Objective 3.2:** Behavioral Health

SP Action Item 3.2.1: Community-Based Behavioral Health Care

SP Action Item 3.2.2: Medication-Assisted Treatment

SP Action Item 3.2.3 Certified Community Behavioral Health Clinics

SP Action Item 3.2.4: State Hospitals

**SP Objective 3.3:** Well-Being for People with Disabilities

SP Action Item 3.3.1: Supporting Children with Disabilities

SP Action Item 3.3.2: Health and Specialty Care System

SP Action Item 3.3.3: SSLC Planning

SP Action Item 3.3.4: Overcoming Barriers to Transition

SP Action Item 3.3.5: Community-Based Waiver Programs

SP Action Item 3.3.6: Improving Communications Access for People Who Are Deaf or Hard of Hearing

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SP Action Item 3.3.7: Implementing Disability Services Action Plan

**SP Objective 3.4:** Independence and Well-Being for Older Adults and Their Families

SP Action Item 3.4.1: Healthy Aging

SP Action Item 3.4.2: Outreach to Communities with Limited Resources

SP Action Item 3.4.3: Older Adults with Developmental Disabilities

**SP Objective 3.5:** Women and Children

SP Action Item 3.5.1: Alternatives to Abortion

SP Action Item 3.5.2: Prenatal Nutrition

SP Action Item 3.5.3: Equity in Breastfeeding Rates

SP Action Item 3.5.4: Reproductive Health

SP Action Item 3.5.5: Childhood Immunizations

**SP Objective 3.6:** Improving Health and Well-Being of Service Members, Veterans, and Their Families

SP Action Item 3.6.1: Information Sources and Outreach

SP Action Item 3.6.2: Coordination with Partners to Improve Services

**SP Goal 4: Integrity, Transparency, and Accountability**

**SP Objective 4.1:** Medicaid Managed Care

SP Action Item 4.1.1: Ensuring Access to Providers

SP Action Item 4.1.2: Ensuring Access to Services

SP Action Item 4.1.3: Optimizing Managed Care Performance

**SP Objective 4.2:** Fraud Prevention, Detection, and Education

SP Action Item 4.2.1: Prevention of Fraud, Waste, and Abuse across the HHS System

SP Action Item 4.2.2: Detection of Fraud, Waste, and Abuse across the HHS System

SP Action Item 4.2.3: SNAP Fraud Framework

**SP Objective 4.3:** Protecting Confidential Information

SP Action Item 4.3.1: Privacy Compliance

**SP Goal 5: Customer Service and Dynamic Relationships**

**SP Objective 5.1:** Services and Supports

SP Action Item 5.1.1: Support for Victims and Survivors of Human Trafficking

SP Action Item 5.1.2: American Sign Language Videos

SP Action Item 5.1.3: Connecting Women to Services

SP Action Item 5.1.4: Improved Contractor Training

**SP Objective 5.2:** Advisory Committee Engagement and Diversity

SP Action Item 5.2.1: Stakeholder Engagement

**SP Objective 5.3:** Dynamic Relationships with Partners

SP Action Item 5.3.1: Information on Procurement and Contracting

SP Action Item 5.3.2: Academic Partnerships

### **Strategy 12.2.2. Regional Program Support**

Regional program support.

#### *Related Strategic Planning Elements*

**SP Goal 1: Efficiency, Effectiveness, and Process Improvement**

**SP Objective 1.1:** Team Texas HHS

SP Action Item 1.1.1: Recruitment and Retention

SP Action Item 1.1.2: Key Occupation Staffing

SP Action Item 1.1.3: System Culture

## **Goal 13. Texas Civil Commitment Office**

Texas Civil Commitment Office.

**Objective 13.1. Administer Texas Civil Commitment Program**

Administer Texas Civil Commitment Program.

#### *Related Strategic Planning Goals*

By statute, the Texas Civil Commitment Office is administratively attached to the HHSC but is a separate state agency and does not participate in HHSC strategic planning.

**Strategy 13.1.1. Texas Civil Commitment Office**

Texas Civil Commitment Office.

- ▶ Output 13.1.1.1. Number of Sex Offenders Provided Treatment and Supervision

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*Related Strategic Planning Elements*

By statute, the Texas Civil Commitment Office is administratively attached to the HHSC but is a separate state agency and does not participate in HHSC strategic planning.

## Schedule B: List of Measure Definitions

*This budget structure is taken from the Health and Human Services Commission (HHSC) Base Reconciliation as approved by the Office of the Governor and the Legislative Budget Board (LBB) in July 2020.*

### Goal 1. Medicaid

#### Objective 1.1. Acute Care Services (including STAR+PLUS Long-Term Care) for Full-Benefit Clients

##### Outcome 1.1.1. Average Medicaid and Children's Health Insurance Program Children Recipient Months per Month

###### *Definition*

This is a measure of the monthly average number of income-eligible children served in Medicaid and the Children's Health Insurance Program (CHIP).

###### *Purpose*

This measure reflects the total average monthly number of income-eligible children receiving services in Medicaid and CHIP.

###### *Data Source*

Medicaid and CHIP data are obtained from the Premiums Payable System.

###### *Methodology*

Sum the total number of children and newborn perinatal clients from the CHIP enrollment report with the total number of income-eligible children from the Premiums Payable System and divide that number by the number of months in the reporting period. Children younger than age 19 in Medicaid as Pregnant Women or Supplemental Security Income (SSI) clients are not included in this count. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility

periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

*Data Limitations*

None.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Higher than target is desirable.

**Outcome 1.1.2. Average Full Benefit Medicaid Recipient Months per Month**

*Definition*

Medicaid Acute Care Recipient Months per Month is the average monthly number of recipient months (managed care and non-managed care combined) for Medicaid recipients (in the Aged and Medicare-Related, Disability-Related, Pregnant Women, Other Adults, or Children strategies).

*Purpose*

This measure reflects the average monthly number of recipient months for the named group.

*Data Source*

Medicaid data are obtained from the Premiums Payable System.

*Methodology*

A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. If data are incomplete,

estimates will be made based on completion ratios and other forecasting techniques. This measure is the sum of the total number of recipient months for all full benefit clients for the given period divided by the number of months in the reporting period.

*Data Limitations*

None.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Higher than target is desirable.

**Outcome 1.1.3. Average Monthly Cost per Full Benefit Medicaid Client (Including Drug and Long-Term Care)**

*Definition*

Average Medicaid cost per recipient month (for managed care and non-managed care combined) is the average amount paid for each recipient month incurred in the Aged and Medicare-Related, Disability-Related, Pregnant Women, Other Adults, Children, and Medicaid Prescription Drugs strategies. Includes long-term services and supports in STAR+PLUS, Dual Demonstration, and STAR Kids.

*Purpose*

This measure determines the average Medicaid cost per recipient month, including drug costs and long-term services and supports.

*Data Source*

Data sources for this measure are the monthly STMR/STRR 650/750 statistical reports and the Mental Health series drug reports compiled by the state Medicaid contractor, the Premiums Payable System, and health maintenance organization (HMO) rates.

### *Methodology*

The average monthly expenditure for the named group is calculated by dividing the total estimated dollars from claims and HMO capitation rates which include administration fees in the total by the number of incurred recipient months during the reporting period. The measure will include managed care and non-managed care for the named group. Dollars exclude costs for Texas Health Steps Dental and Medicaid Transportation. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures for recipient months.

### *Data Limitations*

This measure involves the recipient months and costs for acute care and long-term services and supports. Data are on an incurred basis. If data are incomplete, estimates will be made based on completion ratios and other forecasting techniques.

### *Calculation Method*

Noncumulative

### *New Measure*

No

### *Target Attainment*

Lower than target is desirable.

## **Outcome 1.1.4. Medicaid Recipient Months: Proportion in Managed Care**

### *Definition*

The measure gives the proportion of recipient months for Medicaid clients enrolled in managed care plans compared to the total Medicaid full benefit population during the reporting period. Total Medicaid recipient months is the number of recipient months (managed care and non-managed care combined) for Medicaid recipients in the Aged and Medicare-Related, Disability-Related, Pregnant Women, Other Adults, and Children strategies. Managed care recipient months are the total number of recipient months for the above-named strategies in the STAR, STAR+PLUS, STAR Health, Dual Demonstration, or STAR Kids programs for the reporting period.

*Purpose*

This is a measure of the impact of implementation of managed care initiatives.

*Data Source*

The Premiums Payable System.

*Methodology*

A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. If data are incomplete, estimates will be made based on completion ratios and other forecasting techniques. The proportion of Medicaid caseload in managed care is calculated for the given period by summing the managed care recipient months for the reporting period and dividing by the total Medicaid full benefit recipient months for the reporting period. The result is then multiplied by 100.

*Data Limitations*

HHSC is not directly responsible for enrolling clients in the STAR+PLUS program.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Higher than target is desirable.

**Outcome 1.1.5. Average Number of Members Receiving Waiver Services through Managed Care**

*Definition*

This measure reports the monthly average number of members, enrolled in the 1915(c) component of STAR+PLUS, STAR Kids, STAR Health, or the Dual Demonstration, who received Medicaid community care services through a

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managed care model. The STAR+PLUS program integrates preventive, primary, acute care, and long-term care into a single managed care model.

*Purpose*

This measure shows the impact of managed care on community care caseloads for clients who are enrolled in the 1915(c)-waiver component of STAR+PLUS, STAR Kids, STAR Health, or Dual Demonstration. This information is a useful tool for projecting future funding needs.

*Data Source*

The Premiums Payable System.

*Methodology*

Sum of the managed care recipient months for members receiving 1915(c) Home and Community-Based Services (HCS) or Medically Dependent Children Program waiver community care services for all months of the reporting period divided by the number of months in the reporting period. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

*Data Limitations*

This measure only includes members who are enrolled in the 1915(c)-waiver component of long-term services and supports through a managed care model. This measure does not describe the level, type, or amount of community care received by members.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Higher than target is desirable.

### **Outcome 1.1.6. Average Number Members Receiving Nursing Facility Care through Managed Care**

#### *Definition*

This is the average monthly number of nursing facility clients enrolled in a Medicaid managed care health plan. This includes both the STAR+PLUS and Dual Demonstration program.

#### *Purpose*

This measure reflects the average monthly number of nursing facility residents receiving services through Medicaid managed care.

#### *Data Source*

The Premiums Payable System.

#### *Methodology*

Sum of the managed care recipient months for nursing facility residents for all months of the reporting period divided by the number of months in the reporting period. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

#### *Data Limitations*

None.

#### *Calculation Method*

Noncumulative

#### *New Measure*

No

#### *Target Attainment*

Higher than target is desirable.

### **Outcome 1.1.7: Average Number Served per Month: Medically Dependent Children Program**

#### *Definition*

This measure reports the monthly average unduplicated number of individuals who received one or more services under the Medically Dependent Children Program Waiver. This measure aligns with the Medically Dependent Children Program risk group within STAR Kids.

#### *Purpose*

This measure reflects the total average monthly number of Medicaid children eligible for services that are enrolled in the Medically Dependent Children Program Waiver under the STAR Kids program.

#### *Data Source*

The Premiums Payable System.

#### *Methodology*

Sum the total number of recipient months for the given period and divide by the number of months in the reporting period. A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. If data are incomplete, estimates will be made based on completion ratios and other forecasting techniques.

#### *Data Limitations*

None.

#### *Calculation Method*

Noncumulative

#### *New Measure*

No

*Target Attainment*

Currently not determined.

**Strategy 1.1.1 Aged and Medicare-Related Eligibility Group**

***Efficiency 1.1.1.1. Average Aged and Medicare-Related Cost per Recipient Month***

*Definition*

The average monthly cost paid per Aged and Medicare-Related recipient month.

*Purpose*

This measure reflects the amount paid for each recipient month for the named group.

*Data Source*

PREM report (currently with incurred data). The PREM consists of data from the monthly STMR 650/750 (Non-Managed Care) and STRR 650/750 (Managed Care) statistical reports compiled by the Medicaid contractor, the Premiums Payable System, and HMO capitation rates. Dollars include STAR+PLUS premiums for long term services and supports. Dollars exclude costs for Texas Health Steps dental, Prescription Drugs, and Medical Transportation Program.

*Methodology*

The average monthly cost for the named group is calculated by dividing the total estimated dollars from claims and HMO capitation rates which include administration fees in the total by the number of projected recipient months to be incurred. The measure will include managed care and non-managed care for the named group. Completion factors may be applied to the incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

*Data Limitations*

None.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Lower than target is desirable.

***Output 1.1.1.1. Average Aged and Medicare-Related Recipient Months per Month: Total***

*Definition*

The average monthly number of Aged and Medicare-Related recipient months, including managed care. A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services.

*Purpose*

This measure reflects the average monthly number of recipient months for the named group.

*Data Source*

The Premiums Payable System.

*Methodology*

The average monthly cost for the named group is calculated by dividing the total estimated dollars from claims and HMO capitation rates which include administration fees in the total by the number of projected recipient months to be incurred. The measure will include managed care and non-managed care for the named group. Completion factors may be applied to the incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

*Data Limitations*

None.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Higher than target is desirable.

**Strategy 1.1.2. Disability-Related Eligibility Group**

***Efficiency 1.1.2.1. Average Disability-Related Cost per Recipient Month***

*Definition*

The average monthly expenditure per Disability-Related recipient month.

*Purpose*

This measure reflects the amount paid for each recipient month for the named group.

*Data Source*

PREM report (currently with incurred data). The PREM consists of data from the monthly STMR 650/750 (Non-Managed Care) and STRR 650/750 (Managed Care) statistical reports compiled by the Medicaid contractor, the Premiums Payable System, and HMO capitation rates. Dollars exclude costs for Texas Health Steps dental, Prescription Drugs, and Medical Transportation Program. Dollars include STAR+PLUS and STAR kids long term support and services.

*Methodology*

The average monthly expenditure for the named group is calculated by dividing the total estimated dollars from claims and HMO capitation rates which include administration fees in the total by the number of projected recipient months during the reporting period. The measure will include managed care and non-managed care for the named group. Completion factors may be applied to the incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

*Data Limitations*

None.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Lower than target is desirable.

***Output 1.1.2.1. Average Disability-Related Recipient Months per Month: Total***

*Definition*

The average monthly number of Disability-Related recipient months, including managed care program clients. A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services.

*Purpose*

This measure reflects the average monthly number of recipient months for the named group.

*Data Source*

The Premiums Payable System.

*Methodology*

Average recipient months per month is calculated by summing the named group's recipient months by month and dividing by the number of months summed. Managed care and fee-for-service are included. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

*Data Limitations*

None.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Higher than target is desirable.

**Strategy 1.1.3. Pregnant Women Eligibility Group**

***Efficiency 1.1.3.1. Average Pregnant Women Cost per Recipient Month***

*Definition*

The average monthly expenditure per Pregnant Women recipient month.

*Purpose*

This measure reflects the amount paid for each recipient month for the named group.

*Data Source*

PREM report (incurred data). The PREM consists of data from the monthly STMR 650/750 (Non-Managed Care) and STRR 650/750 (Managed Care) statistical reports compiled by the Medicaid contractor, the Premiums Payable System, and HMO capitation rates. Dollars exclude costs in Texas Health Steps Dental, Medical Transportation Program, and Prescription Drugs.

*Methodology*

The average monthly expenditure for the named group is calculated by dividing the total estimated dollars from claims and HMO capitation rates which include administration fees by the number of projected recipient months to be incurred. Managed Care and fee-for-service are included. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

*Data Limitations*

None.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Lower than target is desirable.

***Output 1.1.3.1. Average Pregnant Women Recipient Months per Month***

*Definition*

The average monthly number of Pregnant Women recipient months. A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services.

*Purpose*

This measure reflects the average monthly number of recipient months for the named group.

*Data Source*

The Premiums Payable System.

*Methodology*

Average recipient months per month is calculated by summing the named group's recipient months by month and dividing by the number of months summed. Managed care and fee-for-service are included. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

*Data Limitations*

None.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Higher than target is desirable.

**Strategy 1.1.4. Other Adults Eligibility Group**

***Efficiency 1.1.4.1. Average Other Adults Cost per Recipient Month***

*Definition*

The average monthly expenditure per Other Adults recipient month. The Other Adults group includes Temporary Assistance for Needy Families (TANF)-Level Adults, Medically Needy clients, and Medicaid for Breast and Cervical Cancer clients.

*Purpose*

This measure reflects the amount paid for each recipient month for the named group.

*Data Source*

PREM report. The PREM consists of data from the monthly STMR 650/750 (Non-Managed Care) and STRR 650/750 (Managed Care) statistical reports compiled by the Medicaid contractor, the Premiums Payable System, and HMO capitation rates. Dollars exclude Texas Health Steps Dental, Medical Transportation Program, and Prescription Drugs. Dollars include STAR+PLUS long-term support and services for Breast and Cervical Cancer clients.

*Methodology*

The average monthly expenditure for the named group is calculated by dividing the total estimated dollars from claims and HMO capitation rates which include administration fees in the total by the number of projected recipient months to be

incurred. The measure will include managed care and non-managed care costs and caseloads for TANF Adults, Medically Needy, and Breast and Cervical Cancer clients. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

*Data Limitations*

None.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Lower than target is desirable.

***Output 1.1.4.1. Average Other Adults Recipient Months per Month***

*Definition*

The average monthly number of TANF-Level Adult, Medically Needy, and Medicaid for Breast and Cervical Cancer. A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services.

*Purpose*

This measure reflects the average monthly number of recipient months for the named group.

*Data Source*

The Premiums Payable System.

*Methodology*

Average recipient months per month is calculated by summing the named group's recipient months by month and dividing by the number of months summed. Managed care and fee-for-service are included. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current

month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

*Data Limitations*

None.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Higher than target is desirable.

**Strategy 1.1.5. Children Eligibility Group**

***Efficiency 1.1.5.1. Average Income-Eligible Children Cost per Recipient Month***

*Definition*

The average monthly expenditure per child recipient month for clients in the Children strategy, excluding STAR Health children. The Children group includes all age-group related children. It does not include SSI children, medically needy children, children in the STAR Health program, or members younger than age 19 in the pregnant women risk group.

*Purpose*

This measure reflects the amount paid for each recipient month for the named group.

*Data Source*

PREM report. The PREM consists of data from the monthly STMR 650/750 (Non-Managed Care) and STRR 650/750 (Managed Care) statistical reports compiled by the Medicaid contractor, the Premiums Payable System, and HMO capitation rates.

Dollars exclude costs for Texas Health Steps Dental, Medical Transportation, and Prescription Drugs.

### *Methodology*

The average monthly expenditure for the named group is calculated by dividing the total estimated dollars from claims and HMO capitation rates which include administration fees by the number of projected recipient months to be incurred. Managed care and non-managed care are included for the aged-based children's groups in the non-disabled children strategy. (This excludes SSI children and STAR Health.) Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

### *Data Limitations*

None.

### *Calculation Method*

Noncumulative

### *New Measure*

No

### *Target Attainment*

Lower than target is desirable.

## ***Efficiency 1.1.5.2. Average STAR Health Foster Care Children Cost per Recipient Month***

### *Definition*

Average monthly expenditure per foster care children recipient months in STAR Health.

### *Purpose*

This measure reflects the amount paid for each recipient month for the named group.

### *Data Source*

PREM report (currently with incurred data). The PREM consists of data from the statistical reports (STMR/STRR 650/750) compiled by the Medicaid contractor, the Premiums Payable System, and HMO capitation rates. Costs exclude Prescription Drugs and Medical Transportation Program. Because STAR Health premiums include dental costs, dental is included in this measure.

### *Methodology*

The average monthly expenditure for the named group is calculated by dividing the total estimated dollars from HMO capitation rates by the total recipient months to be incurred. The measure includes managed care for the foster care children served in the statewide STAR Health program. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

### *Data Limitations*

None.

### *Calculation Method*

Noncumulative

### *New Measure*

No

### *Target Attainment*

Lower than target is desirable.

## ***Output 1.1.5.1. Average Income-Eligible Children Recipient Months per Month***

### *Definition*

The average monthly number of recipient months for clients in the Children strategy, excluding STAR Health children. A recipient month is defined as one

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month's coverage for an individual who has been determined as eligible for Medicaid services. The children group includes all age-group related children. It does not include SSI children, medically needy children, and children in the STAR Health program or members younger than age 19 in the pregnant women risk group.

*Purpose*

This measure reflects the average monthly number of recipient months for the named group.

*Data Source*

The Premiums Payable System.

*Methodology*

Average recipient months per month is calculated by summing the named group's recipient months by month and dividing by the number of months summed. Managed care and fee-for-service are included for the age-based Children's groups in the non-disabled children strategy. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

*Data Limitations*

None.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Higher than target is desirable.

***Output 1.1.5.2. Average STAR Health Foster Care Children Recipient Months per Month***

*Definition*

The average monthly number of foster care children in statewide managed care recipient months. A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services.

*Purpose*

This measure reflects the average monthly number of recipient months for the named group.

*Data Source*

The Premiums Payable System.

*Methodology*

Average recipient months per month is calculated by summing the named group's recipient months by month and dividing by the number of months summed.

Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data.

Forecasting models and trends are used to project future expenditures and recipient months. Managed care only is included; these children are foster care children served in the statewide managed care STAR Health program.

*Data Limitations*

None.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Higher than target is desirable.

### **Strategy 1.1.6. Medicaid Prescription Drugs**

Provide prescription medication to Medicaid-eligible recipients as prescribed by their treating physician.

#### ***Efficiency 1.1.6.1. Average Cost / Medicaid Recipient Month: Prescription Drugs***

##### *Definition*

This measure is the total Medicaid prescription cost incurred divided by the total number of recipient months incurred in the reporting period for a given state fiscal year.

##### *Purpose*

Captures the total prescription cost incurred divided by the total number of recipient months incurred in the reporting period.

##### *Data Source*

PREM report. Drug costs for drugs paid fee-for-service comes from monthly MH 492 reports provided by the Medicaid contractor. Costs for HMO clients are based on caseload from the Premiums Payable System and capitation rates set by HHSC. Other drug expenditures include payments to managed care organizations (MCOs) for pass-through payments for dual-eligible clients enrolled in STAR+PLUS and non-risk-based payments for high cost medications. Reports come from the Vendor Drug Program via the Medicaid claims contractor.

##### *Methodology*

This measure is the total Medicaid prescription cost (for fee-for-service and managed care clients) incurred divided by the number of recipient months for the reporting period. Managed care and non-managed care are included for all full benefit Medicaid clients. Because data are reported on an incurred basis, the most recent data are completed using completion ratios. Forecasting models and trends are used to project future costs and caseload.

##### *Data Limitations*

None.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

**Strategy 1.1.7. Texas Health Steps Early and Periodic Screening, Diagnosis and Treatment Dental**

Provide dental care in accordance with all federal mandates.

***Efficiency 1.1.7.1. Average Cost per Texas Health Steps Early and Periodic Screening, Diagnosis, and Treatment Dental Recipient Months per Month***

*Definition*

This is the average cost per recipient month per month of Texas Health Steps Early, Periodic, Screening, Diagnosis, and Treatment of dental and orthodontic recipients eligible for dental and orthodontic services during the reporting period. Measure excludes STAR Health clients as their dental is part of STAR Health capitation.

*Purpose*

Measures the average cost per client eligible for Texas Health Steps Early, Periodic, Screening, Diagnosis, and Treatment dental and orthodontic services.

*Data Source*

The STM650 report compiled monthly by the state Medicaid contractor is used for fee-for-service dental costs, and the Premiums Payable System and rates set by HHSC are used for dental maintenance organization dental costs (starting March 2012).

*Methodology*

This cost is calculated by dividing the total dental and orthodontic expenditures in the reporting period by the total number of Texas Health Steps Dental recipient months in the same reporting period. (Texas Health Steps Dental recipient months

are the same group of eligible persons as the Texas Health Steps Orthodontic recipient months, so do not sum). Clients eligible include all Medicaid children younger than age 21, excluding foster care children in the STAR Health program. (STAR Health includes dental care.) Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, re-determinations, retroactive decisions, and post and prior eligibility periods. Because data are reported on an incurred basis, recipient month figures are completed using completion ratios. Forecasting models and trends are used to project future counts.

*Data Limitations*

None.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

***Output 1.1.7.1. Average Texas Health Steps Early and Periodic Screening, Diagnosis, and Treatment Dental Recipient Months per Month***

*Definition*

This is the average monthly number of recipient months for Texas Health Steps recipients eligible for dental and orthodontic services during the reporting period. Excludes STAR Health clients as their dental is part of the overall program benefits and capitation.

*Purpose*

This measure reflects the average monthly number of recipient months for the named group.

*Data Source*

The Premiums Payable System

*Methodology*

Average recipient months per month is calculated by summing the named group's recipient months by month and dividing by the number of months summed. Managed care and fee-for-service are included. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, re determinations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

*Data Limitations*

None.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Higher than target is desirable.

**Strategy 1.1.8. Medical Transportation**

Support and reimburse for non-emergency transportation assistance to individuals receiving medical assistance.

***Efficiency 1.1.8.1. Average Nonemergency Transportation Cost per Recipient Month***

*Definition*

Nonemergency medical transportation cost per recipient month is the average amount paid for nonemergency medical transportation for each recipient month incurred. It is a blended per-member-per-month for all fee-for-service and managed care model costs.

### *Purpose*

This measure determines the average cost per recipient month.

### *Data Source*

Medicaid recipient month data are obtained from the Premiums Payable System. For managed care, nonemergency medical transportation cost data are calculated from Premiums Payable System enrollment and rates set by HHSC. Fee-for-service cost data are from claims administrator reports and the accounting system.

### *Methodology*

This measure is the total nonemergency medical transportation cost (for fee-for-service and managed care) incurred divided by the number of recipient months for the reporting period. Managed care and fee-for-service are included. Because data are reported on an incurred basis, the most recent data are completed using completion ratios. Forecasting models and trends are used to project future costs and caseload.

### *Data Limitations*

Complete data may not be available for the reporting period at the time the report is due; therefore, projections may be included based on the data available.

### *Calculation Method*

Noncumulative

### *New Measure*

No

### *Target Attainment*

Currently not determined.

## **Objective 1.2. Community Services and Supports — Entitlement**

Provide Medicaid-covered supports and services in home and community settings to enable aging individuals, individuals with disabilities, and others who qualify for nursing facility care, but can be served at home or in the community, to maintain their independence and avoid institutionalization.

### **Strategy 1.2.1. Community Attendant Services**

Provide attendant care services to Medicaid-reimbursed subgroup of Primary Home Care eligible individuals that must meet financial eligibility of total gross monthly income less than or equal to 300 percent of the SSI federal benefit rate.

#### ***Efficiency 1.2.1.1. Average Monthly Cost per Individual Served: Community Attendant Services***

##### *Definition*

This measure reports the average cost of Medicaid non-waiver Community Services and Supports Community Attendant Services per individual per month.

Expenditures are defined as payments made to providers for services delivered to individuals as well as amounts incurred for services delivered but not yet paid. The average monthly number of Medicaid non-waiver community attendant services individuals is defined under Output 1.2.1.1, Average Number of Individuals Served per Month: Community Attendant Services.

##### *Purpose*

This measure reports the average cost of Medicaid non-waiver Community Services and Supports Community Attendant Services per individual per month.

##### *Data Source*

Month-of-service to-date data that report, by type-of-service, the number of individuals for whom claims have been approved-to-pay, the number of units of service approved-to-pay, and the amounts approved-to-pay are obtained from claims payment data provided by the Medicaid claims administrator that are accessed and reported through an agency-developed application that utilizes Cognos software.

##### *Methodology*

Expenditures are based on units of service per client served and costs per unit. Total expenditures are then divided by the total number of projected recipient months to be incurred for the reporting period. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months. Services delivered through Consumer Directed Services have not been historically considered as part of the measure.

*Data Limitations*

Completion factors must be used to estimate data for months that have not been closed out.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

***Output 1.2.1.1. Average Number of Individuals Served per Month:  
Community Attendant Services***

*Definition*

This measure reports the monthly average number of individuals who, based upon approved-to-pay claims, received the Medicaid-funded non-waiver Community Services and Supports, Community Attendant Services (formerly referred to as Frail Elderly).

*Purpose*

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It provides a count of individuals served with the funding that has been appropriated.

*Data Source*

The number of individuals authorized to receive Community Attendant Services, as well as the number of units of service authorized, are obtained from the commission's Service Authorization System by means of ad hoc query. Month-of-service to-date data that reports, by type-of-service, the number of individuals for whom claims have been approved-to-pay, the number of units of service approved-to-pay, and the amounts approved-to-pay are obtained from claims payment data provided by the Medicaid claims administrator that are accessed and reported through an agency-developed application that utilizes Cognos software.

### *Methodology*

The monthly average for the reporting period is calculated by dividing the sum of the monthly number of individuals for all months of the reporting period by the number of months in the reporting period.

### *Data Limitations*

Completion factors must be used to estimate data for months that have not been closed out.

### *Calculation Method*

Noncumulative

### *New Measure*

No

### *Target Attainment*

Currently not determined.

## **Strategy 1.2.2. Primary Home Care**

Provide Medicaid-reimbursed, non-technical, medically related personal care services prescribed by a physician to eligible individuals whose health problems limit their ability to perform activities of daily living.

### ***Efficiency 1.2.2.1. Average Monthly Cost per Individual Served: Primary Home Care***

#### *Definition*

This measure reports the average cost of Medicaid non-waiver Community Services and Supports Primary Home Care services per individual per month. Expenditures are defined as payments made to providers for services delivered to individuals as well as amounts incurred for services delivered but not yet paid. This is fee-for-service only. The average monthly number of Medicaid non-waiver primary home care individuals is defined under Output 1.2.2.1, Average Number of Individuals Served per Month: Primary Home Care.

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*Purpose*

This measure quantifies the unit cost for providing eligible individuals with services available under this strategy. This unit cost is a tool for projecting future funding needs.

*Data Source*

Month-of-service to-date data that report, by type-of-service, the number of individuals for whom claims have been approved-to-pay, the number of units of service approved-to-pay, and the amounts approved-to-pay are obtained from claims payment data provided by the Medicaid claims administrator that are accessed and reported through an agency-developed application that utilizes Cognos software.

*Methodology*

Expenditures are based on units of service per client served and costs per unit. Total expenditures are then divided by the total number of projected recipient months to be incurred for the reporting period. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months. Services delivered through Consumer Directed Services have not been historically considered as part of the measure.

*Data Limitations*

Completion factors must be used to estimate data for months that have not been closed out.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

***Output 1.2.2.1. Average Number of Individuals Served per Month:  
Primary Home Care***

*Definition*

This measure reports the monthly average number of individuals who, based upon approved-to-pay claims, received Medicaid-funded non-waiver Community Services and Supports, Primary Home Care. This is fee-for-service only.

*Purpose*

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It provides a count of individuals served with the funding that has been appropriated.

*Data Source*

The number of individuals authorized to receive Primary Home Care services, as well as the number of units of service authorized, are obtained from the commission's Service Authorization System by means of ad hoc query. Month-of-service to-date data that report, by type-of-service, the number of individuals for whom claims have been approved-to-pay, the number of units of service approved-to-pay, and the amounts approved-to-pay are obtained from claims payment data provided by the Medicaid claims administrator that are accessed and reported through an agency-developed application that utilizes Cognos software.

*Methodology*

Individual counts are collected on a monthly basis. The monthly average for the reporting period is calculated by dividing the sum of the monthly individual count (as described above) for all months of the reporting period, by the number of months in the reporting period.

*Data Limitations*

Completion factors must be used to estimate data for months that have not been closed out.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

**Strategy 1.2.3. Day Activity and Health Services**

Provide daytime services five days a week to individuals residing in the community as an alternative to placement in nursing facilities or other institutions.

***Efficiency 1.2.3.1. Average Monthly Cost per Individual Served: Day Activity and Health Services***

*Definition*

This measure reports the average cost of Medicaid non-waiver Community Services and Supports Day Activity and Health Services per individual per month.

Expenditures are defined as payments made to providers for services delivered to individuals as well as amounts incurred for services delivered but not yet paid. This is fee-for-service only. The average monthly number of Medicaid non-waiver day activity and health services individuals is defined under Output 1.2.3.1, Average Number of Individuals per Month: Day Activity and Health Services.

*Purpose*

This measure reports the average cost of Medicaid non-waiver Community Services and Supports Day Activity and Health Services per individual per month.

*Data Source*

Month-of-service to-date data that report, by type-of-service, the number of individuals for whom claims have been approved-to-pay, the number of units of service approved-to-pay, and the amounts approved-to-pay are obtained from claims payment data provided by the Medicaid claims administrator that are accessed and reported through an agency-developed application that utilizes Cognos software.

*Methodology*

Expenditures are based on units of service per client served and costs per unit. Total expenditures are then divided by the total number of projected recipient

months to be incurred for the reporting period. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

#### *Data Limitations*

Completion factors must be used to estimate data for months that have not been closed out.

#### *Calculation Method*

Noncumulative

#### *New Measure*

No

#### *Target Attainment*

Currently not determined.

### ***Output 1.2.3.1. Average Number of Individuals per Month: Day Activity and Health Services***

#### *Definition*

This measure reports the monthly average number of individuals who, based upon approved-to-pay claims, received Medicaid-funded non-waiver Community Services and Supports Day Activity and Health Services.

#### *Purpose*

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It provides a count of individuals served with the funding that has been appropriated.

#### *Data Source*

The number of individuals authorized to receive the above services, as well as the number of units of service authorized, are obtained from the commission's Service Authorization System by means of ad hoc query. Month-of-service to-date data that report, by type-of-service, the number of individuals for whom claims have been approved-to-pay, the number of units of service approved-to-pay, and the amounts approved-to-pay are obtained from claims payment data provided by the Medicaid

claims administrator that are accessed and reported through an agency-developed application that utilizes Cognos software.

#### *Methodology*

Individual counts are collected on a monthly basis. The monthly average for the reporting period is calculated by dividing the sum of the monthly individual count for all months of the reporting period by the number of months in the reporting period.

#### *Data Limitations*

Completion factors must be used to estimate data for months that have not been closed out.

#### *Calculation Method*

Noncumulative

#### *New Measure*

No

#### *Target Attainment*

Currently not determined.

### **Strategy 1.2.4. Nursing Facility Payments**

Provide payments that will promote quality care for individuals with medical needs that require nursing facility care.

#### ***Efficiency 1.2.4.1. Net Nursing Facility Cost per Medicaid Fee-for-Service Resident per Month***

##### *Definition*

This measure reports the average net nursing facility cost per Medicaid nursing facility resident (individual) per month. This is a measure of fee-for-service only.

##### *Purpose*

This measure is important because it is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It quantifies the total unit cost to HHSC for providing Medicaid reimbursed services in

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a nursing facility. This information is a useful tool for projecting future funding needs.

*Data Source*

Month-of-service to-date data that report, by type-of-service, the number of individuals for whom claims have been approved-to-pay, the number of units of service approved-to-pay, the amount of patient's "applied income" associated with approved-to-pay claims, and the amounts approved-to-pay are obtained from claims payment data provided to the agency by the Medicaid claims administrator that are accessed and reported through an agency-developed application which utilizes TM1 software.

*Methodology*

The average daily nursing home rate for the reporting period less the applied income per day for the reporting period equals the net cost per Medicaid resident per day for each month in the reporting period. The net cost per day is then multiplied by the calendar days in the month to obtain the total net costs per month.

Total net costs are summed for the months in the reporting period and are divided by the sum of the number of individuals receiving Medicaid-funded nursing facility services for all months of the reporting period.

*Data Limitations*

Because it takes up to 36 months to close out 100 percent of the days of service billed for a month of service, the Medicaid payments as well as the amount of individual income contribution ultimately incurred for months that have not yet closed out must be estimated based upon approved-to-pay claims data to-date.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

***Output 1.2.4.1. Average Number Receiving Medicaid-Funded Fee-for-Service Nursing Facility Services/Month***

*Definition*

This measure reports the monthly average number of individuals receiving Medicaid-funded nursing facility services during the reporting period. This is fee-for-service only.

*Purpose*

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It provides a count of individuals receiving the service that expends the majority of funding appropriated to this strategy. This count is an indication of service demand and is a useful tool for projecting future funding needs.

*Data Source*

Month-of-service to-date data that report, by type of service, the number of individuals for whom claims have been approved-to-pay, the number of units of service approved to-pay, the amount of patient's "applied income" associated with approved-to-pay claims, and the amounts approved to-pay are obtained from claims payment data provided by the Medicaid claims administrator that are accessed and reported through an agency-developed application which utilizes TM1 software.

*Methodology*

Data are computed by taking the number of Medicaid days of nursing facility services ultimately incurred for a month of service and dividing by the number of calendar days in the month to derive an average daily census. This result is the average number of individuals receiving services during the month. The reported data are calculated by dividing the sum of the monthly number of individuals receiving Medicaid-funded nursing facility services for all months of the reporting period, by the number of months in the reporting period.

*Data Limitations*

Completion factors must be used to estimate data for months that have not been closed out.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

***Output 1.2.4.2. Average Number Receiving Personal Needs Allowance per Month***

*Definition*

This measure reports the monthly average unduplicated number of Medicaid-eligible, SSI institutional individuals who received a 100 percent state-funded payment to enhance their Personal Needs Allowance above the SSI standard payment amount. The Personal Needs Allowance is the amount of funds an individual is allowed to retain in order to pay for incidentals that are not provided by the institution. The standard SSI payment for an individual in an institution is only \$30 per month. This is fee-for-service only. All eligible individuals receive a supplemental payment of \$15 per month.

*Purpose*

This measure is important because it quantifies the number of individuals who receive this service, which was mandated by the Legislature.

*Data Source*

Individual counts are obtained from the commission's Centralized Accounting and Payroll/Personnel System (CAPPS) Financials. The payment amount is established by rule and does not vary by individual.

*Methodology*

Monthly individual counts for this measure are derived each month by dividing the monthly amount expended for this service by \$15. The monthly average for the reporting period is calculated by dividing the sum of the monthly individual counts for all months in the reporting period by the number of months in the reporting period.

*Data Limitations*

Does not apply.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Higher than target is desirable.

**Strategy 1.2.5. Medicare Skilled Nursing Facility**

Provides payments for individuals in dually qualified certified facilities (certified for both Medicaid and Medicare).

***Efficiency 1.2.5.1. Net Medicaid/Medicare Copay per Individual Nursing Facility Services***

*Definition*

This measure reports the net monthly payment per individual receiving co-paid Medicaid/Medicare nursing facility services. The commission pays the daily Medicare skilled nursing facility co-insurance payments for individuals who are eligible for both Medicare and Medicaid. This is fee-for-service only.

*Purpose*

This measure is a mechanism for assessing the agency's performance as it pertains to providing services in this strategy. It quantifies the unit cost for the Medicare co-payment for eligible nursing facility residents. This information is a tool for projecting future funding needs.

*Data Source*

Month-of-service to-date data that report, by type of service, the number of individuals for whom claims have been approved-to-pay, the number of units of service approved to-pay, the amount of patient's "applied income" associated with approved-to-pay claims, and the amounts approved to-pay are obtained from claims payment data provided by the Medicaid claims administrator that are

accessed and reported through an agency-developed application which utilizes TM1 software.

#### *Methodology*

Expenditures are based on units (days) of service per client served and costs per unit (day), net cost per unit (day) is then based off the Centers for Medicare and Medicaid Services determined Medicare co-pay rate less average applied income per client. Total expenditures are based on the above net cost per day times the total number of Medicaid covered days. Total net costs are summed for the months in the reporting period and are divided by the sum of the number of individuals receiving Medicare co-pays for all months of the reporting period.

#### *Data Limitations*

Completion factors must be used to estimate data for months that have not been closed out.

#### *Calculation Method*

Noncumulative

#### *New Measure*

No

#### *Target Attainment*

Currently not determined.

### ***Output 1.2.5.1. Average Number Receiving Nursing Facility Copayments/Month***

#### *Definition*

This measure reports the monthly average number of persons receiving co-paid Medicaid/Medicare nursing facility services during the reporting period. The commission pays the daily Medicare skilled nursing facility co-insurance payments for persons who are eligible for both Medicare and Medicaid. This is fee-for-service only.

### *Purpose*

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It provides a count of persons receiving one of the services funded under this strategy. This count is an indication of service demand and is a useful tool for projecting future funding needs.

### *Data Source*

Month-of-service to-date data that report, by type of service, the number of individuals for whom claims have been approved-to-pay, the number of units of service approved to-pay, the amount of patient's "applied income" associated with approved-to-pay claims, and the amounts approved to-pay are obtained from claims payment data provided by the Medicaid claims administrator that are accessed and reported through an agency-developed application which utilizes TM1 software.

### *Methodology*

The data are calculated by dividing the sum of the monthly number of persons receiving co-paid Medicaid/Medicare nursing facility services for all months of the reporting period by the number of months in the reporting period.

### *Data Limitations*

Completion factors must be used to estimate data for months that have not been closed out.

### *Calculation Method*

Noncumulative

### *New Measure*

No

### *Target Attainment*

Currently not determined.

## **Strategy 1.2.6. Hospice**

Provide palliative care consisting of medical, social, and support services for individuals.

***Efficiency 1.2.6.1. Average Net Payment per Individual per Month for Hospice***

***Definition***

This measure reports the average net cost per individual per month for Hospice services. Expenditures are defined as payments made to providers for services delivered to clients, as well as incurred amounts for services delivered but not yet paid. The average monthly number of Medicaid Hospice clients is defined under Output 1.2.6.1, Average Number of Individuals Receiving Hospice Services per Month.

***Purpose***

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It quantifies the total unit cost to the agency for providing Medicaid reimbursed hospice services. This information is a useful tool for projecting future funding needs.

***Data Source***

Month-of-service to-date data that report by type-of-service, the number of clients for whom claims have been approved-to-pay, the number of units of service approved-to-pay, and the amounts approved-to-pay are obtained from claims payment data provided by the Medicaid claims administrator that are accessed and reported through an agency-developed application which utilizes Cognos software.

***Methodology***

Expenditures are based on units of service per client served and costs per unit. Total expenditures are then divided by the total number of projected recipient months to be incurred for the reporting period. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

***Data Limitations***

Completion factors must be used to estimate data for months that have not been closed out.

***Calculation Method***

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

***Output 1.2.6.1. Average Number of Individuals Receiving Hospice Services per Month***

*Definition*

This measure reports the average of the unduplicated monthly number of individuals receiving Hospice services during the reporting period.

*Purpose*

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It provides a count of individuals receiving one of the services funded under this strategy. This count is an indication of service demand and is a useful tool for projecting future funding needs.

*Data Source*

Month-of-service to-date data that report, by type of service, the number of clients for whom claims have been approved-to-pay, the number of units of service approved-to-pay, and the amounts approved-to-pay are obtained from claims payment data provided by the Medicaid claims administrator that are accessed and reported through an agency-developed application which utilizes Cognos software.

*Methodology*

The data are calculated by dividing the sum of the monthly number of persons receiving Hospice services for all months of the reporting period by the number of months in the reporting period.

*Data Limitations*

Completion factors must be used to estimate data for months that have not been closed out.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

**Strategy 1.2.7. Intermediate Care Facilities for Individuals with Intellectual Disability**

Provide or contract for residential facilities of four or more beds for 24-hour care for the intellectual and developmentally disabled residents.

***Efficiency 1.2.7.1. Monthly Cost per Intermediate Care Facility for Individuals with Intellectual Disability Medicaid-Eligible Individual***

*Definition*

This efficiency measure is the average monthly cost per individual in community intermediate care facilities for individuals with an intellectual disability or related conditions (ICFs/IID).

*Purpose*

This measure allows the agency to track the cost, over time, of ICF/IID services provided to individuals served by state-operated and non-state-operated providers.

*Data Source*

Month-of-service to-date data that report, by facility size, the number of individuals for whom claims have been approved-to-pay, the number of units of service approved to-pay, the amount of patient's "applied income" associated with approved-to-pay claims, and the amounts approved to-pay are obtained from claims payment data provided by the Medicaid claims administrator that are accessed and reported through an agency-developed application which utilizes TM1 software. In addition, the numbers of individuals authorized to receive ICF/IID services by facility size are obtained from the commission's Service Authorization System.

*Methodology*

The average daily ICF/IID rate for the reporting period, less the applied income per day for the reporting period, equals the net cost per day for each month in the

reporting period. The net cost per day is then multiplied by the calendar days in the month to obtain the total net costs per month. Total net costs are summed for the months in the reporting period and are divided by the sum of the number of individuals receiving ICF/IID services for all months of the reporting period.

#### *Data Limitations*

Because it takes several months to close out 100 percent of the days of service billed for a month of service, the Medicaid payments as well as the amount of individual income contribution ultimately incurred for months that have not yet closed out must be estimated. Based upon approved-to-pay claims data to-date.

#### *Calculation Method*

Noncumulative

#### *New Measure*

No

#### *Target Attainment*

Currently not determined.

### ***Output 1.2.7.1. Average Number of Persons in Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Condition Medicaid Beds per Month***

#### *Definition*

This output measure is the average number of Medicaid-funded individuals who reside in all community ICFs/IID.

#### *Purpose*

This measure reflects the system-wide level of activity occurring over time and allows the agency to associate ICF/IID Medicaid beds with related costs and outcomes.

#### *Data Source*

Month-of-service to-date data that report, by facility size, the number of individuals for whom claims have been approved-to-pay, the number of units of service approved to-pay, the amount of patient's "applied income" associated with

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approved-to-pay claims, and the amounts approved to-pay are obtained from claims payment data provided by the Medicaid claims administrator that are accessed and reported through an agency-developed application which utilizes TM1 software. In addition, the numbers of individuals authorized to receive ICF/IID services by facility size are obtained from the commission's Service Authorization System.

*Methodology*

The number of individuals served is defined as an "average daily census," i.e., the number of days of service incurred in a month divided by the number of calendar days in that month. Data include all bed-size groupings: small (6 beds or less), medium (7 to 14 beds), and large (15 beds or more). Census values estimated through the "completion factor" method are over-ridden for service months in which fewer than three payment periods of data are available (or additional months if necessary). For these service months, the census values are estimated by using the historical ratio of individuals served (based upon claims data) to individuals authorized to receive the service (per the Service Authorization System).

*Data Limitations*

Completion factors must be used to estimate data for months that have not been closed out.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

**Objective 1.3. Long-term Care — Non-Entitlement**

Provide supports and services through Medicaid waivers in home and community settings to enable aging individuals, individuals with physical or mental disabilities, and others who qualify for institutional care to maintain their independence and avoid institutionalization.

### **Strategy 1.3.1. Home and Community-Based Services**

Provide individualized services to individuals with intellectual disability living in their family's home, their own homes, or other settings in the community.

#### ***Efficiency 1.3.1.1. Average Monthly Cost per Individual Served: Home and Community-Based Services***

##### *Definition*

This measure captures the average cost per month for serving Medicaid HCS individuals.

##### *Purpose*

This measure quantifies the unit cost for providing eligible individuals with services for which funding has been appropriated. It allows the agency to track the cost of HCS waiver-funded services over time, helps to maintain the fiscal integrity of the program by ensuring the availability of funds within appropriated resources, and is a tool for projecting future funding needs.

##### *Data Source*

Month-of-service to-date data that report the number of individuals for whom claims have been approved-to-pay, and the amounts approved-to-pay, are obtained from a claims payment report provided by HHSC enterprise, using data from the Client Assignment and Registration (CARE) system.

##### *Methodology*

The average monthly expenditure for the named group is calculated by summing the total monthly expenditures incurred in the reporting period and dividing by the sum of the number of individuals served in each month in the reporting period.

##### *Data Limitations*

Original claims for services provided may be submitted by providers of waiver services up to 95 days after the end of the service month. Therefore, for the current quarter, the numerator is an estimated expenditure amount based on prior period billing data, and the denominator is the number of actual enrollments for the current quarter.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

***Efficiency 1.3.1.2. Average Monthly Cost per Individual Served: HCS Residential***

*Definition*

This measure captures the average cost per month for serving Medicaid Non-Residential HCS waiver individuals.

*Purpose*

This measure quantifies the unit cost for providing eligible individuals with services for which funding has been appropriated. It allows the agency to track the cost of HCS waiver-funded services over time, helps to maintain the fiscal integrity of the program by ensuring the availability of funds within appropriated resources and is a tool for projecting future funding needs.

*Data Source*

This measure is derived from enrollment and billing data, which are provided on a monthly basis. The calculation uses the average billing rate per individual from the HCS billing system for the residential slot type. Since there is a 95-day billing window for the waiver programs, the average billing rate is an average of the prior months that are complete. The calculation also uses the monthly number of individuals enrolled from the CARE system for the residential slot type. The enrollment report provides the number of individuals entering and leaving by slot type. The ending enrollment balance at the end of the month represents the beginning balance for the next month by slot type. This combination of enrollments and average billing rates is used rather than utilizing the billing system alone because of the 95-day billing window for submitting claims.

### *Methodology*

For the residential slot type within the HCS program, the average billing rate for each month is multiplied by the number enrolled for those same months to determine a monthly expenditure amount. The monthly expenditure amount and number of individuals enrolled for the residential slot type within HCS are aggregated into a total monthly expenditure amount and total number of individuals enrolled during the reporting period. Then the expenditure amount is divided by the aggregated number of individuals enrolled for an average monthly cost per individual for the reporting quarter.

### *Data Limitations*

Original claims for services provided may be submitted by providers of waiver services up to 95 days after the end of the service month. Therefore, for the current quarter, the numerator is an estimated expenditure amount based on prior period billing data, and the denominator is the number of actual enrollments for the current quarter.

### *Calculation Method*

Noncumulative

### *New Measure*

No

### *Target Attainment*

Higher than target is desirable.

## ***Efficiency 1.3.1.3. Average Monthly Cost per Individual: HCS Non-Residential***

### *Definition*

This measure captures the average cost per month for serving Medicaid Non-Residential HCS waiver individuals.

### *Purpose*

This measure quantifies the unit cost for providing eligible individuals with services for which funding has been appropriated. It allows the agency to track the cost of HCS waiver-funded services over time, helps to maintain the fiscal integrity of the

program by ensuring the availability of funds within appropriated resources and is a tool for projecting future funding needs.

#### *Data Source*

This measure is derived from enrollment and billing data, which are provided on a monthly basis. The calculation uses the average billing rate per individual from the HCS billing system for the non-residential slot type. Since there is a 95-day billing window for the waiver programs, the average billing rate is an average of the prior months that are complete. The calculation also uses the monthly number of individuals enrolled from the CARE system for the non-residential slot type. The enrollment report provides the number of individuals entering and leaving by slot type. The ending enrollment balance at the end of the month represents the beginning balance for the next month by slot type. This combination of enrollments and average billing rates is used rather than utilizing the billing system alone because of the 95-day billing window for submitting claims.

#### *Methodology*

For the non-residential slot type within the HCS program, the average billing rate for each month is multiplied by the number enrolled for those same months to determine a monthly expenditure amount. The monthly expenditure amount and number of individuals enrolled for the non-residential slot type within HCS are aggregated into a total monthly expenditure amount and total number of individuals enrolled during the reporting period. Then the expenditure amount is divided by the aggregated number of individuals enrolled for an average monthly cost per individual for the reporting quarter.

#### *Data Limitations*

Original claims for services provided may be submitted by providers of waiver services up to 95 days after the end of the service month. Therefore, for the current quarter, the numerator is an estimated expenditure amount based on prior period billing data, and the denominator is the number of actual enrollments for the current quarter.

#### *Calculation Method*

Noncumulative

#### *New Measure*

No

### *Target Attainment*

Higher than target is desirable.

### ***Explanatory 1.3.1.1. Number of Individuals Receiving Services at the End of the Fiscal Year: Home and Community-Based Services***

#### *Definition*

This measure provides an unduplicated workload count of priority population eligible individuals receiving intellectual disability Medicaid HCS waiver-funded services at the end of the fiscal year.

#### *Purpose*

Due to the high demand for these services, as indicated by the number of individuals waiting for waiver services, it is critical for the commission to monitor how many individuals are receiving the service annually in order to determine the service level that will be carried into the next fiscal year and/or biennium.

#### *Data Source*

The providers of HCS waiver services submit Medicaid claims for the services provided during each month. The numbers of individuals served is taken from a standard production report.

#### *Methodology*

This is a simple unduplicated count of individuals who received HCS waiver services at the end of the fiscal year.

#### *Data Limitations*

Original claims for services provided may be submitted by providers of waiver services up to 95 days after the end of the service month. If the original claim is rejected for payment for any reason, the provider has up to 180 days from the end of the original service month to correct the claim and re-bill it. Since the documentation of a service being provided to an individual is based on these claims, accurate counts of numbers served during a fiscal year may not be available for several months past the fiscal year. Values reported in the Automated Budget and Evaluation System of Texas (ABEST) can be updated when the appropriation year closes and the LBB reopens the system.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Lower than target is desirable.

***Explanatory 1.3.1.2. Percent of HCS Recipients Receiving Residential Services***

*Definition*

This measure reports the number of HCS recipients, per month, who are receiving residential services, expressed as a percentage of all individuals receiving HCS services.

*Purpose*

This measure is a mechanism for tracking the percentage of those individuals in the HCS program that choose to live in a residential setting, as opposed to other alternatives.

*Data Source*

Month-of-service data that report the number of individuals for whom claims have been approved-to-pay are obtained from a claims payment report provided by HHSC, using data from the CARE system. This report breaks down the data into numbers of individuals who received residential services and numbers of individuals who received services in non-residential settings.

*Methodology*

The measure is calculated by dividing the number of individuals who received HCS residential services by the total number of individuals who received any HCS service, based upon claims payment data.

### *Data Limitations*

Because it takes several months to close out 100 percent of the claims for a month of service, completion factors may be applied to incomplete data for months that have not yet closed out.

### *Calculation Method*

Noncumulative

### *New Measure*

No

### *Target Attainment*

Higher than target is desirable.

## ***Output 1.3.1.1. Average Number Individuals Served per Month: HCS***

### *Definition*

This measure captures the unduplicated count of priority population eligible individuals who receive HCS-waiver funded services on a monthly basis.

### *Purpose*

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It reflects the system-wide level of activity occurring over time and allows the agency to associate HCS waiver-funded services with related costs and outcomes.

### *Data Source*

Two types of data are used to calculate this measure. The number of individuals authorized to receive HCS services is obtained from the commission's CARE system. Month-of-service to-date data that report the number of individuals for whom claims have been approved-to-pay, and the amounts approved-to-pay, are obtained from a claims payment report provided by HHSC enterprise, using data from the CARE system.

### *Methodology*

Average individuals served per month is calculated by summing the named group's individuals served per month and dividing by the number of months summed.

*Data Limitations*

Because it takes several months to close out 100 percent of the claims for a month of service, completion factors may be applied to incomplete data for months that have not yet closed out.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

**Strategy 1.3.2. Community Living Assistance and Support Services**

Provide home and community-based services to persons who have a "related condition" diagnosis qualifying them for placement in an intermediate care facility. A related condition is a disability other than intellectual and/or developmental disability which originates before age 22 and which substantially limits life activity. Such disabilities, which may include cerebral palsy, epilepsy, spina bifida, head injuries, and other diagnoses, are said to be "related to" intellectual and/or developmental disability in their effect upon the individual's functioning.

***Efficiency 1.3.2.1. Average Monthly Cost per Individual: Community Living Assistance and Support Services Waiver***

*Definition*

This measure reports the average cost of Community Living Assistance and Support Services Waiver (CLASS) services per individual per month. Expenditures are defined as payments made to providers for services delivered to individuals, as well as incurred amounts for services delivered but not yet paid. The average monthly number of CLASS individuals is defined under Output 1.3.2.1, Average Number of Individuals Served per Month: Community Living Assistance and Support Services Waiver.

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*Purpose*

This measure quantifies the unit cost for providing eligible individuals with services for which funding has been appropriated. It allows the agency to track the cost of CLASS waiver-funded services over time, helps to maintain the fiscal integrity of the program by ensuring the availability of funds within appropriated resources, and is a tool for projecting future funding needs.

*Data Source*

Month-of-service to-date data that report by type-of-service the number of individuals for whom claims have been approved-to-pay and the amounts approved-to-pay are obtained from claims payment data provided by the Medicaid claims administrator that are accessed and reported through an agency-developed application that utilizes Cognos software.

*Methodology*

The average monthly expenditure for the named group is calculated by summing the total monthly expenditures incurred in the reporting period and dividing that by the sum of the number of individuals served in each month in the reporting period.

*Data Limitations*

Because it takes several months to close out 100 percent of the days of service billed for a month of service, the expenditures ultimately incurred for months that have not yet closed out must be estimated based upon approved-to-pay claims data to-date.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

***Explanatory 1.3.2.1. Number of Persons Receiving Services at the End of the Fiscal Year: Community Living Assistance and Support Services***

*Definition*

This measure reports the number of individuals who, based upon approved-to-pay claims, received one or more services under the CLASS waiver during the last month of the fiscal year being reported.

*Purpose*

By reporting the number of persons served at the end of the fiscal year, this measure allows the State to determine the service level that will be carried into the next fiscal year and/or biennium.

*Data Source*

Two types of data are used to report this measure. The number of individuals authorized to receive CLASS waiver services is obtained from the commission's Service Authorization System by means of ad hoc query. Month-of-service to-date data that report the number of individuals for whom claims have been approved-to-pay, and the amounts approved-to-pay, are obtained from the commission's Claims Management System by means of ad hoc query.

*Methodology*

This is a simple unduplicated count of individuals who received CLASS waiver services during the last month of the fiscal year being reported.

*Data Limitations*

Because it takes several months to close out 100 percent of the claims for a month of service, completion factors may be applied to incomplete data for months that have not yet closed out.

*Calculation Method*

Noncumulative

*New Measure*

No

### *Target Attainment*

Currently not determined.

### ***Output 1.3.2.1. Average Number of Individuals Served per Month: Community Living Assistance and Support Services Waiver***

#### *Definition*

This measure reports the monthly average unduplicated number of individuals who, based upon approved-to-pay claims by month of service, received services under the CLASS waiver. CLASS offers people of all ages, who have severe disabilities, the opportunity to live in their own home and to work and socialize in their communities. CLASS is a cost-effective alternative to institutional care with a service array that includes case management, habilitation, respite care, physical therapy, occupational therapy, speech therapy, nursing services, psychological services, adaptive aids/supplies, minor home modifications, and unlimited prescriptions.

#### *Purpose*

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It reflects the system-wide level of activity occurring over time and allows the agency to associate CLASS waiver-funded services with related costs and outcomes.

#### *Data Source*

Two types of data are used to report this measure. The number of individuals authorized to receive CLASS waiver services is obtained from the commission's Service Authorization System by means of ad hoc query. Month-of-service to-date data that report the number of individuals for whom claims have been approved-to-pay, and the amounts approved-to-pay, are obtained from claims payment data provided by the Medicaid claims administrator that are accessed and reported through an agency-developed application that utilizes Cognos software.

#### *Methodology*

Individual counts are collected on a monthly basis. The monthly average for the reporting period is calculated by dividing the sum of the monthly individual counts (as described above) for all months of the reporting period, by the number of months in the reporting period.

*Data Limitations*

Because it takes several months to close out 100 percent of the claims for a month of service, completion factors may be applied to incomplete data for months that have not yet closed out.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

**Strategy 1.3.3. Deaf-Blind Multiple Disabilities**

Provide home and community-based services to adult individuals diagnosed with deafness, blindness, and multiple disabilities.

***Efficiency 1.3.3.1. Average Monthly Cost per Individual: Deaf-Blind Multiple Disabilities Waiver***

*Definition*

This measure reports the average cost of Deaf-Blind with Multiple Disabilities waiver services per individual per month. Expenditures are defined as payments made to providers for services delivered to individuals, as well as incurred amounts for services delivered but not yet paid. The average monthly number of Deaf-Blind with Multiple Disabilities waiver individuals is defined under Output 1.3.3.1, Average Number of Individuals Served per Month: Deaf-Blind Multiple Disabilities Waiver.

*Purpose*

This measure quantifies the unit cost for providing eligible individuals with services for which funding has been appropriated. It allows the agency to track the cost of Deaf-Blind with Multiple Disabilities waiver-funded services over time, helps to maintain the fiscal integrity of the program by ensuring the availability of funds within appropriated resources, and is a tool for projecting future funding needs.

### *Data Source*

Month-of-service to-date data that report by type-of-service the number of individuals for whom claims have been approved-to-pay and the amounts approved-to-pay are obtained claims payment data provided by the Medicaid claims administrator that are accessed and reported through an agency-developed application that utilizes Cognos software.

### *Methodology*

The average monthly expenditure for the named group is calculated by summing the total monthly expenditures incurred in the reporting period and dividing that by the sum of the number of individuals served in each month in the reporting period.

### *Data Limitations*

Because it takes several months to close out 100 percent of the days of service billed for a month of service, the expenditures ultimately incurred for months that have not yet closed out must be estimated based upon approved-to-pay claims data to-date.

### *Calculation Method*

Noncumulative

### *New Measure*

No

### *Target Attainment*

Currently not determined.

## ***Explanatory 1.3.3.1. Number of Persons Receiving Services at the End of the Fiscal Year: Deaf-Blind Multiple Disabilities Waiver***

### *Definition*

This measure reports the number of individuals who, based upon approved-to-pay claims, received one or more services under the Medicaid Deaf-blind with Multiple Disabilities waiver during the last month of the fiscal year being reported.

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*Purpose*

By reporting the number of individuals served at the end of the fiscal year, this measure allows the state to determine the service level that will be carried into the next fiscal year and/or biennium.

*Data Source*

Two types of data are used to report this measure. The number of individuals authorized to receive services is obtained from the commission's Service Authorization System by means of ad hoc query. Month-of-service to-date data that report the number of individuals for whom claims have been approved-to-pay and the amounts approved to-pay are obtained from the commission's Claims Management System by means of ad hoc query.

*Methodology*

This is a simple unduplicated count of individuals who received Medicaid Deaf-Blind with Multiple Disabilities waiver services during the last month of the fiscal year being reported.

*Data Limitations*

Because it takes several months to close out 100 percent of the claims for a month of service, completion factors may be applied to incomplete data for months that have not yet closed out.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

***Output 1.3.3.1. Average Number of Individuals Served per Month:  
Deaf-Blind Multiple Disabilities Waiver***

*Definition*

This measure reports the monthly average unduplicated number of individuals who, based upon approved-to-pay claims, received one or more services under the Deaf-Blind with Multiple Disabilities waiver.

*Purpose*

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It reflects the system-wide level of activity occurring over time and allows the agency to associate Medicaid Deaf-Blind with Multiple Disabilities waiver-funded services with related costs and outcomes.

*Data Source*

Two types of data are used to report this measure. The number of individuals authorized to receive services is obtained from the commission's Service Authorization System by means of ad hoc query. Month-of-service to-date data that report the number of individuals for whom claims have been approved-to-pay and the amounts approved to-pay are obtained from claims payment data provided by the Medicaid claims administrator that are accessed and reported through an agency-developed application that utilizes Cognos software.

*Methodology*

Individual counts are collected on a monthly basis. The monthly average for the reporting period is calculated by dividing the sum of the monthly individual counts (as described above) for all months of the reporting period by the number of months in the reporting period.

*Data Limitations*

Because it takes several months to close out 100 percent of the claims for a month of service, completion factors may be applied to incomplete data ultimately served for months that have not yet closed out, by using "completion factors" specific to each service applied to the number of individuals approved-to-pay to-date. The concept of completion factors is that data, as of a given number of claims processing months after the month of service, can be considered a certain percent complete based upon historical patterns. Therefore, for a given month of service, the number of individuals on approved-to-pay claims to-date divided by the

appropriate completion factor equals the estimated number of individuals ultimately served.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

**Strategy 1.3.4. Texas Home Living Waiver**

Provide individualized services, not to exceed \$17,000 per year, to individuals with an intellectual disability living in their family's home, their own homes, or other settings in the community.

***Efficiency 1.3.4.1. Average Monthly Cost per Individual Served:  
Texas Home Living Waiver***

*Definition*

This measure captures the average cost per month for serving Texas Home Living (TxHmL) waiver individuals.

*Purpose*

This measure quantifies the unit cost for providing eligible individuals with services for which funding has been appropriated. It allows the agency to track the cost of TxHmL waiver-funded services over time, helps to maintain the fiscal integrity of the program by ensuring the availability of funds within appropriated resources, and is a tool for projecting future funding needs.

*Data Source*

Month-of-service to-date data that report the number of individuals for whom claims have been approved-to-pay, and the amounts approved-to-pay, are obtained from a claims payment report provided by HHSC enterprise, using data from the CARE system.

### *Methodology*

The average monthly expenditure for the named group is calculated by summing the total monthly expenditures incurred in the reporting period and dividing that by the sum of the number of individuals served in each month in the reporting period.

### *Data Limitations*

Because it takes several months to close out 100 percent of the claims for a month of services, completion factors may be applied to incomplete data for the months that claims have not been closed out.

### *Calculation Method*

Noncumulative

### *New Measure*

No

### *Target Attainment*

Currently not determined.

## ***Explanatory 1.3.4.1. Number of Individuals Receiving Services at the End of the Fiscal Year: Texas Home Living***

### *Definition*

This measure provides an unduplicated workload count of priority population eligible individuals receiving TxHmL waiver funded services at the end of the fiscal year.

### *Purpose*

Due to the very high demand for these services, as indicated by the number of individuals waiting for TxHmL waiver services, it is critical that the commission monitors how many individuals are receiving the service annually.

### *Data Source*

The providers of waiver services submit Medicaid claims for the services provided during each month. The numbers of individuals served is taken from a standard production report.

### *Methodology*

This is a simple unduplicated count of individuals that received TxHmL waiver services at the end of the fiscal year.

### *Data Limitations*

Original claims for services provided may be submitted by providers of waiver services up to 95 days after the end of the service month. If the original claim is rejected for payment for any reason, the provider has up to 180 days from the end of the original service month to correct the claim and re-bill it. Since the documentation of a service being provided to an individual is based on these claims, accurate counts of numbers served may not be available for several months past the fiscal year. Updates to the values reported in ABEST will be available when the appropriation year closes.

### *Calculation Method*

Noncumulative

### *New Measure*

No

### *Target Attainment*

Currently not determined.

## ***Output 1.3.4.1. Average Number of Individuals Served per Month: Texas Home Living Waiver***

### *Definition*

This measure captures the unduplicated count of priority population eligible individuals who receive TxHmL-waiver funded services on a monthly basis.

### *Purpose*

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It reflects the system-wide level of activity occurring over time and allows the agency to associate TxHmL waiver-funded services with related costs and outcomes.

### *Data Source*

Two types of data are used to calculate this measure. The number of individuals authorized to receive TxHmL services is obtained from the commission's CARE system. Month-of-service to-date data that report the number of individuals for whom claims have been approved-to-pay, and the amounts approved-to-pay are obtained from a claims payment report provided by HHSC enterprise, using data from the CARE system.

### *Methodology*

Average individuals served per month is calculated by summing the named group's individuals served per month and dividing by the number of months summed.

### *Data Limitations*

Because it takes several months to close out 100 percent of the claims for a month of service, completion factors may be applied to incomplete data for months that have not yet closed out.

### *Calculation Method*

Noncumulative

### *New Measure*

No

### *Target Attainment*

Currently not determined.

## **Strategy 1.3.5. Program of All-Inclusive Care for the Elderly**

Provide community-based services to frail and elderly individuals who qualify for nursing facility placement. Services include in-patient and outpatient medical care and social/community services at a capitated rate.

### ***Efficiency 1.3.5.1. Average Monthly Cost per Recipient: Program of All-Inclusive Care for the Elderly***

#### *Definition*

This measure reports the average cost for providing a month of care for a Program of All-Inclusive Care for the Elderly (PACE) individual. PACE provides community-

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based services for frail and aging individuals who would qualify for nursing facility placement. A comprehensive care approach is used to provide an array of medical, functional, and day activity services for a capitated monthly fee that is below the cost of comparable institutional care.

*Purpose*

This measure is important because it provides the unit cost associated with providing long-term care and acute care services to PACE recipients. This information is a useful tool for projecting future funding needs.

*Data Source*

Two types of data are used to report this measure. The number of individuals authorized to receive PACE services is obtained from the commission's Service Authorization System by means of ad hoc query. Month-of-service to-date data that report the number of individuals for whom claims have been approved-to-pay and the amounts approved-to-pay are obtained from claims payment data provided by the Medicaid claims administrator that are accessed and reported through an agency-developed application that utilizes Cognos software.

*Methodology*

The average monthly expenditure for the named group is calculated by summing the total monthly expenditures incurred in the reporting period and dividing that by the sum of the number of individuals served in each month in the reporting period.

*Data Limitations*

Because it takes several months to close out 100 percent of the claims for a month of service, completion factors may be applied to incomplete data for months that have not yet closed out.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

***Explanatory 1.3.5.1. Number of Persons Receiving Services End of Fiscal Year: Program of All-Inclusive Care for the Elderly***

***Definition***

This measure reports the number of individuals who, based upon approved-to-pay claims, received one or more services under PACE during the last month of the fiscal year being reported.

***Purpose***

This measure provides a count of individuals served through the agency's PACE project. This information is a useful tool for projecting future funding needs.

***Data Source***

The source for expenditure and recipient data is approved-to-pay data from the Claims Management System by means of ad hoc query.

***Methodology***

This is a simple unduplicated count of individuals who received PACE services during the last month of the fiscal year being reported.

***Data Limitations***

Because it takes several months to close out 100 percent of the claims for a month of service, the number of individuals ultimately served must be estimated for months that have not yet closed out, by using "completion factors" specific to each service applied to the number of individuals approved-to-pay to-date and/or the number of individuals authorized to receive services and the payment amounts approved-to-pay to-date. The concept of completion factors is that data, as of a given number of claims processing months after the month of service, can be considered a certain percent complete based upon historical patterns. Therefore, for a given month of service, the payment amounts approved-to-pay to-date divided by the appropriate completion factor equals the estimated expenditures ultimately incurred.

***Calculation Method***

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

***Output 1.3.5.1. Average Number of Recipients per Month: Program for All Inclusive Care for the Elderly***

*Definition*

This measure reports the monthly average number of individuals who are enrolled in a PACE managed care model. PACE is a national demonstration project that provides community-based services to frail and aging individuals who qualify for nursing facility placement. It uses a comprehensive care approach, furnishing an array of services for a monthly fee that is below the cost of comparable institutional care. All PACE individuals are dually eligible (Medicare and Medicaid) long-term-care utilizers.

*Purpose*

This measure provides a count of individuals served through the agency's PACE project. This information is a useful tool for projecting future funding needs.

*Data Source*

Two types of data are used to report this measure. The number of individuals authorized to receive PACE services is obtained from the commission's Service Authorization System by means of ad hoc query. Month-of-service to-date data that report the number of individuals for whom claims have been approved-to-pay and the amounts approved-to-pay are obtained from claims payment data provided by the Medicaid claims administrator that are accessed and reported through an agency-developed application that utilizes Cognos software.

*Methodology*

Individual counts are collected on a monthly basis. The monthly average for the reporting period is calculated by dividing the sum of the monthly individual counts for all months of the reporting period, by the number of months in the reporting period.

*Data Limitations*

Because it takes several months to close out 100 percent of the claims for a month of service, completion factors may be applied to incomplete data for months that have not yet closed out.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

**Objective 1.4. Other Medicaid Services**

Provide policy direction and management of the state's Medicaid program and maximize federal dollars.

**Strategy 1.4.1. Non-Full Benefit Payments**

Provide payments for medically necessary healthcare to eligible recipients for certain services not covered under the insured arrangement, including undocumented persons, school health, women's health, and other related services.

***Efficiency 1.4.1.1. Average Emergency Services for Non-Citizens Cost per Recipient Month***

*Definition*

The average monthly costs of providing Medicaid to non-citizens residing in the United States (U.S.) who are in need of medical services due to an emergency condition. Type 30 eligible persons are aliens residing in the U.S. who do not meet citizenship requirements for TANF or other medical programs. These persons are non-immigrants, undocumented persons, and certain legal permanent residents. This measure involves Type 30 program recipient months and expenditures.

*Purpose*

Captures the average monthly cost of providing Medicaid to Type 30 non-citizens residing in the U.S., who are in need of medical services due to an emergency condition.

*Data Source*

The Premiums Payable System and the STMR 647A provided by the state Medicaid Contractor.

*Methodology*

The total Type 30 expenditures incurred are divided by the total number of Type 30 recipient months. Data are provided on an incurred basis. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

*Data Limitations*

None.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Lower than target is desirable.

***Output 1.4.1.1. Average Monthly Number of Non-Citizens Receiving Emergency Services***

*Definition*

This measure reflects the number of Type 30 aliens residing in the U.S. who have an emergency medical condition and meet all Medicaid eligibility criteria except citizenship. Type 30 eligible persons are aliens residing in the U.S. who do not meet citizenship requirements for TANF or other medical programs. These persons are undocumented aliens and certain legal permanent resident aliens. This measure includes all Type 30 program recipient months.

*Purpose*

This measure reflects the average monthly number of Type 30 aliens residing in the U.S. who have an emergency medical condition covered by Medicaid.

*Data Source*

The Premiums Payable System.

*Methodology*

The average number of undocumented persons recipient months per month is the sum of the monthly Type 30 recipient months divided by the number of months summed. Data are provided on an incurred basis. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future recipient months.

*Data Limitations*

None.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Lower than target is desirable.

**Strategy 1.4.2. For Clients Dually Eligible for Medicare and Medicaid**

Provide accessible premium-based health services to certain Title XVIII Medicare-eligible recipients.

***Efficiency 1.4.2.1. Average Part B Premium per Month***

*Definition*

The average monthly premium paid for Supplemental Medical Insurance Benefits (SMIB) Part B Premium for Medicare eligible Medicaid clients. The SMIB Part B premium is set by the U.S. Social Security Administration and is effective for each calendar year.

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*Purpose*

HHSC pays the Social Security Administration a premium for coverage of physician and other related services.

*Data Source*

Social Security Act and report MF 232-01

*Methodology*

The average is calculated by taking the total estimated dollar value of claims projected to be incurred for this type of client and dividing the total by the number of projected recipient months to be incurred. The SMIB Part B premium is set by the Social Security Administration and is effective for each calendar year. Caseload data are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional eleven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

*Data Limitations*

This measure includes Qualified Medicare Beneficiary Qualifying Individuals (QMB QI-1s). The MF 232-01 report, a source document for this measure, provides both SMIB and QMB QI-1 recipient months. No distinction is made between the two types in this report. QMB QI-1s are a subset of the SMIB population, and both have the same calendar year premiums.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Lower than target is desirable.

### ***Output 1.4.2.1. Average Part B Recipient Months per Month***

#### ***Definition***

The average monthly number of recipient months of eligibility for which a premium payment is made for SMIB Part B coverage. Medicare Part B is medical insurance that helps pay for physician services, outpatient hospital care, durable medical equipment, and some medical services that are not covered by Part A. This measure includes both full-benefit and qualified partial-benefit clients.

#### ***Purpose***

HHSC pays the Social Security Administration a premium for Medicare Part B coverage for Qualified Medicare Beneficiaries, and Specified Low-Income Medicare Beneficiaries, which covers physician and other related services.

#### ***Data Source***

Monthly MF 232-01 report, which provides the number of premiums for each month on an incurred basis.

#### ***Methodology***

The average is the sum of the monthly recipient months in the reporting period divided by the number of months summed. Data are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional eleven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

#### ***Data Limitations***

This measure includes QMB QI-1s. The MF 232-01 report, a source document for this measure, provides both SMIB and QMB QI-1 recipient months. No distinction is made between the two types in this report. QMB QI-1s are a subset of the SMIB population, and both have the same calendar year premiums.

#### ***Calculation Method***

Noncumulative

*New Measure*

No

*Target Attainment*

Higher than target is desirable.

**Strategy 1.4.3. Transformation Payments**

Maximize federal funding to provide supplemental Medicaid reimbursement for uncompensated care and delivery system reform incentives under the 1115 waiver. Historically provided children's hospital upper payment level match.

**Goal 2. Medicaid and Children's Health Insurance Program Contracts and Administration**

Administer efficient and effective Medicaid and CHIP programs, set overall policy direction of the state Medicaid program and CHIP program, and manage interagency initiatives to maximize federal dollars.

**Objective 2.1. Medicaid and Children's Health Insurance Program Contracts and Administration**

Improve the quality of Medicaid services by serving as the single state Medicaid agency.

**Strategy 2.1.1. Medicaid Contracts and Administration**

Administer efficient and effective Medicaid program, set the overall policy direction of the state Medicaid program, and manage interagency initiatives to maximize federal dollars.

**Strategy 2.1.2. Children's Health Insurance Program Contracts and Administration**

Administer efficient and effective CHIP program, including contracted administration, and set overall policy direction of CHIP programs.

## **Goal 3. Children's Health Insurance Program Services**

Ensure health insurance coverage for eligible children in Texas.

### **Objective 3.1. Children's Health Insurance Program**

Ensure health insurance coverage for eligible children in Texas.

#### **Outcome 3.1.1. Average Children's Health Insurance Program Programs Recipient Months per Month**

##### *Definition*

The measure provides the average CHIP recipient months per month, including all CHIP-enrolled children (including CHIP Phase II children, and Perinatal clients).

##### *Purpose*

To provide an overall average monthly CHIP caseload across all CHIP categories (CHIP II and Perinatal clients) regardless of the method of finance or eligibility.

##### *Data Source*

CHIP data from the Premiums Payable System.

##### *Methodology*

Divide the cumulative number of CHIP recipient months (CHIP II and Perinatal clients) for the reporting period by the number of months in the reporting period. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

##### *Data Limitations*

None.

##### *Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Higher than target is desirable.

**Outcome 3.1.2. Average Children’s Health Insurance Program Programs Benefit Cost with Prescription Benefit**

*Definition*

The measure provides the average monthly benefit cost paid to CHIP-enrolled medical (including immunizations and including prescription drugs) and dental providers on behalf of all CHIP-enrolled children (which includes CHIP Phase II and CHIP Perinatal). Benefit costs are understood to include amounts paid to health plans, the dental contractor, and the Department of State Health Services to cover vaccines.

*Purpose*

This will provide an overall monthly CHIP benefit cost per CHIP-enrolled child regardless of the eligibility category for CHIP.

*Data Source*

CHIP Premiums Payable System data (caseloads and historical costs) and CHIP managed care medical and prescription benefit premium rates. For vaccine costs, HHSC receives a quarterly invoice from the Department of State Health Services (or successor agency), which shows the amount used for vaccinating CHIP-enrolled children.

*Methodology*

The amounts incurred by HHSC in relation to the health and dental carriers and to the Department of State Health Services (or successor agency) for benefit expenditures related to all CHIP-enrolled children (CHIP II and CHIP Perinatal) are totaled for the reporting period. This total is divided by the total number of CHIP-enrolled children (CHIP II and CHIP Perinatal) during the reporting period. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

*Data Limitations*

None.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Lower than target is desirable.

**Strategy 3.1.1. Children's Health Insurance Program**

Provide healthcare to uninsured children who apply and are determined eligible for insurance through CHIP.

***Efficiency 3.1.1.1. Average Children's Health Insurance Program  
Children Benefit Cost per Recipient Month***

*Definition*

This measure is the average monthly cost per recipient month of health premiums plus newborn screening and vaccine costs (excluding prescription drugs) for CHIP for a reporting period.

*Purpose*

The measure provides the average monthly benefit cost paid to CHIP enrolled medical (including immunizations and excluding prescription drugs) providers on behalf of CHIP federally funded clients.

*Data Source*

The administrative services contractor furnishes a monthly report to HHSC containing the costs each health plan has incurred during the month. For vaccine and newborn screening costs, HHSC receives a quarterly invoice from the Department of State Health Services.

*Methodology*

The amounts owed to the health carriers are totaled for the reporting period. This total is divided by the number of recipient months in the CHIP II program during the reporting period. This measure does not include prescription drugs and CHIP Perinatal costs or recipient months.

*Data Limitations*

None.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Lower than target is desirable.

***Output 3.1.1.1. Average Children's Health Insurance Program  
Children Recipient Months per Month***

*Definition*

This measure is the average monthly recipient months in the CHIP Phase II program.

*Purpose*

Measures the average number of Traditional CHIP recipient months.

*Data Source*

The Premiums Payable System.

*Methodology*

The measure is calculated by totaling the recipient months for CHIP II eligibles from the enrollment report and dividing that number by the number of months in the period covered by the report. This measure does not include CHIP Perinatal recipient months. Recipient months are accounted for on an incurred basis and are

estimated using completion factors. Forecasting models and trends are used to project future counts.

*Data Limitations*

None.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Higher than target is desirable.

**Strategy 3.1.2. Children's Health Insurance Program Perinatal Services**

Provide healthcare to perinates whose mothers apply and are determined eligible for insurance through CHIP.

***Efficiency 3.1.2.1. Average Perinatal Benefit Cost per Recipient Month***

*Definition*

This measure is the average monthly cost of health premiums (excluding dental and prescription drugs) for the CHIP Perinatal program for a reporting period.

*Purpose*

Captures the average cost of CHIP Perinatal recipients per month, excluding dental and drug costs.

*Data Source*

HHSC programs furnish a monthly report showing the costs each health plan has incurred during the month. For vaccine and newborn screening costs, HHSC receives a quarterly invoice from the Department of State Health Services.

### *Methodology*

The amounts owed to the health carriers are totaled for the reporting period. Prescription drugs are excluded. Divide the total cost by the total number of CHIP Perinatal recipient months (both pre- and post-natal) in the same reporting period. Recipient months are accounted for under an incurred basis and the exposure period for each month is the current month plus an additional seven months to allow for corrections, re determinations, retroactive decisions, and post and prior eligibility periods. Because data are reported on an incurred basis, recipient month figures are completed using completion ratios. Forecasting models and trends are used to project future counts.

### *Data Limitations*

Data are on an incurred basis. If data are incomplete, estimates will be made based on completion ratios and other forecasting techniques.

### *Calculation Method*

Noncumulative

### *New Measure*

No

### *Target Attainment*

Lower than target is desirable.

## ***Output 3.1.2.1. Average Perinatal Recipient Months per Month***

### *Definition*

This measure is the average monthly number of children enrolled in coverage under the CHIP Perinatal program for a reporting period.

### *Purpose*

Captures the average number of CHIP Perinatal recipient months.

### *Data Source*

The Premiums Payable System.

### *Methodology*

The measure is calculated by totaling the number of CHIP Perinatal recipient months (both pre- and post-natal) from the enrollment report and dividing that number by the number of months in the period covered by the report. Recipient months are accounted for under an incurred basis and the exposure period for each month is the current month plus an additional seven months to allow for corrections, re determinations, retroactive decisions, and post and prior eligibility periods. Because data are reported on an incurred basis, recipient month figures are completed using completion ratios. Forecasting models and trends are used to project future counts.

### *Data Limitations*

None.

### *Calculation Method*

Noncumulative

### *New Measure*

No

### *Target Attainment*

Higher than target is desirable.

## **Strategy 3.1.3. Children's Health Insurance Program Prescription Drugs**

Provide prescription medication to CHIP-eligible recipients (includes all CHIP Programs) as provided by their treating physician.

### ***Efficiency 3.1.3.1. Average Cost / Children's Health Insurance Program Recipient Month: Pharmacy Benefit***

#### *Definition*

This measure is the total CHIP prescription costs (which includes CHIP and Perinatal clients) incurred during the reporting period divided by the total number of recipient months incurred during the reporting period.

### *Purpose*

The measure captures the total CHIP prescription cost incurred divided by the total number of CHIP recipient months.

### *Data Source*

CHIP PREM. Enrollment data are taken from the enrollment reports provided by the administrative services contractor. All prescription drug costs in CHIP became capitated in March 2012, so drug costs are calculated based on premium rates set by HHSC.

### *Methodology*

Divide the total CHIP prescription costs incurred during the reporting period by the total number of CHIP recipient months for traditional CHIP and CHIP Perinatal programs incurred during the reporting period. Recipient months are accounted for under an incurred basis and the exposure period for each month is the current month plus an additional seven months to allow for corrections, re determinations, retroactive decisions, and post and prior eligibility periods. Because data are reported on an incurred basis, recipient month figures are completed using completion ratios. Forecasting models and trends are used to project future counts.

### *Data Limitations*

The CHIP prescription dollars do not include any rebates.

### *Calculation Method*

Noncumulative

### *New Measure*

No

### *Target Attainment*

Lower than target is desirable.

## **Strategy 3.1.4. Children's Health Insurance Program Dental Services**

Provide dental healthcare services to uninsured children who apply and are determined eligible for insurance through CHIP.

***Efficiency 3.1.4.1. Average Monthly Cost of the Dental Benefit per Children’s Health Insurance Program Recipient***

*Definition*

This measure is the average monthly cost per recipient month of dental premiums for the CHIP program for a reporting period.

*Purpose*

The measure provides the average monthly benefit cost paid to CHIP enrolled dental plan providers on behalf of traditional CHIP program clients.

*Data Source*

The administrative services contractor furnishes a monthly report to HHSC containing the premiums incurred for dental during the month.

*Methodology*

The amounts incurred for dental services are totaled for the reporting period and divided by the number of recipient months in the CHIP program during the reporting period. This measure includes CHIP Perinatal costs or recipient months for infants in the CHIP Perinatal program.

*Data Limitations*

None.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Lower than target is desirable.

**Goal 4. Provide Additional Health-Related Services**

Improve the physical and mental health of children, women, families, and individuals and enhance the capacity of communities to deliver healthcare services.

## **Objective 4.1. Provide Primary Health and Specialty Care**

Develop and support primary healthcare and specialty services to children, women, families, and other qualified individuals through community-based providers.

### **Outcome 4.1.1. Percent of Early Childhood Intervention Clients Enrolled in Medicaid**

#### *Definition*

Of the average monthly number of children receiving Early Childhood Intervention (ECI) comprehensive services, the percent enrolled in Medicaid.

#### *Purpose*

This measure identifies the percent of children who have access to Medicaid. However, it is important to note that the percentage of children with Medicaid will not be the same as the percentage of funding from Medicaid, as not all types of ECI services can be billed to Medicaid.

#### *Data Source*

Local contract providers enter data into the Texas Kids Intervention Data System (TKIDS). Determine the total number of unduplicated children receiving comprehensive services in each month, as indicated by cases in the enrolled disposition in the reporting period, and of those, the number with Medicaid.

#### *Methodology*

The monthly number of children for each month of the reporting period is summed, and then divided by the number of months in the reporting period to calculate the average monthly number of children for that reporting period. Divide the average monthly number of ECI children with Medicaid by the average monthly number of children who receive comprehensive intervention services through ECI service providers to calculate percent of Clients Enrolled in Medicaid.

#### *Data Limitations*

The accuracy of local program reporting is periodically verified through monitoring. Accurate reporting requires local programs to meet timelines for data entry into TKIDS.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

**Strategy 4.1.1. Women's Health Programs**

Women's Health Programs.

***Efficiency 4.1.1.1. Average Monthly Cost per Healthy Texas Women Client Receiving Services***

*Definition*

This measure reports the average monthly fee-for-service expenditure per Healthy Texas Women (HTW) client receiving services.

*Purpose*

This measure reflects the amount paid for each client receiving services for the named group.

*Data Source*

This measure consists of expenditure data from the monthly STMR 650A (Non-Managed Care) statistical reports compiled by the Medicaid contractor and recipient month data from the Premiums Payable System.

*Methodology*

The average monthly expenditure for the named group is calculated by dividing the total estimated dollars from the stat report (claims) by the number clients receiving services. The measure only includes both fee-for-service cost; contract costs are not included. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and clients served.

*Data Limitations*

None.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Higher than target is desirable.

***Efficiency 4.1.1.2. Average Monthly Cost per Family Planning Client Receiving Services***

*Definition*

This measure reports the average monthly cost of providing fee-for-service family planning services to clients who receive services.

*Purpose*

This measure reports the average monthly cost of providing fee-for-service family planning services to clients who receive services.

*Data Source*

Client data are from the Medicaid claims administrator's Vision 21 Data Warehouse Ad Hoc Query Platform Claims Universe. Expenditures data are from the Health and Human Services Contract Administration and Tracking System.

*Methodology*

For each reporting period, the total funds expended for family planning contracts is summed and divided by the sum of the monthly unduplicated number of clients receiving family planning services from enrolled entities. The measure only included fee-for-service costs; contract costs are not included.

*Data Limitations*

Complete data may not be available for the reporting period at the time the report is due.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Lower than target is desirable.

***Explanatory 4.1.1.1. Number of Certified Clinical Providers Enrolled in Healthy Texas Women Program***

*Definition*

This measure reports the number of certified clinical providers enrolled and eligible to provide HTW services to HTW clients.

*Purpose*

This measure can be used to determine the number of certified clinical providers who can treat HTW clients and to determine multi-year trends in provider enrollment.

*Data Source*

Data are from the certified clinical provider universe held in the claims administrator's database or any newly developed reporting and analytic systems (e.g., Enterprise Data Warehouse).

*Methodology*

The provider count includes only those certified clinical providers who are certified and would perform the annual family planning exam and prescribe family planning drugs and devices. This includes physicians, physician extenders (e.g., physician assistants and advance practice nurses), federally qualified health centers, ambulatory surgical centers, family planning agencies, and health clinics.

*Data Limitations*

Data only report on providers who have certified and who can provide an annual women's health examination and prescribe family planning drugs and/or devices.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Lower than target is desirable.

***Explanatory 4.1.1.2. Number of Clinical Providers Enrolled in Family Planning***

*Definition*

This measure reports the number of certified providers enrolled and eligible to provide Family Planning services to Family Planning clients.

*Purpose*

This measure can be used to determine the number of certified clinical providers who can treat Family Planning clients and to determine multi-year trends in provider enrollment.

*Data Source*

Data are from the certified provider universe held in the claims administrator's database or any newly developed reporting and analytic systems (e.g. Enterprise Data Warehouse).

*Methodology*

The provider count includes only those certified clinical providers who are certified and would perform the annual family planning exam and prescribe family planning drugs and devices. This includes physicians, physician extenders (e.g., physician assistants and advance practice nurses), federally qualified health centers, ambulatory surgical centers, family planning agencies, and health clinics.

*Data Limitations*

Data only report on providers who have been certified and who can provide an annual women's health examination and prescribe family planning drugs and/or devices.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Higher than target is desirable.

***Output 4.1.1.1. Average Monthly Number of Women Enrolled in Services through Healthy Texas Women***

*Definition*

This measure reports the average monthly number of HTW recipient months. A recipient month is defined as one month's coverage for an individual who has been determined as eligible for HTW.

*Purpose*

This measure reflects the average monthly number of recipient months for clients enrolled in the HTW program.

*Data Source*

The Premiums Payable System.

*Methodology*

Average recipient months per month is calculated by summing the named group's recipient months by month and dividing by the number of months summed. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future recipient months.

*Data Limitations*

None.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

***Output 4.1.1.2. Average Monthly Number of Family Planning Clients Receiving Services***

*Definition*

This measure reports the average monthly number of persons receiving family planning services from contracting and/or enrolled entities funded through the HHSC Family Planning Program.

*Purpose*

This measure reports the average monthly number of persons receiving family planning services from contracting and/or enrolled entities funded through the HHSC Family Planning Program.

*Data Source*

Client data are from the Texas Medicaid Health Partnership Vision 21 Data Warehouse Ad Hoc Query Platform Claims Universe.

*Methodology*

The average monthly number of adults receiving Family Planning services is calculated by summing the monthly unduplicated client served counts and dividing by the number of summed months. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future recipient months.

*Data Limitations*

Complete data may not be available for the reporting period at the time the report is due.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

***Output 4.1.1.3. Average Monthly Number of Women Receiving Healthy Texas Women Services***

*Definition*

This measure reports the average monthly number of HTW receiving a service covered under the HTW program.

*Purpose*

This measure reflects the average monthly number of women receiving services in HTW, this is a measure of utilization.

*Data Source*

Ad Hoc Query Platform Claims Universe, Medicaid claims administrator.

*Methodology*

Average monthly number of women receiving a service in HTW is calculated by summing the number of monthly utilizers and dividing by the number of months summed. The number of women served is accounted for based on claims data, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future recipient months.

*Data Limitations*

None.

*Calculation Method*

Noncumulative

*New Measure*

No

### *Target Attainment*

Higher than target is desirable.

### **Strategy 4.1.2. Alternatives to Abortion. Nontransferable.**

Provide pregnancy support services that promote childbirth for women seeking alternatives to abortion.

### ***Output 4.1.2.1. Number of Persons Receiving Services as Alternative to Abortion***

#### *Definition*

This measure reports the number of clients who receive services as an alternative to abortion. The Alternatives to Abortion program provides assistance which includes providing women with pregnancy and parenting information, connecting them with mentoring and social service programs, and providing them with time-limited material goods (e.g., car seats, clothing, etc.).

#### *Purpose*

This measure reports the number of clients who receive services as an alternative to abortion. The Alternatives to Abortion program provides assistance which includes providing women with pregnancy and parenting information, connecting them with mentoring and social service programs, and providing them with time-limited material goods (e.g., car seats, clothing, etc.).

#### *Data Source*

The data source is the Alternatives to Abortion contractor's data collection system.

#### *Methodology*

The Alternatives to Abortion contractor completes and submits a standardized template with required data elements on a monthly, quarterly, and annual basis. The information is derived from the contractor's data collection system. This information is recalculated each quarter to ensure an unduplicated count of clients is reflected in the year-to-date total.

#### *Data Limitations*

HHSC must rely on the Alternatives to Abortion contractor to maintain information in their data collection system. The contractor depends on its subcontractors to

timely and accurately enter data into the data collection system. Also, there is a gap between the due date for quarterly LBB reporting and the date the contractor is required to submit final program reports to the contract manager. To assist HHSC in timely reporting LBB measures, the contractor provides HHSC with unfiltered information that may include duplicate client counts.

*Calculation Method*

Cumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

***Output 4.1.2.2. Number of Alternatives to Abortion Services Provided***

*Definition*

The number provided is an unduplicated count of services provided to clients of the Alternatives to Abortion program. The Alternatives to Abortion program provides assistance which includes providing women with pregnancy and parenting information, connecting them with mentoring and social service programs, and providing them with time-limited material goods (e.g., car seats, clothing, etc.).

*Purpose*

This measure indicates the number of unduplicated services provided to clients of the Alternatives to Abortion program.

*Data Source*

The data source is the Alternatives to Abortion contractor's data collection system.

*Methodology*

The Alternatives to Abortion contractor completes and submits a standardized template with required data elements on a monthly, quarterly and annual basis. The information is derived from the data collection system maintained by the contractor.

*Data Limitations*

HHSC must rely on the Alternatives to Abortion contractor to maintain information in their data collection system. The contractor depends on its subcontractors to timely and accurately enter data into the data collection system.

*Calculation Method*

Cumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

**Strategy 4.1.3. Early Childhood Intervention Services**

Administer a statewide comprehensive system of services to ensure that eligible infants, toddlers, and their families have access to the resources and support they need to reach their service plan goals.

***Efficiency 4.1.3.1. Average Monthly Cost per Child: Comprehensive Services / State and Federal***

*Definition*

A monthly average of only HHSC appropriated state and federal funds expended for services divided by the monthly average of children receiving comprehensive services in the reporting period. State and federal funds are revenues ECI receives from the Texas Legislature, the U.S. Department of Education, Medicaid, and other state and federal sources specifically for early childhood intervention services. The funds ECI contractors receive that are not directly appropriated for HHSC ECI are not included.

*Purpose*

This measure provides information regarding the HHSC ECI expenditures for providing comprehensive services to eligible children. This information can be used for projecting future expenditures and evaluating performance.

### *Data Source*

CAPPS, which is reconciled to Uniform Statewide Accounting System. Quarterly and annual financial reports, financial report items: state and federal funds, expended by quarter for ECI services. TKIDS: number served in comprehensive services.

### *Methodology*

HHSC appropriation authority includes all funds allocated to the HHSC ECI services strategy. The numerator is the estimated total HHSC appropriation authority funds utilized to fund ECI services in the reporting period divided by the months in the reporting period. The denominator is the average monthly number of comprehensive children served in ECI services in the reporting period. The formula is numerator/denominator.

### *Data Limitations*

The accuracy of state and federal funds expended for ECI services is verified periodically through monitoring and reviews of annual audits. State and federal funds expenditure data may not be complete as provider monthly requests for reimbursement are not submitted until 30 days after the end of the month.

### *Calculation Method*

Noncumulative

### *New Measure*

No

### *Target Attainment*

Currently not determined.

## ***Explanatory 4.1.3.1. Average Monthly Number of Hours of Service Delivered per Child per Month***

### *Definition*

The number of hours of service delivered per child per month for children in ECI comprehensive services.

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*Purpose*

This measure is important because it reflects services provided to children and families to help support and promote the child's development and functioning. This information may be used to project future service, staffing, and fiscal needs.

*Data Source*

Local providers enter data into TKIDS. Delivered services are those provided to the child/family according to each child's Individualized Family Service Plan. The number of children receiving comprehensive services is determined by the cases in the enrolled disposition at any time in the reporting period.

*Methodology*

The numerator is the total number of hours of delivered service in the reporting period divided by the number of months in the reporting period. The denominator is the average monthly number of children receiving comprehensive services for the reporting period, calculated by dividing the total unduplicated number of children receiving comprehensive services for each month of the reporting period by the number of months in the reporting period. The formula is numerator/denominator.

*Data Limitations*

The accuracy of the data is dependent on accurate and timely information's being entered into TKIDS by local contractors. The accuracy of local reporting is periodically verified through monitoring. Services do not include eligibility services or other activities that occur prior to the child's enrollment in ECI, case management, or transition activities.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

***Output 4.1.3.1. Average Monthly Number of Children Served in Comprehensive Services***

*Definition*

A monthly average of children who receive comprehensive intervention services (unduplicated by month) in ECI programs.

*Purpose*

This measure is important because it is an indication of the number of children eligible for and receiving comprehensive services. This measure is a reflection of the level of performance of the agency and local providers.

*Data Source*

Local contract providers enter data into TKIDS. Determine the total number of unduplicated children receiving comprehensive services monthly, as indicated by cases in the enrolled disposition in the reporting period.

*Methodology*

The unduplicated number of children receiving comprehensive services is summed for each month of the reporting period, and the total is divided by the number of months in the reporting period.

*Data Limitations*

The accuracy of the data is dependent on accurate and timely information's being entered into TKIDS by local contractors. The accuracy of local reporting is periodically verified through monitoring.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

***Output 4.1.3.2. Average Monthly Number of Referrals to Local Programs***

*Definition*

The average monthly number of children referred to local ECI service providers.

*Purpose*

This measure is important because it aids the agency in evaluating the impact of state and local public awareness and child find activities, and because higher referrals reflect more effective outreach activities.

*Data Source*

Local contract providers enter data into TKIDS. Determine the total number of unduplicated monthly referrals, as identified by cases that entered the referral disposition in the reporting period.

*Methodology*

The unduplicated number of referrals is summed for each month of the reporting period, and the total is divided by the number of months in the reporting period.

*Data Limitations*

The accuracy of the data is dependent on accurate and timely information's being entered into TKIDS by local contractors. The accuracy of local reporting is periodically verified through monitoring.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Higher than target is desirable.

***Output 4.1.3.3. Average Monthly Number of Eligibility Determinations Completed***

*Definition*

A monthly average of children who receive comprehensive intervention services (unduplicated by month) in ECI programs.

*Purpose*

This measure is important because it is an indication of the number of children eligible for and receiving comprehensive services. This measure is a reflection of the level of performance of the agency and local providers.

*Data Source*

Local contract providers enter data into TKIDS. Determine the total number of unduplicated children receiving comprehensive services monthly, as indicated by cases in the enrolled disposition in the reporting period.

*Methodology*

The unduplicated number of children receiving comprehensive services is summed for each month of the reporting period, and the total is divided by the number of months in the reporting period.

*Data Limitations*

The accuracy of the data is dependent on accurate and timely information's being entered into TKIDS by local contractors. The accuracy of local reporting is periodically verified through monitoring.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Higher than target is desirable.

***Output 4.1.3.4. Average Monthly Number of Children Determined Eligible for ECI Services***

*Definition*

This measure provides the average monthly number of children determined eligible for ECI services.

*Purpose*

This measure informs the agency with one metric of the level of effort directed towards identifying children eligible for ECI services.

*Data Source*

Local contract providers enter data into TKIDS. These data include the number of children who have received an eligibility determination disposition and the number of those children who have been determined eligible for services.

*Methodology*

The average monthly number of children is calculated by taking the average of the monthly counts in the reporting period. The sum of unduplicated monthly counts of children determined eligible for ECI services in the reporting period is divided by the number of months in the reporting period.

*Data Limitations*

The accuracy of the data is dependent on accurate and timely information's being entered into TKIDS by local contractors. The accuracy of local reporting is periodically verified through monitoring.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

***Output 4.1.3.5. Average Monthly Number of Children Newly Enrolled in ECI***

*Definition*

The average monthly number of new children enrolled in ECI services.

*Purpose*

This measure is important because it is an indication of the number of children newly enrolling for comprehensive services. This measure is a reflection of the level of performance of the agency and local providers.

*Data Source*

Local contract providers enter data into TKIDS.

*Methodology*

The average monthly number of children is calculated by tacking the average of the individual monthly counts in the reporting period. The sum of the unduplicated monthly counts of children newly enrolled in ECI services in the reporting period is then divided by the number of months in the reporting period.

*Data Limitations*

The accuracy of the data is dependent on accurate and timely information's being entered into TKIDS by local contractors. The accuracy of local reporting is periodically verified through monitoring.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Higher than target is desirable.

#### **Strategy 4.1.4. Ensure Early Childhood Intervention Respite Services and Quality Early Childhood Intervention Services**

Serves families with children in the ECI program. Provides respite services to help preserve the family unit and prevent out-of-home placements. Provides technical assistance to parents and service providers serving in the ECI program.

#### **Strategy 4.1.5. Children's Blindness Services**

Provide information and training for blind and visually impaired children and their families so these children have the skills and confidence to live as independently as possible.

##### ***Efficiency 4.1.5.1. Average Monthly Cost per Child: Children's Blindness Services***

###### *Definition*

Measures the average monthly cost per consumer served in the Blind Children's Vocational Discovery and Development Program.

###### *Purpose*

This measure tracks the average monthly cost per consumer served through the Blindness Services for Children strategy. It provides one indication of the efficiency of the program.

###### *Data Source*

The data sources are the program-related expenditures and encumbrances during the reporting period from the HHSC accounting system (CAPPS and the automated consumer statistical system); and the number of consumers served (Output 4.1.5.1, Average Monthly Number of Children Receiving Blindness Services).

###### *Methodology*

The formula is numerator/denominator. The numerator is the total HHSC expenditures and encumbrances utilized during the reporting period to fund the habilitative services for children strategy. The denominator is the average monthly number of consumers receiving habilitative services (Output 4.1.5.1, Average Monthly Number of Children Receiving Blindness Services).

*Data Limitations*

None.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

***Output 4.1.5.1. Average Monthly Number of Children Receiving Blindness Services***

*Definition*

Measures the average number of consumer cases in the automated consumer statistical system for the Blind Children's Vocational Discovery and Development Program. Cases must have been in one or more of the following phases at any time during the reporting period: initial contact, application, eligibility, plan development, service delivery, or post closure services.

*Purpose*

This measure reports the average monthly number of clients who receive services from the Blind Children's Vocational Discovery and Development Program.

*Data Source*

Data are from the Blind Children's Program automated consumer statistical system. Field staff who work with consumers collect, input, and update consumer data in this system.

*Methodology*

The Blind Children's Program automated consumer statistical system assigns a unique identification number for each case. The numerator is the sum of the total unduplicated number of cases in one or more of the following phases in the RehabWorks automated consumer statistical system at any time during each month of the reporting period: initial contact, application, eligibility, plan development,

plan completed, service delivery, or post closure services. The denominator is the number of months in the reporting period. The formula is numerator/denominator.

*Data Limitations*

None.

*Calculation Method*

Noncumulative

*New Measure*

Yes

*Target Attainment*

Currently not determined.

**Strategy 4.1.6. Autism Program**

To provide services to Texas children ages 3–15 diagnosed with autism spectrum disorder.

***Efficiency 4.1.6.1. Average Monthly Cost per Child Receiving Focused Autism Services***

*Definition*

The average monthly cost per child of providing focused autism services to enrolled children with HHSC autism program funds.

*Purpose*

This measure allows HHSC to monitor grant funds expended and to ensure costs are in line with monthly projections.

*Data Source*

Data sources for this measure are 1) CAPPS Financial data and invoices, and 2) Consumer Data Report.

### *Methodology*

For each reporting period, the total funds expended from the Autism Program strategy is summed and divided by the sum of the monthly unduplicated number of children receiving focused autism services from contracting and/or enrolled entities.

### *Data Limitations*

Data reliability is dependent on the accuracy of information submitted to HHSC by the autism grantees.

### *Calculation Method*

Noncumulative

### *New Measure*

No

### *Target Attainment*

Currently not determined.

## ***Output 4.1.6.1. Average Monthly Number of Children Receiving Focused Autism Services***

### *Definition*

A monthly average of unduplicated children who are receiving or who have received focused autism services in the HHSC Autism Program.

### *Purpose*

Autism grantees establish a target for the number of children with autism to be served with focused autism services within available resources. This measure tracks progress toward meeting that target.

### *Data Source*

Data source for this measure is the Consumer Data Report.

### *Methodology*

Cases in open status at any time during the reporting period are included in the calculated average. The numerator is the total unduplicated number of cases receiving focused services each month in the reporting period. The denominator is

the number of months in the reporting period. The formula is numerator/denominator.

*Data Limitations*

Data reliability is dependent on the accuracy of information submitted to HHSC by autism grantees.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

**Strategy 4.1.7. Children with Special Health Care Needs**

Administer service program for children with special healthcare needs (CSHCN).

***Efficiency 4.1.7.1. Average Monthly Cost per Children with Special Health Care Needs Client Receiving Services***

*Definition*

This measure reports the average paid for eligible CSHCN Services Program clients receiving services. For purposes of this measure, services include medical services, enabling services (excluding transportation), and family support services.

*Purpose*

This measure is used to monitor trends in the cost of care for the clients receiving services reimbursed by the CSHCN Services Program and reflects the program's ability to meet some of the needs of clients.

*Data Source*

The average monthly cost per client receiving services is obtained from the program's automated data system.

### *Methodology*

The average monthly cost per CSHCN Services Program client is calculated by dividing the amount paid for receiving services by the number of CSHCN Services Program clients who received services and averaging across the reporting period. Estimates may be included based on the data available.

### *Data Limitations*

The number of clients with paid claims is reported based on the date of service. Providers have 95 days to file claims from the date of service and 180 days to submit appeals. Therefore, payment data for a given period may change through time. Due to the definition, the number of clients used for this measure may be duplicated in subsequent quarters. Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

### *Calculation Method*

Noncumulative

### *New Measure*

No

### *Target Attainment*

Currently not determined.

## ***Output 4.1.7.1. Average Monthly Number of Children with Special Health Care Needs Clients Receiving Services***

### *Definition*

This measure reports the average monthly number of clients in the CSHCN Services Program who receive services paid by the program. For purposes of this measure, services include medical services, enabling services, (excluding transportation), and family support services.

### *Purpose*

This measure is used to monitor trends in the cost of care for clients receiving services reimbursed by the CSHCN Services Program and reflects the program's ability to meet some of the needs of clients.

#### *Data Source*

The average monthly number of clients receiving services is obtained from the program's automated data system.

#### *Methodology*

This measure is calculated by summing the number of clients with paid claims for services in a month and averaging such across the reporting period. Estimates may be used for quarters in which claims data are incomplete.

#### *Data Limitations*

The number of clients with paid claims is reported based on the date of service. Providers have 95 days to file claims from the date of service and 180 days to submit appeals. Therefore, payment data for a given period may change through time. This measure may be affected by factors such as the number of individuals enrolled in the program, the clients' needs, and the availability of other healthcare resources. Due to the definition, the number of clients used for this measure may be duplicated in subsequent quarters. Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

#### *Calculation Method*

Noncumulative

#### *New Measure*

No

#### *Target Attainment*

Currently not determined.

### **Strategy 4.1.8. Title V Dental and Health Services**

Title V dental and health services.

***Output 4.1.8.1. Number of Infants <1 and Children Age 1–21 Years  
Provided Services***

*Definition*

This measure reports the unduplicated number of infants <1 and children (ages 1 through 21) receiving dental and child health services, such as well child checkups, immunizations, newborn hearing and metabolic screenings, vision and hearing screening, and comprehensive and periodic oral healthcare through contracting agencies funded with Title V and/or related General Revenue (GR).

*Purpose*

This measure reports the unduplicated number of infants <1 and children (ages 1 through 21) receiving dental and child health services, such as well child checkups, immunizations, newborn hearing and metabolic screenings, vision and hearing screening, and comprehensive and periodic oral healthcare through contracting agencies funded with Title V and/or related GR.

*Data Source*

System reports for the contracting agencies. Other automated systems may replace the current systems. The data from these new systems may be combined with current systems and/or replace the data from the current systems. Specific data source used will be noted in supporting documentation.

*Methodology*

Reported data are calculated by adding the number of clients from reports for the contracting agencies.

*Data Limitations*

Complete data may not be available for the reporting period at the time the report is due; therefore, projections may be included based on the data available. Estimates are updated in the subsequent reporting periods.

*Calculation Method*

Cumulative

*New Measure*

No

### *Target Attainment*

Lower than target is desirable.

## ***Output 4.1.8.2. Number of Women over 21 Provided Title V Services***

### *Definition*

This measure reports the unduplicated number of women over 21 receiving prenatal, dysplasia, genetics, and laboratory services through contracting agencies funded with Title V and/or related GR.

### *Purpose*

This measure reports the unduplicated number of women aged 21 and over receiving prenatal, dysplasia, genetics, and laboratory services through contracting agencies funded with Title V and/or related GR.

### *Data Source*

System reports for the contracting agencies. Other automated systems may replace the current systems. The data from these new systems may be combined with current systems and/or replace the data from the current systems. Specific data source used will be noted in supporting documentation.

### *Methodology*

Reported data are calculated by adding the number of clients from reports for the contracting agencies.

### *Data Limitations*

Complete data may not be available for the reporting period at the time the report is due; therefore, projections may be included based on the data available. Estimates are updated in the subsequent reporting periods.

### *Calculation Method*

Cumulative

### *New Measure*

No

*Target Attainment*

Currently not determined.

**Strategy 4.1.9. Kidney Health Care**

Administer service programs for kidney healthcare (KHC).

***Efficiency 4.1.9.1. Average Annual Cost per Kidney Health Care Client***

*Definition*

This measure includes KHC allowable chronic disease services, including medical, drug and transportation services, and payment of Medicare Part D premiums. This measure is the average amount paid per KHC client per fiscal year.

*Purpose*

To measure the average amount paid per KHC client per fiscal year.

*Data Source*

Data are derived from the KHC claims processing and budget reporting systems.

*Methodology*

The average cost per chronic disease service will be determined per client served per fiscal year by dividing the total client services expenditures by the total number of unduplicated clients.

*Data Limitations*

Complete data may not be available for the reporting period at the time the report is due; therefore, projections may be included based on the data available.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

***Output 4.1.9.1. Number of Kidney Health Clients Provided Services***

***Definition***

The measure is the total number of unduplicated clients for whom KHC made payment or reimbursed for chronic disease services received during the fiscal year. This includes medical, drugs and transportation services, and payment of Medicare Part D premiums.

***Purpose***

The measure is the total number of unduplicated clients for whom KHC made payment or reimbursed for services received during the fiscal year.

***Data Source***

Data are derived from KHC claims processing and budget reporting systems.

***Methodology***

The measure is the total number of unduplicated clients for whom KHC made payment or reimbursed for chronic disease services received during the fiscal year. Data are non-cumulative.

***Data Limitations***

Complete data may not be available at the time the report is due; therefore, projections may be included based on the data available.

***Calculation Method***

Cumulative

***New Measure***

No

***Target Attainment***

Currently not determined.

**Strategy 4.1.10. Additional Specialty Care**

Deliver specialty care services including service programs for epilepsy and hemophilia, as well as provide leadership and direction to the statewide umbilical cord blood bank and health information technology initiatives.

***Explanatory 4.1.10.1. Number of Epilepsy Program Clients Provided Services***

*Definition*

Number of epilepsy program clients provided outreach activities, case management, and (direct) medical services by HHSC funded contractors.

*Purpose*

Measures the number of epilepsy program clients provided services which include outreach activities, case management, and (direct) medical services.

*Data Source*

Information is obtained from the Epilepsy Contractor Quarterly Reports.

*Methodology*

The number of persons receiving epilepsy services through funded programs is derived from a quarterly tabulation based on information obtained from the Epilepsy Contractor Quarterly Reports.

*Data Limitations*

None.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

***Explanatory 4.1.10.2. Number of Hemophilia Assistance Program Clients***

*Definition*

Number of Hemophilia Assistance Program (HAP) clients who receive financial assistance for blood factor products through HHSC approved providers.

*Purpose*

Measures the number of HAP clients who receive financial assistance for blood factor products through HHSC-approved providers.

*Data Source*

HAP history files.

*Methodology*

The measure is the total number of unduplicated clients for whom the HAP made payment for services received during the fiscal year.

*Data Limitations*

None.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

**Strategy 4.1.11. Community Primary Care Services**

Develop systems of primary and preventive healthcare delivery in underserved areas of Texas.

***Efficiency 4.1.11.1. Average Cost per Primary Health Care Client***

*Definition*

This measure reports the average cost per Primary Health Care client provided access to primary care services. The cost includes service and administrative dollars spent by contractors.

*Purpose*

Measures average cost per Primary Health Care clients provided access to primary care services per year.

*Data Source*

The sources for this measure are the contractor monthly and annual reports.

*Methodology*

Average cost per Primary Health Care client provided access to primary care services per year is calculated by dividing the unduplicated number of clients who receive services into the available contract funding for the fiscal year.

*Data Limitations*

Complete data may not be available for the reporting period at the time the report is due.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

***Output 4.1.11.1. Number of Primary Health Care Clients Receiving Services***

*Definition*

This measure is the unduplicated number of Primary Health Care clients provided primary care services.

*Purpose*

Measures the number of Primary Health Care Program clients provided primary healthcare services.

*Data Source*

The sources for this measure are the contractor monthly and annual reports.

*Methodology*

This is the unduplicated number of Primary Health Care clients receiving services as reported by contractors.

*Data Limitations*

Complete data may not be available for the reporting period at the time the report is due.

*Calculation Method*

Cumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

**Strategy 4.1.12. Abstinence Education**

Increase abstinence education programs in Texas.

***Output 4.1.12.1. Number of Persons Served in Abstinence Education Programs***

*Definition*

Number of persons receiving services delivered by the Abstinence Education Program.

*Purpose*

Measures the number of persons receiving services.

*Data Source*

Summary report derived from biannual activity reports. Numbers served will be totaled from the data reports from the Abstinence Education program.

### *Methodology*

The total number of persons served will be the unduplicated count of individuals receiving services from contractors, parents in state-wide services, teachers and community members in coalitions and trainings, and students in youth clubs or leadership camps during the reporting period.

### *Data Limitations*

Complete data may not be available for the reporting period at the time the report is due; therefore, projections may be included based on available data.

### *Calculation Method*

Cumulative

### *New Measure*

No

### *Target Attainment*

Currently not determined.

## **Objective 4.2. Provide Community Behavioral Health Services**

Support services for mental health and for substance abuse prevention, intervention, and treatment.

### **Outcome 4.2.1. Percent of Adults Receiving Community Mental Health Services Whose Functional Level Improved**

#### *Definition*

This measure captures the percent of adults receiving community mental health services who show improvement in level of functioning.

#### *Purpose*

Improved functioning in the community is an important indication that treatment is effective in reducing the functional deterioration associated with mental illness.

#### *Data Source*

Clinical staff are expected to administer assessments at admission to community services, every 180 days, and at planned discharges. The results of these

assessments are entered into HHSC's data warehouse system by staff at the local mental health authorities (LMHAs) / local behavioral health authorities (LBHAs).

#### *Methodology*

The Reliable Change Index will be used to measure change in Adult Needs and Strengths Assessment scores. Comparing initial and subsequent Adult Needs and Strengths Assessment scores will yield a Reliable Change Index score that will allow for the determination of statistically significant improvement on specific domain items. The numerator is the total number of adults authorized into a full level of care who show reliable improvement on at least one Adult Needs and Strengths Assessment domain as compared to the Reliable Change Index identified for that domain whose last two assessments are at least 180 days apart. The denominator is the total number of adults authorized into a full level of care whose last two assessments are at least 180 days apart. The formula is numerator/denominator \* 100.

#### *Data Limitations*

The accuracy of the HHSC data is dependent upon accurate and timely information's being entered into the data warehouse system by the LMHAs/LBHAs.

#### *Calculation Method*

Noncumulative

#### *New Measure*

No

#### *Target Attainment*

Currently not determined.

### **Outcome 4.2.2. Percent of Children Receiving Community Mental Health Services Whose Functional Level Improved**

#### *Definition*

This measure captures the percent of children receiving community mental health services who show improvement in level of functioning.

### *Purpose*

Stabilized or improved functioning in the community is an important indication that treatment is effective in reducing the functional deterioration associated with mental illness.

### *Data Source*

Clinical staff are expected to administer assessments at admission to community services, every 90 days, and at planned discharges. The results of these assessments are entered into HHSC's data warehouse system by staff at the LMHAs/LBHAs.

### *Methodology*

The Reliable Change Index will be used to measure change in Child and Adolescent Needs and Strengths assessment scores. Comparing initial and subsequent Child and Adolescent Needs and Strengths assessment scores will yield a Reliable Change Index score that will allow for the determination of statistically significant improvement on specific domain items. The numerator is the total number of children authorized into a full level of care who show reliable improvement on one of the following Child and Adolescent Needs and Strengths assessment domains/modules: Child Strengths, Behavioral and Emotional Needs, Life Domain Functioning, Child Risk Behaviors, Adjustment to Trauma, School Performance, or Substance Abuse. The denominator is the total number of children authorized into a full level of care whose last two assessments are at least 75 days apart. The formula is  $\text{numerator/denominator} * 100$ .

### *Data Limitations*

The accuracy of the HHSC data is dependent upon accurate and timely information's being entered into the data warehouse system by the LMHAs/LBHAs.

### *Calculation Method*

Noncumulative

### *New Measure*

No

### *Target Attainment*

Currently not determined.

### **Outcome 4.2.3. Percent Receiving Crisis Services Who Avoid Psychiatric Hospitalization within 30 Days**

#### *Definition*

This measure captures the percent of persons with one or more crisis episodes not followed by a psychiatric hospitalization at a state or community psychiatric hospital within 30 days of the first day of each crisis episode.

#### *Purpose*

Appropriate interventions for persons in mental health crisis should reduce their need to access state or community psychiatric hospitals.

#### *Data Source*

Contractually required services are submitted by the LMHAs/LBHAs and the hospitals to the Behavioral Health Services data warehouse system.

#### *Methodology*

This measure is an annual percent of persons who avoid hospitalization for at least 30 days after a crisis episode. The numerator is the number of persons with one or more crisis episodes not followed by a state or community psychiatric hospitalization within 30 days of the first day of each crisis episode. The denominator is the number of persons with one or more crisis episodes. The formula is  $\text{numerator/denominator} * 100$ .

#### *Data Limitations*

The accuracy of the HHSC data is dependent upon accurate and timely information's being entered into the data warehouse system by the LMHAs/LBHAs.

#### *Calculation Method*

Noncumulative

#### *New Measure*

No

#### *Target Attainment*

Currently not determined.

#### **Outcome 4.2.4. Percent of Adults Who Complete Treatment Program and Report No Past Month Substance Use**

##### *Definition*

This measure captures the percent of persons who complete an adult substance abuse program and report no past month substance use at the time of discharge.

##### *Purpose*

Abstinence is an objective of ongoing recovery for addiction.

##### *Data Source*

Contractually required services are submitted by the providers to the Behavioral Health Services data warehouse system.

##### *Methodology*

This measure is an annual percent of persons who complete an adult substance abuse treatment program and report abstinence. The numerator is the total number of persons who complete an adult substance abuse treatment service and report no past month substance use on the end-service or discharge assessment. The denominator is the total number of persons who complete an adult substance abuse treatment service. The formula is  $\text{numerator/denominator} * 100$ .

##### *Data Limitations*

Completion of treatment in this measure refers only to the completion of a level of care (service) at a single service provider. Data do not necessarily reflect completion of a continuum of care, which usually includes multiple programs and levels of service (episode). Accuracy of the data is dependent upon accurate and timely information's being entered into the data warehouse system by providers.

##### *Calculation Method*

Noncumulative

##### *New Measure*

No

##### *Target Attainment*

Currently not determined.

### **Outcome 4.2.5. Percent of Youth Who Complete Treatment Program and Report No Past Month Substance Use**

#### *Definition*

This measure captures the percent of persons who complete a youth substance abuse treatment program and report no past month substance use at time of discharge.

#### *Purpose*

Abstinence is an objective of ongoing recovery for addiction.

#### *Data Source*

Contractually required services are submitted by the providers to the Behavioral Health Services data warehouse system.

#### *Methodology*

This measure is an annual percent of persons who complete a youth substance abuse treatment program and report abstinence. The numerator is the total number of persons who complete a youth substance abuse treatment service and report no past month substance use on the end-service or discharge assessment. The denominator is the total number of persons who complete a youth substance abuse treatment service. The formula is  $\text{numerator/denominator} * 100$ .

#### *Data Limitations*

Completion of treatment in this measure refers only to the completion of a level of care (service) at a single service provider. Data do not necessarily reflect completion of a continuum of care, which usually includes multiple programs and levels of service (episode). Accuracy of the data is dependent upon accurate and timely information's being entered into the data warehouse system by providers.

#### *Calculation Method*

Noncumulative

#### *New Measure*

No

*Target Attainment*

Higher than target is desirable.

**Outcome 4.2.6. Percent of Adults with Opioid Use Disorder Receiving Medication-Assisted Treatment**

*Definition*

This measure captures the percent of opioid use disorder clients who receive medication-assisted treatment during the fiscal year.

*Purpose*

This measure is used to determine efficiency and cost effectiveness of the programs over time.

*Data Source*

Contractually required services are submitted by the providers to the Behavioral Health Services data warehouse.

*Methodology*

The numerator is the number of unique clients who file a claim for medication-assisted treatment service during the fiscal year. The denominator is the number of unique clients with an opioid use disorder who file a claim during the fiscal year. The formula is numerator/denominator \* 100.

*Data Limitations*

The accuracy of the HHSC data is dependent upon accurate and timely information's being entered into the data warehouse system by the providers.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Lower than target is desirable.

### **Strategy 4.2.1. Community Mental Health Services for Adults**

Provide services and supports in the community for adults with serious mental illness.

#### ***Efficiency 4.2.1.1. Average Monthly Cost per Adult: Community Mental Health Services***

##### *Definition*

This measure captures the HHSC appropriation authority monthly cost per adult receiving community mental health services in a full level of care.

##### *Purpose*

This measure is used to determine efficiency and cost effectiveness of the programs over time.

##### *Data Source*

Contractually required services are submitted by the LMHAs/LBHAs to the Behavioral Health Services data warehouse system.

##### *Methodology*

The cost for providing adult community mental health services in each month of the quarter is averaged. The numerator is the total HHSC appropriation authority funds utilized to fund adult mental health community services / the number of months in the reporting period. The denominator is the average monthly number of adults receiving mental health community services that are served with HHSC appropriation authority funds. The formula is numerator/denominator.

##### *Data Limitations*

The accuracy of the commission's data is dependent upon accurate and timely information's being entered into data warehouse system by the LMHAs/LBHAs.

##### *Calculation Method*

Noncumulative

##### *New Measure*

No

*Target Attainment*

Currently not determined.

***Output 4.2.1.1. Average Monthly Number of Adults Receiving  
Community Mental Health Services***

*Definition*

This measure captures the average monthly unduplicated count of eligible adults whose services are funded with HHSC appropriation authority funds and who receive mental health community services through a full level of care service package as part of Texas Resilience and Recovery.

*Purpose*

Monthly number of persons served reflects the system-wide level of activity occurring over time and allows the agency to associate this activity with related costs.

*Data Source*

Contractually required services are submitted by the LMHAs/LBHAs to the Behavioral Health Services data warehouse system.

*Methodology*

To obtain the number of adults served with HHSC appropriation authority funds, the percentage of total expenditures that were funded through the commission's appropriation authority in the previous fiscal year is calculated. This percentage is applied to the average monthly number served for the specified quarter to yield the average monthly number served for the specified quarter with HHSC appropriation authority funds. The numerator is the sum of the number of adults receiving community Mental Health services through a full level of care service package as part of Texas Resilience and Recovery levels of care each month of the reporting period \* state-funded percentage. The state-funded percentage is the expenditures financed through the HHSC appropriation authority for any adult mental health community service / total expenditures for any adult mental health community service \* 100. The denominator is the number of months in the period. The formula is numerator/denominator.

*Data Limitations*

The accuracy of the commission's client database is dependent upon accurate and timely information's being entered into the data warehouse by the LMHAs/LBHAs.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

**Strategy 4.2.2. Community Mental Health Services for Children**

Provide services and supports for emotionally disturbed children and their families.

***Efficiency 4.2.2.1. Average Monthly Cost per Child Receiving Community Mental Health Services***

*Definition*

This measure captures the HHSC appropriation authority monthly cost per child receiving community mental health services in a full level of care.

*Purpose*

This measure captures the HHSC appropriation authority monthly cost per child receiving community mental health services in a full level of care.

*Data Source*

Contractually required services are submitted by the LMHAs/LBHAs to the Behavioral Health Services data warehouse.

*Methodology*

The cost for providing child community mental health services in each month of the quarter is averaged. The numerator is the total HHSC appropriation authority funds utilized to fund child mental health community services / the number of months in the reporting period. The denominator is the total monthly number of children

receiving mental health services in the community who are served with HHSC appropriation authority funds. The formula is numerator/denominator.

*Data Limitations*

The accuracy of the HHSC data is dependent upon accurate and timely information's being entered into the data warehouse system by the LMHAs/LBHAs.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

***Output 4.2.2.1. Average Monthly Number of Children Receiving Community Mental Health Services***

*Definition*

This measure captures the average monthly unduplicated count of eligible children (younger than age 18) whose services are funded with HHSC appropriation authority funds and who receive mental health community services through a full level of care service package as part of Texas Resiliency and Recovery (levels of care 1,2,3,4, or Young Child) on a monthly basis. The mental health services in the levels of care may be provided on a monthly or quarterly basis depending upon the service.

*Purpose*

Monthly number of children served reflects the system-wide level of activity occurring over time and allows the agency to associate this activity with related costs.

*Data Source*

Contractually required services are submitted by the LMHAs/LBHAs to the Behavioral Health Services data warehouse system.

### *Methodology*

To obtain the number of children served with HHSC appropriation authority funds, the percentage of total expenditures that were funded through the commission's appropriation authority in the previous year is calculated. This percentage is applied to the average monthly numbers served for the specified quarter to yield the average monthly number served for the specified quarter with HHSC appropriation authority funds. The numerator is the sum of the number of children receiving community mental health services through a full level of care service package as part of Texas Resilience and Recovery each month of the reporting period \* state-funded percentage. The state-funded percentage is the expenditures financed through the HHSC appropriation authority for any child's community mental health services / total expenditures for any child's community mental health services \* 100. The denominator is the number of months in the period. The formula is numerator/denominator.

### *Data Limitations*

The accuracy of the commission's data is dependent upon accurate and timely information's being entered into data warehouse system by the LMHAs/LBHAs.

### *Calculation Method*

Noncumulative

### *New Measure*

No

### *Target Attainment*

Currently not determined.

## **Strategy 4.2.3. Community Mental Health Crisis Services**

Community Mental Health Crisis Services.

***Efficiency 4.2.3.1. Average General Revenue Spent per Person for Crisis Residential Services***

*Definition*

This measure captures the average amount of GR spent per person for a crisis residential services (i.e., respite, crisis residential, crisis stabilization unit, extended observation, or inpatient psychiatric room and board) during the fiscal year.

*Purpose*

This measure is used to determine efficiency and cost effectiveness of the programs over time.

*Data Source*

Contractually required services are submitted by the LMHAs/LBHAs to the Behavioral Health Services data warehouse.

*Methodology*

The numerator is the total year-to-date GR expenditures for crisis residential services. The denominator is the unduplicated year-to-date number of persons who receive a crisis residential service funded by GR.

*Data Limitations*

The accuracy of the HHSC data is dependent upon accurate and timely information's being entered into the data warehouse system by the LMHAs/LBHAs.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

***Efficiency 4.2.3.2. Average General Revenue Spent per Person for Crisis Outpatient Services***

*Definition*

This measure captures the average amount of GR spent per person for a crisis outpatient services (i.e., mobile crisis outreach team, walk-in crisis, or crisis follow-up) during the fiscal year.

*Purpose*

This measure is used to determine efficiency and cost effectiveness of the programs over time.

*Data Source*

Contractually required services are submitted by the LMHAs/LBHAs to the Behavioral Health Services data warehouse.

*Methodology*

The numerator is the total year-to-date GR expenditures for crisis outpatient services. The denominator is the unduplicated year-to-date number of persons who receive a crisis outpatient service funded by GR. The formula is numerator/denominator.

*Data Limitations*

The accuracy of the HHSC data is dependent upon accurate and timely information's being entered into the data warehouse system by the LMHAs/LBHAs.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

***Output 4.2.3.1. Number of Persons Receiving Crisis Residential Services per Year Funded by General Revenue***

*Definition*

This measure captures the unduplicated year-to-date number of persons (regardless of age) who receive a crisis residential service (i.e., respite, crisis residential, crisis stabilization unit, extended observation, or inpatient psychiatric room and board) and whose service is funded by GR.

*Purpose*

Providing mental health crisis residential services as alternatives to service in more restrictive and less appropriate settings (e.g., emergency room, psychiatric hospital, and jail) is an important function. This measure provides an unduplicated count of the number of individuals served in residential crisis services as less restrictive and more appropriate alternatives per year.

*Data Source*

Contractually required services are submitted by the LMHAs/LBHAs to the Behavioral Health Services data warehouse.

*Methodology*

The unduplicated number of persons who receive a residential crisis service, where the source of funding was GR, is summed for the fiscal year.

*Data Limitations*

The accuracy of the HHSC data is dependent upon accurate and timely information's being entered into the data warehouse system by the LMHAs/LBHAs.

*Calculation Method*

Cumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

***Output 4.2.3.2. Number of Persons Receiving Crisis Outpatient Services per Year Funded by General Revenue***

*Definition*

This measure captures the unduplicated year-to-date number of persons (regardless of age) who receive a crisis outpatient service (i.e., mobile crisis outreach team, walk-in crisis, or crisis follow-up) and whose service is funded by GR.

*Purpose*

Providing mental health crisis outpatient services as alternatives to service in more restrictive and less appropriate settings (e.g., emergency room, psychiatric hospital, and jail) is an important function. This measure provides an unduplicated count of the number of individuals served in outpatient crisis services as less restrictive and more appropriate alternatives per year.

*Data Source*

Contractually required services are submitted by the LMHAs/LBHAs to the Behavioral Health Services data warehouse.

*Methodology*

The unduplicated number of persons who receive an outpatient crisis service, where the source of funding was GR, is summed for the fiscal year.

*Data Limitations*

The accuracy of the HHSC data is dependent upon accurate and timely information's being entered into the data warehouse system by the LMHAs/LBHAs.

*Calculation Method*

Cumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

#### **Strategy 4.2.4. Substance Abuse Prevention, Intervention, and Treatment**

Implement prevention services to reduce the risk of substance use, abuse, and dependency. Implement intervention services to interrupt illegal substance use by youth and adults and reduce harmful use of legal substances by adults. Implement a continuum of community and family-based treatment and related services for chemically dependent persons. Optimize performance quality and cost efficiency through the managing and monitoring of contracted services for substance abuse.

##### ***Efficiency 4.2.4.1. Average Monthly Cost per Youth for Substance Abuse Prevention Services***

###### *Definition*

This measure captures the monthly cost per person receiving HHSC-funded youth substance abuse prevention services.

###### *Purpose*

This measure is used to determine efficiency and cost effectiveness of the programs over time.

###### *Data Source*

Contractually required services are submitted by the providers to the Behavioral Health Services data warehouse.

###### *Methodology*

The numerator is the sum of prevention service expenditures reported by providers. The denominator is the number served. The formula is numerator/denominator. The number served is the total number of persons receiving HHSC-funded youth substance abuse prevention services.

###### *Data Limitations*

The accuracy of HHSC's data is dependent upon accurate and timely information's being entered into the data warehouse system by the providers.

###### *Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

***Efficiency 4.2.4.2. Average Monthly Cost per Adult for Substance Abuse Intervention Services***

*Definition*

This measure captures the monthly cost per person receiving HHSC-funded adult substance abuse intervention services.

*Purpose*

This measure is used to determine efficiency and cost effectiveness of the programs over time.

*Data Source*

Contractually required services are submitted by the providers to the Behavioral Health Services data warehouse.

*Methodology*

The sum of direct service expenditures and HHSC non-service expenditures for the intervention programs divided by the total number of persons served. Number served is the total number of persons receiving HHSC-funded adult substance abuse intervention services.

*Data Limitations*

The accuracy of HHSC's data is dependent upon accurate and timely information's being entered into the data warehouse system by the providers.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

***Efficiency 4.2.4.3. Average Monthly Cost per Youth for Substance Abuse Intervention Services***

*Definition*

This measure captures the monthly cost per person receiving HHSC-funded youth substance abuse intervention services.

*Purpose*

This measure is used to determine efficiency and cost effectiveness of the programs over time.

*Data Source*

Contractually required services are submitted by the providers to the Behavioral Health Services data warehouse.

*Methodology*

The sum of direct service expenditures and HHSC non-service expenditures for the intervention programs divided by the total number of persons served. Number served is the total number of persons receiving youth intervention services.

*Data Limitations*

The accuracy of HHSC's data is dependent upon accurate and timely information's being entered into the data warehouse system by the providers.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

***Efficiency 4.2.4.4. Average Monthly Cost per Adult Served in Treatment Programs for Substance Abuse***

*Definition*

This measure captures the monthly cost per person receiving HHSC-funded adult substance abuse treatment services.

*Purpose*

This measure is used to determine efficiency and cost effectiveness of the programs over time.

*Data Source*

Contractually required services are submitted by the providers to the Behavioral Health Services data warehouse.

*Methodology*

The sum of substance abuse treatment claims divided by the total number of persons served. Number served is the total number of persons receiving adult substance abuse treatment services.

*Data Limitations*

The accuracy of HHSC's data is dependent upon accurate and timely information's being entered into the data warehouse system by the providers.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

***Efficiency 4.2.4.5. Average Monthly Cost per Youth Served in Treatment Programs for Substance Abuse***

*Definition*

This measure captures the monthly cost per person receiving HHSC-funded youth substance abuse treatment services.

*Purpose*

This measure is used to determine efficiency and cost effectiveness of the programs over time.

*Data Source*

Contractually required services are submitted by the providers to the Behavioral Health Services data warehouse.

*Methodology*

The sum of substance abuse treatment claims divided by the total number of persons served. Number served is the total number of persons receiving youth substance abuse treatment services.

*Data Limitations*

The accuracy of HHSC's data is dependent upon accurate and timely information's being entered into the data warehouse system by the providers.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

***Output 4.2.4.1. Average Monthly Number of Youth Served in Substance Abuse Prevention Programs***

*Definition*

This measure captures the average monthly count of persons served through HHSC-funded youth substance abuse prevention program service types.

*Purpose*

Monthly number of youth served reflects the system-wide level of activity occurring over time and allows the agency to associate this activity with related costs.

*Data Source*

Contractually required services are submitted by the providers to the Behavioral Health Services data warehouse system.

*Methodology*

The total number of persons served with HHSC youth substance abuse prevention funds in each month of the quarter is averaged. The numerator is the sum of the number of persons served in HHSC-funded youth substance abuse prevention services each month of the reporting period. The denominator is the number of months in the period. The formula is numerator/denominator.

*Data Limitations*

The accuracy of HHSC's data is dependent upon accurate and timely information's being entered into the data warehouse system by the providers. Program measures are aggregate reports and not based on individual level services for each strategy. Due to the nature of the prevention activities within each of the strategies, it is not possible to capture an unduplicated count of the services provided.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

***Output 4.2.4.2. Average Monthly Number of Youth Served in Treatment Programs for Substance Abuse***

*Definition*

This measure captures the average monthly unduplicated count of persons served through HHSC-funded youth substance abuse treatment program service types.

*Purpose*

Monthly number of youth served reflects the system-wide level of activity occurring over time and allows the agency to associate this activity with related costs.

*Data Source*

Contractually required services are submitted by the providers to the Behavioral Health Services data warehouse system.

*Methodology*

The total number of persons served with HHSC youth substance abuse treatment funds in each month of the quarter is averaged. The numerator is the sum of the number of persons served in HHSC-funded youth substance abuse intervention services each month of the reporting period. The denominator is the number of months in the period. The formula is numerator/denominator.

*Data Limitations*

The accuracy of HHSC's data is dependent upon accurate and timely information's being entered into the data warehouse system by the providers.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

***Output 4.2.4.3. Average Monthly Number of Adults Served in Substance Abuse Intervention Programs***

*Definition*

This measure captures the average monthly count of persons served through HHSC-funded adult substance abuse intervention program service types.

*Purpose*

Monthly number of adults served reflects the system-wide level of activity occurring over time and allows the agency to associate this activity with related costs.

*Data Source*

Contractually required services are submitted by the providers to the Behavioral Health Services data warehouse system.

*Methodology*

The total number of persons served with HHSC adult substance abuse intervention funds in each month of the quarter is averaged. The numerator is the sum of the number of persons served in HHSC-funded adult substance abuse intervention services each month of the reporting period. The denominator is the number of months in the period. The formula is numerator/denominator.

*Data Limitations*

The accuracy of HHSC data is dependent upon accurate and timely information's being entered into the data warehouse system by the providers. Program measures are aggregate reports and not based on individual level services for each strategy. Due to the nature of the intervention activities within each of the strategies, it is not possible to capture an unduplicated count of the services provided.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

***Output 4.2.4.4. Average Monthly Number of Youth Served in Substance Abuse Intervention Programs***

*Definition*

This measure captures the count of persons served through HHSC-funded youth substance abuse intervention program service types.

*Purpose*

Monthly number of youth served reflects the system-wide level of activity occurring over time and allows the agency to associate this activity with related costs.

*Data Source*

Contractually required services are submitted by the providers to the Behavioral Health Services data warehouse system.

*Methodology*

The total number of persons served with HHSC youth substance abuse treatment funds in each month of the quarter is averaged. The numerator is the sum of the number of persons served in HHSC-funded youth substance abuse intervention services each month of the reporting period. The denominator is the number of months in the period. The formula is numerator/denominator.

*Data Limitations*

The accuracy of the HHSC data is dependent upon accurate and timely information's being entered into the data warehouse system by the providers. Program measures are aggregate reports and not based on individual level services for each strategy. Due to the nature of the intervention activities within each of the strategies, it is not possible to capture an unduplicated count of the services provided.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

***Output 4.2.4.5. Average Monthly Number of Adults Served in Treatment Programs for Substance Abuse***

*Definition*

This measure captures the count of persons served through HHSC-funded adult substance abuse treatment program service types.

*Purpose*

Monthly number of adults served reflects the system-wide level of activity occurring over time and allows the agency to associate this activity with related costs.

*Data Source*

Contractually required services are submitted by the providers to the Behavioral Health Services data warehouse system.

*Methodology*

The total number of persons served with HHSC adult substance abuse treatment funds in each month of the quarter is averaged. The numerator is the sum of the number of persons served in HHSC-funded adult substance abuse treatment services each month of the reporting period. The denominator is the number of months in the period. The formula is numerator/denominator.

*Data Limitations*

The accuracy of HHSC's data is dependent upon accurate and timely information's being entered into the data warehouse system by the providers.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

### **Strategy 4.2.5. Behavioral Health Waiver and Plan Amendment**

Provide intensive community-based services for emotionally disturbed children and their families and for adults with serious mental illness.

#### ***Efficiency 4.2.5.1. Average Monthly Cost per Client Served in Home and Community-Based Services–Adult Mental Health Program***

##### *Definition*

The average monthly cost paid per client served in Home and Community-Based Services–Adult Mental Health Program.

##### *Purpose*

This measure reflects the amount paid for each participant served per month for the named group.

##### *Data Source*

Clinical Management for Behavioral Health Services (CMBHS)

##### *Methodology*

The average monthly cost for the named group is calculated by dividing the total estimated dollars from Home and Community-Based Services claims for the reporting period by the sum of the monthly number of estimated clients served for the reporting period. The measure will include Medicaid Billable and Non-Medicaid Billable for the named group. Completion factors may be applied to the incomplete data. Forecasting models and trends are used to project future expenditures / clients served including months with data too incomplete to report.

##### *Data Limitations*

Records are currently kept manually. The implementation of an automated system is in process. Due to a lag in claims data, initial quarter reporting will include estimated clients served and costs for all three months.

##### *Calculation Method*

Noncumulative

##### *New Measure*

Yes

*Target Attainment*

Currently not determined.

***Efficiency 4.2.5.2. Average Monthly Cost per Client Served in Youth Empowerment Services Waiver***

*Definition*

The average monthly cost paid per utilizer served in Youth Empowerment Services (YES) during the reporting period. A utilizer is a participant who received at least one YES service during the reporting month.

*Purpose*

This measure reflects the amount paid for each participant receiving at least one YES service per month for the named group.

*Data Source*

CMBHS

*Methodology*

The average monthly cost for the named group is calculated by dividing the total estimated dollars from claims for the reporting period by the sum of the monthly number of estimated participants who received at least one YES service during each month of the reporting period. Completion factors may be applied to the incomplete data. Forecasting models and trends are used to project future expenditures / clients served including months with data too incomplete to report.

*Data Limitations*

The claims report in CMBHS has experienced issues that include missing data elements and require manual reviews for data accuracy. Due to a lag in claims data, initial quarter reporting will include estimated participants served at least one YES service and costs for all three months.

*Calculation Method*

Noncumulative

*New Measure*

Yes

*Target Attainment*

Currently not determined.

***Output 4.2.5.1. Average Monthly Number of Clients Served in Home and Community-Based Services–Adult Mental Health Program***

*Definition*

This measure captures the average monthly unduplicated count of individuals served in the Home and Community-Based Services–Adult Mental Health Program. An individual who received at least one service during the reporting month is included in this measure.

*Purpose*

This measure reflects the average monthly number of clients receiving services for the named group.

*Data Source*

CMBHS

*Methodology*

Average monthly number of clients served per month is calculated by summing the monthly number of clients who received at least one service during the reporting period months and dividing by the number of months in the reporting period. Client-served counts are subject to revisions to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Forecasting models and trends are used to project future-month served-client counts.

*Data Limitations*

Records are currently kept manually. The implementation of an automated system (CMBHS) is in process. Due to a lag in claims data, initial quarter reporting will include estimated clients served for all three months.

*Calculation Method*

Noncumulative

*New Measure*

Yes

*Target Attainment*

Currently not determined.

***Output 4.2.5.2. Average Monthly Number of Clients Served in Youth Empowerment Services Waiver***

*Definition*

This measure captures the average monthly utilizer count of participants served in the YES Waiver. A utilizer is a participant who received at least one YES service during the reporting month.

*Purpose*

This measure reflects the average monthly number of participants receiving at least one YES service for the named group.

*Data Source*

CMBHS

*Methodology*

Average monthly number of participants served per month is calculated by summing the monthly number of participants who received at least one YES service during the reporting period months and dividing by the number of months in the reporting period. Participants-served counts are subject to revisions to allow for corrections, redeterminations, retroactive decisions, and post- and prior-eligibility periods. Forecasting models and trends are used to project future month served client counts.

*Data Limitations*

Due to a lag in claims data, initial quarter reporting will include estimated participants served at least one YES service for all three months.

*Calculation Method*

Noncumulative

*New Measure*

Yes

*Target Attainment*

Currently not determined.

**Strategy 4.2.6. Community Mental Health Grant Programs**

Administer grant programs to support community mental health programs for veterans and their families, support community mental health programs for individuals experiencing mental illness, and to reduce recidivism, arrest, and incarceration of individuals with mental illness.

**Objective 4.3. Build Community Capacity**

Develop and enhance capacities for community clinical service providers and regionalized emergency healthcare systems.

**Strategy 4.3.1. Indigent Health Care Reimbursement (University of Texas Medical Branch)**

Reimburse the provision of indigent health services through the deposit of funds in the State-Owned Multicategorical Teaching Hospital Account.

**Strategy 4.3.2. County Indigent Health Care Services**

Provide support to local governments that provide indigent healthcare services.

**Goal 5. Encourage Self-Sufficiency**

HHSC will encourage and promote self-sufficiency, safety, and long-term independence for families.

**Objective 5.1. Financial and Other Assistance**

Provide appropriate support services that address the employment, financial, and/or social service needs of eligible persons.

**Strategy 5.1.1. Temporary Assistance for Needy Families Grants**

Provide TANF grants to low-income Texans.

***Efficiency 5.1.1.1. Average Monthly Grant: Temporary Assistance for Needy Families Basic Cash Assistance***

*Definition*

This measure reports the dollar amount of the average monthly TANF Basic grant per recipient for the federally funded TANF program. The TANF Basic program provides a monthly financial assistance payment to eligible families with children and with no or one certified adult.

*Purpose*

This measure provides the unit cost of one of the service components funded under this strategy.

*Data Source*

Data are obtained from the “TANF Warrant History” file, based on eligibility determination system.

*Methodology*

This measure is calculated by dividing the total dollar amount of grants to TANF Basic recipients in reporting period by total number of TANF Basic recipients per month for the same period. Because data are reported on an incurred basis, the most recent data are completed using completion ratios. Forecasting models and trends are used to project future estimates.

*Data Limitations*

Data are incomplete at initial reporting due to cancellations and supplemental payments.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Lower than target is desirable.

***Efficiency 5.1.1.2. Average Monthly Grant: State Two-Parent Cash Assistance Program***

*Definition*

This measure reports the dollar amount of the average monthly State Two-Parent Cash Assistance Program grant per recipient. The State Two-Parent Cash Assistance Program provides a monthly financial assistance payment to eligible families with two certified adults.

*Purpose*

This measure provides the unit cost of one of the service components funded under this strategy.

*Data Source*

Data are obtained from the “TANF Warrant History” file, based on eligibility determination system.

*Methodology*

Data are derived by dividing total dollar amount of grants to State Two Parent Cash Assistance Program recipients in reporting period by the total number of State Two Parent Cash Assistance Program recipients per month for the same period. Because data are reported on an incurred basis, the most recent data are completed using completion ratios. Forecasting models and trends are used to project future estimates.

*Data Limitations*

Data are incomplete at initial reporting due to cancellations and supplemental payments.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Lower than target is desirable.

***Output 5.1.1.1. Average Number of Temporary Assistance for Needy Families Basic Cash Assistance Recipients per Month***

*Definition*

This measure reports the monthly average number of persons who received a TANF grant from the federally funded TANF program during the reporting period. The TANF program provides a monthly financial assistance payment to low income families with children and with no or one certified parent.

*Purpose*

This measure provides an average monthly count of persons receiving federally funded TANF cash assistance.

*Data Source*

Data are obtained from the “TANF Warrant History” file based on an eligibility determination system.

*Methodology*

The number of TANF recipient months in the reporting period are totaled (numerator) and then divided by the number of months in the reporting period (denominator). Recipients are counted in each month they receive a grant; hence, this measure does not report an unduplicated count of recipients over time. Because data are reported on an incurred basis, the most recent data are completed using completion ratios. Forecasting models and trends are used to project future estimates.

*Data Limitations*

None.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Higher than target is desirable.

***Output 5.1.1.2. Average Number of State Two-Parent Cash Assistance Recipients per Month***

*Definition*

This measure reports the monthly average number of persons who received a State Two-Parent Cash Assistance Program grant during the reporting period. The State Two-Parent Cash Assistance program provides a monthly financial assistance payment to eligible families with two certified adults.

*Purpose*

This measure reports the monthly average number of persons who received a State Two-Parent Cash Assistance Program grant during the reporting period.

*Data Source*

Data are obtained from the “TANF Warrant History” file based on an eligibility determination system.

*Methodology*

The number of State Two Parent Cash Assistance Program recipient months for each month in the reporting period are totaled (numerator) and then divided by the number of months in the reporting period (denominator). Recipients are counted in each month they receive a grant. Because data are reported on an incurred basis, the most recent data are completed using completion ratios. Forecasting models and trends are used to project future estimates.

*Data Limitations*

None.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Higher than target is desirable.

**Strategy 5.1.2. Provide Special Supplemental Program for Women, Infants, and Children Services: Benefits, Nutrition Education, and Counseling**

Provide Special Supplemental Program for Women, Infants, and Children (WIC) services including benefits, nutrition education, and counseling.

***Output 5.1.2.1. Number of Special Supplemental Program for Women, Infants, and Children Participants Provided Nutritious Supplemental Food***

*Definition*

Actual state-wide monthly participation determined by the number of WIC clients provided with supplemental foods for a particular month.

*Purpose*

To track WIC participation trends.

*Data Source*

Participation counts are collected through TXIN, the WIC management information system.

*Methodology*

The U.S. Department of Agriculture and HHSC define WIC client participation as: the sum of the number of persons who have received supplemental foods or food instruments plus the number of totally breastfed infants (i.e., receiving no supplemental foods or food instruments) whose mothers were WIC participants and received food benefits during the reporting period plus the number of breastfeeding women who did not receive supplemental foods or food instruments but whose infant received supplemental foods or food instruments during the reporting period. The most recent available monthly participation count at the time the report is due will be reported for both the quarterly and year-to-date performance. This calculation is based on a federal fiscal year.

*Data Limitations*

Most recent data available are used at reporting deadlines.

*Calculation Method*

Cumulative

*New Measure*

No

*Target Attainment*

Higher than target is desirable.

**Strategy 5.1.3. Disaster Assistance**

Provide financial assistance to victims of federally declared natural disasters.

**Goal 6. Community and Independent Living  
Services and Coordination**

Provide programs and support services to encourage self-sufficiency and healthier living in the community.

**Objective 6.1. Long-Term Care Services and Coordination**

Provide non-Medicaid services and supports in home and community settings to enable aging individuals and individuals with disabilities to maintain their independence and prevent institutionalization.

**Strategy 6.1.1. Guardianship**

Provide full or limited authority over an incapacitated aging or disabled adult who is the victim of validated abuse, neglect, exploitation, or of an incapacitated minor in Child Protective Services' conservatorship.

**Output 6.1.1.1. Average Number of Wards Receiving Guardianship  
Services**

*Definition*

The measure shows the count of wards for which guardianship has been established through court order. The count includes both new and on-going guardianships that will be served by HHSC staff and contracted private guardianship programs. On-

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going guardianships refers to guardianships initiated in previous months and without closure dates.

*Purpose*

The purpose of this measure is to show the average number of adults for whom HHSC was directly serving as guardian during the reporting period. It indicates part of the workload volume in the guardianship program.

*Data Source*

Using the Guardianship Online Database system, the data are gathered by counting HHSC's cases and contracted private guardianship cases open during the reporting period and cases closed during the reporting period, the number of cases as documented on the guardianship detail table in which wards' guardianship letters were issued on or before the end of the report month and the event activity type was coded as "GUA" (numerator). The count includes direct-delivery and contracted guardianships. The denominator is the sum of months in the reporting period. The Information Management Protecting Adults and Children in Texas (IMPACT) detail table was replaced with a report from the Guardianship Online Database system.

*Methodology*

Divide the numerator by the denominator. When calculating the second quarter, third quarter, and fourth quarter, the year-to-date total is recalculated.

*Data Limitations*

Documentation can be delayed by the volume of work, which is impacted by vacancies, sick leave, vacation leave, turnover, Guardianship Online Database system downtime, etc.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

### **Strategy 6.1.2. Non-Medicaid Services**

Provide services to individuals ineligible for Medicaid services, in their own home or community. Services include family care, home-delivered meals, adult foster care, Day Activities and Health Services (Title XX of the Social Security Act (XX)), emergency response, and personal attendant services.

#### ***Output 6.1.2.1. Average Number of Individuals Served per Month: Non-Medicaid Community Care (Title XX/General Revenue)***

##### *Definition*

This measure reports the monthly average unduplicated number of individuals who received one or more of the following Non-Medicaid Community Care (XX/GR) services: adult foster care, client managed personal assistance services, day activity and health services, emergency response services, home-delivered meals, personal assistance services (Family Care), residential care, and special services for persons with disabilities.

##### *Purpose*

This measure provides a count of eligible persons who are receiving Non-Medicaid Community Care (XX/GR) services that contribute to enabling them to remain in their own home as opposed to being placed in another more restrictive setting.

##### *Data Source*

Month-of-service to-date data that report the unduplicated number of individuals for whom claims have been approved-to-pay are obtained from claims payment data provided by the Medicaid claims administrator that are accessed and reported through an agency-developed application that utilizes Cognos software.

##### *Methodology*

For the most part, the number of individuals ultimately receiving services are estimated by the “completion factor” method explained above, applied to claims data to-date. However, because of the normal amount of variation which occurs in processing billings from month to month, the estimated census values estimated through the “completion factor” method are over-ridden for service months in which fewer than three payment periods of data are available. (Or additional months if necessary, based upon analyst judgment.) For these service months, the census values are estimated by using the historical ratio of individuals served (based upon

claims data) to individuals authorized to receive the service (per the Service Authorization System).

#### *Data Limitations*

Because it takes several months to close out 100 percent of the claims for a month of service, the number of individuals as well as cost per individual per month ultimately served must be estimated for months that have not yet closed out, by using “completion factors” specific to each service applied to the number of individuals approved-to-pay to-date and/or the number of individuals authorized to receive services, the units of service approved-to-pay to-date, and the payment amounts approved-to-pay to-date. The concept of completion factors is that data, as of a given number of claims processing months after the month of service, can be considered a certain percent complete based upon historical patterns. Therefore, for a given month of service, the payment amounts approved-to-pay to-date divided by the appropriate completion factor equals the estimated expenditures ultimately incurred.

#### *Calculation Method*

Noncumulative

#### *New Measure*

No

#### *Target Attainment*

Currently not determined.

### **Strategy 6.1.3. Non-Medicaid Developmental Disability Community Services**

Provide services, other than those provided through the Medicaid waiver programs, to individuals with intellectual or developmental disabilities who reside in the community, including independent living, employment services, day training, therapies, and respite services.

### ***Efficiency 6.1.3.1. Average Monthly Cost per Individual Receiving Community Services***

#### ***Definition***

This measure captures information regarding what it costs the state each month, on average, to provide community intellectual and developmental disability (IDD) services to each individual who is assigned to these services regardless of age. It measures the HHSC appropriation authority cost per individual as defined by the companion output measure.

#### ***Purpose***

This measure captures HHSC appropriation authority cost per person for adult and child community IDD services.

#### ***Data Source***

At the end of each quarter, staff of the local authorities input expenditure information into the CARE portion of the data warehouse system. The local authority indicates the fund sources used to finance the expenditures. The method of finance includes funds that are part of the HHSC appropriation authority as well as other local funds, grant funds, and earned revenues.

#### ***Methodology***

HHSC appropriation authority funds include all GR and Federal Funds allocated through the performance contract. Also included are administrative claiming funds that the local authority receives following the submission of quarterly cost reports. The number of months in the reporting period is 3 for each quarter and either 3, 6, 9, or 12 for year-to-date. The numerator is the total HHSC appropriation authority funds utilized to fund IDD community services as reported in CARE / the number of months in the reporting period. The denominator is the average monthly number of individuals with intellectual or developmental disabilities receiving community services that are served with HHSC appropriation authority funds. The formula is numerator/denominator.

#### ***Data Limitations***

The accuracy of the commission's database is dependent upon accurate and timely information's being entered into the data warehouse system by the local authorities. If the local authority does not provide accurate data for the quarter, this measure will not be accurate. (At the end of the fiscal year, community centers

report preliminary expenditure information, which is used for reporting in ABEST. Final expenditure information may be entered into the CARE system up to four months following the end of the fiscal year. Therefore, end-of-year values for efficiency measures can be updated in ABEST when the information is available. The LBB determines whether to reopen ABEST to allow for these updates.)

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

***Output 6.1.3.1. Average Monthly Number of Individuals with Intellectual and Developmental Disability Receiving Community Services***

*Definition*

This measure captures the unduplicated count of priority population eligible adults and children whose services are funded with HHSC appropriation authority funds and who receive IDD community services. IDD community services include vocational services, training services, respite services, and specialized therapies, and they exclude residential services. Quarterly and year-to-date performance is stated as the average of the months in the reporting period.

*Purpose*

Monthly number of adults and children served reflects the system-wide level of activity occurring over time and allows the agency to associate this activity with related costs.

*Data Source*

As individuals enter the community programs, registration information is entered into the CARE portion of the data warehouse system by staff of the local authority. When an individual is assigned to a specific program, this information is also entered into the data warehouse system. Production reports of individuals served are issued quarterly based on the information in the data warehouse system. The

total unduplicated number of individuals assigned to receive any IDD community service each month is calculated. To obtain an unduplicated number of individuals, each individual is counted only once each period regardless of the number of different community services to which assigned. For each quarter of the fiscal year, the unduplicated number of individuals served in each month of the quarter is averaged. The production report lists total number of adults and children assigned to a particular service each month regardless of how the services for the individuals were funded.

### *Methodology*

To obtain the number of individuals served with HHSC appropriation authority funds, HHSC uses a production report which reflects the numbers of priority population individuals served each month with GR funds and required local match. The numerator is the sum of the number of individuals receiving IDD community service each month of the reporting period. The denominator is the number of months in the period. The formula is numerator/denominator.

### *Data Limitations*

The accuracy of the commission's CARE system is dependent upon accurate and timely information's being entered into the data warehouse system by the local authorities. The Data Verification Criteria Manual provides general guidance regarding timelines for closure of assignments to specific services.

### *Calculation Method*

Noncumulative

### *New Measure*

No

### *Target Attainment*

Currently not determined.

## **Objective 6.2. Provide Rehabilitation Services to Persons with General Disabilities**

To provide quality vocational rehabilitation services to eligible persons with general disabilities. Additionally, to provide quality consumer-directed independent living services to persons with significant disabilities who have been determined eligible.

### **Strategy 6.2.1. Independent Living Services (General, Blind, and Centers for Independent Living)**

Provide quality, statewide consumer-directed independent living services that focus on acquiring skills and confidence to live as independently as possible in the community for eligible people with significant disabilities. Work with the State Independent Living Council to develop the State Plan for Independent Living.

#### ***Output 6.2.1.1. Number People Receiving Services from Centers for Independent Living***

##### *Definition*

Number of people receiving services from HHSC-supported centers for independent living as reported in monthly reports received from HHSC-supported centers for independent living.

##### *Purpose*

HHSC provides funds to centers through contracts in order for them to provide independent living core services within their catchments areas. The volume of consumers receiving services is an indicator that centers are achieving their intended purpose.

##### *Data Source*

Data collected by the centers are sent to HHSC monthly.

##### *Methodology*

Centers are responsible for maintaining demographics on consumers served, and monthly reports submitted provide a total count served for the month and on a fiscal year-to-date basis.

##### *Data Limitations*

Timeliness and accuracy of center data entry.

##### *Calculation Method*

Cumulative

##### *New Measure*

No

*Target Attainment*

Currently not determined.

***Output 6.2.1.2. Number of People Receiving HHSC Contracted Independent Living Services***

*Definition*

Number of consumers receiving services from independent living center contractors.

*Purpose*

The purpose of the independent living services is to increase the independence of people with disabilities in their daily activities. The measure shows the number of consumers provided services.

*Data Source*

Independent Living Data Reporting System.

*Methodology*

Count of consumers with plan or waived plan in the Independent Living Data Reporting System for the reporting period. The served count, in accordance with the Rehabilitation Services Administration 704 State Independent Living Services Annual Performance Report, is all consumers who have a signed or waived plan, including those who have closed with goals met as well as those who have closed without plan goals met. This will include individuals who have a signed or waived plan but are waiting for one or more purchased services.

*Data Limitations*

Reporting is dependent on timeliness and accuracy of contractor data entry.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

**Strategy 6.2.2. Blindness Education, Screening, and Treatment Program**

Provide screening, education, and urgently needed eye-medical treatment to prevent blindness.

***Output 6.2.2.1. Number of Individuals Receiving Treatment Services in Blindness Education, Screening, and Treatment Program***

*Definition*

Measures the number of individuals receiving treatment services during the reporting period through the Blindness Education, Screening, and Treatment (BEST) program.

*Purpose*

BEST establishes a projection for the population in need of BEST services that can reasonably be served within the available resources. This measure tracks and demonstrates progress toward meeting the projected target.

*Data Source*

Data for the treatment services come from HHSC's automated consumer statistical system.

*Methodology*

This is a count of the number of individuals receiving eye treatment services during the reporting period.

*Data Limitations*

Reporting is impacted by timeliness and accuracy of data entry.

*Calculation Method*

Cumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

***Output 6.2.2.2. Number of Individuals Receiving Screening Services in Blindness Education, Screening, and Treatment Program***

*Definition*

Measures the number of individuals receiving screening services during the reporting period through the BEST program.

*Purpose*

BEST establishes a projection for the population in need of BEST services that can reasonably be served within the available resources. This measure tracks and demonstrates progress toward meeting the projected target.

*Data Source*

Contractor monthly reporting.

*Methodology*

This is a count of the number of individuals receiving eye screenings as reported by the contractor during the reporting period.

*Data Limitations*

Reporting is impacted by timeliness and accuracy of data entry.

*Calculation Method*

Cumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

### **Strategy 6.2.3. Provide Services to People with Spinal Cord / Traumatic Brain Injuries**

Provide consumer-driven and counselor-supported Comprehensive Rehabilitation Services for people with traumatic brain injuries or spinal cord injuries.

#### ***Output 6.2.3.1. Average Monthly Number of People Receiving Comprehensive Rehabilitation Services***

##### *Definition*

A monthly average of people receiving Comprehensive Rehabilitation Services as reported by automated caseload statistical system.

##### *Purpose*

The measure demonstrates provision of critical rehabilitation services to eligible Texans. It is important because an estimated 80 percent of the consumers age 16 and above who suffer and survive a traumatic spinal cord or traumatic brain injury do not have the resources necessary to pay for inpatient and outpatient comprehensive rehabilitation services and post-acute brain injury rehabilitation services. Research indicates that those who have access to appropriate rehabilitation services tend to experience greater independence and productivity over their lifetime. This results in lowered dependence on public services and an overall savings to the public.

##### *Data Source*

HHSC automated caseload system.

##### *Methodology*

The numeric average of unduplicated people served. For each quarter of the fiscal year, the number of people served in each month of the quarter is averaged. For the second, third, and fourth quarters, year-to-date calculations are also obtained. The numerator is the total unduplicated number of people receiving Comprehensive Rehabilitation Services each month in the reporting period. The denominator is the number of months in the reporting period. The formula is numerator/denominator. People served is defined as consumers noted in the consumer statistical system whose status in the reporting period was:

- Successful closure,
- Post-closure,

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- Post-closure completed,
- Unsuccessful closure plan initiated with funds allocated, or
- Plan initiated with funds allocated.

*Data Limitations*

Timeliness and accuracy of data entry.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

**Strategy 6.2.4. Provide Services to Persons Who Are Deaf or Hard of Hearing**

Ensure continuity of services, foster coordination and cooperation among organizations, facilitate access to training and education programs, and support access to telephone systems to individuals who are deaf or hard of hearing. To increase the number of persons (who are deaf or hard of hearing) receiving quality services by 10 percent each biennium.

***Output 6.2.4.1. Number of Interpreter Certificates Issued***

*Definition*

This measures the number of interpreter certificates issued during a fiscal year.

*Purpose*

To increase the availability and skill levels of interpreters to eliminate communication barriers and to guarantee equal access for people who are deaf or hard of hearing.

*Data Source*

Agency database documenting the effective date and the expiration date of a certificate.

*Methodology*

Sum the number of certificates issued.

*Data Limitations*

None.

*Calculation Method*

Cumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

***Output 6.2.4.2. Number of Equipment/Service Vouchers Issued***

*Definition*

This measures the number of financial assistance vouchers issued by the agency during the fiscal year to eligible clients enabling them to purchase adaptive equipment or services necessary to access the telephone system.

*Purpose*

To ensure equal access to the telephone system for persons with a disability.

*Data Source*

Agency database documenting voucher print date is the data source.

*Methodology*

Agency database generates a count of vouchers issued for financial assistance.

*Data Limitations*

This measure does not provide an accurate account of the number of multiple vouchers issued for replacement of lost or expired vouchers.

*Calculation Method*

Cumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

**Objective 6.3. Other Community Support Services**

Promote safety, self-sufficiency, and long-term independence for those living with domestic violence or other adverse circumstances.

**Strategy 6.3.1. Family Violence Services**

Provide emergency shelter and support services to victims of family violence and their children, educate the public, and provide training and prevention support to institutions and agencies.

**Strategy 6.3.2. Child Advocacy Programs**

Train, provide technical assistance, and evaluate services for Children's Advocacy Centers of Texas, Inc. and Texas Court Appointed Special Advocates, Inc.

**Strategy 6.3.3. Additional Advocacy Programs**

Provide support services for interested individuals (Healthy Marriage, Community Resource Coordination Group Adult/Child, Texas Integrated Funding Initiative, Office of Acquired Brain Injury, Office of Disability Prevention for Children, Office of Minority Health Statistics and Engagement).

**Goal 7. Mental Health State Hospitals, State Supported Living Centers, and Other Facilities**

Provide specialized assessment, treatment, support, and medical services in state supported living centers (SSLCs), state mental health hospitals, and other facilities.

## **Objective 7.1. State Supported Living Centers**

Provide specialized assessment, treatment, support, and medical services in SSLC programs for intellectual and developmentally disabled residents.

### **Strategy 7.1.1. State Supported Living Centers**

Provide direct services and support to individuals living in SSLCs. Provide 24-hour residential services for individuals who are medically fragile or severely physically impaired or have severe behavior problems, and who choose these services or cannot currently be served in the community.

#### ***Efficiency 7.1.1.1. Average Monthly Cost per Campus Resident***

##### *Definition*

This measure captures information regarding what it costs HHSC each month, on average, to provide SSLC and state center services.

##### *Purpose*

This measure allows the agency to track the cost of an occupied bed at an SSLC campus over time. This is of particular importance in light of increased healthcare costs due to the complex medical and behavioral needs of the current SSLC residents.

##### *Data Source*

Funding for SSLC campus residential services includes the federal portion of Medicaid, Medicare, other federal interagency grants and reimbursements, third party/patient fees, state GR match for Medicaid, and other funds. The commission's accounting system contains all expenditure data for the state facilities. Costs include both facility administrative and residential operations. Excluded costs include depreciation, employee benefits paid by the Employee Retirement System, Central Office administrative costs, and statewide administrative costs.

##### *Methodology*

The numerator is the total expenditures paid for by HHSC for SSLC campus residential services for each month in the reporting period divided by the number of months in the reporting period. The denominator is the average monthly number of SSLC campus residents. The formula is numerator/denominator.

*Data Limitations*

Data must be current and accurate in HHSC's electronic health record system as of the date the reports are produced.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

***Output 7.1.1.1. Average Monthly Number of State Supported Living Center Campus Residents***

*Definition*

This measure provides the number of individuals enrolled in SSLC campus residential services each month on average. Enrollment is defined as the total number of individuals residing at the facility or absent for such purposes as home visits, hospitalizations, etc. with the intention of returning to the facility. IDD campus services are provided at SSLCs.

*Purpose*

This measure reflects the system-wide level of activity occurring over time and allows the agency to associate the utilization of SSLC campus services with related costs and outcomes.

*Data Source*

This is average monthly enrollment. Enrollment is the census plus all absences (individuals are expected to return to the facility). Enrollment data are obtained from the commission's electronic health record system.

*Methodology*

The numerator is the total number of individuals absent or present in all SSLC facilities for each month in the reporting period. The denominator is the number of

months in the reporting period, quarter or year-to-date. The formula is numerator/denominator.

*Data Limitations*

None.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

***Output 7.1.1.2. Number of Unfounded Abuse/Neglect/Exploitation Allegations Against SSLC Staff***

*Definition*

This measure reports the number of unfounded allegations as reported by victims or others against SSLC staff. An allegation is defined as a report by an individual suspecting or having knowledge that a person served at an SSLC has been or is in a state of abuse, neglect, or exploitation. Victim is defined as a person served who is alleged to have been abused, neglected, or exploited under 26 Texas Administrative Code (Tex. Admin. Code) 711.3.

*Purpose*

This measure is a mechanism for tracking unfounded allegations against SSLC staff.

*Data Source*

IMPACT at the Department of Family and Protective Services (DFPS).

*Methodology*

The measure is calculated by totaling the number of abuse, neglect, or exploitation allegations as reported by victims or others deemed unfounded at all SSLCs by DFPS investigators during a fiscal year.

#### *Data Limitations*

The source data for this measure are supplied by DFPS. To ensure confidentiality, DFPS can provide data quarterly in aggregate for the entire SSLC system. The allegations are reported by intake date. The investigation may take some time to complete. Monthly totals may change until all investigations are complete.

#### *Calculation Method*

Cumulative

#### *New Measure*

No

#### *Target Attainment*

Currently not determined.

### ***Output 7.1.1.3. Number of Confirmed Abuse/Neglect/Exploitation Incidents at State Supported Living Centers***

#### *Definition*

This measure reports confirmed allegations against SSLC staff. Confirmed is defined as an allegation which is determined to be supported by the preponderance of the evidence.

#### *Purpose*

This measure is a mechanism for assessing confirmed allegations of abuse, neglect, or exploitation at all SSLCs.

#### *Data Source*

IMPACT at DFPS.

#### *Methodology*

The measure is calculated by totaling the number of confirmed allegations of abuse, neglect, or exploitation at each SSLC by DFPS investigators during a fiscal year.

#### *Data Limitations*

These data are supplied by DFPS, and HHSC will work cooperatively with DFPS to provide the data for compilation. The allegations are reported by intake date. The

investigation may take some time to complete. Monthly totals may change until all investigations are complete

*Calculation Method*

Cumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

**Objective 7.2. Mental Health State Hospital Facilities and Services**

Provide inpatient mental health services for adults and children.

**Strategy 7.2.1. Mental Health State Hospitals**

Provide specialized assessment, treatment, and medical services in state mental health facility programs.

***Efficiency 7.2.1.1. Average Daily Cost per Occupied State Mental Health Facility Bed***

*Definition*

This measure captures information regarding what it costs HHSC, on average, per occupied state mental health facility bed.

*Purpose*

This measure allows the commission to estimate the funding necessary to provide the number of state mental health facilities beds needed by its consumers.

*Data Source*

The expenditures for facility operations are entered into the commission's accounting system for each mental health facility.

*Methodology*

This is the projected average daily HHSC cost, averaged by quarter and year-to-date, for an occupied bed in the state mental health facility program. Costs include

both facility and agency administrative and residential operations. Excluded costs include depreciation and employee benefits paid by the Employee Retirement System. The numerator is the total projected expenditures (less exclusion as above) paid by HHSC for state mental health facilities in the reporting period / total number of inpatient psychiatric bed days in the reporting period. The denominator is the average daily census of state mental health facilities for the reporting period. The formula is numerator / denominator.

#### *Data Limitations*

Data must be current and accurate in the commission's accounting system as of the date reports are produced.

#### *Calculation Method*

Noncumulative

#### *New Measure*

No

#### *Target Attainment*

Currently not determined.

### ***Output 7.2.1.1. Average Daily Census of State Mental Health Facilities***

#### *Definition*

The state mental health facilities provide services to persons with severe mental illnesses for both acute episodes and longer-term care. The census of the facilities includes persons who have been admitted and not discharged. This measure provides information about the number of persons in state mental health facilities each day on average.

#### *Purpose*

The census of state mental health facilities provides information about the utilization of these facilities. In order to ensure maximum occupancy and ensure availability of beds to meet needs, managers require information about current utilization and utilization trends over time.

### *Data Source*

As persons are admitted to and discharged from state mental health facilities, this movement activity is entered into the commission's electronic medical record. Production reports of consumer movement are issued monthly based on the information in the electronic medical record. Quarterly information is calculated based on these monthly reports.

### *Methodology*

This is an average daily census by quarter where census is defined as the total number of persons occupying a campus bed on any given day. Total bed days are obtained by multiplying the number of persons hospitalized for inpatient services during the reporting period by the number of days each person is hospitalized. The numerator is the total number of bed days for state mental health facilities for the reporting period. The denominator is the number of days in the reporting period. The formula is numerator/denominator.

### *Data Limitations*

Data are accurate to the extent that they are correctly entered into the data warehouse system.

### *Calculation Method*

Noncumulative

### *New Measure*

No

### *Target Attainment*

Currently not determined.

## **Strategy 7.2.2. Mental Health Community Hospitals**

Provide inpatient treatment, crisis assessment, and medical services to adults and children served in community hospitals.

***Efficiency 7.2.2.1. Average Daily Cost per Occupied Mental Health Community Hospital Bed***

*Definition*

This measure captures the average daily cost per consumer receiving inpatient services at a community mental health hospital each day whose services are funded by HHSC.

*Purpose*

This measure allows HHSC to estimate the funding necessary to provide the number of community mental health hospital beds needed by its consumers.

*Data Source*

Contractually required services are submitted by the LMHAs/LBHAs to the Behavioral Health Services data warehouse system.

*Methodology*

The numerator is the total HHSC-provided funding for community hospitals utilized to fund community hospital inpatient services as reported in the data warehouse divided by the number of days in the reporting period. The denominator is the average daily number of persons receiving community hospital inpatient services. The formula is numerator/denominator.

*Data Limitations*

The accuracy of HHSC's data is dependent upon accurate and timely information's being entered into the data warehouse system by the LMHAs/LBHAs.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

***Output 7.2.2.1. Average Daily Number of Occupied Mental Health Community Hospital Beds***

*Definition*

This measure captures the average number of consumers receiving inpatient services at a community mental health hospital each day whose services are funded by HHSC.

*Purpose*

The census of community mental health hospitals provides information about the utilization of these facilities. In order to ensure maximum occupancy and ensure availability of beds to meet needs, managers require information about current utilization and utilization trends over time.

*Data Source*

Contractually required services are submitted by the LMHAs/LBHAs to the Behavioral Health Services data warehouse system.

*Methodology*

This is an average daily census by quarter where census is defined as the total number of persons occupying a facility bed on any given day, as financed by HHSC. Total bed days are obtained by multiplying the number of persons who are resident at the facility during the reporting period by the number of days each person is resident at the facility. The numerator is the total number of bed days for community mental health hospitals for the reporting period. The denominator is the number of days in the reporting period. The formula is numerator/denominator.

*Data Limitations*

The accuracy of HHSC's data is dependent upon accurate and timely information's being entered into the data warehouse system by the LMHAs/LBHAs.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

**Objective 7.3. Other Facilities**

Provide specialized assessment, treatment, support, and medical services at other state medical facilities (Corpus Christi Bond Homes and Rio Grande State Center Outpatient Clinic).

**Strategy 7.3.1. Other State Medical Facilities**

Provide program support to SSLCs, state mental health hospitals, and other facilities (Corpus Christi Bond Homes and Rio Grande State Center Outpatient Clinic).

**Objective 7.4. Facility Program Support**

Provide program support to SSLCs, state mental health hospitals, and other facilities (Corpus Christi Bond Homes and Rio Grande State Center Outpatient Clinic).

**Strategy 7.4.1. Facility Program Support**

Provide program support to SSLCs, state mental health hospitals, and other facilities (Corpus Christi Bond Homes and Rio Grande State Center Outpatient Clinic).

**Strategy 7.4.2. Capital Repair and Renovation at State Supported Living Centers, State Hospitals, and Other**

Conduct maintenance and construction projects critical to meeting accreditation/certification standards and to ensuring the safety of consumers and Master Lease Purchase Program.

**Goal 8. Regulatory, Licensing, and Consumer Protection Services**

Provide licensing, certification, contract enrollment services, financial monitoring, and complaint investigation, to ensure that residential facilities, home and community support services agencies, and persons providing services in facilities or

home settings comply with state and federal standards, and that individuals receive high-quality services and are protected from abuse, neglect, and exploitation.

### **Objective 8.1. Long-Term Care and Acute Care Regulation**

Provide licensing, certification, contract enrollment services, financial monitoring, and complaint investigation, to ensure that residential facilities, home and community support services agencies, and persons providing services in facilities or home settings comply with state and federal standards, and that individuals receive high-quality services and are protected from abuse, neglect, and exploitation.

#### **Strategy 8.1.1. Health Care Facilities and Community-Based Regulation**

Provide licensing, certification, contract enrollment services, financial monitoring, and complaint investigation to ensure that residential facilities and home and community support services agencies comply with state and federal standards and individuals receive high-quality services.

##### ***Efficiency 8.1.1.1. Average Daily Caseload per Worker Provider Investigations***

###### *Definition*

This measure provides the average daily caseload for provider investigators.

###### *Purpose*

This measure is an indicator of an average amount of work handled each day by investigators.

###### *Data Source*

IMPACT (case counts) and CAPPS (investigator counts).

###### *Methodology*

Divide the numerator (sum of all daily case counts) for the reporting period by the denominator (sum of all daily investigator counts) during the reporting period.

###### *Data Limitations*

Data from CAPPS are point-in-time at the end of the month, so only the last record for the month is captured.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

***Output 8.1.1.1. Number of Long-Term Care and Healthcare Regulation Licenses Issued***

*Definition*

A license is a license, certification, registration, listing, compliance certificate, or any other written authorization granted by licensing to operate a long-term care facility, healthcare entity, or home and community support services agency. This measure provides the number of new, change-of-ownership, and renewed licenses that were issued during the reporting period. A license is issued when all of the requirements for issuance are met.

*Purpose*

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. These counts can be used to determine the volume of licensing in the long-term care and healthcare industry and in forecasting future trends, growths, and/or declines in the healthcare industry as well as showing the significant workload of the programs. This information is useful in projecting future funding needs.

*Data Source*

Long-Term Care Regulation licensing data are entered in the Texas Unified Licensure and Information Portal; Health Care Regulation data are tracked both manually and in Versa, within the Regulatory Automation System.

*Methodology*

The number of long-term care and healthcare facility licenses issued for each of the components during the months of the reporting period are totaled. The components are then summed.

### *Data Limitations*

The number of facilities and persons that apply is market-driven and is outside the agency's control. This measure does not reflect the number of licensed entities at any given time. In addition, this process is cyclical. There are two- and three-year licenses. One year may have much heavier activity in the renewal cycle based on this cyclical behavior.

### *Calculation Method*

Cumulative

### *New Measure*

Yes

### *Target Attainment*

Currently not determined.

## ***Output 8.1.1.2. Number of Long-Term Care and Healthcare Contacts***

### *Definition*

A contact is an initial or follow-up, inspection, investigation, review, visit, or survey at an on-site operating or non-operating operation for the purposes of determining whether it is in compliance with the licensing law, administrative rules, and minimum standards. Inspections may be made in the following circumstances: routine monitoring; licensing receives an allegation that an operation is operating illegally; a person submits an application to become licensed or registered. For Health Care Regulation, the number of contacts conducted is defined as the total number of investigations under state and federal regulations performed by staff and the total number of self-investigated complaints by abortion facilities, ambulatory surgical centers, birthing centers, chemical dependency treatment facilities, community mental health centers, comprehensive out-patient rehabilitation facilities, end stage renal disease facilities.

### *Purpose*

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. These counts can be used to determine the volume of licensing in the long-term care and healthcare industry and in forecasting future trends, growths, and/or declines in the healthcare industry

as well as showing the significant workload of the programs. This information is useful projecting future funding needs.

#### *Data Source*

Due to the variety of contacts in this measure, multiple systems are used to determine individual counts which are summed for the total result.

#### *Methodology*

The measure is calculated by summing the totals for each contact type, quarterly, from the different reporting systems that are used to document the different contact types. The counts are equal to the count of completed contacts each month of the reporting period. Values reported in ABEST are updated each year-end (“fifth” quarter) up to and including the close of the appropriation year. Values reported in ABEST are also updated as required to ensure that data reflected are accurate and reliable.

#### *Data Limitations*

Depending on contact type, minor changes in totals may happen after the reporting period to allow for due process on contested findings.

#### *Calculation Method*

Cumulative

#### *New Measure*

Yes

#### *Target Attainment*

Currently not determined.

### **Strategy 8.1.2. Long-Term Care Quality Outreach**

Provide quality monitoring and rapid response team visits to access quality and promote quality improvement in nursing facilities.

### **Objective 8.2. Childcare Regulation**

Provide a comprehensive system of consultation, licensure, and regulation to ensure maintenance of minimum standards by daycare and residential childcare

facilities, registered family homes, child-placing agencies, facility administrators, and child-placing agency administrators.

### **Strategy 8.2.1. Childcare Regulation**

Provide a comprehensive system of consultation, licensure, and regulation to ensure maintenance of minimum standards by daycare and residential childcare facilities, registered family homes, child-placing agencies, facility administrators, and child-placing agency administrators.

#### ***Efficiency 8.2.1.1. Average Monthly Daycare Caseload per Monitoring Worker***

##### *Definition*

This measure provides the average monthly caseload handled by a daycare licensing monitoring worker. Daycare monitoring worker caseloads consist of facility and investigation assignments for childcare centers, licensed and registered childcare homes.

##### *Purpose*

This measure is an indicator of an average amount of work handled by daycare licensing monitoring workers and is useful for determining and comparing staffing levels based on workload.

##### *Data Source*

Facility and investigation assignments for licensed childcare centers, licensed childcare homes, and registered childcare homes are captured in the Child-Care Licensing Automation Support System. The actual number of workers in the calculation is the number of worker classifications charged in the CAPPS Human Resources to Program Activity Code (PAC) 247 (Day Care Licensing) identified as childcare licensing (CCL) Inspector I-V (5040C, 1323A, 1324A) and CCL Specialist Generalist Investigator I-IV (5026U, 5024V, 5026V, 5025U, 5023U, 5024U, 5023V). Inspector trainees with less than 31 days of service are not counted. Inspectors with 31–90 days of service are counted as half a worker. Inspectors with 91 or more days of services are counted as full time. Due to possible modifications in the DFPS fiscal system, PACs, service codes and/or worker classification codes are subject to change. Should this occur, the current equivalent codes will be substituted and documented in the performance folder.

### *Methodology*

Count the number of facility and investigation assignments associated with daycare monitoring workers in PAC 247 during the reporting period (numerator) and divide by the number of daycare monitoring workers in PAC 247 with active assignments during the reporting period (denominator). When calculating second, third, and fourth quarters the year-to-date total is recalculated.

### *Data Limitations*

None.

### *Calculation Method*

Noncumulative

### *New Measure*

No

### *Target Attainment*

Currently not determined.

## ***Efficiency 8.2.1.2. Average Monthly Residential Caseload per Monitoring Worker***

### *Definition*

This measure provides the average monthly caseload for a residential childcare licensing (RCCL) monitoring worker.

### *Purpose*

This measure is an indicator of an average amount of work handled by RCCL monitoring workers and is useful for determining and comparing staffing levels based on workload.

### *Data Source*

Facility and investigation assignments are captured in the Child-Care Licensing Automation Support System. The CCL residential care licensing investigators identified as RCCL Inspector IV-VI (1323D, 1324D, 1325D) and RCCL Specialist Investigator I-II (5026E, 5026D, 5027V). Inspector trainees with less than 61 days of service are not counted. Inspectors with 61-120 days of service are counted as

half a worker. Inspectors with 121 or more days of service are counted as full time. Due to possible modifications in the DFPS fiscal system, PACs, service codes and/or worker classification codes are subject to change. Should this occur, the current equivalent codes will be substituted and documented in the performance folder.

#### *Methodology*

Count the number of facility and investigation assignments associated with residential licensing monitoring workers during the reporting period (numerator) and divide by the number of residential monitoring workers with facility or investigation assignments during the reporting period (denominator).

#### *Data Limitations*

None.

#### *Calculation Method*

Noncumulative

#### *New Measure*

No

#### *Target Attainment*

Currently not determined.

### ***Output 8.2.1.1. Number of Childcare Facility Inspections***

#### *Definition*

An inspection is an on-site visit to an operating or non-operating operation or family home for the purposes of determining whether it is in compliance with the licensing law, administrative rules, and minimum standards. Inspections may be made in the following circumstances: routine monitoring; licensing receives an allegation that an operation is operating illegally; a person submits an application to become licensed or registered. Inspections conducted as part of an abuse/neglect investigation and inspections conducted as part of a non-abuse/neglect investigation are not included in the calculation.

#### *Purpose*

To achieve quality services.

### *Data Source*

When a licensing representative inspects an operation, the date of the inspection and deficiencies with licensing law, administrative rules, or minimum standards that were observed during the inspection are entered into the Child-Care Licensing Automation Support System. A record is kept by facility of the number and the date of all inspections that are conducted. The inspections are coded based upon the purpose as monitoring, investigation, follow-up, or other. Information is counted from the Child-Care Licensing Automation Support System.

### *Methodology*

From the Child-Care Licensing Automation Support System, add together the total number of inspections made by licensing representatives of all regulated and non-regulated childcare facilities within the reporting period. Exclude inspections conducted as part of non-abuse/neglect investigations or abuse/neglect investigations, attempted inspections, and assessments.

### *Data Limitations*

None.

### *Calculation Method*

Cumulative

### *New Measure*

No

### *Target Attainment*

Currently not determined.

## ***Output 8.2.1.2. Number of Completed Non-Abuse/Neglect Investigations***

### *Definition*

A non-abuse/neglect investigation occurs when a report is received that alleges a violation of licensing law, administrative rules, or minimum standards. This includes the following types of operations: those which are may be subject to regulation, licensed or certified for daycare and residential care, registered and listed family homes, and foster and adoptive homes verified by child-placing agencies. This is a

count of all non-abuse/neglect investigations completed during the reporting period.

*Purpose*

The purpose of this measure is to track the number of times that the licensing staff responds to reports from the public about the quality of childcare.

*Data Source*

When licensing staff receives a report alleging violations of the licensing law, administrative rules, or minimum standards, the date it was received is entered into the Child-Care Licensing Automation Support System. When the non-abuse/neglect investigation is completed, the staff enters their findings and a completion date. All reports received by the agency are resolved in some manner, but the number of reports received is outside the agency's control. Information is obtained from the Child-Care Licensing Automation Support System.

*Methodology*

Sum the total number of non-abuse/neglect investigations completed within the reporting period.

*Data Limitations*

None.

*Calculation Method*

Cumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

***Output 8.2.1.3. Number of Childcare Regulatory Permits Issued***

*Definition*

A permit is a license, certification, registration, listing, compliance certificate, or any other written authorization granted by licensing to operate a childcare facility, child-

placing agency, listed family home, temporary shelter, or employer-based childcare. This also includes an administrator's license. This measure provides the number of initial, full and renewed permits that were issued during the reporting period. A permit is considered issued when all of the requirements for issuance are met.

#### *Purpose*

The purpose of this measure is to track the volume of operations and administrators in the childcare system as a predictor of workload. It is important in projecting the need for regulatory resources.

#### *Data Source*

When licensing staff issue a permit to an operation or administrator license, registration, or listing, they enter the date of the issuance into the Child-Care Licensing Automation Support System.

#### *Methodology*

For the reporting period, sum the number of new and renewed permits that were issued to operations and administrators.

#### *Data Limitations*

The number of facilities and persons that apply is market-driven and is outside the agency's control.

#### *Calculation Method*

Cumulative

#### *New Measure*

Yes

#### *Target Attainment*

Currently not determined.

### **Objective 8.3. Professional and Occupational Regulation**

Provide credentialing, training, and enforcement services to qualify individuals to provide services to long-term care facility and home healthcare agency individuals in compliance with applicable law and regulations.

### **Strategy 8.3.1. Credentialing/Certification of Health Care Professionals and Others**

Provide credentialing, training, and enforcement services to qualify individuals to provide services to long-term care facility and home healthcare agency individuals in compliance with applicable law and regulations.

#### ***Output 8.3.1.1. Number of Licenses/Credentials Issued***

##### *Definition*

This measure reports the number of healthcare professionals, licensed chemical dependency counselors, nursing facility administrators, nurse aides, medication aides, and any other occupational category in Long-Term Care Regulation and Health Care Regulation that are credentialed, licensed, permitted, certified, registered, and/or entered on a registry.

A credential includes any credential, license, permit, certification, or addition to any registry. This output measure reflects the cumulative total (both initial and renewals) of Long-Term Care Regulation and Health Care Regulation individuals licensed, permitted, certified, registered, documented, or placed on a registry.

##### *Purpose*

This output measure reflects the cumulative total (both initial and renewals) of individuals licensed, permitted, certified, registered, documented, or placed on a registry.

##### *Data Source*

This measure is a count of licenses issued or renewed and does not provide any insight into the unit's performance. Additionally, since many licenses renew biennially year-to-year comparisons provide inconclusive information.

##### *Methodology*

This output measure reflects the cumulative total (both initial and renewals) of individuals are credentialed. licensed, permitted, certified, registered, and/or entered on a registry.

### *Data Limitations*

These data are cyclical in nature and not controlled by HHSC. Because of two- and three-year licenses, activity numbers may spike and lull depending on how many licenses are issued when.

### *Calculation Method*

Cumulative

### *New Measure*

Yes

### *Target Attainment*

Currently not determined.

## ***Output 8.3.1.2. Number of Investigations Completed***

### *Definition*

This measure reports the total number of complaints and referrals that were resolved during all months of the reporting period. This includes complaints and referrals of nursing facility administrators, nurse aides, medication aides, direct care, and professional complaint investigations. Complaints and referrals are resolved by HHSC, either administratively by the professional credentialing enforcement branch or through formal hearings conducted by the commission's legal division. The uncredentialed staff is all direct-care personnel not licensed by another state agency in long-term care facilities licensed by HHSC. The investigations are initiated upon notification of possible violations of state laws or rules.

### *Purpose*

This measure quantifies the agency's workload as it pertains to implementing the provisions funded under this strategy. This is useful information for projecting future funding needs.

### *Data Source*

This information is both manually collected and reported from systems of record. Manual collections of data are pen and paper tabulations of information manually

pulled from computer-based records. Systems sources include Nurse Aide Registry, Medication Aide Registry, and Nursing Facility Administrator Licensing System.

#### *Methodology*

Data are computed by totaling the number of complaints and referrals dismissed by the commission and number of cases resolved through formal hearing or settlement during the months of the reporting period.

#### *Data Limitations*

Does not apply.

#### *Calculation Method*

Cumulative

#### *New Measure*

Yes

#### *Target Attainment*

Currently not determined.

### **Objective 8.4. Texas.gov. Estimated and Nontransferable**

Texas.gov. Estimated and Nontransferable.

#### **Strategy 8.4.1. Texas.gov. Estimated and Nontransferable**

Texas.gov. Estimated and Nontransferable.

## **Goal 9. Program Eligibility Determination and Enrollment**

Provide accurate information on and timely eligibility and issuance services for financial assistance, medical benefits, and food assistance.

### **Objective 9.1 Eligibility Operations**

Provide accurate and timely eligibility and issuance services for financial assistance, medical benefits, and Supplemental Nutrition Assistance Program (SNAP) benefits.

### **Strategy 9.1.1. Integrated Financial Eligibility and Enrollment**

Provide accurate and timely eligibility and issuance services for financial assistance, medical benefits, and SNAP benefits.

#### ***Output 9.1.1.1. Average Monthly Number of Eligibility Determinations***

##### *Definition*

This measure reports the average monthly number of eligibility determinations for TANF and State Two Parent Cash Assistance, SNAP, Medicaid for the Elderly and People with Disabilities, Medicaid, and CHIP. Determining eligibility refers to actions taken to determine the eligibility status of applicants or ongoing cases: approved, denied, or open/closed applications, and sustained or denied complete reviews.

##### *Purpose*

This measure is useful for comparing, over time, the principal workload drivers for eligibility determination, the largest sub-strategy within the Integrated Eligibility and Enrollment Strategy.

##### *Data Source*

Data are obtained from Datamart.

##### *Methodology*

Data are computed by totaling, over all months in the reporting period, the number of eligibility determinations performed and dividing by the number of months in the reporting period.

##### *Data Limitations*

There may be more than one eligibility determination for a case during the reporting period. Data may be collected from different systems.

##### *Calculation Method*

Noncumulative

##### *New Measure*

No

### *Target Attainment*

Currently not determined.

## **Objective 9.2. Community Access and Supports**

Determine eligibility for, promote access to, and monitor long-term care services and supports.

### **Outcome 9.2.1. Percent Long-Term Care Ombudsman Complaints Resolved or Partially Resolved**

#### *Definition*

The percent of Long-Term Care Ombudsman Program complaints resolved or partially resolved is defined as the percent of complaints received by the Long-Term Care Ombudsman Program and resolved either totally or partially to the satisfaction of the complainant. A complaint is defined as a concern brought to, or initiated by, the certified ombudsman for investigation and action by or on behalf of one or more residents of a long-term care facility relating to health, safety, welfare, or rights of a resident. A resident is an individual living in a nursing home or assisted living facility.

#### *Purpose*

This outcome measure analyzes Long-Term Care Ombudsman Program effectiveness in responding to complaints made by or on behalf of residents of nursing facilities and assisted living facilities. The measure allows decision-makers and state agency staff to identify trends of the program. State agency staff may also identify opportunities for training and technical assistance to the local Long-Term Care Ombudsman Programs.

#### *Data Source*

Data are reported by local Long-Term Care Ombudsman Programs in the format specified by HHSC.

#### *Methodology*

The percentage is calculated by dividing the number of resolved complaints by the total number of complaints that were closed. When closed, the three disposition categories are: 1) Partially or fully resolved to the satisfaction of the resident, resident representative, or complainant; 2) Withdrawn or no action needed by the

resident, resident representative, or complainant; and 3) Not resolved to the satisfaction of the resident, resident representative, or complainant.

#### *Data Limitations*

All complaints received by the Long-Term Care Ombudsman Program are documented in the statewide-operated database. Only complaints reported as closed and with a disposition status are included in the calculation.

#### *Calculation Method*

Noncumulative

#### *New Measure*

No

#### *Target Attainment*

Currently not determined.

### **Strategy 9.2.1. Intake, Access, and Eligibility to Services and Supports**

Determine functional eligibility for long-term care services, develop individual service plans based on individual needs and preferences, authorize service delivery, and monitor the delivery of services (Medicaid and non-Medicaid).

#### ***Output 9.2.1.1. Average Monthly Number Individuals with Intellectual Disability Receiving Assessment and Service Coordination***

##### *Definition*

This measure captures the unduplicated count of priority population, as defined by local authorities' performance contract, eligible individuals whose services are funded with HHSC funds and who receive IDD community assessment and/or service coordination services. Assessment services are monthly services. Service coordination services may occur quarterly but are most frequently monthly services. Quarterly and year-to-date performance is stated as the average of the months in the reporting period, regardless of how the services for the individuals were funded.

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*Purpose*

Monthly number of individuals served reflects the system-wide level of activity occurring over time and allows the agency to associate this activity with related costs.

*Data Source*

Month-of-service to-date data that report, by type-of-service, the number of individuals for whom claims have been approved-to-pay, the number of units of service approved-to-pay, and the amounts approved-to-pay are obtained from the commission's Claims Management System by means of ad hoc query.

*Methodology*

To obtain the number of individuals served with HHSC appropriation authority funds, the numerator is the sum of the number of individuals receiving IDD assessment and/or service coordination services each month of the reporting period; the denominator is the number of months in the period. The formula is numerator/denominator.

*Data Limitations*

Because it takes 365 days to close out 100 percent of the claims for a month of service, the number of individuals ultimately served must be estimated for months that have not yet closed out, by using “completion factors” specific to each service applied to the number of individuals approved-to-pay to-date and/or the number of individuals authorized to receive services. The concept of completion factors is that data, as of a given number of claims processing months after the month of service, can be considered a certain percent complete based upon historical patterns. Therefore, for a given month of service, the number of persons on approved-to-pay claims to-date divided by the appropriate completion factor equals the estimated number of persons ultimately served.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

**Objective 9.3. Texas Integrated Eligibility Redesign System**

Texas Integrated Eligibility Redesign System (TIERS).

**Strategy 9.3.1. Texas Integrated Eligibility Redesign System and Supporting Tech**

TIERS and eligibility supporting technologies capital.

**Strategy 9.3.2. Texas Integrated Eligibility Redesign System Capital Projects**

TIERS capital projects.

**Goal 10. Provide Disability Determination Services within Social Security Administration Guidelines**

Enhance service to persons with disabilities by achieving accuracy and timeliness within the Social Security Administration Disability Program guidelines and improving the cost-effectiveness of the decision-making process in the disability determination services.

**Objective 10.1. Increase Decisional Accuracy and Timeliness of Determinations**

To achieve annually the decisional accuracy of 90.6 percent and timeliness of 125 days as measured by Social Security Administration Disability Program guidelines.

**Strategy 10.1.1. Determine Federal Supplemental Security Income and Social Security Disability Insurance Eligibility**

Determine eligibility for federal SSI and Social Security Disability Insurance benefits.

***Output 10.1.1.1. Number of Disability Cases Determined***

*Definition*

Total number of cases determined as reported by the National Disability Determination Services System. A case is established on an individual and may include multiple claims.

*Purpose*

The purpose of this measure is to determine whether persons who apply to the Social Security Administration for disability benefits are eligible for benefits.

*Data Source*

The National Disability Determination Services System. The system is the Social Security Administration's management information system for all state disability determination services. The state disability determination services on a weekly basis report workload and staffing information to the Social Security Administration. This system is found on the Social Security Administration's Dallas Regional Office intranet.

*Methodology*

Total number of cases determined and cleared as reported by the National Disability Determination Services System. Figures are cumulative.

*Data Limitations*

Data are collected through National Disability Determination Services System.

*Calculation Method*

Cumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

## **Goal 11. Office of Inspector General**

Office of Inspector General (OIG).

### **Objective 11.1. Client and Provider Accountability**

Improve Health and Human Services (HHS) programs and operations by protecting them against fraud, waste, and abuse.

#### **Outcome 11.1.1. Net State Dollars Recovered per Dollar Expended from All Funds**

##### *Definition*

This measures the state fund return on investment achieved by OIG relative to the agency's costs. State fund recoveries include all GR dollars or Earned Federal Funds collected, recouped, or otherwise recovered as a result of OIG activities, with the exception of dollars recovered by the Medicaid recovery audit contractor. Cost savings and dollars identified for recovery that have not yet been collected (such as negotiated settlements and court-ordered restitutions) are not included in this measure.

##### *Purpose*

This is a measure of the effectiveness of the OIG's efforts to maximize recoveries as required by Texas Government Code (Tex. Gov't Code) Sections 531.102(b), (p); 531.103(a); 531.1131; 531.1132; and 531.117.

##### *Data Source*

The sources of recovery data include OIG case management systems, the claims administrator system and databases, and data reported from other HHS programs that directly recover funds based on OIG activities. OIG operating expenditure data are extracted from the HHS CAPPS Financial System. OIG staff compile recovery data from the respective source systems and activities in a consolidated OIG-wide tracking system on a monthly basis, and those data are then compared to total expenditure data across the OIG for the same reporting period.

##### *Methodology*

For the given reporting period, the sum of estimated state dollars recovered from all OIG divisions (including Investigations, Inspections, Audit, and Litigation) is reduced by total OIG expenditures (in GR) and by estimated GR collected by the

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Medicaid recovery audit contractor. This quantity is then divided by total OIG expenditures in All Funds. The result is then reported as a dollar figure. Calculation: (recoveries - expenditures) / expenditures, expressed as a percentage. The percentage is then converted to a dollar figure (e.g. 30 percent ROI = \$1.30 recovered per \$1 expended).

*Data Limitations*

No limitations.

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Higher than target is desirable.

**Strategy 11.1.1. Office of Inspector General**

OIG.

***Output 11.1.1.1. Number of Completed Provider and Recipient Investigations***

*Definition*

This is a measure of the Medicaid Program Integrity and the General Investigations sections of OIG that is responsible for investigating allegations, complaints, and referrals of Medicaid, TANF, and SNAP fraud, abuse, or waste.

*Purpose*

This measures the effectiveness of a major activity of OIG as required by Tex. Gov't Code Sections 531.102, 531.103, and 531.113(d-1).

*Data Source*

OIG case management systems.

*Methodology*

The total unduplicated number of full-scale investigations that are closed during the reporting period. It is based on allegations, complaints, and referrals of fraud, abuse, or waste that are reflected in the OIG case management systems.

*Data Limitations*

No limitations.

*Calculation Method*

Cumulative

*New Measure*

No

*Target Attainment*

Higher than target is desirable.

***Output 11.1.1.2. Number of Audits and Reviews Performed***

*Definition*

This measures the total number of reports issued by or on behalf of the OIG audit division and by federal contractors for audits of HHS System and DFPS programs, providers, and contractors.

*Purpose*

This is a measure of work performed by OIG pursuant to Tex. Gov't Code Sections 531.102, 531.102(h)(4), 531.1025(a), and 531.113(d-1).

*Data Source*

OIG audit staff compile data on the reports issued on a monthly basis. The data are entered in the OIG Audit Division's internal tracking database. The final number reported for this measure is entered in the Performance Data Compiler (PDC) maintained by the OIG Budget Division.

*Methodology*

Total sum of audits and non-audit engagements conducted.

*Data Limitations*

None.

*Calculation Method*

Cumulative

*New Measure*

No

*Target Attainment*

Higher than target is desirable.

***Output 11.1.1.3. Number of Nursing Facility Utilization Reviews***

*Definition*

This is a measure of the number of on-site or utilization reviews to assure nursing facilities submit accurate data which reflect actual resident conditions.

*Purpose*

Nursing facility utilization reviews determine the level of care provided by nursing facilities to Medicaid residents and the relationship of such care to the charges (billing) to the state, as required by: Tex. Gov't Code Sections 531.1591 and 531.912; 1 Tex. Admin. Code Sections 371.212–371.216; Social Security Act Section 1902(a)(30), found at 42 U.S. Code 1396a(a)(30); and 42 Code of Federal Regulations (C.F.R.) Section 456.3.

*Data Source*

Nurse reviewers and/or administrative assistants enter into the agency's database information collected during the on-site reviews into the Nursing Facility Utilization Review (NFUR) application then upload it to the Medicaid Fraud and Abuse Detection System (MFADS)/NFUR Repository from which various performance reports are run. State office staff collects and accumulates all regions' information and enter it into the PDC.

*Methodology*

Nurse reviewers enter data in the field indicating the number of reviews performed, and these data are summed up for the state for the reporting period.

*Data Limitations*

No limitations.

*Calculation Method*

Cumulative

*New Measure*

No

*Target Attainment*

Higher than target is desirable.

***Output 11.1.1.4. Number of Hospital Utilization Reviews***

*Definition*

This measures the count of hospital inpatient admissions reviewed and closed during the reporting period.

*Purpose*

This measure addresses the scope of work performed by the OIG pursuant to: Tex. Gov't Code Sections 531.102(a-5) and 531.1024; 1 Tex. Admin. Code Sections 371.200–371.210; Social Security Act Section 1902(a)(30), found at 42 U.S. Code 1396a(a)(30); and 42 C.F.R. Section 456.3. Inpatient utilization reviews are required by Public Law 92-603 to be conducted in all Medicaid-participating hospitals.

*Data Source*

Nurse reviewers and/or administrative assistants enter information collected into the Hospital Utilization Review (HUR) application, then upload it to the MFADS/HUR Repository from which various performance reports are run. State office staff collects and accumulates all regions' information and enters it in the PDC.

*Methodology*

The methodology includes utilization reviews which may be of a statistically valid random sample or a focused case selection of hospital medical records for admissions, readmissions, outliers, transfers, appropriate diagnoses related groups,

and quality of care. Nurse reviewers enter the number of reviews performed into the HUR application, and these data are summed for the reporting period.

*Data Limitations*

No limitations.

*Calculation Method*

Cumulative

*New Measure*

No

*Target Attainment*

Higher than target is desirable.

***Output 11.1.1.5. Total Dollars Recovered (Millions)***

*Definition*

This is a measure of the total monetary recoveries resulting from activities of the OIG at the end of each quarter and fiscal year. These recoveries include cash collected as well as completed offsets. Offsets, or recoupments, are payments that are set up out of future benefit allotments. Refer to Accountability Rider Report dated February 1, 2018.

*Purpose*

This measure addresses the efforts of OIG to maximize recoveries in all HHS programs as required by Tex. Gov't Code Sections 531.102(b), (p), (t)(5); 531.103(a); 531.1131; 531.1132; 531.117.

*Data Source*

Below are the sources in which the OIG staff collects data on recoveries monthly and enters the information in the PDC. Refer to Accountability Rider dated February 1, 2018.

The following sources are used to collect the data: Accounts Receivable Tracking System, Automated System for OIG, HUR System, MFADS PI Case Tracker (Case Tracker), Medicaid/CHIP Administrative Tracking System, reports from the Medicaid claims administrator, Office of the Attorney General Cash Medical Support reports,

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reconciliation with Health Management Systems reports, NFUR System, Premiums Payable System, TIERS, and the Electronic Benefits Transfer WIC Information Network. Note: Recovery data also used in Outcome 11.1.1, Net State Dollars Recovered per Dollar Expended from All Funds.

*Methodology*

The sum of dollars recovered (dollars actually recovered through cash collections or offsets) by each section of OIG for the reporting period. Refer to the Accountability Rider Report dated February 1, 2018.

*Data Limitations*

OIG is dependent upon other agencies and vendors (such as the Medicaid claims administrator, HHS Fiscal Management, Health Management Systems, HHSC Accounts Payable, the U.S. Centers for Medicare and Medicaid Services, the U.S. Internal Revenue Service, MCOs, etc.) for the timeliness of reporting and actual recovery of some of the funds involved in the measure.

*Calculation Method*

Cumulative

*New Measure*

No

*Target Attainment*

Higher than target is desirable.

***Output 11.1.1.6. Referrals to Office of the Attorney General Fraud Control Unit***

*Definition*

This is a measure of the number of cases involving a suspicion of fraud that are referred to the Office of the Attorney General for investigation and potential presentation for prosecution.

*Purpose*

This measure identifies the effectiveness of the OIG in promptly and accurately identifying and referring cases of Medicaid fraud suitable for criminal or civil

prosecution as required by 42 C.F.R. 455.21 and Tex. Gov't Code Sections 531.102(b), 531.103, and 531.104.

#### *Data Source*

OIG case management system. All referrals made to the Office of the Attorney General are entered into the case management system and monitored on a monthly basis. Upon acceptance of a referral for investigation, the Office of the Attorney General notifies OIG through a letter of acceptance. OIG staff enters and maintains the status of the referral into the case management system and enters the number of referrals in the PDC.

#### *Methodology*

Sum of cases involving a suspicion of fraud referred to the Office of the Attorney General during the reporting period.

#### *Data Limitations*

No limitations.

#### *Calculation Method*

Cumulative

#### *New Measure*

No

#### *Target Attainment*

Higher than target is desirable.

### ***Output 11.1.1.7. Total Medicaid Overpayments Recovered with Special Investigation Units***

#### *Definition*

This is a measure of the total monetary Medicaid recoveries collected by OIG resulting from a fraud and abuse referral from an MCO special investigative unit (SIU). This is the OIG portion (50 percent) of recoveries collected pursuant to Tex. Gov't Code Section 531.1131, as a result of either a MCO SIU or a collaboration between the OIG and MCO SIU. This measure does not include recoveries retained

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by the MCOs. These recoveries are also included in Output 11.1.1.5, Total Dollars Recovered (Millions).

*Purpose*

This measure reflects recoveries collected by OIG related to fraud and abuse recovery efforts by MCO SIUs or by the OIG in collaboration with MCO SIUs. Amounts recovered by an MCO or by an MCO in collaboration with OIG are allocated between the MCO and the OIG pursuant to Tex. Gov't Code Section 531.1131. The OIG portion of these recoveries are also reported in Output 11.1.1.5, Total Dollars Recovered (Millions).

*Data Source*

The data source for Medicaid recoveries collected by OIG based on MCO SIU referrals is the OIG PDC. The PDC records recoveries from fraud, waste, and abuse cases that have reached final disposition.

*Methodology*

Medicaid recoveries collected by OIG are based on MCO SIU referrals. OIG uses the Case Tracker system to track MCO SIU referrals and recoveries. Once cases are finalized, the recoveries are reported in the PDC. The PDC is the source for recoveries reported in this measure.

*Data Limitations*

OIG Recoveries are dependent upon MCO SIU recovery collections and MCO SIU self-reporting to OIG on their collections.

*Calculation Method*

Cumulative

*New Measure*

No

*Target Attainment*

Lower than target is desirable.

***Output 11.1.1.8. Average Number of Clients in the Inspector General Lock-in Program***

*Definition*

The measure establishes the number of clients enrolled in the Lock-In program, illustrates capacity, and is used as a factor to calculate cost avoidance and resource utilization.

*Purpose*

The key measure reports the number of clients enrolled in the Lock-In program, illustrates capacity, and is used as a factor to calculate cost avoidance and resource utilization.

*Data Source*

Data come from TIERS's MN 432 reports after Medicaid cut-off monthly processing based on clients with open Lock-In segments for that month.

*Methodology*

The sum of clients in the Lock-In program each month is recorded and averaged by the 12 months of the fiscal year and is calculated quarterly and reported annually. The sum of clients in the Lock-In program varies due to factors described in data limitations. Growth cannot be predicted due to these variables.

*Data Limitations*

The number of clients in the Lock-In program is dependent on eligibility and number of assigned months for the Lock-In period. Clients may lose eligibility, enter a nursing home or enroll in a non-participating Lock-In program type, expire, complete their Lock-In term; or added as a newly enrolled Lock-In client based on referrals from MCO's, the public, and providers.

*Calculation Method*

Cumulative

*New Measure*

No

### *Target Attainment*

Lower than target is desirable.

### ***Output 11.1.1.9. Total Dollars Identified (Millions)***

#### *Definition*

This is a measure of the total potential overpayments resulting from activities of OIG. These potential overpayments have not actually been collected at this point (and notice not necessarily sent to providers, contractors and/or MCOs). These potential overpayments are estimates prior to further analysis or additional information submitted by the subject of the potential recovery.

#### *Purpose*

This measure addresses the efforts of OIG to maximize recoveries in all HHS programs as required by Tex. Gov't Code 531.102(b), (p), (t)(5); 531.103(a); 531.1131; 531.1132; 531.117.

#### *Data Source*

Below are the sources in which OIG staff collects data on potential overpayments monthly and enters the information in the PDC. The following sources are used to collect the data: Accounts Receivable Tracking System, Automated System for OIG, HUR System, MFADS PI Case Tracker (Case Tracker), Medicaid/CHIP Administrative Tracking System, NFUR System, Premiums Payable System, TIERS, and the Electronic Benefits Transfer WIC Information Network system.

#### *Methodology*

The potential overpayments are estimated by each section of OIG as resulting from work efforts such as audits, investigations, utilization reviews, and inspections. These potential overpayments have not actually been collected at this point (and notice not necessarily sent to providers and/or MCOs). These potential overpayments are estimates prior to further analysis or additional information submitted by the subject of the potential recovery.

#### *Data Limitations*

Potential overpayments are dependent upon the number of investigations, audits, or inspections that are completed by the OIG. The potential overpayment is preliminary and in many instances will not be collected. For example, when a

provider elects to litigate a matter, they may develop new legal theories or supply additional facts not considered in the preliminary identification. Furthermore, federal law recognizes that companies may go bankrupt or simply go out of business. See 42 C.F.R. 433.316.

*Calculation Method*

Cumulative

*New Measure*

No

*Target Attainment*

Lower than target is desirable.

**Strategy 11.1.2. Office of Inspector General Administrative Support**

OIG Administrative Support.

***Output 11.1.2.1. Number of Trainings Presented by Office of Inspector General Staff***

*Definition*

This is the number of core skills trainings presented by OIG staff or external entities to internal staff, and training presented by OIG staff to external stakeholders.

*Purpose*

This measure tracks OIG staff development programs that reinforce program oversight and integrity and strengthen internal skills to audit, inspect, review, and investigate fraud, waste, and abuse; and it helps to educate external entities on the role of the OIG in preventing fraud, waste, and abuse in the HHS programs.

*Data Source*

Data are collected from the OIG Professional Development's internal tracking system. OIG Professional Development coordinates the development, implementation, and monitoring of internal training programs.

### *Methodology*

The calculation is the cumulative sum of all core skills trainings presented by OIG staff or external entities to internal staff engaged in the audit, review, investigation, inspection, and other complex health and human services programs; and training presented by OIG staff to external stakeholders.

### *Data Limitations*

No data limitations.

### *Calculation Method*

Cumulative

### *New Measure*

No

### *Target Attainment*

Lower than target is desirable.

## **Goal 12. Health and Human Services Enterprise Oversight and Policy**

Improve the effectiveness and efficiency of the delivery of health and human services in Texas through the oversight and coordination of a prompt, accurate, and comprehensive service delivery system.

### **Objective 12.1. Enterprise Oversight and Policy**

Improve the business operations of the HHS System to maximize federal funds, improve efficiency in system operations, improve accountability and coordination throughout the system, and ensure the timely and accurate provision of eligibility determination services for all individuals in need of HHS System programs.

#### **Strategy 12.1.1. Enterprise Oversight and Policy**

Provide leadership and direction to achieve an efficient and effective HHS System.

### **Strategy 12.1.2. Information Technology Capital Projects Oversight and Program Support**

Information technology capital projects and program support.

### **Objective 12.2. Program Support**

Program support.

#### **Strategy 12.2.1. Central Program Support**

Central program support.

#### **Strategy 12.2.2. Regional Program Support**

Regional program support.

## **Goal 13. Texas Civil Commitment Office**

Texas Civil Commitment Office.

### **Objective 13.1. Administer Texas Civil Commitment Program**

Administer Texas Civil Commitment Program.

#### **Strategy 13.1.1. Texas Civil Commitment Office**

Texas Civil Commitment Office.

#### ***Output 13.1.1.1. Number of Sex Offenders Provided Treatment and Supervision***

##### *Definition*

The number of current sex offenders who have been civilly committed, receiving treatment and supervision, who have not been in prison for the entire reporting period.

##### *Purpose*

To determine the number of current sex offenders who have been civilly committed and are receiving treatment and supervision.

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*Data Source*

Civilly Committed Sex Offender database

*Methodology*

A report will be run to capture the total number of civilly committed sex offenders as of the last day of the reporting period. From the number of all current, civilly committed sex offenders, those who resided in prison for the entire reporting period will be subtracted. This number will be the number of sex offenders provided treatment and supervision. Data are non-cumulative.

*Data Limitations*

Available data are point-in-time data. Databases provide placement at the time of the query; they do not capture changes in civilly committed sex offender placement status across time (i.e., the databases do not track the movement of a civilly committed sex offender among community placements and locked facilities).

*Calculation Method*

Noncumulative

*New Measure*

No

*Target Attainment*

Currently not determined.

## **Schedule C: Historically Underutilized Businesses Plan**

The Historically Underutilized Businesses Plan, found on the following pages, was developed by the HHSC Division of Procurement and Contracting Services, in accordance with Texas Government Code Section 2161.123.

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**Health and Human  
Services System Strategic  
Plans for 2021–2025  
Schedule C:  
Historically Underutilized  
Businesses Plan**

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**As Required by**

**Texas Government Code Section 2161.123**

**Health and Human Services Commission**

**Department of State Health Services**

**May 2020**



**TEXAS**  
**Health and Human  
Services**

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## **1. Introduction**

The Health and Human Services (HHS) System administers programs to encourage participation by historically underutilized businesses (HUBs) in all contracting and subcontracting by HHS agencies. The HHS System's HUB Programs are designed to enhance the ability of HUBs to compete for HHS System contracts, increase agencies' awareness of such businesses, ensure meaningful HUB participation in the procurement process and assist HHS System agencies in achieving their HUB goals.

Each state agency is required to include in its strategic plan a HUB plan. The section below describes, in its entirety, a coordinated HUB plan that covers the HHS System's HUB programs as a whole.

## **2. Goal**

The goal of the HHS System HUB Plan is to promote fair and competitive business opportunities that maximize the inclusion of minority, woman and service-disabled veteran-owned businesses that are certified HUBs in the procurement and contracting activities of HHS System agencies.

## **3. Objective**

The HHS System strives to meet or exceed the Statewide Annual HUB Utilization Goals and/or agency-specific goals that are identified each fiscal year in the procurement categories related to the HHS System's current strategies and programs.

## **4. Outcome Measures**

In accordance with Texas Government Code Section 2161(d)(5) and the State's Disparity Study, state agencies are required to establish their own HUB goals based

HHSC Strategic Plan for 2021–2025, Part II  
Schedule C: Historically Underutilized Businesses Plan

on scheduled fiscal year expenditures and the availability of HUBs in each procurement category. The HHS System has adopted the Statewide HUB Goals as the agency-specific goals.

In procuring goods and services through contracts, the HHS System, as well as each of its individual agencies, will make a good-faith effort to meet or exceed the statewide goals, as described in Table 1, for contracts the agency expects to award in a fiscal year.

**Table 1: Statewide HUB Goals by Procurement Categories, Fiscal Year 2020**

PROCUREMENT CATEGORIES	UTILIZATION GOALS
Heavy Construction	11.20%
Building Construction	21.10%
Special Trade Construction	32.90%
Professional Services Contracts	23.70%
Other Services Contracts	26.00%
Commodity Contracts	21.10%

**Source: Data from Fiscal Year 2018 Statewide HUB Report, Texas Comptroller of Public Accounts.**

The HHS System will collectively use the following outcome measure to gauge progress:

- Total expenditures and the percentage of purchases awarded directly and indirectly through subcontracts to HUBs under the procurement categories.

Each HHS System agency may track additional outcome measures.

## 5. HHS System Strategies

The HHS System maintains and implements policies and procedures, in accordance with the HUB statute and rules, to guide the agencies in increasing the use of HUBs by contracting directly and/or indirectly through subcontracting.

The HHS System employs several additional strategies, such as:

- Implementing policies to ensure good faith effort requirements are performed and maintained from the development of the solicitation through the duration of the contract
- Utilizing the Centralized Master Bidders List and HUB Directory to solicit bids from HUBs
- Maintaining a HUB Program Office of HUB Coordinators at HHSC headquarters for effective coordination for all HHS agencies
- Developing and implementing reporting practices to provide updates to the Executive Commissioner, Chief Operating Officer, Deputy Executive Commissioners and Associate Commissioners on HHS HUB Program activities, related initiatives and projects
- Developing target-marketing strategies inclusive of web-based training to provide guidance on HHS System procurements
- Maintaining an active upcoming Procurement Forecast schedule on website to provide notices of opportunities prior to posting to encourage HUB participation
- Increasing awareness of the HUB Program across the HHS System by providing information to all new employees on how they may assist in the efforts to increase HUB utilization
- Enhancing outreach efforts internally and externally by promoting access, awareness, and accountability through education and training
- Increasing HUB participation in Spot Bid purchases by mandating the agency solicit a HUB for purchases starting at \$3,000 to \$5,000

## 6. Output Measures

The HHS System will collectively use and individually track the following output measures to gauge progress:

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Schedule C: Historically Underutilized Businesses Plan

- The total number of bids received from HUBs
- The total number of contracts awarded to HUBs
- The total amount of HUB subcontracting expenditures
- The total amount of HUB Procurement Card expenditures
- The total number of mentor-protégé agreements
- The total number of HUBs provided assistance in becoming HUB certified

Additional output measures which may be used by specific System agencies:

- The total number of outreach initiatives such as HUB forums attended and sponsored
- The total number of HUB trainings provided to the vendor community as well as internally to agency staff

## 7. HUB External Assessment

According to the Comptroller of Public Accounts the HHS System collectively awarded 15.11% for fiscal year 2018, and 11.98% for fiscal year 2019. Tables 2 and 3 reflect utilization for HHSC and DSHS total spending with HUBs directly and indirectly through subcontracting use.

**Table 2: HHS System Expenditures with HUBs, by Agency, Fiscal Year 2018**

AGENCY	TOTAL EXPENDITURES	TOTAL SPENT WITH ALL CERTIFIED HUBS	PERCENT
HHSC	\$1,107,580,906	\$179,141,159	16.17%
Department of State Health Services	\$249,620,251	\$25,868,002	10.36%
Total	\$1,357,201,157	\$205,009,161	15.11%

Source: Data from Fiscal Year 2018 Statewide Annual HUB Report, Texas  
Comptroller of Public Accounts

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Schedule C: Historically Underutilized Businesses Plan

**Table 3: HHS System Expenditures with HUBs, by Agency, Fiscal Year 2019**

AGENCY	TOTAL EXPENDITURES	TOTAL SPENT WITH ALL CERTIFIED HUBS	PERCENT
HHSC	\$1,056,663,983	\$133,205,449	12.61%
Department of State Health Services	\$200,754,142	\$17,465,893	8.70%
Total	\$1,257,418,125	\$150,671,342	11.98%

**Source: Data from Fiscal Year 2019 Statewide Annual HUB Report, Texas Comptroller of Public Accounts.**

The HHS System agencies continuously strive to make internal improvements to meet or exceed HUB goals. HHS System agencies continued outreach efforts to educate HUBs and minority businesses about the procurement process.

Other areas of progress include:

- Maintaining relationships with the Texas Association of African-American Chambers of Commerce and the Texas Association of Mexican-American Chambers of Commerce among other organizations focused on small minority, woman, and/or service-disabled veteran-owned businesses
- Conducting post-contract award meetings with contractors to discuss HUB Subcontracting Plan compliance and monthly reporting requirements

Additional goals include:

- Enhancing minority/woman/services-disabled veteran-owned business participation in HHS System-sponsored HUB Forums where exhibitors may participate in trade-related conferences
- Enhancing HHS System HUB reporting capabilities
- Expanding HHS System mentor-protégé program vision to maximize the state's resources through cooperation and assistance from other public entities and corporate businesses
- Promoting and increasing awareness of HHS System procurement opportunities for direct and indirect capacity

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## **Schedule D: Statewide Capital Plan**

The statewide capital plan for the Health and Human Services Commission, on the following pages, reflects the information that the Health and Human Services Commission (HHSC) submitted to the Bond Review Board per requirement of the 2020–2021 General Appropriations Act, House Bill 1, 86th Legislature, Regular Session, 2019 (Article IX, Section 11.03).

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## **Schedule D: Health and Human Services System Statewide Capital Plan**

This material is the information that the Health and Human Services Commission (HHSC) submitted to the Bond Review Board per requirement of the 2020–2021 General Appropriations Act, House Bill 1, 86th Legislature, Regular Session, 2019 (Article IX, Section 11.03).

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[HHSC Totals by Funding Sources](#)

[Legend](#)

## HHSC Capital Expenditure Plan Summary Report (Fiscal Years 2021–2025) as Reported in Fiscal Year 2020

Project Name	Bldg. Number	Bldg. Name	Condition	Pri	GSF	E&G	Acres	Deferred Maintenance to be Addressed	Total Cost	Start Date	End Date
Seat Management Services	N/A			1	-	-	-	\$ -	\$ 96,656,655	9/2020	8/2025
Texas Integrated Eligibility Redesign System	N/A			2	-	-	-	\$ -	\$ 270,340,222	9/2020	8/2025
Network Performance and Capacity	N/A			3	-	-	-	\$ -	\$ 55,550,000	9/2020	8/2025
Cybersecurity Advancement for Health and Human Services Enterprise	N/A			4	-	-	-	\$ -	\$ 7,795,675	9/2020	8/2025
Centralized Accounting and Payroll/Personnel System (CAPPs) Financials	N/A			5	-	-	-	\$ -	\$ 11,882,076	9/2020	8/2025
Enterprise Resource Planning	N/A			6	-	-	-	\$ -	\$ 24,849,618	9/2020	8/2025
CAPPs PeopleSoft Licenses	N/A			7	-	-	-	\$ -	\$ 7,417,853	1/2020	8/2025
Medicaid Management Information System	N/A			8	-	-	-	\$ -	\$ 361,374,624	9/2020	8/2025
System-Wide Business Enablement Platform	N/A			9	-	-	-	\$ -	\$ 10,900,935	9/2020	8/2025
HHS Telecom Technology Upgrade	N/A			10	-	-	-	\$ -	\$ 1,820,434	9/2020	8/2025
Information Technology Security Posture Improvement	N/A			11	-	-	-	\$ -	\$ 1,100,730	9/2020	8/2025
CAPPs Upgrades & Inventory (Procurement & Contract)	N/A			12	-	-	-	\$ -	\$ 3,476,000	9/2020	8/2025
Deferred Maintenance at State Hospitals and State	N/A			13	-	-	-	\$ 417,632,554	\$ 417,632,554	9/2020	8/2025
Performance Management and Analytics System	N/A			14	-	-	-	\$ -	\$ 59,333,494	9/2020	8/2025
Enterprise Data Governance	N/A			15	-	-	-	\$ -	\$ 21,632,663	9/2020	8/2025
Business Process Redesign	N/A			16	-	-	-	\$ -	\$ 5,333,303	9/2020	8/2025
Child Care Licensing Automated Support System	N/A			17	-	-	-	\$ -	\$ 11,083,420	9/2020	8/2025
Medicaid Fraud and Abuse Detection System	N/A			18	-	-	-	\$ -	\$ 2,500,000	9/2020	8/2025
Health & Specialty Care System Technology Enhancements	N/A			19	-	-	-	\$ -	\$ 1,000,000	9/2020	8/2025
System Changes to Support Intellectual or Developmental Disability Carve-In	N/A			20	-	-	-	\$ -	\$ 6,769,271	9/2020	8/2025
Special Supplemental Program for Women, Infants and Children (WIC) Mosaic	N/A			21	-	-	-	\$ -	\$ 30,000,000	9/2020	8/2025
Office for Civil Rights Corrective Action Plan	N/A			22	-	-	-	\$ -	\$ 8,864,949	9/2020	8/2025
2-1-1 System Modernization and Enhancements Exceptional Item (EI)	N/A			23	-	-	-	\$ -	\$ 1,000,000	9/2021	8/2023
Safe and Healthy Campuses (EI)	N/A			24	-	-	-	\$ 93,834,018	\$ 93,834,018	9/2021	8/2025
CAPPs Human Capital Management Consolidated Application Control Environment Compliance (EI)	N/A			25	-	-	-	\$ -	\$ 5,624,690	9/2021	8/2025
CAPPs Financials Consolidated Application Control Environment Compliance (EI)	N/A			26	-	-	-	\$ -	\$ 5,168,754	9/2021	8/2025
House Bill 4533 Pilot Program (EI)	N/A			27	-	-	-	\$ -	\$ 20,841,734	9/2021	8/2025
Electronic Visit Verification Expansion (EI)	N/A			28	-	-	-	\$ -	\$ 5,000,000	9/2021	8/2025
Intellectual or Developmental Disability Service Authorization Enhancements (EI)	N/A			29	-	-	-	\$ -	\$ 17,130,100	9/2021	8/2025
Office of Inspector General Increase Beneficiary Fraud Detection (EI)	N/A			30	-	-	-	\$ -	\$ 18,000,000	9/2021	8/2025
e-Discovery (EI)	N/A			31	-	-	-	\$ -	\$ 4,000,000	9/2021	8/2023
<b>Totals:</b>	<b>NA</b>			<b>NA</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>\$ 511,466,572</b>	<b>\$ 1,587,913,772</b>	<b>NA</b>	<b>NA</b>

## HHSC Totals by Project Type

Project Type	Number of Projects	GSF	E&G	Acres	Total Cost
Addition	-	-	-	-	\$ -
New Construction	-	-	-	-	\$ -
Repair and Renovation	2	-	-	-	\$ 511,466,572
Land Acquisition	-	-	-	-	\$ -
Infrastructure	-	-	-	-	\$ -
Information Resources	29	-	-	-	\$ 1,076,447,200
Leased Space	-	-	-	-	\$ -
Unspecified	-	-	-	-	\$ -
<b>Totals:</b>	<b>31</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>\$ 1,587,913,772</b>

## HHSC Summary of Planned Expenditures by Year

Project Type	2021		2022		2023		2024		2025		Balance	Total Cost
Addition	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
New Construction	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Repair and Renovation	\$	-	\$	302,650,295	\$	-	\$	208,816,277	\$	-	\$	511,466,572
Land Acquisition	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Infrastructure	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Information Resources	\$	173,574,289	\$	285,316,508	\$	246,213,840	\$	192,736,493	\$	178,606,070	\$	1,076,447,200
Leased Space	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Unspecified	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
<b>Totals:</b>	<b>\$</b>	<b>173,574,289</b>	<b>\$</b>	<b>587,966,803</b>	<b>\$</b>	<b>246,213,840</b>	<b>\$</b>	<b>401,552,770</b>	<b>\$</b>	<b>178,606,070</b>	<b>\$</b>	<b>1,587,913,772</b>

## HHSC Totals by Funding Sources

Funding Source	Number of Projects	Total Cost
Auxiliary Enterprise Fund	-	
Auxiliary Enterprise Revenues	-	
Available University Fund	-	
Designated Tuition	-	
Energy Savings	-	
Federal Funds	27	\$ 678,496,478
Federal Grants	-	
General Revenue	29	\$ 391,074,873
Gifts/Donations	-	
Higher Education Assistance Fund Proceeds	-	
Housing Revenue	-	
Lease Purchase other than Master Lease Purchase Program	-	
Legislative Appropriations	-	
Master Lease Purchase Program	-	
Other	17	\$ 518,342,421
Other Local Funds	-	
Other Revenue Bonds	-	
Performance Contracting Energy Conservation	-	
Permanent University Fund	-	
Private Development	-	
Private Development Funds	-	
Revenue Financing System Bonds	-	
Student Fees	-	
Tuition Revenue Bond Proceeds	-	
Unexpended Plant Funds	-	
Unknown Funding Source	-	
Unspecified	-	
<b>Totals:</b>	<b>73</b>	<b>\$ 1,587,913,772</b>

## Legend

Abbreviation/Acronym	Full Name
E&G	Education & General
GSF	Gross Square Feet
NA	Not Applicable
Pri	Priority

## **Schedule E: Health and Human Services Strategic Plan**

The HHS System Coordinated Strategic Plan for 2021–2025 is available at <https://hhs.texas.gov/sites/default/files/documents/about-hhs/budget-planning/strategic-plans/2020-25/hhs-coordinated-strategic-plan-2021-25.pdf>.

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## **Schedule F: Health and Human Services System Workforce Plan**

The Health and Human Services System Workforce Plan, found on the following pages, was developed by the HHSC Division of System Support Services, Department of Human Resources, in accordance with Texas Government Code Section 2056.0021.

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# Strategic Staffing Analysis and Workforce Plan

## For the Planning Period 2021-2025

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As Required by

Texas Government Code

Section 2056.0021

Health and Human Services System

May 2020



**TEXAS**  
Health and Human  
Services

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*Prepared by: System Support Services  
Human Resources*

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# 1. Executive Summary

The Health and Human Services (HHS) System Strategic Staffing Analysis and Workforce Plan is an integral part of HHS' staffing plan. Workforce planning is a business necessity due to a number of factors, including:

- constraints on funding;
- increasing demand for HHS services;
- increasing number of current employees reaching retirement age resulting in fewer, less experienced workers available as replacements; and
- increasing competition for highly skilled employees.

HHS agencies are proactively addressing this challenge by preparing for the future and reducing risks. Designed for flexibility, the HHS System Strategic Staffing Analysis and Workforce Plan allows HHS executive management to make staffing adjustments according to the changing needs of HHS agencies.

State leaders in Texas recognize the importance of workforce planning. As part of their strategic plans, state agencies are required under the Texas Government Code, Section 2056.0021, to develop a workforce plan in accordance with the guidelines developed by the State Auditor's Office (SAO). To meet these requirements, this Schedule attachment to the HHS System Strategic Plan for the Fiscal Years 2017–2021 analyzes the following key elements for the entire HHS System:

- **Current Workforce Demographics** – Describes how many employees work for the and HHS agencies, where they work, what they are paid, how many of them are return-to-work retirees, how many have left HHS, how many may retire, and whether or not minority groups are underutilized when compared to the state Civilian Labor Force (CLF) for Equal Employment Opportunity (EEO) job categories. The workforce is examined by gender, race, age and length of state service.
- **Expected Workforce Challenges** – Describes anticipated staffing needs based on population trends, projected job growth and other demographic trends. A detailed examination of each identified shortage occupation was conducted to identify and understand retention and recruitment problems.
- **Strategies to Meet Workforce Needs** – Describes recruitment and retention strategies that address expected workforce challenges for shortage occupation jobs.

The following is the detailed HHS System Strategic Staffing Analysis and Workforce Plan.

## 2. Health and Human Services

The Health and Human Services System, as reflected in Article II of the General Appropriations Act, consists of the two agencies described below:

- Health and Human Services Commission (HHSC). HHSC began services in 1991. The agency administers programs previously administered by the Texas Department of Human Services. HHSC provides leadership to the HHS agencies, manages the day-to-day operations of state supported living centers and state hospitals, and administers programs that deliver benefits and services, including:
  - ▶ Medicaid for families and children.
  - ▶ Long-term care for people who are older or who have disabilities.
  - ▶ Supplemental Nutrition Assistance Program food benefits and Temporary Assistance for Needy Families cash assistance.
  - ▶ Behavioral health services.
  - ▶ Services to help keep people who are older or who have disabilities in their homes and communities.
  - ▶ Services for women.
  - ▶ Services for people with special health needs.

The agency also oversees regulatory functions including:

- ▶ Licensing and credentialing long-term care facilities, such as nursing homes and assisted living.
- ▶ Licensing child-care providers.
- Department of State Health Services (DSHS). DSHS includes programs previously administered by the Texas Department of Health, the Texas Commission on Alcohol and Drug Abuse, and the Health Care Information Council. The agency began services on September 1, 2004 and continues to administer programs to promote and protect public health by creating better systems that include prevention, intervention and effective partnerships with communities across the state. The agency works to:
  - ▶ Improve health outcomes through public and population health strategies, including prevention and intervention.
  - ▶ Optimize public health response to disasters, disease threats, and outbreaks.
  - ▶ Improve and optimize business functions and processes to support delivery of public health services in communities.
  - ▶ Enhance operational structures to support public health functions of the state.
  - ▶ Improve recognition and support for a highly skilled and dedicated workforce.
  - ▶ Foster effective partnership and collaboration to achieve public health goals.

- ▶ Promote the use of science and data to drive decision-making and best practices.

## **HHS Vision**

Making a positive difference in the lives of the people we serve.

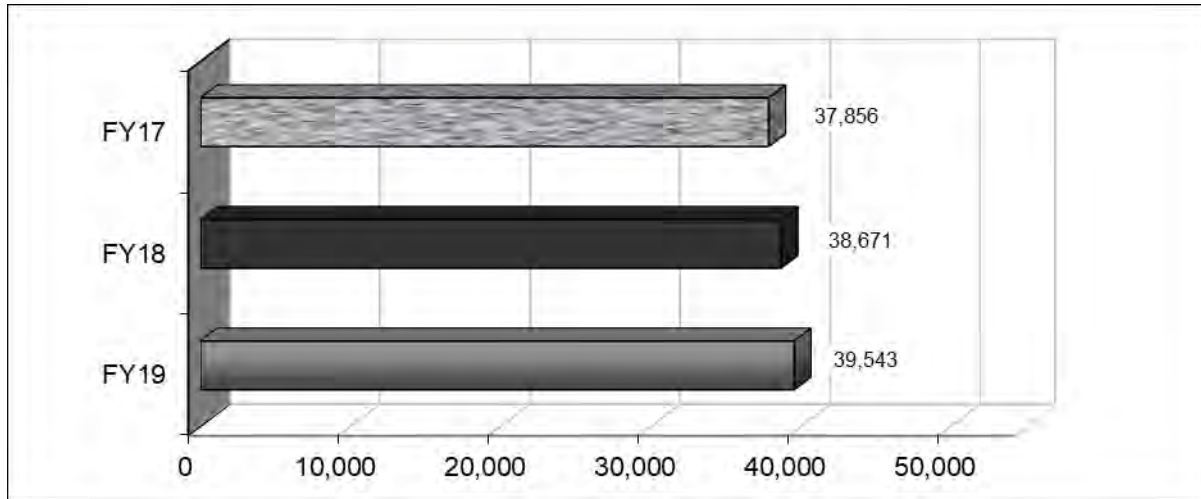
## **HHS Mission**

Improving the health, safety and well-being of Texans through good stewardship of public resources.

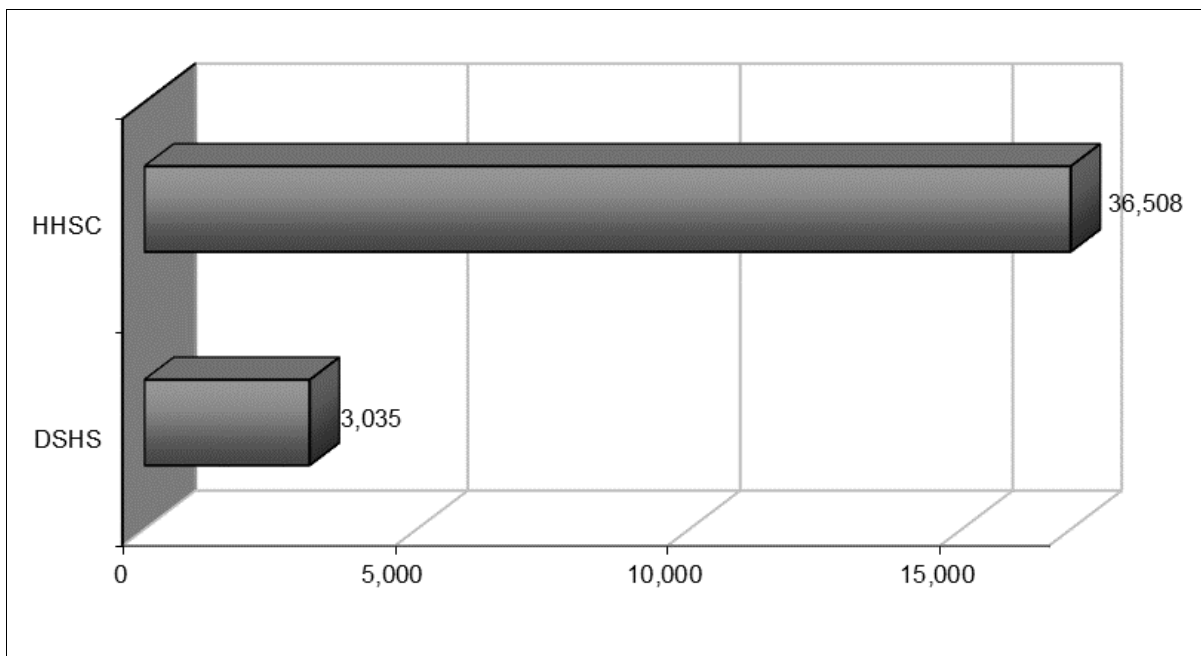
### 3. Workforce Demographics

With a total of 39,543 full-time and part-time employees, the HHS workforce has increased by about four percent (1,687 employees) in the period from August 31, 2017 to August 31, 2019.<sup>1 2 3</sup>

**Figure 1: HHS System Workforce for FY 17 - FY 19**



**Figure 2: HHS System Workforce for FY 19**



## Job Families

Approximately 81 percent of HHS employees (31,923 employees) work in 23 job families.<sup>4</sup>

**Table 1: Largest Program Job Families**

Job Family	Number of Employees
Direct Care Workers <sup>5</sup>	8,306
Eligibility Workers <sup>6</sup>	5,700
Clerical Workers	3,530
Registered Nurses (RNs) <sup>7</sup>	2,139
Program Specialists	2,030
Managers	1,120
Licensed Vocational Nurses (LVNs)	1,007
Rehabilitation Technicians	996
Food Service Workers <sup>8</sup>	877
Program Supervisors	859
System Analysts	712
Custodians	661
Maintenance Workers	576
Inspectors	575
Directors	461
Claims Examiners	449
Security Workers	408
Investigators	364
Contract Specialists	348
Accountants	329
Public Health Technicians	322
Training Specialists	312
Qualified Intellectual Disability Professionals	266

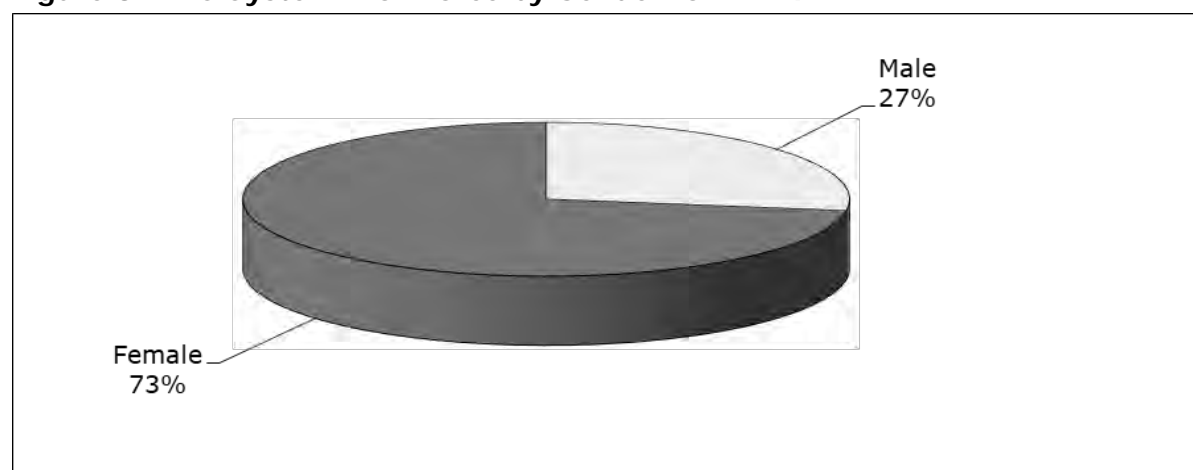
## Gender

Most HHS employees are female, making up about 73 percent of the HHS workforce. This breakdown is consistent across all HHS agencies.<sup>9</sup>

**Table 2: HHS System Workforce Gender for FY 17 – FY 19<sup>10 11 12</sup>**

Gender	FY 17	FY 18	FY 19
Male	28.5%	27.9%	27.4%
Female	71.5%	72.1%	72.6%

**Figure 3: HHS System Workforce by Gender for FY 19**



**Table 3: HHS Agencies by Gender**

Agency	Percentage Male	Percentage Female
HHSC	27.4%	72.6%
DSHS	27.8%	72.2%

## Ethnicity

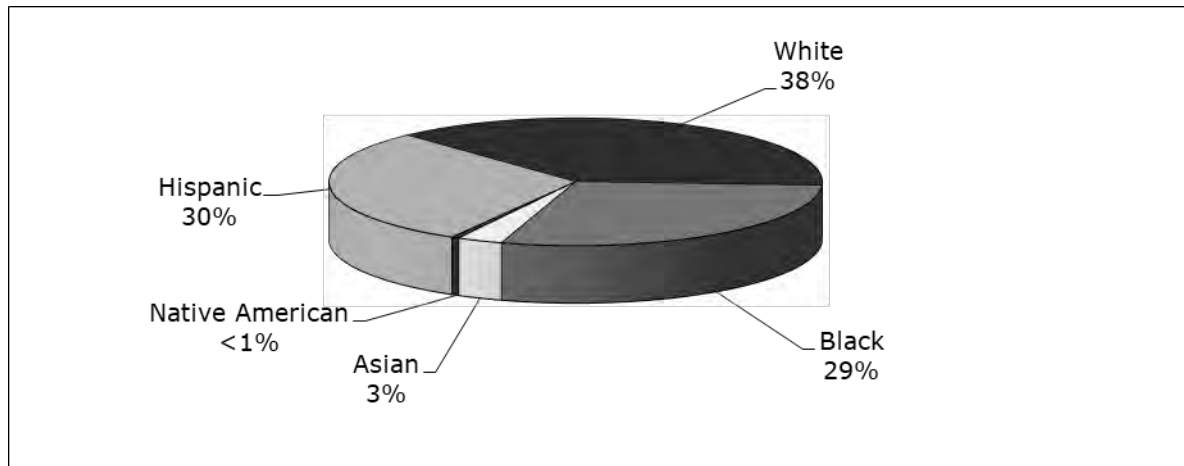
The workforce is diverse, with approximately 38 percent White, 30 percent Hispanic, 29 percent Black, and three percent Asian and Native American. This breakdown is consistent across all HHS agencies.<sup>13</sup>

**Table 4: HHS System Workforce Ethnicity for FY 17 – FY 19<sup>14 15 16</sup>**

Race	FY 17	FY 18	FY 19
White	38.5%	38.0%	37.5%
Black	28.2%	28.6%	28.7%
Hispanic	29.8%	29.6%	29.9%

Race	FY 17	FY 18	FY 19
Native American	.5%	.5%	.4%
Asian	3.0%	3.3%	3.4%

**Figure 4: HHS System Workforce by Ethnicity for FY 19**



**Table 5: HHS Agencies by Ethnicity<sup>17</sup>**

Agency	Percentage White	Percentage Black	Percentage Hispanic	Percentage Native American	Percentage Asian
HHSC	36.6%	29.8%	29.9%	.5%	3.2%
DSHS	47.5%	15.6%	30.6%	.3%	6.0%

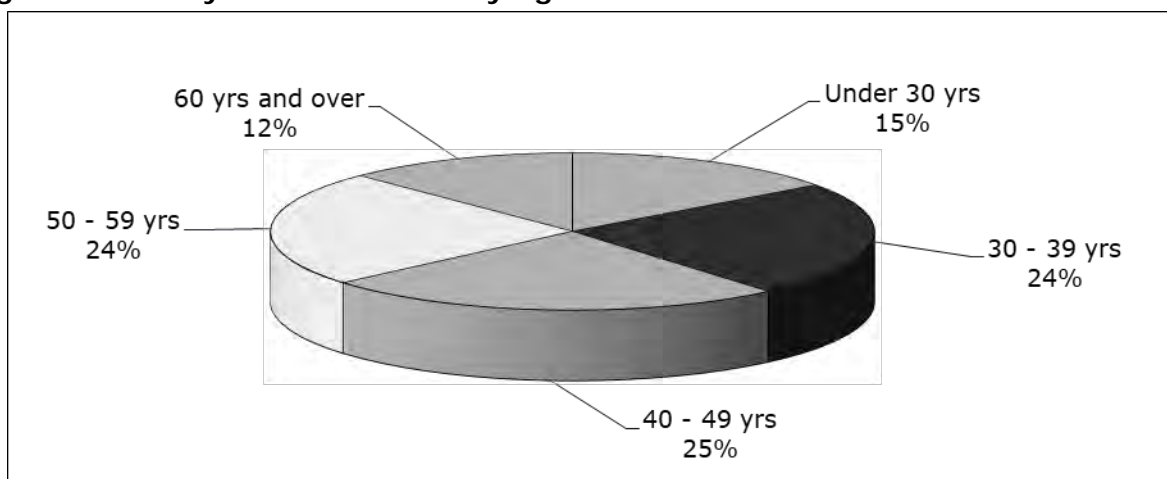
## Age

The average age of an HHS worker is 44 years. This breakdown is consistent across all HHS agencies.<sup>18</sup>

**Table 6: HHS System Workforce Age for FY 17 – FY 19<sup>19 20 21</sup>**

Age	FY 17	FY 18	FY 19
Under 30	14.1%	14.3%	14.6%
30-39	22.6%	23.3%	23.7%
40-49	25.0%	25.1%	25.1%
50-59	25.7%	25.0%	24.6%
Over 60	12.5%	12.2%	12.0%

**Figure 5: HHS System Workforce by Age for FY 19**



**Table 7: HHS Agencies by Age<sup>22</sup>**

Agency	Percentage Under 30	Percentage 30-39	Percentage 40-49	Percentage 50-59	Percentage 60 and over
HHSC	14.9%	23.7%	25.1%	24.6%	11.8%
DSHS	11.1%	24.1%	24.9%	25.6%	14.4%

## Utilization Analysis

Texas law requires that each state agency analyze its workforce and compare the number of Blacks, Hispanics and females employed by the agency to the available state Civilian Labor Force (CLF) for each job category.

The utilization analysis was conducted for each HHS agency using the 80 percent rule. This rule compares the actual number of employees to the expected number of employees based on the available state CLF for Black, Hispanic and female employees. For purposes of this analysis, a group is considered potentially underutilized when the actual representation in the workforce is less than 80 percent of what the expected number would be based on the CLF.

The HHSC Civil Rights Office (CRO) reviewed and conducted analyses for each individual agency's workforce to identify potential underutilization.

The utilization analysis of the HHS agencies for fiscal year 2019 indicated potential underutilization in the HHSC workforce. The following table summarizes the results of the utilization analysis for the HHS System.

**Table 8: HHS System Utilization Analysis Results<sup>23 24 25</sup>**

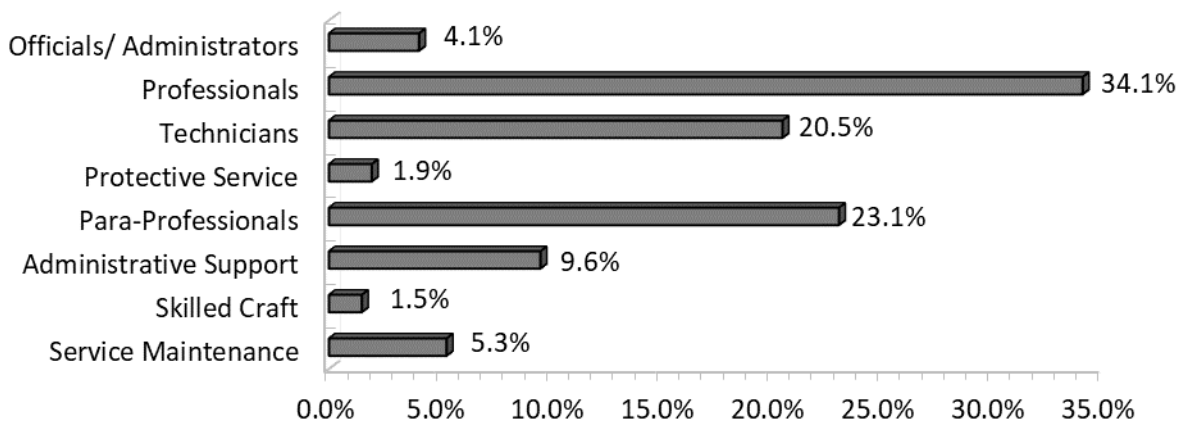
Job Category	HHS System	HHSC	DSHS
Officials/Administrators	No	No	No

Job Category	HHS System	HHSC	DSHS
Professionals	No	No	No
Technicians	No	No	No
Protective Service	No	No	N/A
Administrative Support	No	No	No
Skilled Craft	Black Hispanic Female	Black Hispanic Female	No N/A N/A
Service Maintenance	Hispanic	Hispanic	No

Although potential underutilization was identified in the Skilled Craft job category, it should be noted that that job category comprises 1.5 percent of the HHS System workforce.

The other job category showing potential underutilization is Service Maintenance, which comprises 5.3 percent of the HHS System workforce.

**Figure 6: HHS System – Percent of Employees by Job Category**



## Veterans

About five percent of the workforce (1,832 employees) are veterans. HHSC has the lowest percentage of veterans at 4.5 percent (1,643 employees) and DSHS has the highest at 6.2 percent (189 employees).<sup>26</sup>

**Table 9: HHS System Workforce by Veterans Status<sup>27</sup>**

Agency	Number of Veterans	FY 19 Percentage
HHSC	1,643	4.5%
DSHS	189	6.2%
HHS System	1,832	4.6%

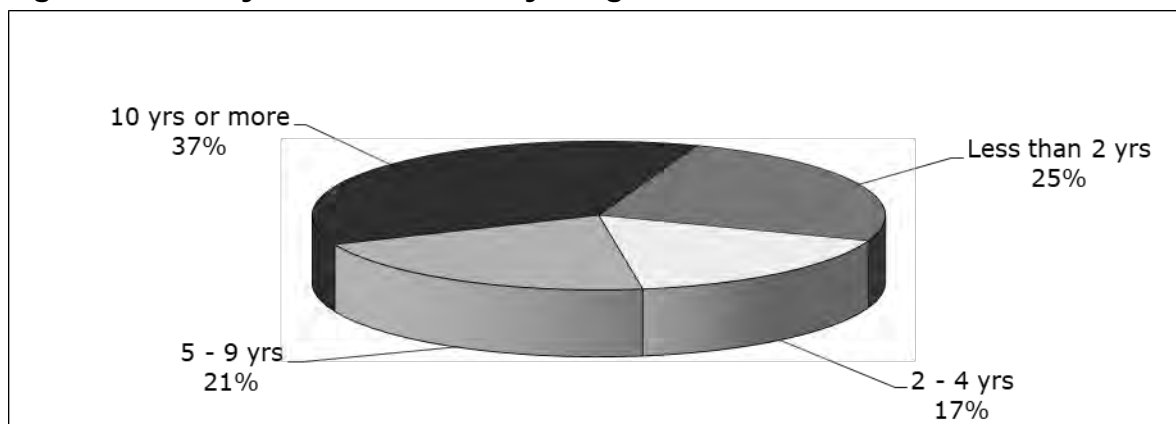
## State Service

Approximately 37 percent of the workforce has 10 or more years of state service. About a quarter of the workforce have been with the state for less than two years. This breakdown is consistent across all HHS agencies.<sup>28</sup>

**Table 10: HHS System Workforce Length of State Service for FY 17 – FY 19<sup>29 30 31 32</sup>**

State Service	FY 17	FY 18	FY 19
less than 2 years	19.1%	21.1%	25.4%
2-4 years	19.8%	19.1%	16.5%
5-9 years	22.5%	21.5%	20.7%
10 years or more	38.6%	38.3%	37.4%

**Figure 7: HHS System Workforce by Length of State Service<sup>33</sup>**



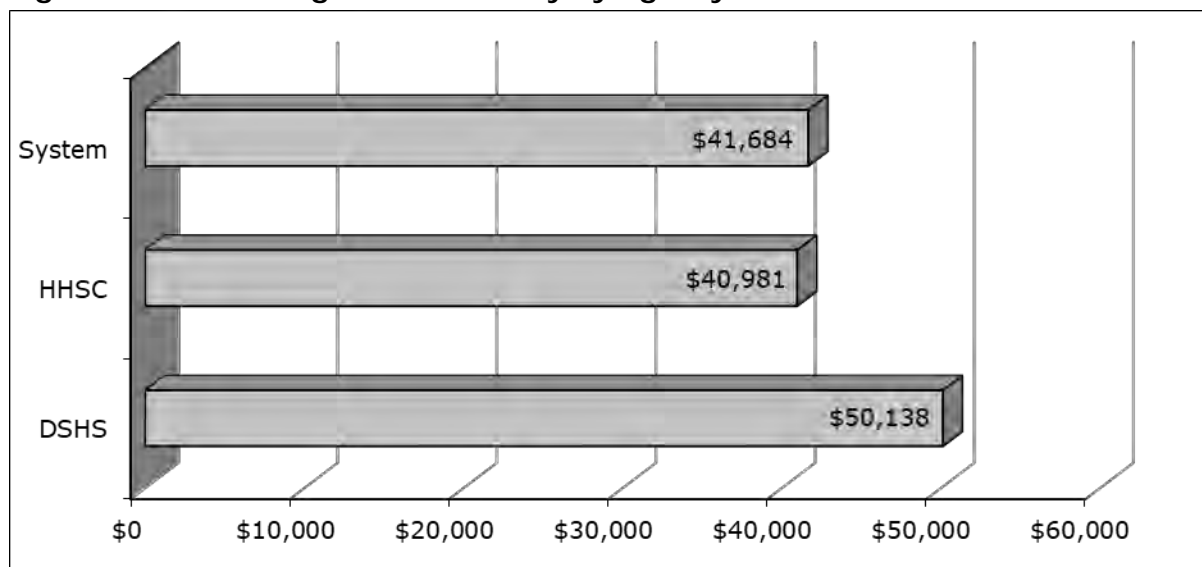
**Table 11: HHS Agencies by Length of State Service<sup>34</sup>**

Agency	Percentage Less than 2 yrs.	Percentage 2-4 yrs.	Percentage 5-9 yrs.	Percentage 10 yrs. or more
HHSC	25.8%	16.5%	20.9%	36.8%
DSHS	19.8%	17.2%	18.6%	44.4%

## Average Annual Employee Salary

On average, the annual salary for an HHS System employee is \$41,684.<sup>35</sup>

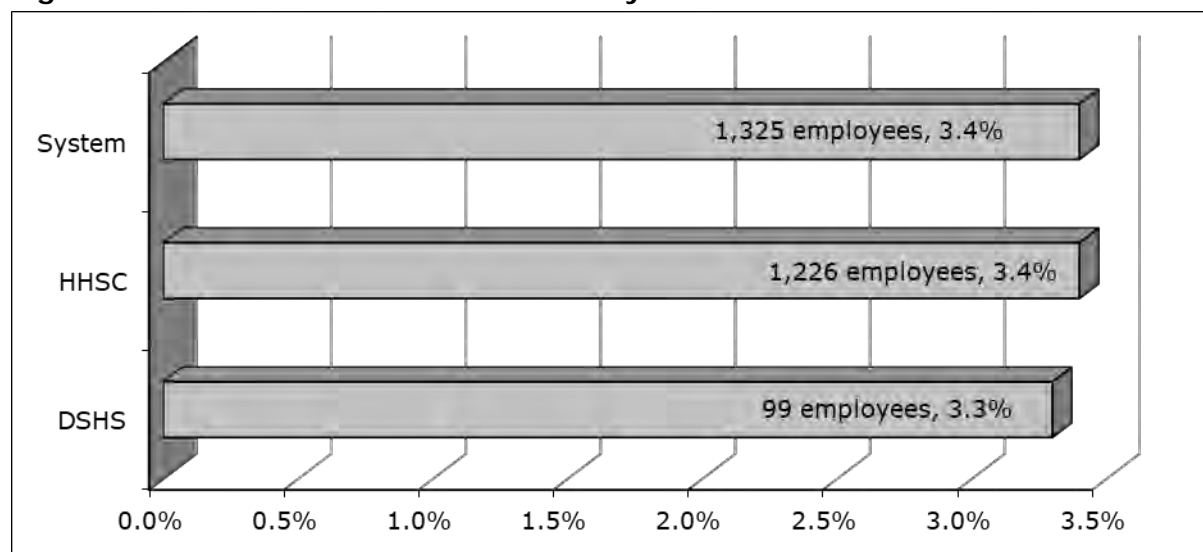
**Figure 8: HHS Average Annual Salary by Agency**



## Return-to-Work Retirees

HHS agencies hire retirees to support both ongoing operational needs and to assist in implementing new initiatives. When recruiting for shortage occupations, special skill required positions or for special projects, retirees provide a good source of relevant program-specific knowledge. Rehired retirees constitute about three percent of the total HHS workforce.<sup>36</sup>

**Figure 9: HHS Return-to-Work Retirees by Percent of Workforce**



HHS management understands that demographic trends over the next decade will increasingly impact recruitment from typical sources. Retired workers who have institutional knowledge will be needed to pass their expertise to others.

Dealing with an aging workforce will require HHS agencies to attract more people to apply for work, encourage them to work longer and help make them more productive. Creative strategies will need to be devised to keep older workers on the job, such as hiring retirees as temps; letting employees phase into retirement by working part time; having experienced workers mentor younger employees; promoting telecommuting, flexible hours and job-sharing; and/or urging retirement-ready workers to take sabbaticals instead of stepping down.

Legislative changes have posed additional challenges for recruiting retired workers. Beginning September 1, 2009, the amount of time a retired employee must wait before returning to state employment increased from 30 to 90 days. In addition, state agencies that hire return-to-work retirees must pay the Employees Retirement System of Texas (ERS) a surcharge that is equal to the amount of the State's retirement contribution for an active employee.

Of special concern to HHS is the possibility that the current practice of rehiring retirees may inhibit talented staff from moving into management or other senior positions. To address this problem and ensure HHS considers and documents the selection of retirees, the System has adopted a policy that requires the hiring authority to consult with HHS Human Resources before offering a supervisory position to a retiree.

## 4. Turnover

The HHS System turnover rate for fiscal year 2019 was 27.69 percent, about seven percent higher than the statewide turnover rate of 20.3 percent.<sup>37 38</sup>

**Table 12: HHS System Workforce - Turnover for FY 17 – FY 19 (excludes inter-HHS agency transfers)** <sup>39</sup>

Agency	FY 17	FY 18	FY 19
HHS System	24.9%	27.3%	27.6%

Of the two HHS agencies, HHSC experienced the highest turnover rate (28.3 percent).<sup>40</sup>

**Table 13: Turnover by HHS Agency for FY 19 (includes inter-HHS agency transfers and excludes legislatively mandated transfers)**

Agency	Average Annual Headcount	Total Separations	Turnover Rate
HHSC	38,883	11,006	28.3%
DSHS	3,165	597	18.9%
Grand Total	42,048	11,603	27.6%

Turnover at HHS agencies was highest for Males at HHSC (at 30.2 percent) and lowest for Females at DSHS (at 18.4 percent). Turnover across ethnic groups ranged from a high of 34.7 percent for Native American employees to a low of 21.3 percent for Asian employees.<sup>41</sup>

**Table 14: HHS Agency Turnover by Gender for FY 19 (includes inter-HHS agency transfers and excludes legislatively mandated transfers)**

Agency	Gender	Average Annual Headcount	Total Separations	Turnover Rate
HHSC	Female	28,125	7,785	27.7%
	Male	10,681	3,221	30.2%
DSHS	Female	2,267	418	18.4%
	Male	888	179	20.2%
HHS System	Female	30,392	8,203	27.0%
	Male	11,569	3,400	29.4%

**Table 15: HHS Agency Turnover by Ethnicity for FY 19 (includes inter-HHS agency transfers and legislatively mandated transfers)excludes**

Agency	White Turnover Rate	Black Turnover Rate	Hispanic Turnover Rate	Native American Turnover Rate	Asian Turnover Rate
HHSC	25.9%	34.4%	26.2%	34.6%	21.4%
DSHS	17.6%	23.0%	18.8%	36.4%	20.9%
HHS System	25.1%	33.9%	25.7%	34.7%	21.3%

Of the total losses during fiscal year 2019, approximately 76 percent were voluntary separations and 24 percent were involuntary separations.<sup>42 43</sup> Voluntary includes resignation, transfer to another agency and retirement. Involuntary includes dismissal for cause, resignation in lieu of separation, reduction in force and separation at will.<sup>44</sup>

**Table 16: Reason for Separation**

Type of Separation	Reason	Separations	Percentage <sup>45</sup>
<b>Voluntary</b>	Personal reasons	6,979	59.72%
	Transfer to another agency	787	6.73%
	Retirement	1,070	9.16%
<b>Involuntary</b>	Termination at Will	73	.62%
	Resignation in Lieu	261	2.23%
	Dismissal for Cause	2,446	20.93%
	Reduction in Force	2	.02%

Certain job families have significantly higher turnover than other occupational series, including direct care workers<sup>46</sup> at 50.2 percent, food service workers<sup>47</sup> at 39.9 percent, laboratory technicians at 31.8 percent, and licensed vocational nurses (LVNs) at 30.5 percent.<sup>48</sup>

**Table 17: FY 19 Turnover for Significant Job Families<sup>49</sup>**

<b>Job Title</b>	<b>Average Annual Headcount</b>	<b>Separations</b>	<b>Turnover Rate</b>
Direct Care Workers <sup>50</sup>	9,393	4,718	50.2%
Food Service Workers <sup>51</sup>	987	394	39.9%
Laboratory Technicians	50	16	31.8%
Licensed Vocational Nurses (LVNs)	1,101	336	30.5%
Psychologists <sup>52</sup>	243	68	28.0%
Social Workers	206	56	27.3%
Provider Investigators	158	40	25.3%
Eligibility Workers <sup>53</sup>	5,889	1,456	24.7%
CCL and RCCL Specialists <sup>54</sup>	370	91	24.6%
Chemists	59	14	23.7%
Medical Technologists	100	21	21.1%
Registered Nurses (RNs) <sup>55</sup>	2,251	473	21.0%
Physicians	99	20	20.3%
Eligibility Clerks <sup>56</sup>	1,127	222	19.7%
Psychiatrists	126	24	19.0%
Guardianship Specialists	86	16	18.7%
Epidemiologists	102	17	16.6%
Nurse Practitioners <sup>57</sup>	67	11	16.5%
Veterinarians	19	3	16.0%
Health Physicists	66	9	13.7%
Dentists	29	3	10.3%
Registered Therapists <sup>58</sup>	117	12	10.2%
Sanitarians	122	12	9.9%
Microbiologists <sup>59</sup>	140	13	9.3%
Architects	22	2	9.0%

## 5. Retirement Projections

Currently, about 10 percent of the HHS workforce is eligible to retire and leave state employment. About 2.6 percent of the eligible employees retire each fiscal year. If this trend continues, approximately 13 percent of the current workforce is expected to retire in the next five years.<sup>60</sup>

**Table 18: HHS System Retirements - Percent of Workforce (FY 15 – FY 19)**

Fiscal Year	Retirement Losses	Retirement Turnover Rate
2015	1,396	2.4%
2016	1,469	2.6%
2017	989	2.4%
2018	1,175	2.9%
2019	1,069	2.6%

**Table 19: HHS System First-Time Retirement Eligible Projection (FY 19 – FY 24)**

Agency	FY 19		FY 20		FY 21		FY 22		FY 23		FY 24	
HHSC	540	1.5%	837	2.4%	988	2.7%	1,099	3.0%	1,004	2.8%	1,113	3.0%
DSHS	71	2.3%	120	4.0%	93	3.1%	95	3.1%	97	3.2%	104	3.4%
Grand Total	611	1.5%	993	2.5%	1,081	2.7%	1,194	3.0%	1,101	2.8%	1,217	3.1%

The loss of this significant portion of the workforce means the HHS agencies will lose some of their most knowledgeable workers, including many employees in key positions. Effective succession planning and employee development will be critical in ensuring there are qualified individuals who can replace those leaving state service.

## 6. Critical Workforce Skills

The current climate of the information age, advances in technology, increasing population for the state, consolidation of services, right-sizing and outsourcing will continue to place increased emphasis on the demand for well-trained and skilled staff.

The outsourcing and self-service automation of major HR functions, such as employee selection, have made it critical for HHS managers and employees to improve and commit to a continual learning of human resource policy, employee development, conflict resolution, time management, project management and automation skills.

It is important for HHS to employ professionals who have the skills necessary for the development, implementation and evaluation of the health and human services programs. These skills include:

- Analytic/assessment skills;
- Policy development/program planning skills;
- Communication skills;
- Cultural competency skills;
- Basic public health sciences skills;
- Financial planning and management skills;
- Contract management skills; and
- Leadership and systems-thinking skills.

As the Spanish speaking population in Texas increases, there will be an increased need for employees with bilingual skills, especially Spanish-English proficiency.

In addition, most management positions require program knowledge. As HHS continues to lose tenured staff, effective training will be needed to ensure that current employees develop the skills necessary to transfer into management positions.

To promote this staff development, HHS must continue to grow the skills and talents of managers as part of a plan for succession. HHS has demonstrated this belief by establishing a HHS Leadership Academy, a formalized interagency training and mentoring program that provides opportunities to enhance the growth of high-potential managers as they take on greater responsibility in positions of leadership. The primary goals of the academy are to:

- prepare managers to take on higher and broader roles and responsibilities;
- provide opportunities for managers to better understand critical management issues;
- provide opportunities for managers to participate and contribute while learning; and
- create a culture of collaborative leaders across the HHS system.

Through this planned development of management skills and the careful selection of qualified staff, HHS will continue to meet the challenges posed by increased retirements.

## 7. Environmental Assessment

### The Texas Economy

Texas added approximately 254,100 jobs in 2019. Texas job growth weakened slightly from 2.4 to 2.0 percent in 2019.<sup>61</sup>

On March 19, 2020, Governor Abbott issued an executive order mandating the closure of nonessential businesses in Texas due to the novel coronavirus (COVID-19) pandemic. Prior to the March 2020 shutdown of the Texas economy, the Federal Reserve Bank of Dallas forecasted 2020 Texas job growth of 2.1 percent.<sup>62</sup> It is unclear to what extent pandemic-related closures will affect this job forecast, though it could have a profound impact on the recruitment and retention challenges facing HHS.

### Poverty in Texas

As the number of families living in poverty increases for the state, the demand for services provided by the HHS System will also increase.

The U.S. Department of Health and Human Services defined the poverty level for 2019 according to household/family size as follows:

- \$25,750 or less for a family of four;
- \$21,330 or less for a family of three;
- \$16,910 or less for a family of two; and
- \$12,490 or less for individuals.<sup>63</sup>

It is estimated that 14.9 percent of Texas residents live in families with annual incomes below the poverty level. This rate is slightly higher than the national poverty rate of 11.8 percent.<sup>64</sup>

### Unemployment

Another factor that directly impacts the demand for HHS System services is unemployment. In Texas, the August 2019 statewide unemployment rate was 3.5 percent, slightly below the national rate of 3.7 percent.<sup>65</sup> Due to the State mandate for social distancing surrounding the novel coronavirus pandemic and ensuing loss of jobs and/or hours worked, 2020 unemployment will likely rise, thus increasing the demand for HHS system services.

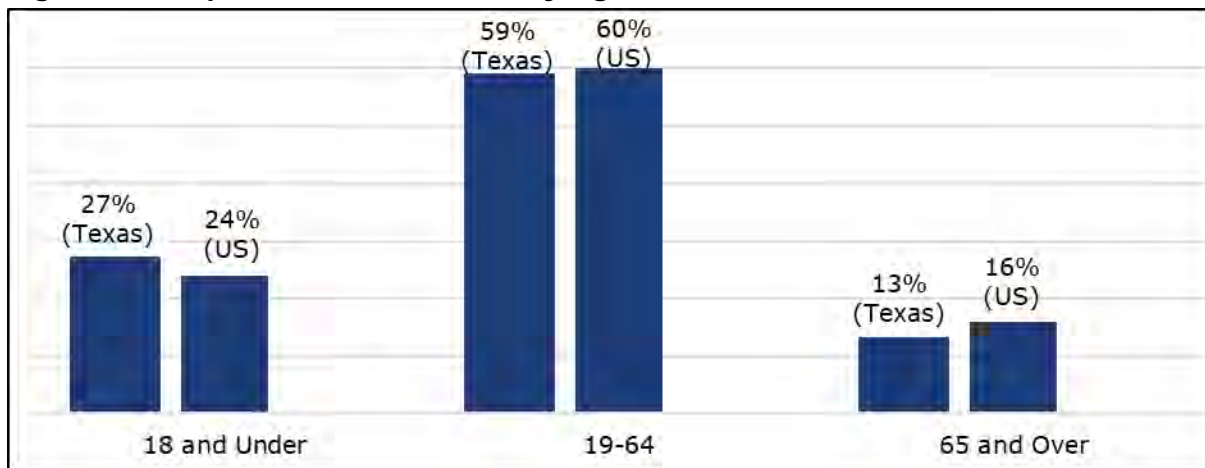
### Other Significant Factors

According to the annual report produced by the Texas Demographic Center, every year since 2006, Texas has added more population than any other state. As of July 2018, the estimated population for Texas was over 28 million, which represents a

14.9 percent increase from the census count in April 2010. Texas added over 3.55 million people between 2010 and 2018.<sup>66</sup>

The distribution of age groups in Texas closely mirrors that of the nation, with the largest percentage of Texas residents (59 percent) being between ages 19 to 64, followed by those 18 and under (27 percent) and those 65 and over (13 percent).<sup>67</sup>

**Figure 10: Population Distribution by Age**



According to long term population projections by the Texas State Data Center, it is estimated that by 2050, Texans older than age 65 will triple in size from 2010-2050, approaching 7.9 million.<sup>68</sup>

## 8. Expected Workforce Challenges

HHS will need to continue to recruit and retain health and human services professionals, such as psychiatrists, physicians, psychologists, nurse practitioners, registered nurses, licensed vocational nurses, registered therapists, dentists, sanitarians, health physicists, and medical technicians. Certain jobs will continue to be essential to the delivery of services throughout the HHS System.

Many of the jobs are low paying, highly stressful and experience higher than normal turnover, such as eligibility services staff, child care licensing and residential licensing specialists, direct care workers (direct support professionals and psychiatric nursing assistants) and food service workers.

Additionally, the demand for certain public health positions (such as epidemiologists, laboratory staff, and public health and prevention specialists) is expected to increase as the pandemic response to COVID-19 continues to evolve.

### **Direct Care Workers (Direct Support Professionals and Psychiatric Nursing Assistants)**

There are about 8,306 direct care workers employed in HHS state hospitals and state supported living centers. These positions require no formal education to perform the work, but employees are required to develop people skills to effectively interact with patients and residents. The physical requirements of the position are difficult and challenging due to the nature of the work. The pay is low, with an average hourly rate of \$12.67.<sup>69</sup>

The overall turnover rate for employees in this group is very high, at about 50 percent annually.<sup>70</sup> Taking into account these factors, state hospitals and state supported living centers have historically experienced difficulty in both recruiting and retaining these workers. Little change is expected.

### **Direct Support Professionals**

There are 5,694 direct support professionals in state supported living centers across Texas, representing approximately 14 percent of the System's total workforce.<sup>71</sup> These employees provide 24-hour direct care to almost 3,000 people who reside in state supported living centers. They directly support these individuals by providing services including basic hygiene needs, dressing and bathing, general health care, and dining assistance. They support life-sustaining medical care such as external feeding and lifting individuals with physical challenges. A trained and experienced direct care staff is essential to ensure resident safety, health and well-being.

There are no formal education requirements to apply for a job in this series; however, extensive on-the-job training is required. It takes six to nine months for a new direct support professional to become proficient in the basic skills necessary to carry out routine job duties.

Employees who perform this work must interact with residents on a daily basis. The work is performed in shifts throughout the day and night. The pay is low and the work is difficult and physically demanding.

A typical HHS direct support professional is 38 years old and has about six years of state service.<sup>72</sup>

Turnover for direct support professionals is very high, at about 54 percent. This is one of the highest turnover rates of any job category in the System, reflecting the loss of about 3,455 workers during fiscal year 2019. Within this job family, entry-level Direct Support Professional Is experienced the highest turnover at approximately 68 percent. Turnover rates by location ranged from 43 percent at El Paso State Supported Living Center to 75 percent at the Brenham State Supported Living Center.<sup>73</sup>

The average hourly salary rate for these employees is \$12.68 per hour.<sup>74</sup> The State Auditor's Office 2018 market index analysis found the average state salary for Direct Support Professional I and IIIs to range from 14 to 10 percent behind the market rate.<sup>75</sup>

### **Psychiatric Nursing Assistants**

There are approximately 2,612 psychiatric nursing assistants employed in HHS state hospitals.<sup>76</sup> These positions require high school education or equivalency to perform the work; however, there is extensive on-the-job training.

Workers are assigned many routine basic care tasks in the state hospitals that do not require a license to perform, such as taking vital signs, and assisting with bathing, hygiene and transportation. These employees are required to interact with patients on a daily basis. They are likely to be the first to intervene during crisis situations, and are the frontline staff most likely to de-escalate situations to avoid the need for behavioral interventions. They also have a higher potential for on-the-job injuries, both from lifting requirements and intervention during crisis situations. Further complicating this situation, many of the applicants for these entry-level positions lack the experience needed to work with patients and often lack the physical ability necessary to carry out their job duties.

The work is performed in shifts throughout the day and night. The work is difficult and the pay is low. Psychiatric nursing assistants earn an average hourly wage of \$12.62 per hour. The State Auditor's Office 2018 market index analysis found the average state salary for a Psychiatric Nursing Assistant I was 14 percent behind the market rate.<sup>77 78</sup>

The average psychiatric nursing assistant is about 39 years old and has an average of seven years of state service.<sup>79</sup>

Turnover for psychiatric nursing assistants is very high at about 42 percent, reflecting the loss of 1,263 workers during fiscal year 2019. Within this job family, entry-level Psychiatric Nursing Assistant Is experienced the highest turnover at 56 percent. Turnover rates by location ranged from 17 percent at Austin State Hospital to 68 percent at the Big Spring State Hospital.<sup>80</sup>

HHS is currently experiencing difficulty filling vacant psychiatric nursing assistant positions. Vacant positions are going unfilled for many months. Positions at the Big Spring State Hospital are remaining vacant, on average, for almost six months.<sup>81</sup>

HHS is developing a staffing pool at certain state hospitals to reduce the need for overtime as well as an Intensive Observation Unit to reduce the need for 1:1 staffing for high risk individuals.

Recruitment and retention of these employees remains a major challenge for the System.

## **Food Service Workers**

HHS employs approximately 877 food service workers.<sup>82</sup>

Working conditions can be very demanding and there are no formal education requirements. Since meals are prepared seven days a week, some of these employees are required to work on night and weekend shifts.

The average hourly rate paid to food service workers is \$11.10.<sup>83</sup> Turnover in food service worker positions is very high, at about 40 percent during fiscal year 2019.<sup>84</sup> The State Auditor's Office 2018 market index analysis found the average state salary for Food Service Workers ranged from one to 12 percent behind the market rate; Food Service Managers ranged from four to 15 percent behind the market rate; and Cooks ranged from two to seven percent behind the market rate.<sup>85</sup>

Retention and recruitment of these workers remains a major challenge for the System.

### **Food Service Workers at State Supported Living Center**

There are 555 food service workers employed in HHS state supported living centers throughout Texas.<sup>86</sup>

The typical food service worker is about 45 years of age and has an average of approximately nine years of state service.<sup>87</sup>

Turnover in these food service worker positions is very high, at 42 percent. Turnover is at nearly 69 percent at the Corpus Christi State Supported Living Center.<sup>88</sup>

### **Food Service Workers at State Hospitals**

There are 312 food service workers employed at HHS state hospitals and centers throughout Texas.<sup>89</sup>

The typical food service worker is about 46 years of age and has an average of about seven years of state service.<sup>90</sup>

Turnover in these food service worker positions is high, at 36 percent. Turnover was nearly 44 percent at the Terrell State Hospital.<sup>91</sup>

## **Food Service Workers at TCID**

There are ten food service workers employed in the Texas Center for Infectious Disease (TCID).<sup>92</sup>

The typical food service worker is about 43 years of age and has an average of approximately seven years of state service.<sup>93</sup>

Turnover in these food service worker positions is very high, at 48 percent.<sup>94</sup>

## **Eligibility Services Staff**

Across the state, there are about 7,767 employees supporting eligibility determinations within the System, accounting for about 20 percent of the HHS System workforce.<sup>95</sup>

The majority of these individuals (7,284 employees or 94 percent) are employed as Texas works advisors, medical eligibility specialists, hospital based workers, eligibility clerks and eligibility supervisors.<sup>96</sup>

Overall turnover for Eligibility Services Staff is higher than the state average rate of about 20 percent (at about 23 percent), with Texas works advisors experiencing the highest turnover at 25 percent, followed by medical eligibility specialists at 24 percent and eligibility clerks at 20 percent.<sup>97 98</sup>

## **Texas Works Advisors**

There are over 4,700 Texas works advisors within HHS that make eligibility determinations for SNAP, TANF, CHIP and Medicaid for children, families and pregnant women. The typical Texas works advisor is 41 years of age and has an average of about seven years of service.<sup>99</sup>

Turnover for these employees is high at about 25 percent, representing a loss of 1,250 workers in fiscal year 2019. Certain regions of Texas experienced higher turnover than others, including Northwest/West Texas at 35 percent and the Metroplex at 34 percent. Entry-level Texas Works Advisor Is experienced the highest turnover at 45 percent.<sup>100</sup>

In addition, HHS has experienced difficulty finding qualified candidates for new worker positions. Due to this shortage of qualified applicants, vacant positions go unfilled for an average of almost five months, with vacant positions in Upper East Texas remaining unfilled for an average of a little more than nine months.<sup>101</sup>

Salary is one factor that may be contributing to the System's difficulty recruiting and retaining eligibility workers.

Recruitment and retention of these employees remain a continuing challenge for HHS.

## **Medical Eligibility Specialists**

Within HHS, there are 654 medical eligibility specialists determining financial eligibility for Medicaid for Elderly and People with Disabilities (MEPD). Medical

eligibility specialists have, on average, about eight years of state service, with an average age of 42.<sup>102</sup>

Turnover for these employees is high at about 24 percent, representing the loss of 161 employees in fiscal year 2019. Entry-level Medical Eligibility Specialist Is experienced the highest turnover, at 43 percent.<sup>103</sup>

Retention of these specialists is an ongoing challenge.

### **Hospital Based Workers**

HHS has about 283 hospital based workers stationed in nursing facilities, hospitals, and clinics rather than in eligibility offices to determine eligibility for the SNAP, TANF, CHIP and Medicaid programs. These highly-tenured workers have an average of about 13 years of state service (about 54 percent of these employees have 10 or more years of state service), with an average age of 45.<sup>104</sup>

Turnover for these employees is currently below the state average (of 20 percent) at about 16 percent.<sup>105 106</sup>

### **Eligibility Clerks**

HHS employs about 1,070 eligibility clerks in various clerical, administrative assistant and customer service representative positions. The typical eligibility clerk is 48 years of age and has an average of 10 years of state service.<sup>107</sup>

The turnover rate for eligibility clerks is high at about 20 percent, representing the loss of about 222 employees (about one percent higher rate than reported for fiscal year 2017).<sup>108 109</sup> Eligibility Specialist Clerk IIIs made up the majority of these losses at about 77 percent, with these positions often remaining unfilled for an average of about four and a half months.<sup>110 111</sup>

Recruitment and retention for these jobs are ongoing challenges.

### **Eligibility Supervisors**

Over 500 eligibility supervisors are employed within HHS. These highly-tenured supervisors have an average of 17 years of state service (about 77 percent of these employees have 10 or more years of state service), with an average age of 46.<sup>112</sup>

Though turnover for these employees is well managed at about 12 percent, this represents a two percent higher turnover rate than reported for fiscal year 2017.<sup>113 114</sup>

Within the next five years, over 35 percent of these employees will be eligible to retire.<sup>115</sup>

HHS will need to develop effective succession plans and creative recruitment strategies to replace these highly skilled and tenured employees.

## **Child Care Licensing (CCL) and Residential Child Care Licensing (RCCL) Specialists**

There are 345 CCL and RCCL specialists employed within the System who monitor, investigate and inspect child day-care facilities and homes, residential child care facilities, child-placing agencies and foster homes.<sup>116 117</sup> In addition, they conduct child abuse/neglect investigations of children placed in 24-hour childcare facilities and child placing agencies licensed or certified by Residential Child Care Licensing.

The typical specialist is 39 years of age and has an average of eight years of state service. Nearly half of these employees have less than five years of state service.<sup>118</sup>

CCL and RCCL specialist turnover is high at 25 percent.<sup>119</sup>

Retention of these employees is an ongoing challenge.

### **Guardianship Staff**

Within the Office of Guardianship Services (OGS), the HHS System employs 81 Guardianship Specialists and Supervisors who are responsible for providing guardianship services to eligible clients.<sup>120</sup> Staff continuously assess and determine whether guardianship is the most appropriate and least restrictive alternative necessary to ensure the consumer's health and safety.

Retention and turnover continue to be a challenge, since these positions require specialized skills and salaries are not comparable with that paid by other agencies and the private sector.

### **Guardianship Specialists**

There are 68 guardianship specialists employed at HHS.<sup>121</sup>

The typical System guardianship specialist is about 45 years old and has an average of about 11 years of state service. Nearly half of the employees have 10 years or more of state service.<sup>122</sup>

The overall turnover rate for System guardianship specialists is high, at 21 percent annually, which is slightly above the state average turnover rate of 20 percent.<sup>123 124</sup>

Vacant System guardianship specialist positions often go unfilled for many months due to a shortage of qualified applicants available for work.<sup>125</sup> These vacancy problems are expected to worsen as employees approach retirement. About 19 percent of these tenured and highly skilled employees will be eligible to retire in the next five years.<sup>126</sup>

### **Guardianship Supervisors**

There are 13 guardianship supervisors working for HHS.<sup>127</sup>

System guardianship supervisors have, on average, about 17 years of state service, with an average age of about 51 years.<sup>128</sup>

Though the turnover rate for these highly tenured guardianship supervisors is currently well managed at about eight percent, HHS may face significant recruitment challenges in the next few years to replace these highly skilled and tenured employees who are eligible for retirement. With about 23 percent of these employees are currently eligible to retire, this rate will increase in the next five years to about 46 percent.<sup>129 130</sup>

## **Provider Investigators**

There are about 146 provider investigators with HHS Regulatory Services.<sup>131</sup> These employees investigate reports of abuse, neglect, and exploitation of adults and children with mental illness or intellectual, developmental, and physical disabilities. Investigations occur in a variety of settings such as facilities, group homes, and private residences.

The typical provider investigator is 40 years of age and has an average of eight years of state service. About 47 percent of these employees have less than five years of state service.<sup>132</sup>

Provider investigator positions have a high turnover rate. During fiscal year 2019, provider investigator turnover was slightly higher than the state average at 25 percent, though turnover for entry-level Provider Investigator Is was much higher at 41 percent.<sup>133 134</sup>

## **Protective Services Intake Specialists**

There are approximately 20 protective services intake specialists with HHS Regulatory Services.<sup>135 136</sup> Intake specialists answer calls and process complex inquiries, complaints, and incidents related to abuse, neglect, and exploitation involving Nursing Facilities, Assisted Living Facilities, Day Activity and Health Services (DAHS), ICF/ID Facilities, Home Health and Hospice Agencies, Prescribed Pediatric Extended Care Center (PPECC) and Health Care Quality providers.

Protective services intake specialists are about 41 years of age and have an average of eight years of state service. About 25 percent of intake specialists have less than two years of state service.<sup>137</sup>

Turnover for intake specialists is at the same rate as the state average turnover rate of 20 percent.<sup>138 139</sup>

HHS is currently experiencing difficulty filling vacant protective services intake specialist positions. Vacant positions are going unfilled, on average, for two months due to a shortage of qualified applicants available for work.<sup>140</sup>

## **Architects**

Within HHS, there are 17 Architect IIs who perform architectural plan reviews and conduct initial and annual surveys and complaint/incident investigations on state licensure, and (when applicable) federal certification requirements for nursing facilities, assisted living facilities, Day Activity and Health Services facilities,

Intermediate Care Facilities for Individuals with Intellectual Disabilities and in-patient Hospice facilities.<sup>141</sup>

These HHS Architect IIs have, on average, 8 years of state service, with an average age of 58 years. Over 75 percent of these employees have five or more years of state service.<sup>142</sup>

HHS Architect IIs earn an average annual salary of \$63,647.<sup>143</sup> The State Auditor's Office 2018 market index analysis found the average state salary for Architect IIs to be four percent behind the market rate.<sup>144</sup>

Though the turnover for these employees is currently well managed at 10 percent, with a vacancy rate of 26 percent, vacant positions often go unfilled for over nine months due to a shortage of qualified applicants available for work.<sup>145 146</sup>

Though only 12 percent of these employees are currently eligible to retire, over 40 percent will be eligible to retire in the next five years.<sup>147</sup>

HHS will need to develop creative recruitment strategies to replace these highly skilled employees.

## **License and Permit Specialists**

There are 59 license and permit specialists within HHS. Over 90 percent of HHS license and permit specialists work in Regulatory Services, performing complex, journey-level, licensing and permitting work related to the licensing of mental health professionals.<sup>148</sup>

The typical HHS license and permit specialist is about 44 years of age and has an average of 12 years of state service. Nearly 50 percent of these employees have 10 or more years of state service.<sup>149</sup>

Turnover for these specialists is slightly below the state average at 19 percent.<sup>150</sup> With a vacancy rate of about 12 percent, vacant positions often go unfilled for about four months due to a shortage of qualified applicants available for work.<sup>151</sup>

HHS license and permit specialists earn an average annual salary of \$40,918.<sup>152</sup> The State Auditor's Office 2018 market index analysis found the average state salary for License and Permit Specialist Is to be four percent behind the market rate.<sup>153</sup> This disparity may be affecting HHS' ability to recruit qualified applicants for open positions.

Recruitment of these employees is an ongoing challenge.

## **Quality Assurance Specialists**

There are 21 Quality Assurance Specialist IIIs and IVs employed within the HHSC Regulatory division. These specialists provide technical guidance and assistance to field staff, document quality assurance reviews and communicate those findings to appropriate program staff. They are responsible for analyzing quality assurance findings and performance data to identify trends or patterns and coordinating case readings and other quality assurance and developmental activities.<sup>154</sup>

These specialists are, on average, about 41 years of age and have an average of 10 years of state service. Over 40 percent of these employees have 10 or more years of state service.<sup>155 156</sup>

Turnover for these specialists is slightly below the state average at 17 percent.<sup>157</sup> With a vacancy rate of about 13 percent, vacant positions often go unfilled for over 10 months due to a shortage of qualified applicants available for work.<sup>158</sup>

These quality assurance specialists earn an average annual salary of \$50,119. The State Auditor's Office 2018 market index analysis found the average state salary for Quality Assurance Specialist IIIs and IVs to be 11 percent behind the market rate.<sup>159</sup> This disparity may be affecting HHS' ability to recruit qualified applicants for open positions.

Recruitment of these employees is an ongoing challenge.

## **Social Workers**

There are 212 social workers employed by HHS, with the majority (68 percent) housed in state hospitals across the state.<sup>160</sup>

Turnover for these social workers is high at 27 percent.<sup>161</sup>

One reason for this high turnover is the large disparity between private sector and HHS salaries. System social workers earn an average annual salary of \$44,491.<sup>162</sup> This salary falls significantly below the market rate. The State Auditor's Office 2018 market index analysis found the average state salary for Social Worker Is, IIs, and IIIs ranged from two to eight percent behind the market rate. In addition, the average annual salary for social workers nationally is \$59,300 and \$58,430 in Texas.<sup>163 164</sup>

These problems are expected to worsen as employees approach retirement. While 12 percent of these employees are currently eligible to retire, this number increases to about 23 percent in the next five years.<sup>165</sup>

## **Social Workers at State Supported Living Centers**

About 17 percent of HHS social workers (36 employees) work at state supported living centers across the state.<sup>166</sup> These employees serve as a liaison between the resident's legally authorized representative and others to assure ongoing care, treatment and support through the use of person-centered practices. They gather information to assess a resident's support systems and service needs, support the assessment of the resident's rights and capacity to make decisions, and assist with the coordination of admissions, transfers, transitions and discharges.

The typical social worker at these facilities is about 48 years old and has an average of 11 years of state service.<sup>167</sup>

The average turnover rate for these social workers is higher than the state average of 20 percent (at 27 percent), with positions often remaining unfilled for an average of over six months before being filled.<sup>168 169</sup>

## **Social Workers at State Hospitals**

There are 145 social workers at HHS state hospitals.<sup>170</sup> These employees are critical to managing patient flow in state hospitals and taking the lead role in communicating with patient families and community resources. Social workers provide essential functions within state hospitals that include conducting psychosocial assessments, therapeutic treatment and case coordination for individuals receiving services from HHS in-patient psychiatric hospitals and the Waco Center for Youth.

State hospital social workers are about 43 years old and have an average of nine years of state service.<sup>171</sup>

The overall turnover rate for these social workers is high at around 29 percent, with the Austin State Hospital experiencing turnover of more than 50 percent.<sup>172</sup>

## **Public Health Social Workers**

About 15 percent of HHS social workers (31 employees) work in Public Health Regions across the state.<sup>173</sup> These employees provide case management consultation for families with children who have health risks, conditions or special health care needs.

The typical public health social worker is about 46 years old and has an average of 10 years of state service.<sup>174</sup>

The average turnover rate for these social workers is currently well managed at nine percent.<sup>175</sup>

With a high vacancy rate of 28 percent, and with nearly 30 percent of these employees being eligible for retirement within the next five years, recruitment and retention of these workers remains a challenge.<sup>176</sup>

## **Registered Therapists at State Supported Living Centers**

HHS employs 294 registered therapists in state supported living centers across Texas.<sup>177</sup> These therapists are employed in a variety of specializations, including speech-language pathologists, audiologists, occupational therapists and physical therapists. Full staffing of these positions is critical to direct-care services.

These highly skilled employees have, on average, about nine years of state service, with an average age of 46.<sup>178</sup>

Though turnover for these registered therapists is below the state average at 12 percent, HHS is experiencing difficulty filling vacant positions. Positions at the Mexia State Supported Living Center remain unfilled for nearly nine months.<sup>179 180</sup>

HHS may face significant recruitment challenges in the next few years to replace these highly skilled employees who will be eligible for retirement. About eight

percent of these employees are currently eligible to retire, and approximately 22 percent of them will be eligible in the next five years.<sup>181</sup>

HHS will need to develop creative recruitment strategies to replace these highly skilled and tenured employees.

## **Registered Nurses (RNs)**

RNs constitute one of the largest healthcare occupations. With over three million jobs in the U.S., job opportunities for RNs are expected to grow faster than the average for all occupations. It is projected that there will be a need for 371,500 new RN jobs by 2028.<sup>182 183</sup>

HHS employs approximately 2,139 RNs across the state.<sup>184 185</sup> As the demand for nursing services increases, the recruitment and retention of nurses will continue to be a challenge, and the need for competitive salaries will be critical.

Currently, the average annual salary for HHS System RNs is \$61,669.<sup>186</sup> This salary falls below both national and state averages for these occupations. Nationally, the average annual earnings for RNs in 2019 was \$77,460.<sup>187</sup> In Texas, the average annual earnings for RNs in 2019 was \$74,540.<sup>188</sup> In addition, the State Auditor's Office 2018 market index analysis found the average state salary for Nurse I-IVs ranged from five to 14 percent behind the market rate and 10 percent behind the market rate for Public Health Nurse IIs.<sup>189</sup> Posted vacant positions are currently taking about six months to fill.<sup>190</sup>

## **RNs at State Supported Living Centers**

About 31 percent of System RNs (672 RNs) work at HHS state supported living centers across Texas.<sup>191</sup>

The typical state supported living center RN is about 47 years old and has an average of approximately eight years of state service.<sup>192</sup>

The turnover rate for these RNs is considered high at about 21 percent. Turnover is especially high at the El Paso State Supported Living Center (at approximately 48 percent) and the San Antonio State Supported Living Center (at about 33 percent).<sup>193</sup>

In addition, HHS finds it difficult to fill these vacant nurse positions. With a vacancy rate of approximately 14 percent, RN positions often remain open for more than six months before being filled. Some facilities are experiencing even longer vacancy durations. At the Denton, Lubbock, and San Angelo state supported living centers, it takes about 10 months to fill a vacancy.<sup>194</sup>

## **RNs at State Hospitals**

About 38 percent of System RNs (806 RNs) work at state hospitals across the Texas, providing frontline medical care of patients. They provide medications, primary health care and oversee psychiatric treatment.<sup>195</sup>

System nurses at state hospitals are generally required to work shifts and weekends. The work is demanding, requires special skills and staff often work long hours with minimal staffing. The work is also physically demanding, making it increasingly more difficult for the aging nursing workforce to keep up with these work demands. All of these job factors contribute to higher than average turnover rates. Turnover for these RNs is considered high at about 24 percent. Turnover is at nearly 30 percent at the El Paso Psychiatric Center, the San Antonio State Hospital, and the Terrell State Hospital.<sup>196</sup>

The typical RN at a System state hospital is about 48 years old and has an average of approximately nine years of state service.<sup>197</sup>

At these state hospitals, there are always vacant nursing positions that need to be filled. These RN positions often remain open for about five months before being filled. Some hospitals are experiencing longer vacancy durations. At the Big Spring State Hospital and the Waco Center for Youth, it takes over seven months to fill a position.<sup>198</sup>

## **Public Health RNs**

About five percent of System RNs (110 RNs) provide direct care and population-based services in the many counties in Texas that have no local health department, or where state support is needed.<sup>199</sup> These RNs are often the individuals who are on the frontline in the delivery of public health services to rural communities throughout the state, serving as consultants and advisors to county, local and stakeholder groups, and educating community partners. They assist in communicable disease investigation, control and prevention, and are critical to successful public health preparedness and response throughout the state.

Public Health RNs have, on average, about seven years of state service, with an average age of about 49 years.<sup>200</sup>

Overall turnover for these RNs is high (about 28 percent). Certain areas of Texas experienced higher turnover than others, including those in Public Health Region 1 (Lubbock area) and Public Health Region 2/3 (Arlington area) – both at about 27 percent.<sup>201</sup>

## **Nurse Surveyors**

There are 208 RNs employed as nurse surveyors (approximately 10 percent of System RNs).<sup>202</sup> These RNs utilize their expertise to conduct surveys and complaint/incident investigations on state licensure and when applicable, federal certification requirements for nursing facilities, assisted living facilities, Day Activity and Health Services facilities, Intermediate Care Facilities for Individuals with Intellectual Disabilities and in-patient Hospice facilities.

In addition to being licensed to practice as an RN by the Texas Board of Nurse Examiners, Long Term Care nurse surveyors must also obtain the Surveyor Minimum Qualification (SMQT) certification with the first year of employment. The

typical nurse surveyor is about 51 years old with approximately six years of state service.<sup>203</sup>

The turnover rate is considered high at about 22 percent, and it typically takes about five months to fill a vacant position. Recruitment and retention of these RNs remains difficult due to salary constraints. Approximately 19 percent of these highly skilled employees will be eligible to retire from state employment in the next five years.<sup>204 205</sup>

## **Licensed Vocational Nurses (LVNs)**

There are 1001 LVNs employed by HHS.<sup>206</sup> The majority of these employees (about 97 percent) work at state hospitals and state supported living centers across Texas.<sup>207</sup>

About three percent work in Public Health Regions and central office program support, assisting in communicable disease prevention and control and the delivery of population-based services to individuals, families, and communities.

On average, a System LVN is 46 years old and has eight years of state service.<sup>208</sup>

As with RNs, the nursing shortage is also impacting the HHS' ability to attract and retain LVNs. Turnover for LVNs is currently very high at about 31 percent.<sup>209</sup>

Currently, the average annual salary for System LVNs during fiscal year 2019 was \$41,257.<sup>210</sup> This salary falls below both national and state averages for this occupation. Nationally, the average annual earnings for licensed practical nurses and LVNs is \$48,500, and \$47,370 in Texas.<sup>211</sup> The State Auditor's Office 2018 market index analysis found the average state salary for LVN IIs and IIIs were 15 percent behind the market rate.<sup>212</sup>

Recruitment and retention of these highly skilled employees remains a significant challenge.

## **LVNs at State Supported Living Centers**

There are 529 LVNs employed at HHS state supported living centers across Texas. These LVNs are, on average, 46 years old and have an average of approximately eight years of state service.<sup>213</sup>

Turnover for LVNs at state supported living centers is at about 33 percent. The state supported living centers experienced the loss of 192 LVNs in fiscal year 2019. Turnover is extremely high at the El Paso State Supported Living Center (at 72 percent) and the San Angelo State Supported Living Center (at 53 percent).<sup>214</sup>

With a very high vacancy rate of about 28 percent, vacant positions often go unfilled for over six months. Some centers are experiencing even longer vacancy durations. At the Denton, Corpus Christi, and San Angelo state supported living centers it takes about nine months to fill a position.<sup>215</sup>

## **LVNs at State Hospitals**

There are approximately 442 LVNs employed at HHS state hospitals and centers across Texas.<sup>216</sup>

On average, a state hospital LVN is about 45 years old and has eight years of state service.<sup>217</sup>

Turnover for these LVNs is high at about 28 percent. Turnover is especially high at Rusk State Hospital (at 43 percent) and the San Antonio State Hospital (at 34 percent).<sup>218</sup>

State hospitals continue to experience difficulty in recruiting and retaining qualified staff which can be attributed to a shortage in the qualified labor pool. Market competition and budget limitations significantly constrain the ability of state hospitals to compete for available talent.

## **LVNs in Public Health Roles**

About two percent of System LVNs (25 LVNs) work in the Public Health Regions across Texas.

They have, on average, about 11 years of state service, with an average age of about 51 years.<sup>219</sup> The overall turnover for these LVNs is high at 18 percent.<sup>220</sup>

Retention is expected to remain an issue as employment of LVNs is projected to grow 11 percent by the year 2028, faster than the average for all occupations and budgetary limitations will continue to make it difficult for the System to offer competitive salaries.<sup>221</sup>

## **Nurse Practitioners**

HHS employs 70 nurse practitioners throughout the System.<sup>222</sup> Under the supervision of a physician, 68 of these nurse practitioners are responsible for providing advanced medical services and clinical care to individuals at state hospitals and those who reside in state supported living centers across Texas.<sup>223</sup>

These highly skilled employees have, on average, about 9 years of state service, with an average age of 50. Approximately 40 percent of these employees have 10 years or more of state service.<sup>224</sup>

System nurse practitioners earn an average annual salary of \$112,090.<sup>225</sup> This salary falls slightly below the market rate. The State Auditor's Office 2018 market index analysis found the average state salary for nurse practitioners was about nine percent behind the market rate.<sup>226</sup>

The turnover rate for nurse practitioners is about 17 percent, and the vacancy rate is approximately nine percent, with positions remaining vacant for an average of about six months.<sup>227 228</sup>

About 11 percent of nurse practitioners are currently eligible to retire, with this number increasing to 23 percent in the next five years.<sup>229</sup> HHS will need to develop

creative recruitment strategies to replace these highly skilled and tenured employees.

### **Nurse Practitioners at State Supported Living Centers**

HHS employs 26 nurse practitioners at state supported living centers across Texas.<sup>230</sup> These highly skilled employees have, on average, about seven years of state service, with an average age of 50.<sup>231</sup>

The overall turnover rate for these nurse practitioners is high at about 29 percent.<sup>232</sup>

Although the vacancy rate is only about seven percent, vacant positions at state supported living centers typically remain unfilled for about seven months.<sup>233</sup>

Due to the continuing short supply and high demand for these professionals, HHS will need to continue using creative recruitment strategies to replace these employees.

### **Nurse Practitioners at State Hospitals**

HHS employs 42 nurse practitioners at state hospitals across Texas.

These highly skilled employees have, on average, about 11 years of state service, with an average age of 49.<sup>234</sup>

Though turnover for these state hospital employees is currently low at about 10 percent, positions are often remaining unfilled for months.<sup>235 236</sup>

About 12 percent of these highly skilled employees are currently eligible to retire. This number will increase to approximately 24 percent retirement eligibility in the next five years.<sup>237</sup>

### **Dentists at State Supported Living Centers**

The demand for dentists nationwide is expected to increase as the overall population ages. Employment of dentists is projected to grow by seven percent through 2028.<sup>238</sup>

The System employs a total of 30 dentists across the state.<sup>239</sup> Of the 30 dentists employed by the System, over half (57 percent) provide advanced dental care and treatment for residents living at the HHS supported living centers across Texas. The typical dentist at these facilities is about 53 years old and has an average of 10 years of state service.<sup>240</sup>

Facility dentists earn an average salary of \$145,656, which is below the average wage paid nationally (\$178,260), and also lower than the Texas average of \$183,510.<sup>241 242</sup>

Turnover for these dentists is high at about 17 percent.<sup>243</sup> State supported living centers face challenges competing with private sector salaries to fill current vacancies.

It is anticipated that HHS will face significant recruitment challenges in the next few years to replace these highly skilled employees who will be eligible for retirement. About 12 percent of these employees are currently eligible to retire, and this number will increase to about 29 percent in the next five years.<sup>244</sup>

## **Physicians**

There are currently about 390,680 active physicians and surgeons across the country.<sup>245</sup> Due to the increased demand for healthcare services by the growing and aging population, employment of physicians is projected to grow about seven percent by 2028, faster than the average for all occupations.<sup>246</sup>

HHS employs 83 physicians, with majority (84 percent) employed in HHS state supported living centers, state hospitals and in Public Health Regions.<sup>247</sup>

These highly skilled employees have, on average, about nine years of state service, with an average age of 56. Over 31 percent of these employees have more than 10 years or more of state service.<sup>248</sup>

System physicians are currently earning an average annual salary of \$185,492.<sup>249</sup> This salary is below the average wage paid nationally (\$203,450) and also lower than the Texas average of \$200,590.<sup>250</sup> The State Auditor's Office 2018 market index analysis found the average state salary for Physicians to be five to 10 percent behind the market rate.<sup>251</sup>

Turnover for these physicians is at 22 percent.<sup>252</sup> In addition, the vacancy rate is at 13 percent, with positions remaining vacant for an average of about eight months.<sup>253</sup>

About 18 percent of these highly skilled and tenured employees are currently eligible to retire, with this number increasing to 34 percent in the next five years.<sup>254</sup>

## **Physicians at State Supported Living Centers**

There are 34 physicians working at state supported living centers across Texas.<sup>255</sup> Full staffing of these positions is critical to direct-care services.

These physicians have, on average, about nine years of state service, with an average age of 57.<sup>256</sup> Local physicians who have established long term private practices often apply as a staff physician at state supported living centers late in their working career to secure retirement and insurance benefits, thus contributing to the reason for the high average age.

Turnover for these physicians is high at 26 percent.<sup>257</sup>

To deal with recruitment and retention difficulties, HHS has often used contract physicians to provide required coverage. These contracted physicians are paid at rates that are well above the amount it would cost to hire physicians at state salaries. Aside from being more costly, the System has experienced other problems with contracted physicians, including a lengthy learning curve, difficulty in obtaining

long-term commitments, difficulty in obtaining coverage, dependability and consistent services levels due to their short-term commitment.

To meet the health needs of individuals residing in state supported living centers, it is critical that HHS recruit and retain qualified physicians. However, due to the short supply and large demand, state supported living centers are experiencing difficulty hiring physicians. With a high vacancy rate of 17 percent, positions are remaining unfilled for an average of almost 10 months.<sup>258</sup>

## **Physicians at State Hospitals**

There are currently 28 physicians at HHS who are providing essential medical care in state hospitals.<sup>259</sup> They take the lead role in diagnosing, determining a course of treatment, making referrals to outside medical hospitals, prescribing medications and monitoring the patients' progress toward discharge. Physician services in state hospitals are essential to the ongoing monitoring and management of an increasing number of complex chronic medical conditions, such as diabetes, seizure disorders, hypertension and chronic obstructive pulmonary disease (COPD). These employees are critical to the System's preparedness and response to medical services provided by the state and to major public health initiatives, such as obesity prevention, diabetes, disease outbreak control and others.

These physicians have, on average, about 11 years of state service, with an average age of about 56. Local physicians who have established long term private practices often apply as physicians at state hospitals late in their working career to secure retirement and insurance benefits, contributing to the high overall age. Only nine full-time physicians are under 50 years of age.<sup>260</sup>

Turnover for these physicians is about 17 percent.<sup>261</sup>

With a vacancy rate of about 13 percent, it takes about seven and a half months to fill a state hospital physician position with someone who has appropriate skills and expertise.<sup>262</sup>

In addition, HHS may face significant challenges in the next few years to replace those employees who are eligible for retirement. About 18 percent of these highly skilled and tenured employees are currently eligible to retire. Within five years, about 36 percent will be eligible to retire.<sup>263</sup> If these employees choose to retire, HHS would lose some of the most experienced medical personnel – those with institutional knowledge and skills that will be difficult to match and even harder to recruit.

Recruitment of qualified candidates, as well as retention of these highly skilled and knowledgeable employees, continues to be a challenge for the System.

## **Physicians in Public Health Roles**

There are eight HHS physicians performing public health services.<sup>264</sup> Physicians serving in public health roles in Public Health Regions and Central Office act as state and regional consultants and advisors to county, local, hospital, and stakeholder groups, and provide subject matter expertise on programs and services. These

physicians provide public health services that are essential to the provision of direct clinical services in areas of the state where local jurisdictions do not provide services in communicable disease control and prevention and population-based services.

Physicians serving in Public Health Regions initiate treatment of communicable diseases; refer, prescribe medication, and monitor treatment. They oversee infectious disease investigation, control, and prevention efforts regionally, and provide direction for public health preparedness and response centrally and in the Public Health Regions. Some of the physicians who serve as Regional Directors are required by statute to also serve as the Local Health Authority (LHA) in counties that do not have a designated LHA. As such, they enforce laws relating to public health; establish, maintain and enforce quarantines; and report the presence of contagious, infectious, and dangerous epidemic diseases in the health authority's jurisdiction. As Regional Medical Directors, physicians in Public Health Regions serve as community leaders and conveyors of health-related organizations and individuals for the purpose of improving the health of all Texans.

These physicians are, on average, about 51 years old, with an average of about nine years of state service.<sup>265</sup>

Turnover for these positions is high at about 24 percent.<sup>266</sup>

While only 13 percent of these physicians are eligible to retire, a quarter of these highly skilled employees are expected to retire in the next five years.<sup>267</sup> HHS will need to develop creative recruitment strategies to replace these highly skilled employees.

## **Psychiatrists**

There are currently about 28,600 psychiatrists nationwide. Increased demand for healthcare services by the growing and aging population is expected to result in a 1.2 percent rate of growth in the state government sector by 2028.<sup>268</sup>

HHS employs 120 psychiatrists throughout the System, with the majority of these psychiatrists (about 83 percent) employed in state hospitals across Texas.<sup>269</sup>

These highly skilled and tenured employees have, on average, about 12 years of state service, with an average age of 54.<sup>270</sup>

System psychiatrists currently earn an average annual salary of \$226,900.<sup>271</sup> The State Auditor's Office 2018 market index analysis found the average state salary for Psychiatrist IIIs to be 10 percent behind the market rate.<sup>272</sup>

Turnover for System psychiatrists is currently at about 19 percent.<sup>273</sup> The vacancy rate is high at about 18 percent, with positions remaining vacant for an average of about eight months.<sup>274</sup>

About 23 percent of these highly skilled and tenured employees are currently eligible to retire, with this number increasing to 43 percent in the next five years.<sup>275</sup>

## **Psychiatrists at State Supported Living Centers**

There are 13 Psychiatrist IIIs assigned to state supported living centers.<sup>276</sup> Full staffing of these positions is critical to providing psychiatric services needed by residents.

These Psychiatrists IIIs have, on average, about six years of state service, with an average age of 53.<sup>277</sup>

With a high vacancy rate of 24 percent, vacant positions in state supported living centers go unfilled for about nine months (Brenham State Supported Living Center has a very high vacancy rate of 67 percent and positions go unfilled for almost a year).<sup>278</sup>

Competing with private sector salaries and an overall shortage of psychiatrists in Texas continue to make it difficult to recruit and retain qualified individuals. To maintain required coverage, HHS has used contracted psychiatrists. These psychiatrists are paid well above the amount it would cost to hire psychiatrists at state salaries (costing in excess of \$200 per hour, compared to the hourly rate of about \$109 paid to agency psychiatrists).<sup>279</sup>

To meet the health needs of individuals residing in state supported living centers, it is critical that HHS fill all budgeted psychiatrist positions and effectively recruit and retain qualified psychiatrists.

## **Psychiatrists at State Hospitals**

There are currently 91 System psychiatrists providing essential medical and psychiatric care in state hospitals.<sup>280</sup> These highly skilled employees take the lead role in diagnosing, determining a course of treatment, prescribing medications and monitoring patient progress. Recruiting and retaining psychiatrists at the state hospitals has been especially difficult for HHS.

These psychiatrists have, on average, about 13 years of state service, with an average age of 54. About 50 percent of these employees have 10 or more years of service.<sup>281</sup>

Annual turnover for these psychiatrists is about 18 percent. Terrell State Hospital reported the highest state hospital turnover rate of about 35 percent.<sup>282</sup>

With an overall high vacancy rate of about 20 percent, most vacant psychiatrist positions go unfilled for months.<sup>283</sup> At some state hospitals, these positions remain vacant for over nine months (at the El Paso Psychiatric Center and Rusk State Hospital). These challenges are expected to continue, as about 24 percent of these highly skilled and tenured employees are currently eligible to retire and may leave at any time. Within five years, this number will increase to 44 percent.<sup>284</sup>

State hospitals continue to face increasing difficulty in recruiting qualified psychiatrists as salaries are not competitive with the private sector, and there is a general shortage of a qualified labor pool.

Due to the complex medical and mental challenges that individuals residing in state hospitals exhibit, it is critical that HHS is able to effectively recruit and retain qualified psychiatrists. Continued targeted recruitment strategies and retention initiatives for these highly skilled professionals must be ongoing.

## **Psychologists**

There are 233 psychologists in HHS, with the majority (97 percent) employed in state supported living centers and state hospitals across the state.<sup>285</sup>

System psychologists earn an average annual salary of \$57,463.<sup>286</sup> This salary falls below the market rate. The State Auditor's Office 2018 market index analysis found the average state salary for Psychologist Is to be 11 percent behind the market rate and Psychologist IIIs to be eight percent behind the market rate.<sup>287</sup>

Turnover for these psychologists is high at 28 percent, with psychologist positions often remaining unfilled for several months before being filled.<sup>288 289</sup>

### **Psychologists at State Supported Living Centers**

About 79 percent of HHS psychologists (181 employees) work at state supported living centers across Texas.<sup>290</sup> These employees participate in quality assurance and quality enhancement activities related to the provision of psychological and behavioral services to state supported living center residents; provide consultation and technical assistance to individuals with cognitive, developmental, physical and health related needs; implement and evaluate behavioral support plans; review the use of psychotropic medication in treating behavior problems; perform chart reviews; and perform observations and assessments relevant to the design of positive interventions and supports for residents.

The typical psychologist at these facilities is about 42 years old and has an average of eight years of state service.<sup>291</sup>

Turnover for these psychologists is high at about 31 percent, reflecting the loss of about 59 workers during fiscal year 2019. Turnover rates by location ranged from 0 percent at the San Antonio State Supported Living Center to 100 percent at the Corpus Christi State Supported Living Center.<sup>292</sup>

With a high vacancy rate for these positions (at approximately 16 percent), psychologist positions often remain open for months before being filled. At the Denton State Supported Living Center, positions have remained vacant for an average of 11 months.<sup>293</sup>

### **Psychologists at State Hospitals**

There are 46 psychologists working at HHS state hospitals, with about 67 percent employed in Psychologist II positions.<sup>294</sup> Full staffing of these positions is critical to providing needed psychological services to patients.

State hospital psychologists play a key role in the development of treatment programs for both individual patients and groups of patients. Their evaluations are

critical to the ongoing management and discharge of patients receiving competency restoration services, an ever-growing patient population in the state hospitals. They also provide testing and evaluation services important to ongoing treatment, such as the administration of IQ, mood, and neurological testing instruments.

These highly skilled and tenured employees have, on average, about 11 years of state service, with an average age of 49.<sup>295</sup>

Turnover for these psychologists is high about 17 percent. Rio Grande State Center experienced the highest turnover at 67 percent.<sup>296</sup>

The vacancy rate for these positions is about eight percent, with positions often remaining unfilled for over five months.<sup>297</sup>

HHS may face significant recruitment challenges in the next few years, as approximately 30 percent of these highly skilled and tenured employees will be eligible for retirement in the next five years.<sup>298</sup>

It is critical that HHS fills all budgeted state hospital psychologist positions and effectively recruit and retain qualified psychologists.

## **Epidemiologists**

HHS employs 103 epidemiologists who provide services in the areas of infectious disease and injury control, chronic disease control, emergency and disaster preparedness, disease surveillance and other public health areas.<sup>299</sup> They provide critical functions during disasters and pandemics and other preparedness and response planning.

As of May 2018, there were approximately 7,600 epidemiologist jobs in the U.S., with a projected job growth rate of 5.3 percent by 2028.<sup>300</sup>

On average, System epidemiologists have about seven years of state service, with an average age of approximately 36 years.<sup>301</sup>

Turnover for System epidemiologists is currently at about 17 percent. This rate is much higher for entry-level Epidemiologist Is, at about 26 percent.<sup>302</sup>

Low pay is a contributing factor in the inability to attract qualified epidemiologist applicants. System epidemiologists are currently earning an average annual salary of \$59,723.<sup>303</sup> This salary is significantly below the average wage paid nationally (\$78,290), and also lower than the Texas average of \$65,610.<sup>304</sup> In addition, the State Auditor's Office 2018 market index analysis found that the average state salary for epidemiologists to be nine percent behind the market rate.<sup>305</sup>

Currently, only about eight percent of these employees are currently eligible to retire, this rate will increase in the next five years to 11 percent. Fourteen percent of senior-level epidemiologists (Epidemiologist III's) are currently eligible to retire. In about five years, 18 percent will be eligible to retire.<sup>306</sup>

HHS will need to closely monitor this occupation due to the nationally non-competitive salaries and a general shortage of professionals performing this work.

## Sanitarians

There are 117 sanitarians employed with HHS.<sup>307</sup> HHS registered sanitarians inspect all dairies, milk plants, food and drug manufacturers, wholesale food distributors, food and drug salvagers in Texas, as well as all retail establishments in the 188 counties not covered by local health jurisdictions and conduct a multitude of environmental inspections such as children's camps and many others. Sanitarians are instrumental in protecting the citizens of Texas from food-borne illness and many dangerous environmental situations and consumer products, including imported foods, drugs and consumer products. The U.S. Food and Drug Administration (FDA) and the Consumer Products Safety Commission (CPSC) have little manpower and therefore depend on the state programs to protect citizens. System sanitarians also respond to a variety of emergencies, including truck wrecks, fires, tornados, floods and hurricanes. They are the first line of defense against a bioterrorist attack on the food supply.

On average, HHS sanitarians are 45 years old and have about 11 years of state service. About 39 percent of these employees have 10 or more years of state service.<sup>308</sup>

Though the turnover rate for HHS sanitarians is currently low at about 10 percent, HHS has experienced difficulty filling vacant positions, with vacant positions often going unfilled for many months due to a shortage of qualified applicants available for work. Turnover for Sanitarians III was higher at almost 21 percent, with vacancies in this classification going unfilled for six months.<sup>309 310</sup>

Historically, HHS has faced special challenges filling vacancies in both rural and urban areas of the state. In addition, the state requirement for sanitarians to be registered and have at least 30 semester hours of science (in addition to 18 hours of continuing education units every two years) has made it increasingly difficult to find qualified individuals.

With 15 percent of sanitarians currently eligible to retire, and 27 percent eligible to retire in the next five years, HHS will need to develop creative recruitment strategies to replace these skilled and highly tenured employees.<sup>311</sup>

## Veterinarians

There are 17 Veterinarians working for DSHS in the Consumer Protection Division, the Division for Laboratory and Infectious Disease Services, and in Public Health Regions across the state.<sup>312</sup> System Veterinarians perform advanced veterinary work and are responsible for the day-to-day management of the Zoonosis Control (ZC) Program.

These highly-skilled and tenured employees have, on average, about 13 years of state service, with an average age of 52.<sup>313</sup>

System Veterinarians make \$89,739.6, which is below the national (\$104,820) and state (\$125,280) average salaries.<sup>314</sup> In addition, the State Auditor's Office 2018

market index analysis found that the average state salary for Veterinarian IIs to be eight percent behind the market rate.<sup>315</sup>

Turnover for Veterinarians is slightly below the state average at 16 percent. Turnover for Veterinarian II's is higher than that of Veterinarian III's, at 18 percent.<sup>316 317</sup>

The agency may face significant recruitment challenges in the next few years to replace these highly-skilled and tenured employees who are eligible for retirement. Currently, 29 percent of Veterinarians are eligible to retire, and over 50 percent of these employees will be eligible to retire in the next five years.<sup>318</sup>

Special efforts should be made to recruit these professional to avoid a critical shortage in the near future.

## **Health Physicists**

Within HHS, there are 63 health physicists, all employed within the Consumer Protection Division.<sup>319</sup> These employees plan and conduct complex and highly advanced technical inspections and license application review of radioactive material, nuclear medicine, industrial x-ray units, general medical diagnostic x-ray units, fluoroscopic units, mammographic units, C-Arm units, radiation therapy equipment, laser equipment, and industrial and medical radioactive materials to assure user's compliance with applicable State and Federal regulations. Health physicists are instrumental in emergency planning for the offsite response of nuclear power plants and are the the first line of defense for radiological disaster response.

HHS health physicists have, on average, 13 years of state service, with an average age of 50 years. Over 50 percent of these employees have 10 or more years of state service.<sup>320</sup>

HHS health physicists earn an average annual salary of \$59,238, which is below the average wage paid nationally (\$76,290), and also lower than the Texas average of \$75,720.<sup>321 322</sup>

Though the turnover for health physicists is currently well managed at 14 percent, vacant positions often go unfilled for many months due to a shortage of qualified applicants available for work.<sup>323 324</sup>

With 30 percent of health physicists at HHS currently eligible to retire, and about 44 percent eligible to retire in the next five years, HHS will need to develop creative recruitment strategies to replace these highly skilled and tenured employees.<sup>325</sup>

## **Public Health and Prevention Specialists**

Within HHS, there are 322 public health and prevention specialists, with the majority of these employees (90 percent) employed at DSHS.<sup>326</sup>

These employees provide technical consultation to local health departments, human and animal health care professionals, government officials, community action groups, and others on a number of public health areas, including the treatment,

prevention and control of zoonotic diseases, rabies risk assessment, and animal control; providing population-based services toward improving access to care for children and pregnant women, promoting breastfeeding, increasing parent-completed developmental screenings, reducing fetoinfant mortality and preventing child fatalities; and providing technical assistance and instruction in cancer reporting methods.

HHS public health and prevention specialists have, on average, 11 years of state service, with an average age of 46 years. Forty-five percent of these employees have 10 or more years of state service.<sup>327</sup>

While overall turnover for public health and prevention specialists at 19 percent is slightly below the state average rate of 20 percent, certain areas within HHS are experiencing significantly higher turnover rates, including Public Health Region 9/10 in the El Paso area (at 28 percent), the Public Health Region 8 in the San Antonio area (at 28 percent), and Public Health Region 4/5 in the Tyler area (at 23 percent).<sup>328 329</sup>

In addition, HHS finds it difficult to fill these vacant public health and prevention specialist positions. With a high vacancy rate for these positions (at approximately 15 percent), these positions often remain open for more than four months before being filled.<sup>330</sup>

Retention is expected to remain an issue as these employees approach retirement. Nineteen percent of public health and prevention specialists are currently eligible to retire, and about 33 percent will be eligible to retire in the next five years.<sup>331</sup>

## **Medical Technicians**

Within HHS, there are 24 medical technicians.<sup>332</sup> These workers assist nursing staff with age appropriate patient care, which includes providing patients personal hygiene; making beds and assisting with preparation of unit's and patient's rooms for receiving new patients; taking vital signs; obtaining specimens; cleaning patient care equipment; and transporting patients to and from various departments.

Over half of these medical technicians are employed at the Texas Center of Infectious Disease (TCID), with the remaining technicians employed at HHS state hospitals and state supported living centers across Texas.

System medical technicians have, on average, about 11 years of state service, with an average age of 50 years. About 33 percent of these employees have 10 or more years of state service.<sup>333</sup>

The turnover rate for all System medical technicians is currently well managed at nine percent. This rate is higher for entry-level Medical Technician Is at TCID (at 14 percent).<sup>334</sup>

The vacancy rate for System medical technicians is currently low at about four percent, though vacant positions often remain unfilled for about a year.<sup>335</sup>

HHS medical technicians earn an average annual salary of \$28,064.<sup>336</sup> The State Auditor's Office 2018 market index analysis found the average state salary for medical technicians ranged from five to 10 percent behind the market rate.<sup>337</sup> This disparity may be affecting HHS' ability to recruit qualified applicants for open positions.

About 17 percent of these employees are currently eligible to retire, with nearly 30 of these employees eligible in the next five years. HHS will need to develop creative recruitment strategies to replace these employees, and to ensure a qualified applicant pool is available to select from as vacancies occur.<sup>338</sup>

## **Laboratory Staff**

HHS operates a state-of-the-art state laboratory in Austin and two regional laboratories, one in San Antonio and the other in Harlingen. The Austin State Hospital provides laboratory services for the other HHS state hospitals and state supported living centers.

While laboratory staff is made up of a number of highly skilled employees, there are four job groups that are essential to laboratory operations: chemists, microbiologists, laboratory technicians and medical technologists.

### **Chemists**

There are 56 chemists employed in the HHS Division for Laboratory and Infectious Disease Services, all located in Austin.<sup>339</sup>

The typical System chemist is about 47 years old and has an average of about 13 years of state service. Nearly half of the employees have 10 years or more of state service.<sup>340</sup>

The overall turnover rate for System chemists is high, at 24 percent annually, which is above the state average turnover rate of 20 percent.<sup>341 342</sup>

Vacant System chemist positions often go unfilled for many months due to a shortage of qualified applicants available for work.<sup>343</sup> These vacancy problems are expected to worsen as employees approach retirement. Nearly 21 percent of these tenured and highly skilled employees are currently eligible to retire.<sup>344</sup>

Low pay is a factor in the inability to attract qualified chemist applicants. System chemists earn an average annual salary of about \$47,652.<sup>345</sup> The State Auditor's Office 2018 market index analysis found the average state salary for chemists ranged from five to 11 percent behind the market rate.<sup>346</sup> The average annual salary for chemists nationally is \$84,150 and \$89,520 in Texas.<sup>347</sup>

### **Microbiologists**

There are 138 microbiologists working for HHS, with the majority at the Austin laboratory.<sup>348 349</sup>

System microbiologists have, on average, about 10 years of state service, with an average age of about 40 years.<sup>350</sup>

The turnover rate for all System microbiologists is below the state average rate of 20 percent at about nine percent. This rate is much higher for tenured Microbiologist Vs (at 20 percent).<sup>351 352</sup>

System microbiologists earn an average annual salary of about \$44,378.<sup>353</sup> The State Auditor's Office 2018 market index analysis found the average state salary for Microbiologist IIs was 12 percent behind the market rate and from six to eight percent behind the market rate for Molecular Biologists.<sup>354</sup> This average annual salary also falls below the national and statewide market rates for this occupation. The average annual salary for microbiologists nationally is \$82,760 and \$55,030 in Texas.<sup>355</sup> This disparity in earnings is affecting the System's ability to recruit qualified applicants for open positions. Microbiologist positions often remain unfilled for several months.<sup>356</sup>

In addition, HHS may face significant recruitment challenges in the next few years to replace these highly skilled and tenured employees who are eligible for retirement. Though only 11 percent of these employees are currently eligible to retire, this rate will increase in the next five years to about 20 percent.<sup>357</sup>

## **Laboratory Technicians**

There are 42 laboratory technicians employed at HHS.<sup>358</sup>

The typical laboratory technician is about 43 years old and has an average of 11 years of state service.<sup>359</sup>

The turnover rate for System laboratory technicians is very high, at about 32 percent.<sup>360</sup>

The vacancy rate for System laboratory technicians is currently high at about 19 percent (seven percent higher than reported in FY 2017), with vacant positions often going unfilled for many months due to a shortage of qualified applicants available for work.<sup>361</sup>

Low pay is a factor in the inability to attract qualified laboratory technician applicants. HHS laboratory technicians earn an average annual salary of about \$31,478.<sup>362</sup> The average annual salary for medical and clinical laboratory technicians nationally is \$54,780 and \$52,720 in Texas.<sup>363</sup> The State Auditor's Office 2018 market index analysis found the average state salary for Laboratory Technician Is to IVs ranged from three to 16 percent behind the market rate.<sup>364</sup>

These problems are expected to worsen as employees approach retirement. About 29 percent of these tenured and highly skilled employees will be eligible to retire in the next five years.<sup>365</sup>

## **Medical Technologists**

Within HHS, there are 66 medical technologists.<sup>366</sup> These workers perform complex clinical laboratory work and are critical to providing efficient and quality healthcare.

System medical technologists have, on average, about 10 years of state service, with an average age of 42 years. About 39 percent of these employees have 10 or more years of state service.<sup>367</sup>

The turnover rate for all System medical technologists is currently high at 21 percent.<sup>368 369</sup>

The vacancy rate for System medical technologists is currently high at about 12 percent, with vacant positions often going unfilled for many months due to a shortage of qualified applicants available for work.<sup>370</sup>

HHS medical technologists earn an average annual salary of \$43,033.<sup>371</sup> The State Auditor's Office 2018 market index analysis found the average state salary for medical technologists ranged from six to 13 percent behind the market rate.<sup>372</sup> This disparity is affecting HHS' ability to recruit qualified applicants for open positions.

Though only nine percent of these employees are currently eligible to retire, over 20 percent of these employees will be eligible in the next five years.<sup>373</sup> HHS will need to develop creative recruitment strategies to replace these highly skilled and tenured employees, and to ensure a qualified applicant pool is available to select from as vacancies occur.

## 9. Development Strategies to Meet Workforce Needs

### Recruitment Strategies

#### General Facility Strategies

- Re-brand the public image of the facilities through various means to dispel preconceived notions of our systems.
- Conduct new market rate analysis of psychiatric nursing assistant (PNA), direct support professional (DSP), licensed vocational nurse (LVN) and registered nurse (RN) salaries in order to track private industry standards and competition.
- Expand internships and residency programs offered at the facilities.
- Development of Academic Assignment and Dual Employment agreements with universities to attract licensed professional staff.
- Expand telemedicine for primary care and psychiatry to allow for greater access to physicians, particularly for rural facilities.
- Survey new staff in orientation to refine best recruitment tactics for specific areas.
- Improve coordination of employment-related advertising, job postings and recruitment events across the facilities.

#### State Supported Living Center Strategies

- Continue to advertise employment opportunities using a variety of media sources, including social media, print advertising in local and regional newspapers, billboards, and local radio and television commercials.
- Continue to post jobs on various employment and professional websites.
- Continue to participate in major job fairs, and in some cases host on-campus job fairs.
- Continue to inform applicants of available incentives such as payment of licensure fees, required training, and continued education costs for eligible positions.
- Explore additional contracting opportunities with universities for telemedicine to reduce dependency on contract clinicians.
- Continue recruitment efforts through established nursing programs to focus on graduating classes.
- Consider hiring J-1 Visa Waiver applicants. The J-1 Visa Waiver allows a foreign student who is subject to the two-year foreign residence requirement to remain in the U.S. upon completion of degree requirements/residency program, if they find an employer to sponsor them. The J-1 Visa Waiver applies to specialty occupations in which there is a shortage. The J-1 Waiver could be used to recruit physicians, psychiatrists, dentists, psychologists, nurse practitioners, registered therapists, and others for a minimum of three years.

- Use of a telepsychiatry job description in postings at various SSLCs to allow Psychiatrists to work from anywhere in the state.

### **State Hospital Strategies**

- Continue using internet-based job postings, billboards, job fairs, professional newsletters, list serves and recruitment firms.
- Work with nurse practitioner educational programs to develop, fund and promote specialty psychiatric nurse tracks with rotations in state hospitals.
- Continue focus on targeted recruiting and advertising efforts in states in the United States and Canada that are members of the reciprocity agreement for psychologists, which provides immediate licensure if requirements are met.
- Continue negotiations with academic social work programs to broaden hospital exposure among social work students.
- Continue partnership with Midwestern State University to allow nursing staff at North Texas State Hospital to also be faculty of the university nursing program and develop forensic concentration for nurses who wish to specialize in this area of nursing.
- Continue with expansion of telemedicine at North Texas State Hospital – Vernon and Wichita Falls campuses, in partnership with University of Texas Health – Houston, which may reduce dependency on contracted providers and enhance the quality of the service delivery.
- Fund stipends for residency positions and promote the educational loan repayment program for eligible psychiatrists and physicians.
- Continue nursing compensation plans for eligible PNAs and nurses to award merits at a regular and predictable interval.

### **Public Health Strategies**

- Aggressive marketing through national public health programs for nurses.
- Continue advertising job postings on public health schools and professional listings, and various employment and professional websites.
- Increase networking with professional and other associations to target recruitment efforts.
- Solidify a “pipeline” from academia to the agency for students to learn about the work of the agency and gain experience, skills and qualifications through internships.
- Increase the number of interns performing programmatic work to help introduce public health work as a career choice to college students.
- Establish a base salary entry point that encourages qualified applicants to apply, along with a protocol to increase compensation that is tied to ongoing training and subject matter expertise.
- Promote the benefits of state employment, including job stability, insurance, career advancement ladder and opportunities, and the retirement pension plan.
- Continue to inform appropriate applicants of available incentives (e.g., teleworking, compressed/flex schedules, and professional development and continuing education opportunities).

- Explore the feasibility of creating defined career paths.
- Continue to explore improvement of starting salary structures to more closely align with federal and private employers.
- Ensure job candidates have a realistic understanding of the applied for positions.
- Encourage staff to apply for internal promotion opportunities.
- Continue to submit salary exception requests for approval of salary offers when warranted.
- Establish a salary entry point for Health Physicists and Sanitarians that encourages qualified applicants to apply, along with a protocol to increase compensation that is tied to ongoing training and subject matter expertise.

## Other Targeted Strategies

- Inspectors:
  - Recommend creation of the Meat Science Officer classification to more closely match the skill requirements of the job and provide competitive entry-level salaries.
- Epidemiologists:
  - Regular and ongoing dialogues and presence with the respective universities in the state and surrounding areas; host on campus recruitment fairs at the universities.
- Medical and Social Services Occupations:
  - Utilize updated web content, social media strategies, community outreach, and media sources to advertise employment opportunities.
  - Advertise job postings on public health schools and professional listings and various employment and professional websites.
  - Increase networking with professional and other associations to target recruitment efforts.
  - Participate in major job fairs and, in some cases, host on-campus job fairs.
  - Recruit interns to perform programmatic work to introduce a job with HHSC as a career choice to college students.
  - Survey new staff in orientation to refine best recruitment tactics for specific areas.
  - Establish a base salary entry point that encourages qualified applicants to apply, along with a protocol to increase compensation that is tied to ongoing training and subject matter expertise.
  - Promote the benefits of state employment, including job stability, insurance, career advancement ladder and opportunities, and the retirement pension plan.
  - Advertise the Public Service Loan Forgiveness (PSLF) program to potential applicants and that HHSC is a qualifying employer and provide information regarding PSLF program requirements to new employees.
  - Inform appropriate applicants of available incentives (e.g. teleworking, compressed/flex schedules).
- Social Service Surveyors and Facility Investigator Specialists:

- Develop an external SharePoint site for potential applicant.
- Increase utilization of hiring specialist to review applicants.
- Nurse Surveyors:
  - Explore a classification parity study among nurse surveyor positions to determine whether changes are needed to maintain a current and competitive structure which accurately reflects responsibilities and salary ranges that are equitable and competitive with the market.
  - Develop an external SharePoint site for potential applicants.
  - Increase utilization of hiring specialist to review applicants.
- Continue to utilize the HHS talent acquisition office and its full range of services, including assistance with job postings and recruitment and hiring activities.

## **Retention Strategies**

### **General Facility Strategies**

- Conduct new market rate analysis of psychiatric nursing assistant, direct support professional, licensed vocational nurse, and registered nurse salaries in order to track private industry standards and competition.
- Continue promotion of the physician loan repayment program.

### **State Supported Living Center Strategies**

- Continue paying licensure fees and required training and continuing education costs for employees whose position require them to maintain professional licensure.
- Creation of Retention Specialist positions at SSLCs to focus on consistent training and strategies to retain staff at all levels, with a focus on DSP positions.

### **State Hospital Strategies**

- Continue adjusting and approving nursing compensation plans every two years.
- Continue nursing compensation plans at the state hospitals to provide merits for psychiatric nursing assistants and nurses at a regular and predictable intervals.
- Continue to explore retention strategies to pilot for the food service workers.
- Develop an as needed staffing pool at certain state hospitals to reduce the need for overtime, and the Intensive Observation Units are also being developed at certain state hospitals to reduce the need for 1:1 staffing for high risk individuals.

### **Public Health Strategies**

- Gradual use of Exceptional Items and merits to build salaries conducive to retention.
- Liberal use of educational leave for advance education programs that are supportive of the Department of State Health Services' mission.

- Continue support for conference and educational symposium travel opportunities for employees.
- Continue to offer professional development and training opportunities.
- Explore opportunities to mentor professional staff.
- Explore engaging staff in the full spectrum of cross-program activities.
- Continue to provide required training and expand opportunities for cross-training.
- Encourage the use of HHS System tuition reimbursement program.
- Establish and advertise “career paths” and other opportunities for individual advancement.
- Ensure staff have opportunities to design and conduct public health data analyses.
- Ensure staff have development plans that encourage the enhancement of data skills.
- Ensure staff have opportunities to design and conduct public health data analyses.
- Explore opportunities for flexible work schedules, telework, mobile work, and alternative offices.
- Continue to recognize and reward employees who make significant contributions.
- Encourage the use of team building and staff recognition activities.
- Continue to have programmatic and division-level all staff meetings on a regular basis to provide an opportunity for staff at all levels to have their concerns addressed and to share appropriate levels of information.
- Explore feasibility of increased funding for positions and opportunities for advancement and/or regular increases in salary.
- Consider feasibility of providing shift pay for laboratory staff who are required to work Saturdays.
- Consider feasibility of increasing the pay for technical staff positions to better compete with private sector salaries.
- Continue to ensure the workplace reflects continuous upgrades and improvements, especially in the areas of Information Technology and communication technologies.
- Establish a system of regular job audit reviews for Health Physicists and Sanitarians to ensure that responsibilities are accurately reflected in the job classification assigned.
- Work with CNA programs to develop and promote Certified Nursing Assistant (Medical Technicians) tracks with rotations.

### **Other Targeted Strategies**

- Architects:
  - Create certification tracks.
- Child Care Licensing (CCL) and Residential Child Care Licensing Services (RCCL) Specialists:
  - Add additional career track level(s) to bring positions in line with similar System positions.

- ▶ Continue locality pay for positions in certain geographical areas.
- Epidemiologists:
  - ▶ Consider feasibility of offering an increased number of recurring merit awards to eligible employees.
- License and Permit Specialists:
  - ▶ Create certification tracks.
- Medical and Social Service Occupations:
  - ▶ Encourage staff to apply for internal promotion opportunities.
  - ▶ Explore opportunities for flexible work schedules, telework, mobile work, and alternative officing.
  - ▶ Develop a management forum and other tools to assist individuals with the technical skills transition and be successful in positions that require both technical and management skills.
  - ▶ Continue to offer professional development and training opportunities.
  - ▶ Explore opportunities to mentor professional staff.
  - ▶ Explore engaging staff in the full spectrum of cross-program activities.
  - ▶ Continue to provide required training and expand opportunities for cross-training.
  - ▶ Establish and advertise “career paths” and other opportunities for individual advancement.
  - ▶ Continue to recognize and reward employees who make significant contributions.
  - ▶ Encourage the use of team building and staff-recognition and staff-appreciation activities.
  - ▶ Continue to have programmatic and division-level all staff meetings on a regular basis to provide an opportunity for staff at all levels to have their concerns addressed and to share appropriate levels of information.
  - ▶ Explore feasibility of increased funding for positions and opportunities for advancement and/or regular increases in salary.
- Nurse Surveyors:
  - ▶ Continue locality pay for positions in certain geographical areas.
  - ▶ Explore a classification parity study among nurse surveyor positions to determine whether changes are needed to maintain a current and competitive structure which accurately reflects responsibilities and salary ranges that are equitable and competitive with the market.
- Protective Service Intake Specialists:
  - ▶ Create certification tracks.
- Provider Investigators:
  - ▶ Continue locality pay for positions in certain geographic areas.
- Quality Assurance Specialists:
  - ▶ Create certification tracks.
- Safety Officer IIs:
  - ▶ Create certification tracks.
- Social Services Surveyors and Facility Investigator Specialists:
  - ▶ Explore a classification parity study to determine whether changes are needed to maintain a current and competitive structure which accurately

reflects responsibilities and salary ranges that are equitable and competitive with the market.

In addition to the recruitment and retention strategies described above, HHS, in accordance with its inaugural business plan, Blueprint for a Healthy Texas is working towards certain initiatives and goals aimed to ensure the delivery of high-quality services to Texans. Initiative nine in the business plan focuses on improving systemwide recruitment and retention. To implement this initiative, HHS will perform activities such as, but not limited to those listed below:

- Continue to utilize the HHS talent acquisition office for a full range of services, including assistance with job postings and recruitment and hiring activities.
- Align job postings, descriptions and hiring materials for critical positions to accurately explain the expectations, responsibilities and work environment, which will help prospective employees better understand their roles.
- Develop strategic plans for hard-to-fill and retain positions.
- Deploy recruitment teams to job fairs and local events to promote HHS employment opportunities.
- Create career pathways to encourage team members to advance.

## References

- <sup>1</sup> HHSAS Database, as of 8/31/17.
- <sup>2</sup> HHSAS Database, as of 8/31/18.
- <sup>3</sup> HHSAS Database, as of 8/31/19.
- <sup>4</sup> Ibid.
- <sup>5</sup> Direct care workers include direct support professionals and psychiatric nursing assistants.
- <sup>6</sup> Eligibility workers includes Texas works advisors, hospital-based workers and medical eligibility specialists within Access and Eligibility Services (AES).
- <sup>7</sup> RNs include public health nurses, nurse surveyors, and direct care nurses.
- <sup>8</sup> Food service workers include food service workers, managers and cooks.
- <sup>9</sup> HHSAS Database, as of 8/31/19.
- <sup>10</sup> HHSAS Database, as of 8/31/17.
- <sup>11</sup> HHSAS Database, as of 8/31/18.
- <sup>12</sup> HHSAS Database, as of 8/31/19.
- <sup>13</sup> Ibid.
- <sup>14</sup> HHSAS Database, as of 8/31/17.
- <sup>15</sup> HHSAS Database, as of 8/31/18.
- <sup>16</sup> HHSAS Database, as of 8/31/19.
- <sup>17</sup> Ibid.
- <sup>18</sup> Ibid.
- <sup>19</sup> HHSAS Database, as of 8/31/17.
- <sup>20</sup> HHSAS Database, as of 8/31/18.
- <sup>21</sup> HHSAS Database, as of 8/31/19.
- <sup>22</sup> Totals may not equal 100% due to rounding.
- <sup>23</sup> HHS System workforce data is from CAPPS-HCM Database as of 8/31/2019.
- <sup>24</sup> CLF data for underutilization percentages comes from the "Equal Employment Opportunity and Minority Hiring Practices Report Fiscal Years 2017-2018," published by the Texas Workforce Commission (TWC). Note: CLF data from TWC did not include Para-Professionals as a job category and did not indicate if members of that category were counted as part of any other categories - as a result, it is not included in the above table.
- <sup>25</sup> "N/A" for Protective Service is due to that workforce being integrated into HHSC as part of Transformation. "N/A" for Skilled Craft indicates the number of employees in that job category was too small (less than 30) to test any differences for statistical significance.
- <sup>26</sup> HHSAS Database, as of 8/31/19. Number of veterans based on self-reporting.
- <sup>27</sup> Ibid.
- <sup>28</sup> HHSAS Database, as of 8/31/19.
- <sup>29</sup> Totals may not equal 100% due to rounding.
- <sup>30</sup> HHSAS Database, as of 8/31/17.
- <sup>31</sup> HHSAS Database, as of 8/31/18.
- <sup>32</sup> HHSAS Database, as of 8/31/19.
- <sup>33</sup> Ibid.
- <sup>34</sup> Ibid.
- <sup>35</sup> Ibid.
- <sup>36</sup> Ibid.
- <sup>37</sup> HHS turnover calculations do not consider interagency transfers due to legislatively mandated transfers as separations. All other interagency transfers were counted as separations, since these separations significantly impact HHS agencies.
- <sup>38</sup> State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," October 2018, Report No. 19-702, web page <http://www.sao.texas.gov/reports/main/19-702.pdf>, last accessed 4/19/20. Note: The State Auditor's Office does not consider transfers between state agencies as a loss to the state and therefore does not include this turnover in their calculations.
- <sup>39</sup> HHSAS Database for FY 2017-2019. Note: Legislative transfers are not considered separations.

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- <sup>40</sup> HHSAS Database for FY 2019. Note: Legislative transfers are not considered separations.
- <sup>41</sup> Ibid.
- <sup>42</sup> Death accounted for .59% of separations.
- <sup>43</sup> HHSAS Database for FY 2019.
- <sup>44</sup> Ibid.
- <sup>45</sup> Death accounted for .59% of separations (69 separations).
- <sup>46</sup> Direct care workers include direct support professionals and psychiatric nursing assistants.
- <sup>47</sup> Food service workers include food service workers, managers and cooks.
- <sup>48</sup> HHSAS Database for FY 2019.
- <sup>49</sup> HHSAS Database for FY 2019. Note: Legislative transfers are not considered separations.
- <sup>50</sup> Direct care workers include direct support professionals and psychiatric nursing assistants.
- <sup>51</sup> Food service workers include food service workers, managers and cooks.
- <sup>52</sup> Psychologists include behavioral health specialists and behavioral analysts.
- <sup>53</sup> Eligibility workers includes Texas works advisors, hospital-based workers and medical eligibility specialists within Access and Eligibility Services (AES).
- <sup>54</sup> CCL and RCCL specialists include CCL inspectors and specialists and RCCL inspectors and investigators.
- <sup>55</sup> RNs include public health nurses, nurse surveyors, and direct care nurses.
- <sup>56</sup> Eligibility clerks includes clerical, administrative assistant and customer service representative positions within AES.
- <sup>57</sup> Nurse practitioners include nurse practitioners at state supported living centers and state hospitals.
- <sup>58</sup> Registered therapists include registered therapists at state supported living centers.
- <sup>59</sup> Microbiologists include molecular biologists.
- <sup>60</sup> Includes return-to-work-retirees. HHSAS Database.
- <sup>61</sup> Federal Reserve Bank of Dallas, "Texas Economic Outlook," webpage: <https://www.dallasfed.org/news/releases/2020/nr200131teo.aspx>, last accessed on 4/30/20.
- <sup>62</sup> Federal Reserve Bank of Dallas, "Texas Economic Outlook," webpage: <https://www.dallasfed.org/research/forecast> last accessed on 4/30/20.
- <sup>63</sup> "Annual Update of the HHS Poverty Guidelines," Federal Register (80 FR 3236), webpage: <https://www.federalregister.gov/documents/2019/02/01/2019-00621/annual-update-of-the-hhs-poverty-guidelines>, last accessed on 4/30/20. Note: Guidelines apply to the 48 Contiguous States and D.C.
- <sup>64</sup> U.S. Census Bureau: State and County Quickfacts, webpage <https://www.census.gov/quickfacts/fact/table/TX,US/PST045219>, last accessed on 4/25/20.
- <sup>65</sup> Bureau of Labor Statistics, seasonally adjusted unemployment rate, web page [https://data.bls.gov/timeseries/LASST480000000000003?amp%253bdata\\_tool=XGtable&output\\_view=data&include\\_graphs=true](https://data.bls.gov/timeseries/LASST480000000000003?amp%253bdata_tool=XGtable&output_view=data&include_graphs=true), last accessed on 4/25/20.
- <sup>66</sup> Texas Demographic Center, "2018 Estimated Population of Texas, Its Counties, and Places," Office of the State Demographer, December 2019, web page: [https://demographics.texas.gov/Resources/publications/2019/20191205\\_PopEstimatesBrief.pdf](https://demographics.texas.gov/Resources/publications/2019/20191205_PopEstimatesBrief.pdf), last accessed on 4/28/20.
- <sup>67</sup> The Kaiser Family Foundation, State Health Facts: Population Distribution by Age, based on U.S. Census Bureau's American Community Survey, 2008-2018, web page <http://kff.org/other/state-indicator/distribution-by-age/>, last accessed on 4/28/20. Note: Percentage totals may not equal 100 percent due to rounding.
- <sup>68</sup> Lloyd B. Potter and Nazrul Hoque, "Texas Population Projections, 2010 to 2050," Office of the State Demographer, November 2014, web page [http://osd.texas.gov/Resources/Publications/2014/2014-11\\_ProjectionBrief.pdf](http://osd.texas.gov/Resources/Publications/2014/2014-11_ProjectionBrief.pdf), last accessed on 4/28/20.
- <sup>69</sup> HHSAS Database, as of 8/31/19.
- <sup>70</sup> HHSAS Database, FY 2019 data.
- <sup>71</sup> HHSAS Database, as of 8/31/19.
- <sup>72</sup> Ibid.
- <sup>73</sup> HHSAS Database, FY 2019 data.
- <sup>74</sup> HHSAS Database, as of 8/31/19.
- <sup>75</sup> State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," October 2018, Report No. 19-702, web page <http://www.sao.texas.gov/reports/main/19-702.pdf>, last accessed 4/27/20.

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- <sup>76</sup> HHSAS Database, as of 8/31/19.
- <sup>77</sup> Ibid.
- <sup>78</sup> State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," October 2018, Report No. 19-702, web page <http://www.sao.texas.gov/reports/main/19-702.pdf>, last accessed 4/27/20.
- <sup>79</sup> HHSAS Database, as of 8/31/19.
- <sup>80</sup> HHSAS Database, FY 2019 data.
- <sup>81</sup> HHSAS Database, as of 8/31/19.
- <sup>82</sup> HHSAS Database, as of 8/31/19. Note: Food service workers include food service workers, managers and cooks.
- <sup>83</sup> Ibid.
- <sup>84</sup> HHSAS Database, FY 2019 data.
- <sup>85</sup> State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," October 2020, Report No. 19-702, web page <http://www.sao.texas.gov/reports/main/19-702.pdf>, last accessed 4/19/18.
- <sup>86</sup> HHSAS Database, as of 8/31/19.
- <sup>87</sup> Ibid.
- <sup>88</sup> HHSAS Database, FY 2019 data.
- <sup>89</sup> HHSAS Database, as of 8/31/19.
- <sup>90</sup> Ibid.
- <sup>91</sup> HHSAS Database, FY 2019 data.
- <sup>92</sup> HHSAS Database, as of 8/31/19.
- <sup>93</sup> Ibid.
- <sup>94</sup> HHSAS Database, FY 2019 data.
- <sup>95</sup> HHSAS Database, as of 8/31/19.
- <sup>96</sup> Ibid.
- <sup>97</sup> HHSAS Database, FY 2019 data.
- <sup>98</sup> State Auditor's Office (SAO) FY 2019 Turnover Statistics.
- <sup>99</sup> HHSAS Database, as of 8/31/19.
- <sup>100</sup> HHSAS Database, FY 2019 data.
- <sup>101</sup> HHSAS Database, as of 8/31/19.
- <sup>102</sup> Ibid.
- <sup>103</sup> HHSAS Database, FY 2019 data.
- <sup>104</sup> HHSAS Database, as of 8/31/19.
- <sup>105</sup> State Auditor's Office (SAO) FY 2019 Turnover Statistics.
- <sup>106</sup> HHSAS Database, FY 2019 data.
- <sup>107</sup> HHSAS Database, as of 8/31/19.
- <sup>108</sup> HHSAS Database, FY 2019 data.
- <sup>109</sup> HHSAS Database, FY 2017 data.
- <sup>110</sup> HHSAS Database, FY 2019 data.
- <sup>111</sup> HHSAS Database, as of 8/31/19.
- <sup>112</sup> Ibid.
- <sup>113</sup> HHSAS Database, FY 2019 data.
- <sup>114</sup> HHSAS Database, FY 2017 data.
- <sup>115</sup> Includes return-to-work retirees. HHSAS Database, as of 8/31/19.
- <sup>116</sup> CCL and RCCL specialists include CCL inspectors and specialists and RCCL inspectors and investigators.
- <sup>117</sup> HHSAS Database, as of 8/31/19.
- <sup>118</sup> Ibid.
- <sup>119</sup> HHSAS Database, FY 2019 data.
- <sup>120</sup> HHSAS Database, as of 8/31/19.
- <sup>121</sup> Ibid.
- <sup>122</sup> Ibid.
- <sup>123</sup> HHSAS Database, FY 2019 data.
- <sup>124</sup> State Auditor's Office (SAO) FY 2019 Turnover Statistics.
- <sup>125</sup> HHSAS Database, as of 8/31/19.
- <sup>126</sup> Includes return-to-work retirees. HHSAS Database, as of 8/31/19.

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<sup>127</sup> HHSAS Database, as of 8/31/19.  
<sup>128</sup> Ibid.  
<sup>129</sup> HHSAS Database, FY 2019 data.  
<sup>130</sup> Includes return-to-work retirees. HHSAS Database, as of 8/31/19.  
<sup>131</sup> HHSAS Database, as of 8/31/19.  
<sup>132</sup> Ibid.  
<sup>133</sup> HHSAS Database, FY 2019 data.  
<sup>134</sup> State Auditor's Office (SAO) FY 2019 Turnover Statistics.  
<sup>135</sup> HHSAS Database, as of 8/31/19.  
<sup>136</sup> Protective services intake specialists include Protective Services Intake Specialist Vs.  
<sup>137</sup> HHSAS Database, as of 8/31/19.  
<sup>138</sup> HHSAS Database, FY 2019 data.  
<sup>139</sup> State Auditor's Office (SAO) FY 2019 Turnover Statistics.  
<sup>140</sup> HHSAS Database, as of 8/31/19.  
<sup>141</sup> Ibid.  
<sup>142</sup> Ibid.  
<sup>143</sup> Ibid.  
<sup>144</sup> State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," October 2018, Report No. 19-702, web page <http://www.sao.texas.gov/reports/main/19-702.pdf>, last accessed 4/27/20.  
<sup>145</sup> HHSAS Database, FY 2019 data.  
<sup>146</sup> HHSAS Database, as of 8/31/19.  
<sup>147</sup> Includes return-to-work retirees. HHSAS Database, as of 8/31/19.  
<sup>148</sup> HHSAS Database, as of 8/31/19.  
<sup>149</sup> Ibid.  
<sup>150</sup> HHSAS Database, FY 2019 data.  
<sup>151</sup> HHSAS Database, as of 8/31/19.  
<sup>152</sup> Ibid.  
<sup>153</sup> State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," October 2018, Report No. 19-702, web page <http://www.sao.texas.gov/reports/main/19-702.pdf>, last accessed 4/20/20.  
<sup>154</sup> HHSAS Database, as of 8/31/19.  
<sup>155</sup> Ibid.  
<sup>156</sup> Ibid.  
<sup>157</sup> HHSAS Database, FY 2019 data.  
<sup>158</sup> Ibid.  
<sup>159</sup> State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," October 2018, Report No. 19-702, web page <http://www.sao.texas.gov/reports/main/19-702.pdf>, last accessed 4/20/20.  
<sup>160</sup> HHSAS Database, as of 8/31/19.  
<sup>161</sup> HHSAS Database, FY 2019 data.  
<sup>162</sup> HHSAS Database, as of 8/31/19.  
<sup>163</sup> U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page <https://www.bls.gov/oes/current/oes211022.htm>, Period: May 2019; last accessed on 4/27/20. Employees listed under the occupational title of Healthcare Social Workers.  
<sup>164</sup> State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," October 2018, Report No. 17-702, web page <http://www.sao.texas.gov/reports/main/19-702.pdf>, last accessed 4/27/20.  
<sup>165</sup> Includes return-to-work retirees. HHSAS Database, as of 8/31/19.  
<sup>166</sup> HHSAS Database, as of 8/31/19.  
<sup>167</sup> Ibid.  
<sup>168</sup> State Auditor's Office (SAO) FY 2017 Turnover Statistics.  
<sup>169</sup> HHSAS Database, FY 2019 data.  
<sup>170</sup> HHSAS Database, as of 8/31/19.  
<sup>171</sup> Ibid.  
<sup>172</sup> HHSAS Database, FY 2019 data.  
<sup>173</sup> HHSAS Database, as of 8/31/19.

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- 174 Ibid.
- 175 HHSAS Database, FY 2019 data.
- 176 Includes return-to-work retirees. HHSAS Database, FY 2019 data.
- 177 HHSAS Database, as of 8/31/19.
- 178 Ibid.
- 179 State Auditor's Office (SAO) FY 2019 Turnover Statistics.
- 180 HHSAS Database, FY 2019 data.
- 181 Includes return-to-work retirees. HHSAS Database, as of 8/31/19.
- 182 U.S. Department of Labor, Bureau of Labor Statistics, Occupational Outlook Handbook, web page <https://www.bls.gov/ooh/healthcare/registered-nurses.htm>, last accessed on 4/25/20.
- 183 U.S. Department of Labor, Bureau of Labor Statistics, Selected Occupational Projections Data. Period: May 2019; web page [http://www.bls.gov/emp/ep\\_table\\_110.htm](http://www.bls.gov/emp/ep_table_110.htm), last accessed on 4/25/20.
- 184 HHSAS Database, as of 8/31/19.
- 185 RNs include public health nurses.
- 186 HHSAS Database, as of 8/31/19.
- 187 U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page <https://www.bls.gov/oes/current/oes291141.htm>, Period: May 2019; last accessed on 4/25/20. Employees listed under the occupational title of Registered Nurses.
- 188 Ibid.
- 189 State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," October 2018, Report No. 19-702, web page <http://www.sao.texas.gov/Reports/Main/19-702.pdf>, last accessed 4/25/20.
- 190 HHSAS Database, as of 8/31/19.
- 191 Ibid.
- 192 Ibid.
- 193 HHSAS Database, FY 2019 data.
- 194 HHSAS Database, as of 8/31/19.
- 195 Ibid.
- 196 HHSAS Database, FY 2019 data.
- 197 HHSAS Database, as of 8/31/19.
- 198 HHSAS Database, as of 8/31/19.
- 199 Includes RN II - Vs in public health roles and public health nurses. Note: Public health nurses are also registered nurses.
- 200 HHSAS Database, as of 8/31/19.
- 201 HHSAS Database, FY 2019 data.
- 202 HHSAS Database, as of 8/31/19.
- 203 Ibid.
- 204 Ibid.
- 205 HHSAS Database, FY 2019 data.
- 206 HHSAS Database, as of 8/31/19.
- 207 Includes Licensed Vocational Nurse II - IV.
- 208 HHSAS Database, as of 8/31/19.
- 209 HHSAS Database, FY 2019 data.
- 210 HHSAS Database, as of 8/31/19.
- 211 U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page <https://www.bls.gov/oes/current/oes292061.htm>, Period: May 2019; last accessed on 4/27/20. Employees listed under the occupational title of Licensed Practical and Licensed Vocational Nurses.
- 212 State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," October 2018, Report No. 17-701, web page <http://www.sao.texas.gov/reports/main/19-702.pdf>, last accessed 4/27/20.
- 213 HHSAS Database, as of 8/31/19.
- 214 HHSAS Database, FY 2019 data.
- 215 HHSAS Database, as of 8/31/19.
- 216 Ibid.
- 217 Ibid.
- 218 HHSAS Database, FY 2019 data.

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HHSAS Database, as of 8/31/19.

<sup>220</sup> HHSAS Database, FY 2019 data.

<sup>221</sup> U.S. Bureau of Labor Statistics, Occupational Outlook Handbook, website <https://www.bls.gov/ooh/healthcare/licensed-practical-and-licensed-vocational-nurses.htm#tab-6>.

<sup>222</sup> Advanced Practice RN Is.

<sup>223</sup> HHSAS Database, FY 2019 data.

<sup>224</sup> Ibid.

<sup>225</sup> Ibid.

<sup>226</sup> State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," October 2018, Report No. 19-702, web page <http://www.sao.texas.gov/Reports/Main/19-702.pdf>, last accessed 4/26/20. Note: For Advanced Practice Registered Nurse Is.

<sup>227</sup> HHSAS Database, FY 2019 data.

<sup>228</sup> HHSAS Database, as of 8/31/19.

<sup>229</sup> Includes return-to-work retirees. HHSAS Database, as of 8/31/19.

<sup>230</sup> HHSAS Database, as of 8/31/19.

<sup>231</sup> Ibid.

<sup>232</sup> HHSAS Database, FY 2019 data.

<sup>233</sup> HHSAS Database, as of 8/31/19.

<sup>234</sup> Ibid.

<sup>235</sup> HHSAS Database, FY 2019 data.

<sup>236</sup> HHSAS Database, as of 8/31/19.

<sup>237</sup> Includes return-to-work retirees. HHSAS Database, as of 8/31/19.

<sup>238</sup> U.S. Department of Labor, Bureau of Labor Statistics, Occupational Outlook Handbook, web page <http://www.bls.gov/ooh/healthcare/dentists.htm>, last accessed on 4/27/20.

<sup>239</sup> HHSAS Database, as of 8/31/19.

<sup>240</sup> Ibid.

<sup>241</sup> Ibid.

<sup>242</sup> U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page <https://www.bls.gov/oes/2019/may/oes291021.htm>, Period: May 2019; last accessed on 4/28/20. Note: The Employees are listed under the Occupational title of Dentists, General.

<sup>243</sup> HHSAS Database, FY 2019 data.

<sup>244</sup> Includes return-to-work retirees. HHSAS Database, as of 8/31/19.

<sup>245</sup> U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page <https://www.bls.gov/oes/current/oes291228.htm>, Period: May 2019; last accessed on 4/27/20. Employees listed under the occupational title of Physicians, All Other.

<sup>246</sup> U.S. Department of Labor, Bureau of Labor Statistics, Selected Occupational Projections Data, web page <http://data.bls.gov/projections/occupationProj>, Period: May 2019; last accessed on 4/27/20.

<sup>247</sup> HHSAS Database, as of 8/31/19.

<sup>248</sup> Ibid.

<sup>249</sup> Ibid.

<sup>250</sup> U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page <https://www.bls.gov/oes/current/oes291228.htm>, Period: May 2019; last accessed on 4/27/20. Employees listed under the occupational title of Physicians, All Other.

<sup>251</sup> State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," October 2018, Report No. 17-702, web page <http://www.sao.texas.gov/reports/main/19-702.pdf>, last accessed 4/27/20.

<sup>252</sup> HHSAS Database, FY 2019 data.

<sup>253</sup> HHSAS Database, as of 8/31/19.

<sup>254</sup> Includes return-to-work retirees. HHSAS Database, as of 8/31/19.

<sup>255</sup> HHSAS Database, as of 8/31/19.

<sup>256</sup> Ibid.

<sup>257</sup> HHSAS Database, FY 2019 data.

<sup>258</sup> HHSAS Database, as of 8/31/19.

<sup>259</sup> Ibid.

<sup>260</sup> Ibid.

<sup>261</sup> HHSAS Database, FY 2019 data.

<sup>262</sup> Ibid.

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- <sup>263</sup> Includes return-to-work retirees. HHSAS Database, as of 8/31/19.
- <sup>264</sup> HHSAS Database, as of 8/31/19.
- <sup>265</sup> Ibid.
- <sup>266</sup> HHSAS Database, FY 2019 data.
- <sup>267</sup> Includes return-to-work retirees. HHSAS Database, as of 8/31/19.
- <sup>268</sup> U.S. Department of Labor, Bureau of Labor Statistics, Selected Occupational Projections Data, web page <https://data.bls.gov/projections/nationalMatrix?queryParams=29-1066&ioType=o> Period: May 2018; last accessed on 4/30/20.
- <sup>269</sup> HHSAS Database, as of 8/31/19.
- <sup>270</sup> Ibid.
- <sup>271</sup> Ibid.
- <sup>272</sup> State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," October 2018, Report No. 17-702, web page <http://www.sao.texas.gov/Reports/Main/19-702.pdf>, last accessed 4/27/20.
- <sup>273</sup> HHSAS Database, FY 2019 data.
- <sup>274</sup> HHSAS Database, as of 8/31/19.
- <sup>275</sup> Includes return-to-work retirees. HHSAS Database, as of 8/31/19.
- <sup>276</sup> HHSAS Database, as of 8/31/19.
- <sup>277</sup> Ibid.
- <sup>278</sup> Ibid.
- <sup>279</sup> Ibid.
- <sup>280</sup> Ibid.
- <sup>281</sup> Ibid.
- <sup>282</sup> HHSAS Database, FY 2019 data.
- <sup>283</sup> HHSAS Database, as of 8/31/19.
- <sup>284</sup> Includes return-to-work retirees. HHSAS Database, as of 8/31/19.
- <sup>285</sup> HHSAS Database, as of 8/31/19. Note: Includes Psychologists, Behavioral Health Specialists, and Behavioral Analysts.
- <sup>286</sup> HHSAS Database, as of 8/31/19.
- <sup>287</sup> State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," October 2018, Report No. 19-702, web page <http://www.sao.texas.gov/Reports/Main/19-702.pdf>, last accessed 4/27/20.
- <sup>288</sup> HHSAS Database, FY 2019 data.
- <sup>289</sup> HHSAS Database, as of 8/31/19.
- <sup>290</sup> Ibid.
- <sup>291</sup> Ibid.
- <sup>292</sup> HHSAS Database, FY 2019 data.
- <sup>293</sup> HHSAS Database, as of 8/31/19.
- <sup>294</sup> Ibid.
- <sup>295</sup> Ibid.
- <sup>296</sup> HHSAS Database, FY 2019 data.
- <sup>297</sup> HHSAS Database, as of 8/31/19.
- <sup>298</sup> Includes return-to-work retirees. HHSAS Database, as of 8/31/19.
- <sup>299</sup> HHSAS Database, as of 8/31/19.
- <sup>300</sup> U.S. Department of Labor, Bureau of Labor Statistics, Selected Occupational Projections Data, web page <http://data.bls.gov/projections/occupationProj>, Period: May 2018; last accessed on 4/27/20
- <sup>301</sup> HHSAS Database, as of 8/31/19.
- <sup>302</sup> HHSAS Database, FY 2019 data.
- <sup>303</sup> HHSAS Database, as of 8/31/19.
- <sup>304</sup> U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page <https://www.bls.gov/oes/current/oes191041.htm#st>, Period: May 2019; last accessed on 4/27/20.
- <sup>305</sup> State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," October 2018, Report No. 19-702, web page <http://www.sao.texas.gov/Reports/Main/19-702.pdf>, last accessed 4/27/20.
- <sup>306</sup> Includes return-to-work retirees. HHSAS Database, as of 8/31/19.

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<sup>306</sup> HHSAS Database, as of 8/31/19.  
<sup>307</sup> Ibid.  
<sup>308</sup> HHSAS Database, as of 8/31/19.  
<sup>309</sup> HHSAS Database, FY 2019 data.  
<sup>310</sup> HHSAS Database, as of 8/31/19.  
<sup>311</sup> Includes return-to-work retirees. HHSAS Database, as of 8/31/19.  
<sup>312</sup> HHSAS Database, as of 8/31/19.  
<sup>313</sup> Ibid.  
<sup>314</sup> U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page <https://www.bls.gov/oes/2019/may/oes291131.htm>, Period: May 2019; last accessed on 4/27/20.  
<sup>315</sup> State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," October 2018, Report No. 19-702, web page <http://www.sao.texas.gov/Reports/Main/19-702.pdf>, last accessed 4/27/20.  
<sup>316</sup> HHSAS Database, FY 2019 data.  
<sup>317</sup> State Auditor's Office (SAO) FY 2019 Turnover Statistics.  
<sup>318</sup> Includes return-to-work retirees. HHSAS Database, as of 8/31/20.  
<sup>319</sup> HHSAS Database, as of 8/31/19.  
<sup>320</sup> Ibid.  
<sup>321</sup> Ibid.  
<sup>322</sup> U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page <https://www.bls.gov/oes/current/oes195011.htm>, Period: May 2019; last accessed on 4/27/20. Note: The Employees are listed under the Occupational title of Occupational Health and Safety Specialists.  
<sup>323</sup> HHSAS Database, FY 2019 data.  
<sup>324</sup> HHSAS Database, as of 8/31/19.  
<sup>325</sup> Includes return-to-work retirees. HHSAS Database, as of 8/31/19.  
<sup>326</sup> HHSAS Database, as of 8/31/19.  
<sup>327</sup> Ibid.  
<sup>328</sup> State Auditor's Office (SAO) FY 2019 Turnover Statistics.  
<sup>329</sup> HHSAS Database, FY 2019 data.  
<sup>330</sup> HHSAS Database, as of 8/31/19.  
<sup>331</sup> Includes return-to-work retirees. HHSAS Database, as of 8/31/19.  
<sup>332</sup> HHSAS Database, as of 8/31/19.  
<sup>333</sup> Ibid.  
<sup>334</sup> HHSAS Database, FY 2019 data.  
<sup>335</sup> HHSAS Database, as of 8/31/19.  
<sup>336</sup> Ibid.  
<sup>337</sup> State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," October 2018, Report No. 19-702, web page <http://www.sao.texas.gov/reports/main/19-702.pdf>, last accessed 4/27/20.  
<sup>338</sup> Includes return-to-work retirees. HHSAS Database, as of 8/31/19.  
<sup>339</sup> HHSAS Database, as of 8/31/19.  
<sup>340</sup> Ibid.  
<sup>341</sup> HHSAS Database, FY 2019 data.  
<sup>342</sup> State Auditor's Office (SAO) FY 2019 Turnover Statistics.  
<sup>343</sup> HHSAS Database, as of 8/31/19.  
<sup>344</sup> Includes return-to-work retirees. HHSAS Database, as of 8/31/19.  
<sup>345</sup> HHSAS Database, as of 8/31/19.  
<sup>346</sup> State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," October 2018, Report No. 19-702, web page <http://www.sao.texas.gov/reports/main/19-702.pdf>, last accessed 4/27/20.  
<sup>347</sup> U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page <https://www.bls.gov/oes/current/oes192031.htm>, Period: May 2019; last accessed on 4/27/20.  
<sup>348</sup> Microbiologists include molecular biologists.  
<sup>349</sup> HHSAS Database, as of 8/31/19.

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- <sup>350</sup> Ibid.
- <sup>351</sup> State Auditor's Office (SAO) FY 2019 Turnover Statistics.
- <sup>352</sup> HHSAS Database, FY 2019 data.
- <sup>353</sup> HHSAS Database, as of 8/31/19.
- <sup>354</sup> State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," October 2018, Report No. 19-702, web page <http://www.sao.texas.gov/reports/main/19-702.pdf>, last accessed 4/27/20.
- <sup>355</sup> U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page <https://www.bls.gov/oes/current/oes191022.htm>, Period: May 2019; last accessed on 4/27/20.
- <sup>356</sup> HHSAS Database, as of 8/31/19.
- <sup>357</sup> Includes return-to-work retirees. HHSAS Database, as of 8/31/19.
- <sup>358</sup> HHSAS Database, as of 8/31/19.
- <sup>359</sup> Ibid.
- <sup>360</sup> HHSAS Database, FY 2019 data.
- <sup>361</sup> HHSAS Database, as of 8/31/2017 and 8/31/19.
- <sup>362</sup> HHSAS Database, as of 8/31/19.
- <sup>363</sup> U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page <https://www.bls.gov/oes/2019/may/oes292010.htm>, Period: May 2019; last accessed on 4/27/20. Employees listed under the occupational title of Clinical Laboratory Technologists and Technicians.
- <sup>364</sup> State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," October 2018, Report No. 19-702, web page <http://www.sao.texas.gov/reports/main/19-702.pdf>, last accessed 4/27/20.
- <sup>365</sup> Includes return-to-work retirees. HHSAS Database, as of 8/31/19.
- <sup>366</sup> HHSAS Database, as of 8/31/19.
- <sup>367</sup> Ibid.
- <sup>368</sup> State Auditor's Office (SAO) FY 2019 Turnover Statistics.
- <sup>369</sup> HHSAS Database, FY 2019 data.
- <sup>370</sup> HHSAS Database, as of 8/31/17.
- <sup>371</sup> HHSAS Database, as of 8/31/19.
- <sup>372</sup> State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," October 2018, Report No. 19-702, web page <http://www.sao.texas.gov/reports/main/19-702.pdf>, last accessed 4/27/20.
- <sup>373</sup> Includes return-to-work retirees. HHSAS Database, as of 8/31/19.

## **Schedule G: Workforce Development System Strategic Plan**

Schedule G is no longer required for the Health and Human Services Commission.

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## **Schedule H: Report on Customer Service**

The 2020 Report on Customer Service, found on the following pages, was developed by the HHSC Center for Analytics and Decision Support, in accordance with Texas Government Code Section 2114.002.

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# **2020 Report on Customer Service**

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**As Required by  
Texas Government Code,  
§2114.002**

**Texas Health and Human  
Services System**

**June 1, 2020**



**TEXAS**  
**Health and Human  
Services**

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## Executive Summary

This "2020 Report on Customer Service" is prepared in response to §2114.002 of the Government Code, which requires that Texas state agencies biennially submit information gathered from customers about the quality of agency services to the Governor's Office of Budget and Policy and the Legislative Budget Board.

This report reflects the cooperative efforts of two Texas agencies belonging to the Texas Health and Human Services (HHS) system during the State Fiscal Year (SFY) 2018 and SFY 2019 reporting period (September 2017 to August 2019).

Specifically, this report includes information from the Department of State Health Services (DSHS) and the Health and Human Services Commission (HHSC).

The HHS system mission is "Improving the health, safety, and well-being of Texans with good stewardship of public resources." In pursuit of this mission, HHS agencies administer a series of surveys to assess the quality of HHS services. This report includes the results of 289,132 individual survey responses from 31 surveys conducted by HHS agencies. Many of the surveys reported here are recurring efforts; for the most part, responses are from surveys conducted during SFY 2018 and SFY 2019. HHS agencies use this feedback to help improve customer service.

## Individual Agency Surveys

HHS agencies independently conduct surveys that include questions about customer satisfaction with specific agency programs and services. This report presents descriptions and major findings from the following surveys.

### Department of State Health Services

- I. Community Health Improvement
  - a. Children with Special Health Care Needs Systems Development Group  
Case Management and Family Supports and Community Resources  
Family Satisfaction Surveys
- II. Consumer Protection Division
  - a. Business Filing and Verification Section – Customer Service  
Satisfaction Survey

- b. Surveillance Section Customer Service Satisfaction Survey
- III. Laboratory and Infectious Disease
  - a. Texas Vaccines for Children Program – Clinic Site Visits
  - b. Laboratory Services Testing Customer Satisfaction Survey
  - c. Laboratory Courier Program Satisfaction Survey
  - d. South Texas Laboratory – Water Sample Testing
  - e. South Texas Laboratory - Clinical Testing

## **Health and Human Services Commission**

- I. Healthcare Coverage
  - a. STAR Child Caregiver Member Survey
  - b. STAR Health Caregiver Member Survey
  - c. STAR Kids Caregiver Member Survey
  - d. CHIP Caregiver Member Survey
  - e. Child Core Measures Survey
  - f. Medicaid and CHIP Dental Caregiver Survey
  - g. STAR Adult Member Survey
  - h. STAR+PLUS Member Survey
  - i. Adult Core Measures Survey
  - j. Medical Transportation Program Member Survey
- II. Access and Eligibility Services
  - a. Supplemental Nutrition Assistance Program (SNAP) Community Partner Interview (CPI) Surveys
  - b. YourTexasBenefits.Com Survey
- III. Quality Reviews
  - a. Nursing Facility Quality Review (NFQR)
  - b. Long Term Services and Supports Quality Review (LTSSQR)
  - c. Consumer Rights and Services (CRS) Survey

IV. Health, Development, and Independence Services

- a. Early Childhood Intervention Family Survey
- b. Autism Program Satisfaction Survey
- c. Your WIC Experience Survey

V. Mental Health Services

- a. Mental Health Statistics Improvement Program Youth Services Survey for Families
- b. Mental Health Statistics Improvement Program Adult Services Survey
- c. Mental Health Statistics Improvement Program Inpatient Consumer Survey
- d. House Bill 13 Community Mental Health Grant Program

VI. Disability Services

- a. Intellectual and Developmental Disability Services Survey and Disability Services Survey

Overall, the HHS system of agencies obtained feedback from a diverse group of customers. Most respondents provided positive feedback regarding the services and supports they received through HHS programs, whereas a small percentage offered opportunities for improvement. These results support the HHS system mission of improving the health, safety, and well-being of Texans.

# 1. Introduction

This "2020 Report on Customer Service" is prepared in response to §2114.002 of the Government Code, which requires that Texas state agencies biennially submit information gathered from customers about the quality of agency services to the Governor's Office of Budget and Policy and the Legislative Budget Board (LBB).

This report reflects the cooperative efforts of two Texas agencies belonging to the Texas Health and Human Services (HHS) system during the State Fiscal Year (SFY) 2018 and SFY 2019 reporting period: the Department of State Health Services (DSHS) and the Health and Human Services Commission (HHSC).

## HHS System Mission and Budget Strategies

The HHS system mission is "Improving the health, safety, and well-being of Texans with good stewardship of public resources." The HHS System Strategic Plan 2019–2023 articulates specific goals and action plans for achieving the system mission, and includes a list of related budget strategies consistent with the HHS budget structure.<sup>1</sup> Two appendices to this report present a description of services provided to customers from each agency by strategic plan budget strategy.<sup>2</sup> In pursuit of the system mission and accompanying budget strategies, HHS agencies administer a range of surveys to assess the quality of HHS services and promote continuous improvement. This report presents the results of those surveys.

## Previous Reports on Customer Service

In 2006 and 2008, HHS agencies worked collaboratively to develop a system-wide survey to assess the satisfaction of customers of each HHS agency. These surveys were comparable and included a unique group of enrollees identified by each agency. The survey questionnaire included questions about service access and choice, staff knowledge, staff courtesy, complaint handling, quality of information and communications, and internet use.

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<sup>1</sup> See HHS System Strategic Plan 2019–2023, Volume II, Schedule A.

<sup>2</sup> See Appendix A and Appendix B of this document for Customer Inventories by Agency. This information is presented in accordance with Chapter 2114.002(a) of the Government Code.

For the 2010 HHS system customer satisfaction survey, a different approach was taken. HHS agencies collaborated on a system-wide survey of children with special health care needs (CSHCN) enrolled in each HHS agency. At the time, the five existing HHS agencies served CSHCN customers through a variety of programs.

From 2012 to 2016, no system-wide survey was conducted. HHS agencies independently conducted surveys that included questions about customer satisfaction with specific agency programs and services and each agency provided the results of those independent surveys. Some surveys focused entirely on customer satisfaction while others included customer satisfaction as one of several service categories being assessed.

The 2018 report took a similar approach to the reports produced since 2012, with each HHS agency providing the results of customer surveys for their particular programs. Because many of the surveys were conducted prior to HHS system reorganization, the 2018 report was structured to reflect both the current and legacy location of each survey. The overall format of the report reflected the three HHS agencies in operation at the time—the Department of Family and Protective Services (DFPS), DSHS, and HHSC.

The 2020 report includes the results of customer surveys administered by programs in DSHS and HHSC, reflecting the current HHS system organization. The DFPS, which became a standalone agency at the direction of House Bill 5, 85th Legislature, Regular Session, 2017, will submit its own Report on Customer Service.

## **Surveys Included in 2020 Report on Customer Service**

The surveys included in the 2020 Report on Customer Service are briefly described in the pages that follow (Tables 1 and 2). For the most part, surveys were administered during SFY 2018 and SFY 2019 (Sept 2017-Aug 2019), though data collection for some surveys fell slightly outside of this period. There were 289,132 individual responses to the 31 surveys reported here.

**Table 1: Department of State Health Services Surveys**

<b>Program Area</b>	<b>Name</b>	<b>Data Collection</b>	<b>N (Response Rate<sup>1</sup>)</b>	<b>Survey Population</b>
<b>Community Health Improvement</b>	Children with Special Health Care Needs Systems Development Group Case Management and Family Supports and Community Resources Family Satisfaction Surveys	09/01/2017-08/31/2018 09/01/2018-08/31/2019	887 (21%) 299 (5%)	Families of children and youth with special health care needs who received services from contracted providers
<b>Consumer Protection Division</b>	Business Filing and Verification Section – Customer Service Satisfaction Survey	09/01/2017-08/31/2018 09/01/2018-08/31/2019	156 131	Customers of the Regulatory Licensing Unit (businesses and facilities regulated by the state)
<b>Consumer Protection Division</b>	Surveillance Section Customer Service Satisfaction Survey	09/01/2017-08/31/2019	109	Regulated entities that interact with Surveillance Section staff
<b>Laboratory and Infectious Disease</b>	Texas Vaccines for Children (TVFC) Program – Clinic Site Visits	2018	897 (31%)	Healthcare providers who order and administer vaccines to TVFC-eligible children and received a site visit during the contract year
<b>Laboratory and Infectious Disease</b>	Laboratory Services Testing Customer Satisfaction Survey	02/27/2019-03/25/2019	174 (69%)	Facilities that receive services from the Laboratory Services Section
<b>Laboratory and Infectious Disease</b>	Laboratory Courier Program Satisfaction Survey	08/15/2019-09/01/2019	123 (12%)	Healthcare facility customers of the Laboratory Services Courier Program
<b>Laboratory and Infectious Disease</b>	South Texas Laboratory – Water Sample Testing	01/10/2019-02/12/2018	26 (33%)	Submitters of water samples to the South Texas Laboratory
<b>Laboratory and Infectious Disease</b>	South Texas Laboratory - Clinical Testing	01/2019-02/2019	26 (24%)	Regional Clinics and TB Elimination Submitters to the South Texas Laboratory
<b>Total</b>			<b>2,776 (17%)<sup>2</sup></b>	

<sup>1</sup> Response rate calculated for surveys with equivalent methodology. Response rates are not listed for surveys in which the number of distributed surveys is unknown or ambiguous.

<sup>2</sup> Total response rate calculated from samples with listed response rate.

**Table 2: Health and Human Services Commission Surveys**

<b>Program Area</b>	<b>Name</b>	<b>Data Collection</b>	<b>N (Response Rate<sup>1</sup>)</b>	<b>Survey Population</b>
<b>Healthcare Coverage</b>	STAR Child Caregiver Member Survey	05/2019-09/2019	8,700 (21%)	Caregivers of children who received services funded through the Medicaid STAR program
<b>Healthcare Coverage</b>	STAR Health Caregiver Member Survey	06/2018-08/2018	300 (20%)	Caregivers of children who received services funded through the STAR Health program
<b>Healthcare Coverage</b>	STAR Kids Caregiver Member Survey	07/2018-10/2018	7,131 (26%)	Caregivers of children who received services funded through the Medicaid STAR Kids program
<b>Healthcare Coverage</b>	Children's Health Insurance Program (CHIP) Caregiver Member Survey	05/2019-09/2019	5,461 (17%)	Caregivers of children who received services through CHIP
<b>Healthcare Coverage</b>	Child Core Measures Survey	06/2018-11/2018	822	Caregivers of children who received services funded through Texas Medicaid and CHIP
<b>Healthcare Coverage</b>	Medicaid and CHIP Dental Caregiver Survey	07/2019-11/2019	1,200 (51%)	Caregivers of children receiving dental services through Medicaid and CHIP
<b>Healthcare Coverage</b>	STAR Adult Member Survey	05/2018-09/2018	7,832 (51%)	Adults who received services funded through the Medicaid STAR program
<b>Healthcare Coverage</b>	STAR+PLUS Adult Member Survey	05/2018-09/2018	6,116 (67%)	Adults with disabilities who received services through the Medicaid STAR+PLUS program
<b>Healthcare Coverage</b>	Adult Core Measures Survey	05/2018-09/2018	411	Adults who received services funded through the Texas Medicaid program

Program Area	Name	Data Collection	N (Response Rate <sup>1</sup> )	Survey Population
<b>Healthcare Coverage</b>	Medical Transportation Program Member Survey	06/2019-08/2019	2,000 (18%)	Members and their caregivers who used the Medical Transportation Program services funded through Texas Medicaid
<b>Access and Eligibility Services</b>	Supplemental Nutrition Assistance Program (SNAP) Community Partner Interview (CPI) Surveys	06/2018; 06/2019	805	Individuals who apply for SNAP benefits at each of five Texas food banks
<b>Access and Eligibility Services</b>	YourTexasBenefits.Com Survey	01/2017-12/2017 01/2018-12/2018 01/2019-11/2019	66,999 50,521 40,783	Customers who used YourTexasBenefits.com to manage or enroll in benefits
<b>Quality Reviews</b>	Nursing Facility Quality Review <sup>2</sup>	04/2017-12/2018	1,827	Individuals living in Medicaid-certified nursing facilities in Texas
<b>Quality Reviews</b>	Long-Term Services and Supports Quality Review <sup>3</sup>	01/2016-12/2017	6,239 (6%)	People receiving services and supports through home, community-based, and institutional programs. Two populations were surveyed: adults and families of children.
<b>Quality Reviews</b>	Consumer Rights and Services Survey	09/2017-08/2019	2,476	Callers who contacted the Consumer Rights and Services Complaint Intake Call Center
<b>Health, Development, and Independence Services</b>	Early Childhood Intervention Family Survey	04/2018-05/2018 05/2019-06/2019	1,560 (34%) 1,914 (34%)	Parents or guardians of children enrolled in the Early Childhood Intervention (ECI) program, which serves children from birth to 36 months of age who have developmental delays or disabilities

Program Area	Name	Data Collection	N (Response Rate <sup>1</sup> )	Survey Population
<b>Health, Development, and Independence Services</b>	Autism Program Satisfaction Survey	09/2017-08/2019	202 (16%)	Families whose children have completed Autism Program services and exited the program, and families whose children have aged out of the Autism Program.
<b>Health, Development, and Independence Services</b>	Your WIC Experience Survey	02/2019-10/2019	55,900	Adults who received nutrition education through the WIC program
<b>Mental Health Services</b>	Mental Health Statistics Improvement Program Youth Services Survey for Families	09/2017-08/2019	604	Parents of children/adolescents age 17 or younger who receive community-based mental health services from HHSC, Behavioral Health Services
<b>Mental Health Services</b>	Mental Health Statistics Improvement Program Adult Mental Health Survey	09/2017-08/2019	675	Adults age 18 or older who receive community-based mental health services from HHSC, Behavioral Health Services
<b>Mental Health Services</b>	Mental Health Statistics Improvement Program Inpatient Consumer Survey	09/2017-08/2019	5,270 (42%)	Adolescents (ages 13—18) and adults who received services in state-run psychiatric hospitals
<b>Mental Health Services</b>	House Bill 13 Community Mental Health Grant Program	04/2019	582 adults 728 families of youth	Clients age 18 or older receiving services at grantee sites; Families of clients ages 19 and younger receiving services at grantee sites

Program Area	Name	Data Collection	N (Response Rate <sup>1</sup> )	Survey Population
Disability Services	Intellectual and Developmental Disability (IDD) Services Survey	09/2018	4,958	Individuals engaged with disability services, include individuals with disability, their family members, individuals providing services and support to these populations, and the staff of organizations and agencies that serve these populations
	Disability Services Survey	09/2019	4,340	
Total			286,356 (20%) <sup>4</sup>	

<sup>1</sup> Response rate calculated for surveys with equivalent methodology. Response rates are not listed for surveys in which the number of distributed surveys is unknown or ambiguous.

<sup>2</sup> The large, recurring Nursing Facility Quality Review (NFQR) involves data collection and analysis that span multiple years. The most recent NFQR uses survey data collected in 2017-2018.

<sup>3</sup> The large, recurring Long-Term Services and Supports Quality Review (LTSSQR) involves data collection and analysis that span multiple years. The most recent LTSSQR was published in 2019 and uses data collected in 2016 and 2017.

<sup>4</sup> Total response rate calculated from samples with listed response rate.

## Updates Resulting from HB 2110 (86<sup>th</sup> Legislature, Regular Session)

### HHS Online Survey Software and Administration

In 2019, House Bill 2110 (86<sup>th</sup> Legislature, Regular Session) amended [Government Code §2114.002](#) to incorporate reporting on surveys gathered through mobile or web applications. In response to this addition, HHSC Center for Analytics and Decision Support (CADS) administered an online survey in August 2019 to learn more about the use of different survey formats by various DSHS and HHSC programs. The goal of the survey was to better understand the extent to which HHS programs use online or web-based survey applications to gather information from

clients or customers. A total of 71 HHS staff members responded to the survey, corresponding to 50 HHS program surveys (25 from DSHS and 25 from HHSC).<sup>3</sup>

Survey results show that most (64 percent) HHS programs administer at least some of their surveys using online software. Many of these programs (63 percent) use paper or telephone surveys to supplement the online survey to capture as many respondents as possible. In choosing a survey format, programs considered survey accessibility, the availability of technology, convenience for respondents, and ease of use for both respondents and survey administrators. Survey Monkey is the most common platform for administering HHS surveys online. Other common platforms are Survey Gizmo and Qualtrics. HHS Learning Resource Network and IT division released new training resources for the Microsoft Forms online survey platform in August 2019. At the end of August 2019, only one program reported using Microsoft Forms.

Among programs that do not use online surveys, most (71 percent) reported that their survey could not be adapted to an online format. The two most common barriers to administering surveys online were 1) customers do not have access to the necessary technology to respond to an online survey, and 2) the program does not have the means to contact customers electronically.

These findings indicate that the majority of surveys are being administered flexibly to meet the needs of the populations they target. Online survey administration will likely continue to be supplemented with paper and telephone formats to comprehensively assess customer satisfaction.

## **2020 Guidance on Agency Strategic Plans**

In February 2020, the Office of the Governor's (OOG) Budget and Policy Team and the LBB published [\*Instructions for Preparing and Submitting Agency Strategic Plans\*](#) (the Instructions) for SFY 2021 to 2025. This document offers updated guidance for statutorily directed strategic planning submissions to ensure long-range planning is effective and efficiently uses state resources in service to the agency's core mission.

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<sup>3</sup> CADS targeted feedback on HHS's capacities for the administration of surveys and therefore included surveys falling outside the scope of customer satisfaction.

As part of this document, the OOG and LBB issued a new set of eight questions that should be added to all surveys that broadly address customer satisfaction with HHS programs and services.

Because the Report on Customer Service is published biennially, the 2020 report includes consumer surveys conducted during SFYs 2018 and 2019, before the OOG and the LBB published the Instructions. Therefore, none of the surveys included in this report were designed to address all eight questions outlined by the OOG and LBB. However, most surveys ask customers similar questions. See Table 3 for the LBB survey items and the number of programs that address each survey item. See Tables 4-11 for satisfaction ratings across surveys that address the topics covered by the 2020 guidance.

HHSC CADS has communicated with internal HHS departments regarding how to best meet the additional LBB requirements in the 2022 Report on Customer Service.

**Table 3: LBB-Required Survey Items and Utilization Across HHS Surveys**

<b>LBB-Required Survey Items</b>	<b>Number of DSHS programs that address survey items (N = 8)</b>	<b>Number of HHSC programs that address survey items (N = 23)</b>
1. How satisfied are you with the agency's facilities, including your ability to access the agency, the office location, signs, and cleanliness?	1	16
2. How satisfied are you with agency staff, including employee courtesy, friendliness, and knowledgeability, and whether staff members adequately identify themselves to customers by name, including the use of name plates or tags for accountability?	8	16
3. How satisfied are you with agency communications, including toll-free telephone access, the average time you spend on hold, call transfers, access to a live person, letters, electronic mail, and any applicable text messaging or mobile applications?	2	3
4. How satisfied are you with the agency's Internet site, including the ease of use of the site, mobile access to the site, information on the location of the site and the agency, and information accessible through the site such as a listing of services and programs and whom to contact for further information or to complain?	2	2
5. How satisfied are you with the agency's complaint handling process, including whether it is easy to file a complaint and whether responses are timely?	0	1
6. How satisfied are you with the agency's ability to timely serve you, including the amount of time you wait for service in person?	7	10
7. How satisfied are you with any agency brochures or other printed information, including the accuracy of that information?	4	0
8. Please rate your overall satisfaction with the agency.	6	9

Note. No program included this exact wording in their survey. The counts here include items that approximate or partially address content from the proposed item.

**Table 4: Satisfaction Ratings for LBB-Required Survey Item #1: How satisfied are you with the agency's facilities, including your ability to access the agency, office location, signs, and cleanliness?**

Survey	Survey Item	N	% Satisfied
Children with Special Health Care Needs Systems Development Group Case Management and Family Supports and Community Resources Family Satisfaction Surveys	Had access to services and supports when they had questions or concerns about their child <sup>1</sup>	1,186	96.4%
STAR Child Caregiver Member Survey	Satisfaction with getting needed care	8,700	62.3%
STAR Health Caregiver Member Survey	Satisfaction with getting needed care	300	63.3%
STAR Health Caregiver Member Survey	Satisfaction with access to specialized services	300	55.3%
STAR Kids Caregiver Member Survey	Satisfaction with getting needed care	7,131	64.2%
STAR Kids Caregiver Member Survey	Satisfaction with access to specialized services	7,131	50.4%
CHIP Caregiver Member Survey	Satisfaction with getting needed care	5,461	58.0%
Child Core Measures Survey	Satisfaction with getting needed care	411	65.0%
Medicaid and CHIP Dental Caregiver Survey	How easy was it for you to find a dentist for your child? <sup>2</sup>	1,200	79.8%
STAR+PLUS Adult Member Survey	Satisfaction with getting needed care <sup>2</sup>	6,116	62.3%
STAR Adult Member Survey	Satisfaction with getting needed care	7,832	56.7%
Adult Core Measures Survey	Satisfaction with getting needed care	411	55.0%
Nursing Facility Quality Review (NQFR)	Satisfaction with experience in the nursing facility	1,827	87.0%

Survey	Survey Item	N	% Satisfied
Long Term Services and Supports Quality Review (LTSSQR)	Services were available when needed	1,338	69.0%
Autism Program Satisfaction Survey	Satisfaction with services provided to your child in a clinical setting	178	99.0%
Mental Health Statistics Improvement Program Youth Services Survey for Families	Access to services	342	87.0%
Mental Health Statistics Improvement Program Adult Services Survey	Access to services	412	79.0%
House Bill 13 Community Mental Health Grant Program	Access to services <sup>2</sup>	1,310	90.0%
Disability Services Survey	Satisfaction with service access <sup>2</sup>	3,066	40.1%
<b>17 total surveys</b>	<b>19 total items</b>	<b>47,221</b>	<b>69.5%<sup>3</sup></b>

<sup>1</sup> Results are divided by data collection periods in summaries but collapsed in this table.

<sup>2</sup> Results are collapsed across two or more customer groups.

<sup>3</sup> Total Percentage is an unweighted average of the individual survey items.

**Table 5: Satisfaction Ratings for LBB-Required Survey Item #2: How satisfied are you with agency staff, including employee courtesy, friendliness, and knowledgeability, and whether staff members adequately identify themselves to customers by name, including the use of name plates or tags for accountability?**

Survey	Survey Item	N	% Satisfied
Children with Special Health Care Needs Systems Development Group Case Management and Family Supports and Community Resources Family Satisfaction Surveys	Staff delivered compassionate care to family <sup>1</sup>	1,186	97.8%
Business Filing and Verification Section - Customer Service Satisfaction Survey	Staff were helpful, courteous, and knowledgeable <sup>1</sup>	287	69.5%
Surveillance Section Customer Service Satisfaction Survey	The inspector introduced himself/herself and presented his/her credentials/ID before the inspection	109	99.0%
Surveillance Section Customer Service Satisfaction Survey	The purpose of the inspection was adequately described at the beginning of the inspection	109	98.0%
Surveillance Section Customer Service Satisfaction Survey	The DSHS inspector was prepared and well organized	109	97.0%
Surveillance Section Customer Service Satisfaction Survey	The inspection was handled in a courteous and professional manner	109	96.0%
Surveillance Section Customer Service Satisfaction Survey	The instructor clearly explained any applicable state or federal requirements, answered questions adequately, and/or referred them to an alternate source for the information	109	96.0%
Surveillance Section Customer Service Satisfaction Survey	The inspector clearly explained their findings	109	96.0%

<b>Survey</b>	<b>Survey Item</b>	<b>N</b>	<b>% Satisfied</b>
Surveillance Section Customer Service Satisfaction Survey	If deficiencies, observations, or violations were found, the inspector clearly explained the timeframe and/or process for corrective action	109	95.0%
Texas Vaccines for Children Program - Clinic Site Visits	Please rate your satisfaction with the reviewer	897	95.5%
Texas Vaccines for Children Program - Clinic Site Visits	Please rate your overall satisfaction with the time the reviewer spent at your facility <sup>2</sup>	897	91.3%
Laboratory Services Testing Customer Satisfaction Survey	Satisfaction with DSHS staff courtesy when contacting by phone	174	96.0%
Laboratory Services Testing Customer Satisfaction Survey	Satisfaction with the overall customer service experience	174	94.0%
Laboratory Services Testing Customer Satisfaction Survey	Satisfaction with the friendliness and professionalism of staff	174	94.0%
Laboratory Courier Program Satisfaction Survey	Customer service experience (professionalism, quality of service, and ease of use) was above or well above average	90	82.0%
South Texas Laboratory - Water Sample Testing	STL staff is very knowledgeable	26	100.0%
South Texas Laboratory - Water Sample Testing	Rate the staff on the following characteristics: patient, enthusiastic, listens carefully, friendly, responsive, and courteous	26	98.0%
South Texas Laboratory - Water Sample Testing	Customer service experience: on-time delivery of service, professionalism, quality of service, and understanding of customers' needs	26	28.0% <sup>3</sup>
South Texas Laboratory - Clinical Testing	Professionalism	26	92.0%

<b>Survey</b>	<b>Survey Item</b>	<b>N</b>	<b>% Satisfied</b>
South Texas Laboratory - Clinical Testing	The customer service experience	26	88.0%
South Texas Laboratory - Clinical Testing	The laboratory's understanding of customers' needs	26	88.0%
South Texas Laboratory - Clinical Testing	Satisfaction with staff responsiveness when called with service issues	26	88.0%
STAR Child Caregiver Member Survey	Satisfaction with how well doctors communicate	8,700	82.9%
STAR Child Caregiver Member Survey	Satisfaction with customer service	8,700	77.4%
STAR Health Caregiver Member Survey	Satisfaction with how well doctors communicate	300	83.6%
STAR Health Caregiver Member Survey	Satisfaction with customer service	300	76.5%
STAR Kids Caregiver Member Survey	Satisfaction with how well doctors communicate	7,131	77.5%
STAR Kids Caregiver Member Survey	Satisfaction with customer service	7,131	75.5%
CHIP Caregiver Member Survey	Satisfaction with how well doctors communicate	5,461	80.4%
CHIP Caregiver Member Survey	Satisfaction with customer service	5,461	77.5%
Child Core Measures Survey	Satisfaction with how well doctors communicate	411	83.7%
Child Core Measures Survey	Satisfaction with customer service	411	76.3%
Medicaid and CHIP Dental Caregiver Survey	How often did the customer service staff at your child's dental plan treat you with courtesy and respect? <sup>1</sup>	1,200	87.4%
STAR Adult Member Survey	Satisfaction with how well doctors communicate	7,832	80.8%
STAR+PLUS Adult Member Survey	Satisfaction with how well doctors communicate <sup>1</sup>	6,116	83.1%

Survey	Survey Item	N	% Satisfied
STAR Adult Member Survey	Satisfaction with customer service	7,832	72.5%
STAR+PLUS Adult Member Survey	Satisfaction with customer service <sup>4</sup>	6,116	74.9%
Adult Core Measures Survey	Satisfaction with how well doctors communicate	411	80.2%
Adult Core Measures Survey	Satisfaction with customer service	411	73.4%
Supplemental Nutrition Assistance Program (SNAP) Community Partner Interview (CPI) Surveys	Staff were knowledgeable about SNAP application procedures <sup>4</sup>	431	98.5%
Nursing Facility Quality Review (NQFR)	Stated staff members treated them with respect	1,827	97.0%
Autism Program Satisfaction Survey	Satisfaction with your child's service provider	196	98.0%
Mental Health Statistics Improvement Program Youth Services Survey for Families	Cultural sensitivity of staff	342	94.0%
Mental Health Statistics Improvement Program Adult Mental Health Survey	Quality and appropriateness of services	412	84.0%
Mental Health Statistics Improvement Program Inpatient Consumer Survey	Quality of interactions between staff and customers <sup>4</sup>	5,270	83.3%
House Bill 13 Community Mental Health Grant Program	Quality and appropriateness of services	582	95.0%
House Bill 13 Community Mental Health Grant Program	Cultural sensitivity of staff	728	91.0%
<b>24 total surveys</b>	<b>47 total items</b>	<b>50,145</b>	<b>87.7%<sup>5</sup></b>

<sup>1</sup> Results are collapsed across two or more customer groups.

<sup>2</sup> Also included in Table 9.

<sup>3</sup> Three percent of clients reported "Well above average," 25 percent reported "Above average," and 72 percent reported "Average."

<sup>4</sup> Results are divided by data collection periods in summaries but collapsed in this table.

<sup>5</sup> Total Percentage is an unweighted average of the individual survey items.

**Table 6: Satisfaction Ratings for LBB-Required Survey Item #3: How satisfied are you with agency communications, including toll-free telephone access, the average time you spend on hold, call transfers, access to a live person, letters, electronic mail, and any applicable text messaging or mobile applications?**

Survey	Survey Item	N	% Satisfied
Business Filing and Verification Section - Customer Service Satisfaction Survey	Communicating with DSHS (via telephone, mail, or electronically) was an efficient process <sup>1</sup>	287	60.3%
Laboratory Services Testing Customer Satisfaction Survey	Satisfaction with DSHS staff courtesy when contacting by phone	174	96.0%
South Texas Laboratory – Water Sample Testing	Satisfaction with DSHS STL staff responsiveness when calling to report a problem about service	26	92.0%
Medicaid and CHIP Dental Caregiver Survey	How often did you child's regular dentist explain things in a way that was easy to understand? <sup>1</sup>	1,200	84.1%
Medicaid and CHIP Dental Caregiver Survey	How often did the 800 number, written materials, or website provide the information you wanted? <sup>1,2</sup>	1,200	56.5%
Supplemental Nutrition Assistance Program (SNAP) Community Partner Interview (CPI) Surveys	Application process was easier than before <sup>3</sup>	805	56.5%
<b>5 total surveys</b>	<b>6 total items</b>	<b>2,492</b>	<b>74.2%<sup>4</sup></b>

<sup>1</sup> Results are collapsed across two or more customer groups.

<sup>2</sup> Also included in Table 7 and Table 10.

<sup>3</sup> Results are divided by data collection periods in summaries but collapsed in this table.

<sup>4</sup> Total Percentage is an unweighted average of the individual survey items.

**Table 7: Satisfaction Ratings for LBB-Required Survey Item #4: How satisfied are you with the agency's Internet site, including the ease of use of the site, mobile access to the site, information on the location of the site and the agency, and information accessible through the site such as a listing of services and programs and whom to contact for further information or to complain?**

Survey	Survey Item	N	% Satisfied
Business Filing and Verification Section - Customer Service Satisfaction Survey	The DSHS website was user-friendly and contained adequate information <sup>1</sup>	287	63.6%
Laboratory Services Testing Customer Satisfaction Survey	Satisfaction with experience using web applications	174	93.0%
South Texas Laboratory – Clinical Testing	Ability to access results online	26	96.2%
Medicaid and CHIP Dental Caregiver Survey	How often did the 800 number, written materials, or website provide the information you wanted? <sup>2,3</sup>	1,200	56.5%
YourTexasBenefits.Com Survey	Ease of setting up an account <sup>1</sup>	158,303	82.8%
YourTexasBenefits.Com Survey	Experience using a tablet or mobile phone to access YTB <sup>1</sup>	158,303	70.2%
<b>5 total surveys</b>	<b>6 total items</b>	<b>159,990</b>	<b>77.1%<sup>4</sup></b>

<sup>1</sup> Results are divided by data collection periods in summaries but collapsed in this table.

<sup>2</sup> Results are collapsed across two or more customer groups.

<sup>3</sup> Also included in Table 6 and Table 10.

<sup>4</sup> Total Percentage is an unweighted average of the individual survey items.

**Table 8: Satisfaction Ratings for LBB-Required Survey Item #5: How satisfied are you with the agency's complaint handling process, including whether it is easy to file a complaint and whether responses are timely?**

Survey	Survey Item	N	% Satisfied
Consumer Rights and Services (CSR) Survey	Complaint and Incident Intake hotline was easy to use <sup>1</sup>	1,958	89.2%
Consumer Rights and Services (CSR) Survey	Overall satisfaction with Complaint and Incident Intake <sup>1</sup>	1,958	87.6%
Consumer Rights and Services (CSR) Survey	Staff explained the process for handling my complaint <sup>1</sup>	1,958	85.8%
<b>1 total survey</b>	<b>3 total items</b>	<b>1,958</b>	<b>87.5%<sup>2</sup></b>

<sup>1</sup> Results are divided by data collection periods in summaries but collapsed in this table.

<sup>2</sup> Total Percentage is an unweighted average of the individual survey items.

**Table 9: Satisfaction Ratings for LBB-Required Survey Item #6: How satisfied are you with the agency's ability to timely serve you, including the amount of time you wait for service in person?**

Survey	Survey Item	N	% Satisfied
Business Filing and Verification Section - Customer Service Satisfaction Survey	The application was easy to file and was processed in a timely manner <sup>1</sup>	287	59.0%
Surveillance Section Customer Service Satisfaction Survey	The on-site inspection was completed in a reasonable amount of time and did not unduly interfere with the delivery of services	109	94.0%
Texas Vaccines for Children Program - Clinic Site Visits	Please rate your overall satisfaction with the time the reviewer spent at your facility <sup>2</sup>	897	91.3%
Laboratory Services Testing Customer Satisfaction Survey	Satisfaction with the timeliness of result reports	174	91.0%
Laboratory Courier Program Satisfaction Survey	Improvement in the Transit time of specimens	33	82.0%
South Texas Laboratory - Water Sample Testing	Received lab reports in a timely manner (faxed, mailed, or other)	26	99.0%
South Texas Laboratory - Water Sample Testing	Spoke with STL staff employee immediately or within 3-5 minutes	26	99.0%
South Texas Laboratory - Water Sample Testing	Water issues were resolved within minutes (rather than hours/days/other)	26	96.0%
South Texas Laboratory - Clinical Testing	Received lab reports in a timely manner (faxed, mailed, or other)	26	100.0%
South Texas Laboratory - Clinical Testing	Cold boxes arrived at the scheduled time	26	100.0%
South Texas Laboratory - Clinical Testing	Rate the on-time delivery of service	26	92.0%

<b>Survey</b>	<b>Survey Item</b>	<b>N</b>	<b>% Satisfied</b>
South Texas Laboratory - Clinical Testing	Compare the STL service rate to previous modes of submitting specimens	26	77.0%
STAR Child Caregiver Member Survey	Satisfaction with getting care quickly	8,700	76.1%
STAR Health Caregiver Member Survey	Satisfaction with getting care quickly	300	85.2%
STAR Kids Caregiver Member Survey	Satisfaction with getting care quickly	7,131	75.7%
CHIP Caregiver Member Survey	Satisfaction with getting care quickly	5,461	73.8%
Child Core Measures Survey	Satisfaction with getting care quickly	411	76.9%
Medicaid and CHIP Dental Caregiver Survey	How often were your child's dental appointments as soon as you wanted? <sup>1</sup>	1,200	76.8%
STAR Adult Member Survey	Satisfaction with getting care quickly	7,832	57.7%
STAR+PLUS Adult Member Survey	Satisfaction with getting care quickly <sup>1</sup>	6,116	67.0%
Adult Core Measures Survey	Satisfaction with getting care quickly	411	59.6%
Supplemental Nutrition Assistance Program (SNAP) Community Partner Interview (CPI) Surveys	Waited for less than 30 minutes (rather than an hour or more) <sup>1</sup>	805	67.4%
<b>17 total surveys</b>	<b>22 total items</b>	<b>39,919</b>	<b>81.7%<sup>3</sup></b>

<sup>1</sup> Results are collapsed across two or more customer groups.

<sup>2</sup> Also included in Table 5.

<sup>3</sup> Total Percentage is an unweighted average of the individual survey items.

**Table 10: Satisfaction Ratings for LBB-Required Survey Item #7: How satisfied are you with any agency brochures or other printed information, including the accuracy of that information?**

Survey	Survey Item	N	% Satisfied
Business Filing and Verification Section - Customer Service Satisfaction Survey	The forms, instructions, and other information provided by DSHS was helpful and easy to understand <sup>1</sup>	287	65.1%
Texas Vaccines for Children Program - Clinic Site Visits	Please rate your overall satisfaction with preparation instructions received for site visit	897	93.7%
Laboratory Services Testing Customer Satisfaction Survey	Satisfaction with information regarding collection and shipping of samples provided	174	97.0%
South Texas Laboratory - Water Sample Testing	Instructing changes on the G-19 form was above average	26	92.0%
South Texas Laboratory - Water Sample Testing	Clarity of instructions on collection of water samples and clear answers to resolve issues	26	100.0%
Medicaid and CHIP Dental Caregiver Survey	How often did you child's regular dentist explain things in a way that was easy to understand? <sup>2,3</sup>	1,200	84.1%
<b>5 total surveys</b>	<b>6 total items</b>	<b>2,584</b>	<b>88.7%<sup>4</sup></b>

<sup>1</sup> Results are divided by data collection periods in summaries but collapsed in this table.

<sup>2</sup> Results are collapsed across two or more customer groups.

<sup>3</sup> Also included in Table 6 and Table 7.

<sup>4</sup> Total Percentage is an unweighted average of the individual survey items.

**Table 11: Satisfaction Ratings for LBB-Required Survey Item #8: Please rate your overall satisfaction with the agency.**

Survey	Survey Item	N	% Satisfied
Children with Special Health Care Needs Systems Development Group Case Management and Family Supports and Community Resources Family Satisfaction Surveys	Satisfaction with the services their child and family received <sup>1</sup>	1,186	96.3%
Texas Vaccines for Children Program - Clinic Site Visits	Please rate your satisfaction with the site visit	897	96.4%
Laboratory Services Testing Customer Satisfaction Survey	Satisfaction with the services provided	174	95.0%
Laboratory Courier Program Satisfaction Survey	Overall satisfaction with services <sup>1</sup>	123	90.0%
South Texas Laboratory - Water Sample Testing	Highly satisfied	26	100.0%
South Texas Laboratory - Water Sample Testing	Compare this laboratory service to that of other labs	26	81.0%
South Texas Laboratory - Clinical Testing	Satisfaction with STL	26	100.0%
South Texas Laboratory - Clinical Testing	Rate the quality of service	26	88.0%
Medicaid and CHIP Dental Caregiver Survey	How would you rate your child's dental plan? <sup>1</sup>	1,200	78.8%
Medical Transportation Program Member Survey	Satisfaction with five Non-Emergency Medical Transportation services	2,000	90.6%
Supplemental Nutrition Assistance Program (SNAP) Community Partner Interview (CPI) Surveys	Satisfaction with the SNAP interview process <sup>2</sup>	805	98.0%
Nursing Facility Quality Review (NQFR)	Satisfaction with the healthcare services they received	1,827	88.0%

Survey	Survey Item	N	% Satisfied
Long Term Services and Supports Quality Review (LTSSQR), National Core Indicators Survey	Satisfaction with services and supports <sup>1</sup>	6,239	87.6%
Your WIC Experience	Happiness with WIC clinic visit	55,900	95.0%
Mental Health Statistics Improvement Program Youth Services Survey for Families	Satisfaction with services	342	84.0%
Mental Health Statistics Improvement Program Adult Services Survey	Satisfaction with services	412	83.0%
House Bill 13 Community Mental Health Grant Program	Satisfaction with services <sup>1</sup>	1,310	92.0%
<b>15 total surveys</b>	<b>17 total items</b>	<b>72,467</b>	<b>90.8%<sup>3</sup></b>

<sup>1</sup> Results are collapsed across two or more customer groups.

<sup>2</sup> Results are divided by data collection periods in summaries but collapsed in this table.

<sup>3</sup> Total Percentage is an unweighted average of the individual survey items.

## Report Format

This 2020 Customer Satisfaction Report presents summaries of the results of customer surveys conducted by DSHS and HHSC. Each summary includes the sample and survey methods, the main findings and, if available, a link to the full report. These results present important information about customer satisfaction with services provided by HHS agencies.

Because §2114.002 of the Government Code requires that HHS agencies gather information from their customers about the quality of services, the term "customers" is used where appropriate throughout this report to indicate individuals who receive services from HHS agencies. Of note, many of the HHS agencies more commonly use the term "consumer" or "individual" to refer to service recipients.

Appendix C presents a glossary of acronyms used in this report.

## 2. Department of State Health Services

The Texas Department of State Health Services (DSHS) services conducted eight surveys during SFY 2018 and SFY 2019 that collected customer satisfaction data. More than 2,700 responses were received through these surveys, primarily from families of children with special health care needs or customers of regulatory, immunization, specialized health, community health, and laboratory services. For readability, this chapter is organized into three sections:

- I. Community Health Improvement
  - a. Children with Special Health Care Needs Systems Development Group Case Management and Family Supports and Community Resources Family Satisfaction Surveys
- II. Consumer Protection Division
  - a. Business Filing and Verification Section – Customer Service Satisfaction Survey
  - b. Surveillance Section Customer Service Satisfaction Survey
- III. Laboratory and Infectious Disease
  - a. Texas Vaccines for Children Program – Clinic Site Visits
  - b. Laboratory Services Testing Customer Satisfaction Survey
  - c. Laboratory Courier Program Satisfaction Survey
  - d. South Texas Laboratory – Water Sample Testing
  - e. South Texas Laboratory - Clinical Testing

### **I. Community Health Improvement**

#### **Children with Special Health Care Needs Systems Development Group Case Management and Family Supports and Community Resources Family Satisfaction Surveys**

##### **Purpose**

The Children with Special Health Care Needs (CSHCN) Systems Development Group serves children ages 0-21 with special health care needs, or any age with cystic fibrosis. The program works to strengthen community-based services to improve systems of care for children and youth with special health care needs. Families are

provided with case management and family support and community resource services related to gaining access to necessary medical, social, education, and other service needs.

The purpose of the survey is to obtain information about whether the services provided are 1) accessible, 2) family-centered, 3) comprehensive, 4) coordinated, 5) compassionate, and 6) culturally effective. The survey also asks the families to rate their overall satisfaction with services. The survey is conducted by the organizations contracted by the CSHCN Systems Development Group. The study population is families of children and youth with special health care needs who received services from contracted providers.

## **Sample and Methods**

One survey was conducted between September 1, 2017 and August 31, 2018. Another survey was conducted between September 1, 2018 and August 31, 2019. CSHCN contractors sought responses from all families served by their organization with CSHCN Systems Development Group funding. All families were sent a survey regardless of their status (active or closed). The study was conducted by paper and offered in English and in Spanish. Individuals provided their responses by completing the survey themselves and returning it by mail to the contractor. The total number of completed responses for September 1, 2017 to August 31, 2018 was 887 out of 4,163 for a response rate of 21.3 percent. The total number of completed responses for September 1, 2018 to August 31, 2019 was 299 out of 6,046 for a response rate of 4.9 percent.<sup>4</sup>

## **Major Findings**

The findings of the surveys were as follows:

### ***September 1, 2017 and August 31, 2018***

- Most respondents (97.5 percent) reported having access to services and supports when they had questions or concerns about their child.
- Most respondents (97.6 percent) reported that they were included in the planning and decisions for their child's care.

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<sup>4</sup> The lower response rate in SFY 2019 is due to a combination of factors, such as staff turnover and the ending of a grant cycle. The CSHCN Systems Development Group has since implemented several quality improvement initiatives to ensure a higher response rate in SFY 2020.

- Most respondents (97.8 percent) reported that the staff delivered compassionate care to their family.
- Most respondents (97.9 percent) reported that the staff respected their culture and traditions when working with their child and family.
- Most respondents (97.7 percent) reported that they were satisfied with the services their child and family received.

### ***September 1, 2018 and August 31, 2019***

- Most respondents (93 percent) reported having access to services and supports when they had questions or concerns about their child.
- Most respondents (93 percent) reported that they were included in the planning and decisions for their child's care.
- Most respondents (92 percent) reported that they had regular visits and phone calls with staff.
- Most respondents (93 percent) reported that the needs of their child and family were discussed and addressed.
- Most respondents (90 percent) reported that they received the help needed to coordinate their child's care.
- Most respondents (94 percent) reported that the staff respected their culture and traditions when working with their child and family.
- Most respondents (92 percent) reported that they were satisfied with the services their child and family received.

## **II. Consumer Protection Division**

### **Business Filing and Verification Section – Customer Service Satisfaction Survey**

#### **Purpose**

The Business Filing and Verification Section serves businesses and individuals to ensure the safety of Texans. The types of businesses and individuals that are served include: retail stores that sell abusable volatile chemicals, asbestos abatement, hazardous products, lead abatement, youth camps, drugs and medical devices, food manufacturers, distributors and salvagers, emergency medical services personnel and providers, meat and poultry, milk and dairy, radiation producing machines and radioactive materials, industrial radiographers, retail food and school food establishments, and tattoo and body piercing studios.

The section provides customer service to the businesses and individuals to assist in the completion of their initial and renewal licensing applications. The purpose of the survey is to measure customer satisfaction with the Business Filing and Verification Section.

## **Sample and Methods**

In state fiscal year (SFY) 2018, 156 surveys were completed. In SFY 2019, 131 surveys were completed. The survey was available online on the DSHS website and was offered in English. The survey was made available to Business Filing and Verification Section customers when accessing their program-specific page. Additionally, staff members frequently interacted with customers via email; each email message included an invitation to take the survey in the signature line.

## **Major Findings**

The total number of surveys that were completed in SFY 2018 represent 0.2 percent of the 88,437 customers that were served. Of the 0.2 percent completed surveys:

- 70 percent found DSHS staff helpful, courteous, and knowledgeable.
- 68 percent found communicating with DSHS (via telephone, mail, or electronically) an efficient process.
- 56 percent found the DSHS website user-friendly and that it contains adequate information.
- 59 percent reported that their application was easy to file and was processed in a timely manner.
- 64 percent found the forms, instructions, and other information provided by DSHS helpful and easy to understand.

The total number of surveys that were completed in SFY 2019 represent 0.1 percent of the 91,532 customers that were served. Of the 0.1 percent completed surveys:

- 69 percent found DSHS staff helpful, courteous, and knowledgeable.
- 64 percent found communicating with DSHS (via telephone, mail, or electronically) an efficient process.
- 70 percent found the DSHS website user-friendly and that it contains adequate information.
- 59 percent reported that their application was easy to file and was processed in a timely manner.

- 66 percent found the forms, instructions, and other information provided by DSHS helpful and easy to understand.

## **Surveillance Section Customer Service Satisfaction Survey**

### **Purpose**

The Surveillance Section protects consumer health and safety by ensuring compliance with state and federal law and rules regulated under DSHS. Activities performed by staff in the Surveillance Section include inspections, product and environmental sampling, complaint investigations, and technical assistance. The entities inspected include: retail stores that sell abusable volatile chemicals / hazardous products, asbestos abatement contractors, lead abatement contractors, tattoo and body piercing studios, drugs and medical device manufacturers/distributors, food manufacturers/warehouses, food and drug salvagers, milk plants and dairy farms, entities that use and store radioactive materials, x-ray machines and mammography machines.

The purpose of the survey is to determine customer satisfaction of the regulated entities that interact with Surveillance Section staff and provide the regulated entities a mechanism for input into the inspections process. Additionally, the survey data and comments can be used as a quality assurance tool by managers. The information is reviewed to identify trends that may lead to training opportunities for staff and/or regulated entities.

### **Sample and Methods**

The survey was made available to all regulated entities that came in contact with an inspector. The survey was conducted online through SurveyMonkey. The survey was made available on March 1, 2017 and has been printed on the back of inspector's business cards, allowing it to be perpetually listed for entities to complete. Inspectors are required to present their business card and credentials upon entering a firm. On average, the Surveillance Section has conducted approximately 40,000 inspections annually. The survey was offered online and in English only. From September 1, 2017 through August 31, 2019, 109 surveys were completed.

### **Major Findings**

Overall, the majority of individuals completing the Surveillance Section customer service satisfaction survey were satisfied with the level of customer service received. The survey results from September 1, 2017, through August 31, 2019, included the following:

- Most respondents (99 percent) reported the inspector introduced himself/herself and presented his/her credentials/ID before the inspection.
- Most respondents (98 percent) reported the purpose of the inspection was adequately described at the beginning of the inspection.
- Most respondents (97 percent) reported that the DSHS inspector was prepared and well organized.
- Most respondents (96 percent) reported that the inspection was handled in a courteous and professional manner.
- Most respondents (94 percent) reported that the on-site inspection was completed in a reasonable amount of time and did not unduly interfere with the delivery of services.
- Most respondents (96 percent) reported the inspector clearly explained any applicable state or federal requirements, answered questions adequately, and/or referred them to an alternate source for the information.
- Most respondents (96 percent) reported that the inspector clearly explained their findings.
- Most respondents (95 percent) reported that if deficiencies, observations, or violations were found, the inspector clearly explained the timeframe and/or process for corrective action.
- Most respondents (96 percent) reported that they now have a better understanding or knowledge of state and/or federal requirements affecting their business.

### **III. Laboratory and Infectious Disease**

#### **Texas Vaccines for Children Provider Satisfaction Survey (Clinic Site Visits)**

##### **Purpose**

##### ***Background***

Texas Vaccine for Children (TVFC) program enables over 4.3 million Texas children to have access to immunizations. This is accomplished through a network of support provided by DSHS with the assistance from DSHS Public Health Regions (PHRs) and contracted Local Health Departments (LHDs). These organizations function as the Responsible Entities (RE) to ensure compliance with state and federal standards and the effectiveness of vaccine distribution. As required by the cooperative agreement with the Centers for Disease Control and Prevention (CDC), the Immunization Unit must conduct quality assurance site visits to at least 50 percent of the healthcare providers enrolled in the TVFC program each year.

Currently, the Immunization Unit contracts with the TMF Health Quality Institute (TMF) to conduct the quality assurance site visits for the private TVFC providers. Creation and monitoring of the site visit survey was part of Texas' corrective action plan for the CDC. The survey was implemented in 2016.

### ***Purpose and objective of the survey***

Provider site visit reviews are conducted to evaluate immunization service delivery and to review compliance with TVFC program requirements in areas such as vaccine ordering, storage and handling, TVFC eligibility screening, and record keeping. This summary will describe the assessment process for site reviewers conducting quality assurance visits for the TVFC program.

The main objective of the survey is to assess the knowledge, skills and abilities of the site reviewers with the overall compliance site visit. This survey is not only useful for monitoring the contracted DSHS quality assurance reviewers but also for identifying gaps and help to recommend corrective actions that need to be taken to improve compliance site reviews and/or reviewers.

### ***Scope of the survey***

The respondents of the site visit survey are staff employed at clinics across Texas enrolled in TVFC. The questions on the site visit survey request staff opinions of several areas of the site visit. Those areas included:

- Scheduling of the visit
- Reviewer presentation
- Reviewer punctuality
- Reviewer knowledge level of program
- Overall satisfaction of the compliance site visit

## **Sample and Methods**

### ***Introduction***

This section describes the methodology and it also describes the data collection and data management procedures.

### ***Methodology***

The survey adopted an electronic format in 2016 and has been revised each year. To ensure comparability of the results, only the questions that remain unchanged from year to year will be reviewed. For facilities enrolled in TVFC, the survey targeted the primary vaccine coordinators who is responsible for maintaining

operations of the program within their assigned facility. TVFC providers receiving a compliance site visit were contacted via email the week following the visits. The email included instructions on completing the survey along with the hyperlink to the survey. There was not a requirement to complete the survey but completion was highly recommended.

### ***Data processing, analysis and reporting***

Results received were exported from Survey Gizmo in an excel document and analyzed by a member of the Vaccine Operations Group (VOG) policy and quality assurance team. The team reviewed the provider identification numbers (PINs), completeness of the survey and reviewed respondent comments. After data cleaning, tables for the report were generated. The tables were generated from the various questions of the survey during the analysis phase. Tables were created using Microsoft Excel.

## **Major Findings**

### ***Response Rate***

Table 12 shows the response rate for the 2018 Site Visits Survey. A total of 2,920 surveys were emailed to providers in 2018, of which 897 responded to the survey, yielding a response rate of 30.7 percent.

**Table 12: TVFC Site Visits Survey Response Rates**

<b>Survey Results</b>	<b>Frequency</b>	<b>Percent</b>
<b>Completed</b>	840	94.0%
<b>Partially Completed</b>	57	6.0%
<b>Response Rate (completed &amp; partial responses)</b>	897	30.7%
<b>Total surveys sent</b>	2,920	

### ***Quality and satisfaction levels of site visits***

The survey sought to find out the overall satisfaction of the site visit conducted by the TMF. Table 13 demonstrates the customer responses. Ninety-seven percent of the respondents were very satisfied or satisfied with the conducted site visit, with remaining percent having a contrary view. Ninety-five percent of respondents reported very satisfied or satisfied with the reviewer. Ninety-four percent of

respondents were satisfied with the preparation instructions that they received. Ninety-five percent of respondents were satisfied or very satisfied with the time the reviewer spent at the facility. For each of these questions, approximately two thirds of the respondents answered that they were very satisfied.

**Table 13: TVFC Provider Satisfaction Survey Results**

<b>Question</b>	<b>Very Satisfied</b>	<b>Satisfied</b>	<b>Neutral</b>	<b>Dissatisfied</b>	<b>Very Dissatisfied</b>
<b>Please rate your satisfaction with the site visit</b>	70.6%	25.8%	2.7%	0.6%	0.2%
<b>Please rate your satisfaction with the reviewer</b>	76.1%	19.4%	3.2%	0.8%	0.5%
<b>Please rate your overall satisfaction with preparation instructions received for site visit</b>	66.9%	26.8%	4.8%	1.2%	0.4%
<b>Please rate your overall satisfaction with the time the reviewer spent at your facility</b>	68.0%	23.3%	6.3%	1.6%	0.8%

## **Laboratory Services Testing Customer Satisfaction Survey**

### **Purpose**

The DSHS Laboratory Services Section (LSS) provides unique testing services for a myriad of sample types and facilities across the state from testing water quality from local sources to testing milk and meat for biologic contaminants to testing newborn blood samples for inherited, potentially deadly disorders. The goal of the

LSS is to improve the public health and patient outcomes for all Texans and serve thousands of facilities across the state that submit samples to the laboratory.

The purpose of the survey is to allow laboratory management to gauge client satisfaction with the type of services provided, ease of use of electronic reporting systems and experience with customer support services with the goal of improving client satisfaction. Surveys are conducted annually by the LSS Quality Assurance Unit and are available to all facilities that receive services from the LSS in a given year.

### **Sample and Methods**

The study sought responses from all sample submitting facilities during calendar year 2018. The surveys were offered in English and were available online only. Facilities were made aware of the survey opportunities through notices placed on the DSHS website and issued via Govdelivery (participants request to be on the email lists). The responses could be completed electronically by facility representatives from February 27, 2019 to March 25, 2019.

Of the 254 surveys initiated, 174 were completed for a response rate of 68.5 percent.

### **Major Findings**

- In the previous year, positive LSS internet website feedback was concerning, as it was just above 50 percent. The most recent survey showed a significant increase in positive feedback (78 percent). In addition, the overall experience when using web applications has increased. Most respondents reported that they could access results reports (89 percent), enter demographic information (92 percent), received adequate communications about scheduled maintenances (93 percent), deemed the application as reliable (89 percent), and LSS response to questions or concerns addressed (93 percent).
- For respondents that contacted LSS by telephone, most were able to obtain the information needed (96 percent), were treated in a polite and courteous manner (96 percent), were put on hold less than five minutes (79 percent), and were contacted within one business day if a message was left (79 percent).

**Table 14: Satisfaction Findings for LSS Customer Satisfaction**

<b>Satisfaction Measure</b>	<b>Proportion of Respondents*</b>
<b>Expressed satisfaction with the services provided by LSS</b>	95%
<b>Expressed satisfaction with the overall customer service experience LSS provided</b>	94%
<b>Expressed satisfaction with the timeliness of result reports LSS provided</b>	91%
<b>Expressed satisfaction with the friendliness and professionalism of LSS staff</b>	94%
<b>Expressed satisfaction with DSHS staff courtesy when contacting by telephone</b>	96%
<b>Expressed satisfaction with LSS response to problems or questions</b>	92%
<b>Expressed satisfaction with information regarding collection and shipping of samples provided by LSS</b>	97%
<b>Expressed satisfaction with experience using web applications</b>	93%

\* Proportions indicate respondents who chose responses "satisfied" or "very satisfied" rather than "dissatisfied" or "very dissatisfied." Those who did not answer the survey question or answered, "N/A" are not counted in these proportions.

## **Laboratory Courier Program Satisfaction Survey**

### **Purpose**

The DSHS Laboratory Courier Program serves hospitals, clinics, public health departments, and other sites in Texas that submit clinical specimens to the laboratory for testing. The program provides courier services for transport of specimens to the DSHS Laboratory for the purpose of beginning testing and reporting out critical results in a timely manner.

The purpose of the survey/series of interviews is to gauge the satisfaction of current courier customers. Additionally, this survey provides information regarding site specific courier use so more efficient scheduling can be implemented.

The survey/series of interviews is conducted by the Courier Coordinator online using Survey Monkey.

The study population is all current users of the DSHS Courier Program, including Lonestar Delivery and Process (LSDP) and FedEx users.

## Sample and Methods

The study sought responses from all sites that were enrolled in the courier program using an online survey between August 15, 2019 and September 1, 2019. The survey was sent to both the main and secondary points of contact at each courier site. The surveys/interviews were offered only in English.

The total number of completed responses for LSDP customers was 90 out of 673 for a response rate of 13.4 percent. The total number of completed responses for FedEx customers was 33 out of 345 for a response rate of 9.6 percent.

## Major Findings

### *LSDP Findings*

- Most respondents (93 percent) reported they were somewhat to highly satisfied with overall satisfaction of services (Table 15).
- In the four categories of customer service experience, professionalism, quality of service, and ease of use most respondents (average 82 percent) said service was above to well above average.

**Table 15. LSDP – Overall Satisfaction Findings**

Satisfaction Measure	2019 Proportion of Respondents
Expressed that they are highly satisfied with overall courier services	76%
Expressed that they are somewhat satisfied with overall courier services	17%
Indicated “neutral” or did not answer the survey question	7%

## ***FedEx Findings***

- Most respondents (82 percent) reported they were somewhat to highly satisfied with overall satisfaction of services (Table 16).
- Most respondents (82 percent) reported they had an improvement of transit time of specimens.

**Table 16. FedEx – Overall Satisfaction Findings: Indicated Highly Satisfied, Somewhat Satisfied**

<b>Satisfaction Measure</b>	<b>2019 Proportion of Respondents</b>
<b>Expressed that they are highly satisfied with overall courier services</b>	73%
<b>Expressed that they are somewhat satisfied with overall courier services</b>	9%
<b>Indicated “neutral” or did not answer the survey question</b>	18%

## **South Texas Laboratory – Water Sample Testing**

### **Purpose**

The South Texas Laboratory (STL) is a branch of the Laboratory Services Section located in Harlingen, Texas. STL is dedicated to providing high-quality, accurate test results and acts as a public health laboratory serving 10 Texas regions.

One service provided by STL is bacterial water testing for drinking water. Testing is performed on public water systems, companies who sell bottled or vended water and private individuals (i.e. self-owned businesses or properties with ground wells). The program provides bacterial water testing for drinking water submitters who are required to follow the Texas Commission of Environmental Quality regulations.

The purpose of the survey is to seek feedback, both positive and negative, from the submitters. The feedback shall be used to improve the management system, testing and customer service. The survey is conducted by the South Texas Laboratory Water Department. The study population includes all water submitters.

### **Sample and Methods**

The study sought responses from all water submitters that are current customers of STL. The study was conducted by paper in January 10, 2018 and returned by

February 12, 2018. The surveys were offered in English only. Individuals provided their responses by completing the survey themselves. The total number of completed responses was approximately 26 out of 77 for a response rate of 33 percent.

## Major Findings

The findings of the survey were as follows:

- Most submitters (99 percent) received lab reports in a timely manner (faxed, mailed or other).
- Most submitters (99 percent) spoke with a STL staff employee immediately or within three to five minutes.
- Most submitters reported water issues were resolved within minutes (96 percent), rather than hours (1 percent), days (2 percent), or other (1 percent).
- All submitters (100 percent) gave a highly satisfied rate.
- Submitters rated STL "average" (72 percent), "above average" (25 percent), and "well above average" (3 percent) on customer service experience, on-time delivery of service, professionalism, quality of service, and understanding of customers' needs.
- Most submitters (81 percent) rated STL service much higher compared to other labs. The remainder (19 percent) indicated they could not compare services.
- Most submitters (77 percent) strongly agreed that STL staff are very knowledgeable. The remainder (23 percent) indicated they agreed.
- Most submitters rated STL overall service on instructing changes on the G-19 form "well above average" (77 percent), rather than "above average" (15 percent) or "average" (8 percent).
- All submitters (100 percent) reported STL gave clear instructions on collection of water samples and clear answers to resolve issues.
- Most submitters (92 percent) were highly satisfied with DSHS STL staff responsiveness when calling to report a problem about service. The remainder indicated they were neutral (8 percent).
- Most submitters (98 percent) rated staff as "very well" for the following characteristics: patience, enthusiastic, listens carefully, friendly, responsive, and courteous to the water submitters. The remainder rated "well" (2 percent).
- All submitters (100 percent) rating on the overall process of problem resolving was "very good."

## **South Texas Laboratory - Clinical Testing**

### **Purpose**

The South Texas Laboratory (STL) is a branch of the Laboratory Services Section located in Harlingen, Texas. STL is dedicated to providing high-quality, accurate test results and acts as a public health laboratory serving 10 Texas regions. This includes more than 70 clinics in addition to local hospitals and health departments in the Rio Grande Valley.

STL serves tuberculosis (TB) elimination programs throughout Texas. The programs provide clinical laboratory testing such as Comprehensive Metabolic Panels, Liver Function Panels, TB panels, and Complete Blood Counts for toxicity testing related to latent TB infection cases.

The purpose of the surveys is to meet accreditation requirements and to gather information about satisfaction with services. The survey is conducted by STL and the study population is the staff of the TB regional clinics.

### **Sample and Methods**

The study sought responses from Regional Clinics and TB Elimination Submitters. Participants were identified based on submitter enrollment testing needs. The study was conducted by paper in January and February 2019. The surveys were offered in English only. Individuals provided their responses by completing the surveys themselves. The total number of completed responses was 26 out of 107 for a response rate of 24 percent.

### **Major Findings**

The findings of the study were as follows:

- All respondents (100 percent) expressed satisfaction with STL.
- All respondents (100 percent) reported receiving their lab reports in a timely manner (fax, mailed, other).
- All respondents (100 percent) reported high satisfaction with the supply ordering process.
- All respondents who use cold boxes (100 percent) reported that their cold boxes arrived at the scheduled time. Some respondents did not use cold boxes.
- Most respondents (88 percent) reported above and well above average customer service experience. Some respondents (12 percent) reported average customer service experience.

- Most respondents (92 percent) reported above and well above average on-time delivery of service. Some respondents (8 percent) reported average on-time delivery of service.
- Most respondents (92 percent) reported above and well above average professionalism. Some respondents (8 percent) reported average professionalism.
- Most respondents (88 percent) reported above and well above average quality of service. Some respondents (12 percent) reported average quality of service.
- Most respondents (88 percent) reported above and well above average understanding of customers' needs. Some respondents (12 percent) reported average understanding of customers' needs.
- Most respondents (77 percent) reported a same or higher STL service rate in comparison to previous modes of submitting specimens (i.e. postal service, other courier service). Some responses (23 percent) were not applicable.
- 46 percent of respondents saw a decrease in the number of specimens rejected for stability time or proper temperature in which the specimens were received by STL.
- Most respondents (88 percent) reported satisfaction and high satisfaction with STL staff responsiveness when called with service issues.
- Most respondents (85 percent) reported adequate supplies for sending specimens.
- One respondent reported dissatisfaction with the inability to ship specimens on Fridays due to specimen stability as STL is closed on weekend.
- One respondent reported dissatisfaction with the inability to access results online.

### 3. Health and Human Services Commission

This chapter reports the results of 23 surveys that collected customer satisfaction data related to the Health and Human Services Commission (HHSC). More than 286,000 responses were received through these surveys. For readability, this chapter is organized into six sections:

- I. Healthcare Coverage
  - a. STAR Child Caregiver Member Survey
  - b. STAR Health Caregiver Member Survey
  - c. STAR Kids Caregiver Member Survey
  - d. CHIP Caregiver Member Survey
  - e. Child Core Measures Survey
  - f. Medicaid and CHIP Dental Caregiver Survey
  - g. STAR Adult Member Survey
  - h. STAR+PLUS Member Survey
  - i. Adult Core Measures Survey
  - j. Medical Transportation Program Member Survey
- II. Access and Eligibility Services
  - a. Supplemental Nutrition Assistance Program (SNAP) Community Partner Interview (CPI) Surveys
  - b. YourTexasBenefits.Com Survey
- III. Quality Reviews
  - a. Nursing Facility Quality Review (NFQR)
  - b. Long Term Services and Supports Quality Review (LTSSQR)
  - c. Consumer Rights and Services (CRS) Survey

#### IV. Health, Development, and Independence Services<sup>5</sup>

- a. Early Childhood Intervention (ECI) Family Survey
- b. Autism Program Satisfaction Survey
- c. Your WIC Experience Survey

#### V. Mental Health Services

- a. Mental Health Statistics Improvement Program Youth Services Survey for Families
- b. Mental Health Statistics Improvement Program Adult Services Survey
- c. Mental Health Statistics Improvement Program Inpatient Consumer Survey
- d. House Bill 13 Community Mental Health Grant Program

#### VI. Disability Services

- a. Intellectual and Developmental Disability (IDD) Services and Disability Services Surveys

## I. Healthcare Coverage

Eleven surveys captured customer satisfaction information from Texas HHSC clients receiving healthcare coverage since the last Report on Customer Service. The surveys summarized in this section were administered in state fiscal years 2018-2019.

For readability, this section is organized in three subsections:

- 1. Child Healthcare Coverage
- 2. Adult Healthcare Coverage
- 3. Medical Transportation Program

The child and adult healthcare surveys discussed here relate to Texas Medicaid or Children's Health Insurance Program (CHIP) services and the Medical

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<sup>5</sup> Historically HHSC administers the Independent Living Services Customer Satisfaction Survey and the Blind Children's Vocational Discovery and Development Program Customer Satisfaction Survey. However, data was unavailable for SFY 2018 & SFY 2019.

Transportation Program (MTP) survey relates to non-emergency medical transportation (NEMT) services. Federal law requires state Medicaid programs to contract with an external quality review organization (EQRO) to help evaluate services. HHSC contracts with Institute for Child Health Policy (ICHP) at the University of Florida for this purpose, and ICHP conducted these surveys as part of their EQRO duties. The surveys assess members' or their caregivers' satisfaction with physical health, behavioral health, dental, or NEMT services. The questions on the surveys are primarily taken from nationally standardized survey instruments.

## **Child Healthcare Coverage**

The surveys about services for children include:

- STAR Child Caregiver Member Survey
- STAR Health Caregiver Member Survey
- STAR Kids Caregiver Member Survey
- CHIP Caregiver Member Survey
- Child Core Measures Survey
- Medicaid and CHIP Dental Caregiver Survey

The EQRO used a similar survey protocol for all surveys. Evaluators sent advance notification letters written in English and Spanish to caregivers of child members in Medicaid and CHIP requesting their participation in the surveys. Then the evaluators telephoned caregivers seven days a week in both day and evening hours (generally between 9:00 a.m. and 9:00 p.m. Central) to complete the survey. Multiple attempts (up to 20 for most programs) were made to reach a family before a member's phone number was removed from the calling circuit. If a respondent was unable to complete the interview in English, evaluators referred the respondent to a Spanish-speaking interviewer for a later time.

The child healthcare surveys included questions from the following sources:

- The Agency for Healthcare Research and Quality's (AHRQ) Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey, a widely used instrument for measuring and reporting consumer experiences with their health plan and providers.<sup>6</sup>
- Items developed by the EQRO pertaining to caregiver and member demographic and household characteristics.

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<sup>6</sup> <https://www.ahrq.gov/cahps/index.html>

The technical appendices for these reports can be found on the Texas Healthcare Learning Collaborative portal in the Member Surveys folder under Resources.<sup>7</sup>

## **STAR Child Caregiver Member Survey**

### ***Purpose***

The EQRO conducts the STAR Child Caregiver Member Survey from May to September with caregivers of children who receive services funded through the Medicaid STAR program. STAR serves children in low-income families as well as adults who meet certain income and eligibility criteria. The program provides physical, behavioral health, and dental services for children. This survey reviews physical and behavioral health, and a separate survey examines satisfaction with dental services. Surveys for adults and children in the STAR program are conducted separately.

The purpose of the STAR Child Caregiver Member Survey is to determine the sociodemographic characteristics and health status of children enrolled in the STAR program and assess parental experiences and satisfaction with healthcare received by STAR enrollees. Specifically, the survey includes questions to address:

- The sociodemographic characteristics and health status of members
- Caregivers' satisfaction with their child's healthcare
- Access to and timeliness of care, including having a usual source of care
- Preventive care, including check-ups
- The need for and availability of specialized services
- Caregivers' experiences with their child's health plan and customer service
- Healthcare needs as children with chronic conditions transition into adulthood

### ***Sample and Methods***

Participants for the STAR Child Caregiver Member Survey were selected from a stratified random sample of beneficiaries ages 17 and younger who were enrolled in STAR for six continuous months between October 2018 and March 2019. Members having no more than one 30-day break in enrollment in the same managed care organization (MCO) during this period were included in the sampling frame. The sample was stratified to include representation from the 44 plan codes (MCO/service areas), plus a statewide sample of members in Permanency Care Assistance and Adoption Assistance. There were 1,143,706 clients who met the

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<sup>7</sup> <https://thlcportal.com/resources/>

sampling frame criteria. The target number of completed surveys was 200 per plan code and 300 for MCOs operating in only one service area. While the sample was drawn from the beneficiaries (children), the survey was conducted with their parents/caregivers.

There were 8,700 completed surveys with a response rate of 21 percent and a cooperation rate<sup>8</sup> of 55 percent. Approximately 0.8 percent of the sampling frame completed the survey.

### **Major Findings**

The EQRO presented the findings to HHSC for a number of domains which allows for the calculation and reporting of healthcare composites. These are scores that combine results for closely related survey items, providing a comprehensive, yet concise summary of results for multiple survey questions. The scores in Table 17, Table 18, and Table 19 present the survey's composites.

**Table 17: STAR Child Caregiver Member Survey CAHPS Composites: Percent "Always" Having Positive Experiences\***

<b>Satisfaction Domain</b>	<b>% of Respondents</b>	<b>AHRQ National Average (2019)**</b>
<b>Getting Needed Care</b>	62.3%	61.0%
<b>Getting Care Quickly</b>	76.1%	73.0%
<b>How Well Doctors Communicate</b>	82.9%	79.0%
<b>Customer Service</b>	77.4%	68.0%
<b>Coordination of Care</b>	65.7%	60.0%

\* CAHPS composite rates and CAHPS-based HHSC Dashboard indicators in this report are calculated following the "top box" (percent always) method. This differs from the scoring method used in prior years (percent usually + always); therefore, results in this file should not be compared to those in the prior-year report due to changes in the scoring methodology.

\*\* <https://cahpsdatabase.ahrq.gov/CAHPSIDB/HP/Topscores.aspx>

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<sup>8</sup> The cooperation rate is defined by the 2019 STAR Child Caregiver Member Survey technical appendix as the proportion of individuals who agreed to take the survey out of the number of people approached to participate in the survey.

**Table 18: STAR Child Caregiver Member Survey CAHPS Composites: Percent Responding “Yes”\***

Satisfaction Domain	% of Respondents	AHRQ National Average (2019)
Health Promotion and Education	71.1%	73.0%
Shared Decision Making	80.2%	N/A**

\* See <https://www.ahrq.gov/cahps/index.html> for a list of specific items in each domain.

\*\* N/A is listed for measures for which the AHRQ does not report a national average.

**Table 19: STAR Child Caregiver Member Survey CAHPS Composite: Percent Rating at “9” or “10”**

Satisfaction Domain	% of Respondents	AHRQ National Average (2019)
Health Care Rating	78.6%	70.0%
Personal Doctor Rating	79.3%	77.0%
Specialist Rating	79.7%	73.0%
Health Plan Rating	83.2%	71.0%

The survey included several questions that functioned as indicators of health plan performance, which are listed on the HHSC Performance Indicator Dashboard.<sup>9</sup> HHSC set benchmarks (known as HHSC Performance Dashboard Indicators) for the agency's performance in several key domains. The relevant results of the STAR Child Caregiver Member Survey are reported relative to these performance indicator benchmarks in Table 20.

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<sup>9</sup> <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/handbooks/umcm/10-1-14.pdf>

**Table 20: Statewide STAR Child Member Survey Results Relative to HHSC  
Performance Dashboard Indicators**

<b>Performance Dashboard Indicator</b>	<b>STAR Child Total</b>	<b>STAR Child Standard (2019)</b>
<b>Good Access to Urgent Care</b>	80.4%	78.0%
<b>Good Access to Specialist Appointment</b>	56.6%	53.0%
<b>Good Access to Routine Care</b>	71.9%	67.0%
<b>Members Rating Child's Personal Doctor "9" or "10"</b>	79.3%	76.0%
<b>Members Rating Child's Health Plan a "9" or "10"</b>	83.2%	69.0%
<b>How Well Doctors Communicate</b>	82.9%	79.0%

## **STAR Health Caregiver Survey**

### ***Purpose***

The EQRO conducts the STAR Health Caregiver Survey from June to August with caregivers of children who received services funded through the STAR Health program. The Texas STAR Health program began in April 2008 and operates through Superior HealthPlan to provide physical, behavioral health, and dental services and care coordination to children in foster care. This survey reviews physical and behavioral health, and a separate survey examines satisfaction with dental services.

The purpose of the STAR Health Caregiver Survey is to assess the sociodemographic characteristics and health status of members and the experiences and satisfaction of caregivers with the healthcare services received by their children in STAR Health. Additionally, the survey includes questions to address:

- The sociodemographic characteristics and health status of members
- Caregivers' experiences and satisfaction with their child's healthcare, personal doctor, and health plan customer service

- The need for and availability of specialized services for members
- Caregivers' experiences with their child's care coordination
- Healthcare needs as children with chronic conditions transition into adulthood

### ***Sample and Methods***

Participants for the STAR Health Caregiver Survey were selected from a simple random sample of beneficiaries age 17 years or younger who were enrolled in the STAR Health program for at least six continuous months from December 2017 to May 2018 and have been living with their present caregiver for six months or longer. There were 13,217 clients identified in the sampling frame. The target number of completed surveys was 300.

There were 300 surveys completed with a response rate of 20 percent and a cooperation rate<sup>10</sup> of 48 percent. Approximately 2.3 percent of the sampling frame completed the survey.

### ***Major Findings***

The EQRO presented the findings to HHSC for a number of domains which allows for the calculation and reporting of healthcare composites. These are scores that combine results for closely related survey items, providing a comprehensive, yet concise summary of results for multiple survey questions. The scores in Table 21, Table 22, and Table 23 present the survey's composites.

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<sup>10</sup> The cooperation rate is defined by the 2019 STAR Health Caregiver Survey technical appendix as the proportion of individuals who agreed to take the survey out of the number of people approached to participate in the survey.

**Table 21: STAR Health Caregiver Survey CAHPS Composite: Percent “Always” Having Positive Experiences\***

<b>Satisfaction Domain</b>	<b>% of Respondents</b>	<b>AHRQ National Average (2018)**</b>
<b>Getting Needed Care</b>	63.3%	61.0%
<b>Getting Care Quickly</b>	85.2%	74.0%
<b>How Well Doctors Communicate</b>	83.6%	79.0%
<b>Customer Service</b>	76.5%	69.0%
<b>Coordination of Care</b>	69.6%	59.0%
<b>Access to Specialized Services</b>	55.3%	N/A***
<b>Getting Needed Information</b>	75.8%	74.0%
<b>Getting Prescriptions</b>	79.6%	71.0%

\* CAHPS composite rates and CAHPS-based HHSC Dashboard indicators in this report are calculated following the “top box” (percent always) method. This differs from the scoring method used in prior years (percent usually + always); therefore, results in this file should not be compared to those in the prior-year report due to changes in the scoring methodology.

\*\* <https://cahpsdatabase.ahrq.gov/CAHPSIDB/HP/Topscores.aspx>

\*\*\* N/A is listed for measures for which the AHRQ does not report a national average.

**Table 22: STAR Health Caregiver Survey CAHPS Composite: Percent Responding “Yes” \***

Satisfaction Domain	% of Respondents	AHRQ National Average (2018) **
Health Promotion and Education	72.5%	73.0%
Shared Decision Making	75.6%	N/A
Personal Doctor Who Knows Child	91.5%	N/A

\* See <https://www.ahrq.gov/cahps/index.html> for a list of specific items in each domain.

\*\* N/A is listed for measures for which the AHRQ does not report a national average.

**Table 23: STAR Health Caregiver Survey CAHPS Composite: Percent Rating at “9” or “10”**

Satisfaction Domain	% of Respondents	AHRQ National Average (2018)
Health Care Rating	70.6%	69.0%
Personal Doctor Rating	79.2%	76.0%
Specialist Rating	68.4%	73.0%
Health Plan Rating	64.8%	70.0%

The survey included several questions that functioned as indicators of health plan performance, which are listed on the HHSC Performance Indicator Dashboard.<sup>11</sup> HHSC set benchmarks (known as HHSC Performance Dashboard Indicators) for the agency's performance in several key domains. The relevant results of the STAR Health Caregiver Survey are reported relative to these performance indicator benchmarks in Table 24.

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<sup>11</sup> <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/handbooks/umcm/10-1-14.pdf>

**Table 24: Statewide STAR Health Caregiver Survey Results Relative to HHSC Performance Dashboard Indicators**

<b>Performance Dashboard Indicator</b>	<b>STAR Health Total (2018)</b>	<b>STAR Health Standard (2018)</b>
<b>Good Access to Urgent Care</b>	91.6%	78.0%
<b>Good Access to Specialist Appointments</b>	55.4%	55.0%
<b>Good Access to Routine Care</b>	78.8%	68.0%
<b>Good Access to Behavioral Health Treatment or Counseling</b>	50.0%	52.0%
<b>Parent/Caregiver Rating Child's Personal Doctor "9" or "10"</b>	79.2%	75.0%
<b>Parent/Caregiver Rating Child's Health Plan a "9" or "10"</b>	64.8%	62.0%
<b>Parent/Caregiver Good Experiences with Doctors' Communication</b>	83.6%	78.0%

## **STAR Kids Caregiver Member Survey**

### ***Purpose***

The EQRO conducts the STAR Kids Caregiver Member Survey from July to October with caregivers of children who received services funded through the Medicaid STAR Kids program. STAR Kids serves children and adults 20 and younger who have a disability and meet certain eligibility criteria. The program provides physical, behavioral health, and dental services. This survey reviews physical and behavioral health, and a separate survey examines satisfaction with dental services.

The STAR Kids Caregiver Member Survey's purpose is to determine the sociodemographic characteristics and health status of children enrolled in the STAR Kids program and assess parental experiences and satisfaction with healthcare received by STAR enrollees. Specifically, the survey includes questions to address:

- The sociodemographic characteristics and health status of enrollees

- Caregivers' experiences of and satisfaction with their children's healthcare, personal doctor, and health plan customer service
- Access to and timeliness of care, including having a usual source of care
- Caregivers' knowledge of and experiences with service coordination provided through their health plan
- The need for and availability of specialized services for members
- Healthcare needs as children with chronic conditions transition into adulthood

### ***Sample and Methods***

Participants for the STAR Kids Caregiver Member Survey were selected from a stratified random sample of beneficiaries ages 17 and younger who were enrolled in STAR Kids for six continuous months between December 2017 and May 2018. Members having no more than one 30-day break in enrollment in the same MCO during this period were included in the sampling frame. The sample was stratified to include representation from the 28 plan codes (MCO/service areas), plus a second stratified random sample on three 1915(c) waiver categories: Medically Dependent Children Program (MDCP), Youth Empowerment Services (YES), and intellectual and developmental disabilities (IDD). There were 100,470 clients who met the sampling frame criteria. The target number of completed surveys was 220 per plan code and 330 for MCOs operating in only one service area. While the sample was drawn from the beneficiaries (children), the survey was conducted with their parents/caregivers.

There were 7,131 completed surveys with a response rate of 26 percent and a cooperation rate<sup>12</sup> of 52 percent. Approximately 7.1 percent of the sampling frame completed the survey.

### ***Major Findings***

The EQRO presented the findings to HHSC for a number of domains which allows for the calculation and reporting of healthcare composites. These are scores that combine results for closely related survey items, providing a comprehensive, yet concise summary of results for multiple survey questions. Table 25, Table 26, and Table 27 present the survey's composites.

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<sup>12</sup> The cooperation rate is defined by the 2019 STAR Kids Caregiver Member Survey technical appendix as the proportion of individuals who agreed to take the survey out of the number of people approached to participate in the survey.

**Table 25: STAR Kids Caregiver Member Survey CAHPS Composites: Percent  
"Always" Having Positive Experiences\***

<b>Satisfaction Domain</b>	<b>% of Respondents</b>	<b>AHRQ National Average (2018)**</b>
<b>Getting Needed Care</b>	64.2%	61.0%
<b>Getting Care Quickly</b>	75.7%	74.0%
<b>How Well Doctors Communicate</b>	77.5%	79.0%
<b>Customer Service</b>	75.5%	69.0%
<b>Coordination of Care</b>	61.9%	59.0%
<b>Access to Specialized Services</b>	50.4%	N/A***
<b>Getting Needed Information</b>	73.7%	74.0%
<b>Getting Prescriptions</b>	73.4%	71.0%

\* <https://cahpsdatabase.ahrq.gov/CAHPSIDB/HP/Topscores.aspx>

\*\* CAHPS composite rates and CAHPS-based HHSC Dashboard indicators in this report are calculated following the "top box" (percent always) method. This differs from the scoring method used in prior years (percent usually + always); therefore, results in this file should not be compared to those in the prior-year report due to changes in the scoring methodology.

\*\*\* N/A is listed for measures for which the AHRQ does not report a national average.

**Table 26: STAR Kids Caregiver Member Survey CAHPS Composites: Percent Responding "Yes"\***

Satisfaction Domain	% of Respondents	AHRQ National Average (2018)**
Health Promotion and Education	75.3%	73.0%
Shared Decision Making	84.3%	N/A
Personal Doctor Who Knows Child	88.5%	N/A
Coordination of Care for Children with Chronic Conditions	81.6%	N/A

\* See <https://www.ahrq.gov/cahps/index.html> for a list of specific items in each domain.

\*\* N/A is listed for measures for which the AHRQ does not report a national average.

**Table 27: STAR Kids Caregiver Member Survey CAHPS Composites: Percent Rating at "9" or "10"**

Satisfaction Domain	% of Respondents	AHRQ National Average (2018)
Health Care Rating	73.9%	69.0%
Personal Doctor Rating	77.4%	76.0%
Specialist Rating	78.9%	73.0%
Health Plan Rating	71.1%	70.0%

The survey included several questions that functioned as indicators of health plan performance, which are listed on the HHSC Performance Indicator Dashboard.<sup>13</sup> HHSC set benchmarks (known as HHSC Performance Dashboard Indicators) for the agency's performance in several key domains (Table 28). Since the STAR Kids program was established in 2017, there were no standards for comparison with the

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<sup>13</sup> <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/handbooks/umcm/10-1-14.pdf>

2018 STAR Kids Caregiver Member Survey. Performance Indicator Dashboard standards for STAR Kids will be available in 2020.

**Table 28: Statewide STAR Kids Caregiver Member Survey Results Relative to HHSC Performance Dashboard Indicators**

<b>Performance Dashboard Indicator</b>	<b>STAR Kids Total</b>
<b>Good Access to Urgent Care</b>	81.0%
<b>Good Access to Specialist Appointments</b>	59.2%
<b>Good Access to Routine Care</b>	70.4%
<b>Good Access to Special Therapies</b>	47.4%
<b>Good Access to Behavioral Health Treatment or Counseling</b>	52.0%
<b>Members Rating Child's Personal Doctor "9" or "10"</b>	77.4%
<b>Members Rating Child's Health Plan a "9" or "10"</b>	71.1%
<b>Good Experiences with Doctors' Communication</b>	77.5%
<b>Getting Needed Care</b>	64.2%
<b>Getting Care Quickly</b>	75.7%
<b>Access to Specialized Services</b>	50.4%
<b>How Well Doctors Communicate</b>	77.5%
<b>Personal Doctor Who Knows Child</b>	88.5%
<b>Customer Service</b>	75.5%
<b>Receiving Help Coordinating Child's Care</b>	36.5%
<b>Very Satisfied with Communicating among Child's Providers</b>	67.1%

## **CHIP Caregiver Member Survey**

### ***Purpose***

The EQRO conducts the CHIP Caregiver Member Survey from May to September with caregivers of children who receive services funded through the CHIP program. CHIP is a partially subsidized health insurance program for children from families whose income falls below a specific threshold but exceeds the eligibility level to qualify for Medicaid. The program provides physical, behavioral health, and dental services for children. This survey reviews physical and behavioral health.

The purpose of the CHIP Caregiver Member Survey is to determine the sociodemographic characteristics and health status of children enrolled in CHIP and to assess parental experiences and satisfaction with healthcare received by CHIP enrollees. The survey includes questions to address:

- The sociodemographic characteristics and health status of enrollees
- Parent's experiences and satisfaction with their children's healthcare, personal doctor, and health plan customer service
- The need for and availability of specialized services for members
- Healthcare needs as children with chronic conditions transition into adulthood

### ***Sample and Methods***

Survey participants for the CHIP Child Caregiver Member Survey were selected from a stratified random sample of beneficiaries ages 17 and younger who were enrolled in CHIP for six continuous months between October 2018 and March 2019. Client counts were not made available for inclusion in this report before publication. Members having no more than one 30-day break in enrollment in the same MCO during this period were included in the sampling frame. The sample was stratified to include representation from the 32 plan codes (MCO/service areas). There were 130,579 clients who met the sampling frame criteria. The target number of completed surveys was 200 per plan code and 300 for MCOs operating in only one service area. While the sample was drawn from the beneficiaries (children), the survey was conducted with their parents/caregivers.

There were 5,461 completed surveys with a response rate of 17 percent and a cooperation rate<sup>14</sup> of 50 percent. Approximately 4.2 percent of the sampling frame completed the survey.

## Major Findings

The EQRO presented the findings to HHSC for a number of domains which allows for the calculation and reporting of healthcare composites. These are scores that combine results for closely related survey items, providing a comprehensive, yet concise summary of results for multiple survey questions. Table 29, Table 30, and Table 31 present the survey's composites.

**Table 29: CHIP Caregiver Member Survey CAHPS Composites: Percent "Always" Having Positive Experiences\***

Satisfaction Measure	% of Respondents	AHRQ National Average (2019)**
Getting Needed Care	58.0%	61.0%
Getting Care Quickly	73.8%	73.0%
How Well Doctors Communicate	80.4%	79.0%
Customer Service	77.5%	68.0%
Coordination of Care	60.8%	60.0%

\* CAHPS composite rates and CAHPS-based HHSC Dashboard indicators in this report are calculated following the "top box" (percent always) method. This differs from the scoring method used in prior years (percent usually + always); therefore, results in this file should not be compared to those in the prior-year report due to changes in the scoring methodology.

\*\* <https://cahpsdatabase.ahrq.gov/CAHPSIDB/HP/Topscores.aspx>

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<sup>14</sup> The cooperation rate is defined by the 2019 CHIP Caregiver Member Survey technical appendix as the proportion of individuals who agreed to take the survey out of the number of people approached to participate in the survey.

**Table 30: CHIP Caregiver Member Survey CAHPS Composites: Percent Responding "Yes"\***

Satisfaction Domain	% of Respondents	AHRQ National Average (2019)
Health Promotion and Education	68.7%	73.0%
Shared Decision Making	74.0%	N/A**

\* See <https://www.ahrq.gov/cahps/index.html> for a list of specific items in each domain.

\*\* N/A is listed for measures for which the AHRQ does not report a national average.

**Table 31: CHIP Caregiver Member Survey CAHPS Composites: Percent Rating at "9" or "10"**

Satisfaction Domain	% of Respondents	AHRQ National Average (2019)
Health Care Rating	74.4%	70.0%
Personal Doctor Rating	77.2%	77.0%
Specialist Rating	75.6%	73.0%
Health Plan Rating	76.9%	71.0%

The survey included several questions that function as indicators of health plan performance, which are listed on the HHSC Performance Indicator Dashboard.<sup>15</sup> HHSC set benchmarks (known as HHSC Performance Dashboard Indicators) for the agency's performance in several key domains. The relevant results of the CHIP Caregiver Member Survey are reported relative to these performance indicator benchmarks in Table 32.

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<sup>15</sup> <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/handbooks/umcm/10-1-14.pdf>

**Table 32: Statewide CHIP Member Survey Results Relative to HHSC Performance Dashboard Indicators**

Performance Dashboard Indicator	CHIP Survey Results	CHIP Standard (2019)
Good Access to Urgent Care	76.5%	75.0%
Good Access to Routine Care	71.1%	67.0%
Members Rating Child's Personal Doctor "9" or "10"	77.2%	74.0%
Members Rating Child's Health Plan a "9" or "10"	76.9%	74.0%
How Well Doctors Communicate	80.4%	79.0%

## Child Core Measures Survey

### *Purpose*

The EQRO conducts the Child Core Measures Survey from June to November with caregivers of children who receive services funded through Texas Medicaid and CHIP. The purpose of the Child Core Measures Survey is to assess member and caregiver overall experiences with Medicaid and CHIP in Texas. Results from these surveys were used in SFY 2019 Child and Adult Core Measures reporting to the Centers for Medicare and Medicaid Services.

### *Sample and Methods*

Participants for the Child Core Measure Survey were selected from a stratified random sample of beneficiaries ages 17 and younger who were enrolled in Medicaid (STAR, STAR Kids, STAR Health, and Fee-For-Service) or CHIP for six or more continuous months. There were 946,884 clients identified in the sampling frame. The target number of completed surveys was 822: 411 for Medicaid Child and 411 for CHIP. The EQRO randomly selected 411 existing CHIP caregiver responses from the 2019 Biennial CHIP Caregiver survey for the CHIP core reporting. While the sample was drawn from the beneficiaries (children), the survey was conducted with their parents/caregivers. Approximately 0.1 percent of the sampling frame completed the survey.

## Major Findings

The EQRO presented the findings to HHSC for a number of domains which allows for the calculation and reporting of healthcare composites. These are scores that combine results for closely related survey items, providing a comprehensive, yet concise summary of results for multiple survey questions. Table 33, Table 34, and Table 35 present the survey's composites.

**Table 33: Child Core Measure Survey CAHPS Composites: Percent “Always” Having Positive Experiences \***

Satisfaction Domain	Medicaid Child % of Respondents	CHIP % of Respondents
Getting Needed Care	65.0%	57.1%
Getting Care Quickly	76.9%	71.3%
How Well Doctors Communicate	83.7%	78.0%
Customer Service	76.3%	74.0%
Coordination of Care	62.8%	59.3%

\* CAHPS composite rates and CAHPS-based HHSC Dashboard indicators in this report are calculated following the "top box" (percent always) method. This differs from the scoring method used in prior years (percent usually + always); therefore, results in this file should not be compared to those in the prior-year report due to changes in the scoring methodology.

**Table 34: Child Core Measures Survey CAHPS Composites: Percent Responding “Yes” \***

Satisfaction Domain	Medicaid Child % of Respondents	CHIP % of Respondents
Health Promotion and Education	71.5%	71.0%
Shared Decision Making	79.9%	N/A **

\* See <https://www.ahrq.gov/cahps/index.html> for a list of specific items in each domain.

\*\* N/A is listed for measures for which the AHRQ does not report a national average.

**Table 35: Child Core Measure Survey CAHPS Composites: Percent Rating at “9” or “10”**

Satisfaction Domain	Medicaid Child % of Respondents	CHIP % of Respondents
Health Care Rating	77.8%	73.0%
Personal Doctor Rating	80.1%	78.4%
Specialist Rating	78.6%	N/A*
Health Plan Rating	76.2%	72.1%

\* N/A is listed for measures for which the AHRQ does not report a national average.

## Medicaid and CHIP Dental Caregiver Survey

### *Purpose*

The EQRO conducts the Medicaid and CHIP Dental Caregiver Survey from July to November with caregivers of children who receive dental services funded through Texas Medicaid and CHIP. The Medicaid programs STAR, STAR Kids, and STAR Health, as well as general Fee-For-Service Medicaid and CHIP, all provide dental services for children under 18 years of age.

The purpose of the Medicaid and CHIP Dental Caregiver Survey is to assess caregivers’ experiences and satisfaction with the dental health services their children received in the Medicaid and CHIP programs. Specifically, the survey includes questions to address:

- The sociodemographic characteristics and health status of child enrollees receiving dental health services.
- Caregiver experiences and satisfaction with their child’s dentist and dental services overall, including:
  - The timeliness of getting treatment
  - The quality of dentist’s communication and care
  - Getting treatment and information from the health plan
  - Receiving information about treatment options

### *Sample and Methods*

Participants for the Dental Caregiver Member Survey were selected from a stratified random sample of beneficiaries ages 17 and younger who were enrolled in CHIP or

Medicaid for six continuous months between November 2018 and May 2019. Members having no more than one 30-day break in enrollment in the same CHIP or Medicaid dental plan during this period were included in the sampling frame. There were 1,297,292 clients who met the sampling frame criteria. The sample was stratified to include representation from CHIP and Medicaid with a target number of 300 completed surveys per dental plan. While the sample was drawn from the beneficiaries (children), the survey was conducted with their parents/caregivers.

There were 1,200 surveys completed with a response rate of 20 percent and a cooperation rate<sup>16</sup> of 51 percent. Approximately 0.1 percent of the sampling frame completed the survey.

### ***Major Findings***

The EQRO presented the findings to HHSC for a number of domains which allows for the calculation and reporting of healthcare composites. These are scores that combine results for closely related survey items, providing a comprehensive, yet concise summary of results for multiple survey questions. The scores in Table 36 and Table 37 present the survey's composites.

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<sup>16</sup> The cooperation rate is defined by the 2019 Dental Caregiver Member Survey technical appendix as the proportion of individuals who agreed to take the survey out of the number of people approached to participate in the survey.

**Table 36. Medicaid and CHIP Dental Caregiver Survey CAHPS Composites: Percent “Always” Having Positive Experiences\***

<b>Satisfaction Measure</b>	<b>Medicaid % of Respondents</b>	<b>CHIP % of Respondents</b>
<b>In the last six months, how often were your child’s dental appointments as soon as you wanted?</b>	76.7%	76.9%
<b>In the last six months, how often did the customer service staff at your child’s dental plan treat you with courtesy and respect?</b>	89.0%	85.7%
<b>In the last six months, how often did your child’s regular dentist explain things in a way that was easy to understand?</b>	82.0%	86.1%
<b>In the last six months, how often did your child’s dental plan cover all of the services you thought were covered?</b>	85.6%	65.0%
<b>[Of those who sought information] In the last six months, how often did the 800 number, written materials or website provide the information you wanted?</b>	52.6%	60.4%

\* CAHPS composite rates and CAHPS-based HHSC Dashboard indicators in this report are calculated following the “top box” (percent always) method. This differs from the scoring method used in prior years (percent usually + always); therefore, results in this file should not be compared to those in the prior-year report due to changes in the scoring methodology.

**Table 37. Medicaid and CHIP Dental Caregiver Survey CAHPS Composites: Percent Rating at "9" or "10"**

Satisfaction Measure	Medicaid % of Respondents	CHIP % of Respondents
Using any number from 0 to 10, where 0 is extremely difficult and 10 is extremely easy, what number would you use to rate how easy it was for you to find a dentist for your child?	77.4%	82.2%
Using any number from 0 to 10, where 0 is the worst dental plan possible and 10 is the best dental plan possible, what number would you use to rate your child's dental plan?	83.1%	74.5%

## Adult Healthcare Coverage

The surveys about adult services include:

- STAR Adult Member Survey
- STAR Adult Behavioral Health Member Survey
- STAR+PLUS Member Survey
- STAR+PLUS Behavioral Health Member Survey
- Adult Core Measures Survey

The EQRO used the same protocol for the two telephone-based surveys discussed here as was used with the similar surveys regarding services for children (advanced notification followed by telephone surveys). As with the surveys about children's services, the EQRO used CAHPS and other survey questions approved by HHSC. The technical appendices for these reports can be found on the Texas Healthcare Learning Collaborative portal in the Member Surveys folder under Resources.<sup>17</sup>

## STAR Adult Member Survey

### Purpose

The EQRO conducts the STAR Adult Member Survey from May to September with adults who received services funded through the Medicaid STAR program. STAR serves children in low-income families and adults who meet certain income and

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<sup>17</sup> <https://thlcportal.com/resources/>

eligibility criteria. The program provides physical and behavioral health services and dental services for children. This survey reviews physical and behavioral health. Surveys for adults and children in the STAR program are conducted separately.

The purpose of the STAR Adult Member Survey is to determine the sociodemographic characteristics and health status of members and members' experiences and level of satisfaction in the STAR program. Specifically, the survey includes questions to address:

- The sociodemographic characteristics and health status of members
- Members' satisfaction with their healthcare
- Access to and timeliness of care, including having a usual source of care
- Preventive care, including check-ups, flu shots, and smoking cessation
- The need for and availability of specialized services
- Members' experiences with their health plan and customer service

### ***Sample and Methods***

Participants for the STAR Adult Survey were selected from a stratified random sample of beneficiaries ages 18 to 64 who were enrolled in the same STAR MCO for six continuous months between October 2017 and March 2018. Members having no more than one 30-day break in enrollment in the same MCO during this period were included in the sampling frame. There were 207,183 clients who met the sampling frame criteria. The sample was stratified to include representation from the 43 plan codes (MCO/service areas), with a target number of 200 completed surveys per plan code and 300 for MCOs operating in only one service area.

There were 7,832 surveys completed with a response rate of 51 percent and a cooperation rate<sup>18</sup> of 97 percent. Approximately 3.8 percent of the sampling frame completed the survey.

### ***Major Findings***

The EQRO presented the findings to HHSC for a number of domains which allows for the calculation and reporting of healthcare composites. These are scores that combine results for closely related survey items, providing a comprehensive, yet

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<sup>18</sup> The cooperation rate is defined by the 2019 STAR Adult Member Survey technical appendix as the proportion of individuals who agreed to take the survey out of the number of people approached to participate in the survey.

concise summary of results for multiple survey questions. The scores in Table 38, Table 39, and Table 40 present the survey's composites.

**Table 38: STAR Adult Member Survey CAHPS Composites: Percent "Always" Having Positive Experiences\***

Satisfaction Domain	% of Respondents	AHRQ National Average (2018)**
Getting Needed Care	56.7%	54.0%
Getting Care Quickly	57.7%	59.0%
How Well Doctors Communicate	80.8%	74.0%
Customer Service	72.5%	68.0%
Coordination of Care	54.9%	57.0%

\* CAHPS composite rates and CAHPS-based HHSC Dashboard indicators in this report are calculated following the "top box" (percent always) method. This differs from the scoring method used in prior years (percent usually + always); therefore, results in this file should not be compared to those in the prior-year report due to changes in the scoring methodology.

\*\* <https://cahpsdatabase.ahrq.gov/CAHPSIDB/HP/Topscores.aspx>

**Table 39: STAR Adult Member Survey CAHPS Composites: Percent Responding "Yes"\***

Satisfaction Domain	% of Respondents	AHRQ National Average (2018)
Shared Decision Making	78.7%	N/A**
Health Promotion and Education	68.6%	74.0%

\* See <https://www.ahrq.gov/cahps/index.html> for a list of specific items in each domain.

\*\* N/A is listed for measures for which the AHRQ does not report a national average.

**Table 40: STAR Adult Member Survey CAHPS Composites: Percent Rating at “9” or “10”**

Satisfaction Domain	% of Respondents	AHRQ National Average (2018)
Health Care Rating	58.3%	54.0%
Personal Doctor Rating	66.0%	66.0%
Specialist Rating	67.9%	66.0%
Health Plan Rating	63.1%	58.0%

The survey included several questions that functioned as indicators of health plan performance, which are listed on the HHSC Performance Indicator Dashboard.<sup>19</sup> HHSC set benchmarks (known as HHSC Performance Dashboard Indicators) for the agency's performance in several key domains. The relevant results of the STAR Adult Member Survey are reported relative to these performance indicator benchmarks in Table 41.

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<sup>19</sup> <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/handbooks/umcm/10-1-14.pdf>

**Table 41: Statewide STAR Adult Member Survey Results Relative to HHSC Performance Dashboard Indicators**

<b>Performance Dashboard Indicator</b>	<b>STAR Adult Total</b>	<b>STAR Adult Standard (2018)</b>
<b>Good Access to Urgent Care</b>	62.7%	63.0%
<b>Good Access to Specialist Appointment</b>	50.9%	53.0%
<b>Good Access to Routine Care</b>	52.6%	53.0%
<b>Good Access to Behavioral Health Treatment or Counseling</b>	45.6%	42.0%
<b>Members Rating Their Personal Doctor "9" or "10"</b>	66.0%	65.0%
<b>Members Rating Their Health Plan a "9" or "10"</b>	63.1%	58.0%
<b>Good Experience with Doctor's Communication</b>	80.8%	75.0%

## **STAR+PLUS Adult Member Survey**

### ***Purpose***

The EQRO conducts the STAR+PLUS Member Survey from May to September with adults who receive services funded through the Medicaid STAR+PLUS program. The STAR+PLUS program integrates acute and long-term services and supports for adults who are older and/or have disabilities.

The purpose of the STAR+PLUS Member Survey is to determine members' level of satisfaction in the STAR+PLUS program. Specifically, the survey includes questions to address:

- The sociodemographic characteristics and health status of members
- Members' satisfaction with their healthcare
- Access to and timeliness of care, including having a usual source of care
- Preventative care, including check-ups, flu shots, and smoking cessation
- The need for and availability of specialized services

- Members' experiences with their health plan and customer service
- Members' knowledge of and experiences with Service Coordination provided by their health plan

### ***Sample and Methods***

Participants for the STAR+PLUS Member Survey were selected from a stratified random sample of beneficiaries ages 18 to 64 who were enrolled in the same MCO for six continuous months between October 2017 and March 2018. Members having no more than one 30-day break in enrollment in the same MCO during this period were included in the sampling frame. There were 185,260 clients who met the sampling frame criteria. The sample was stratified to include representation from the 30 plan codes (MCO/service areas) and statewide dual-eligible members in STAR+PLUS, with a target number of 200 completed surveys per plan code and 250 completed surveys for dual-eligible members. Dual-eligible members are presented separately as they are not included in the general STAR+PLUS Medicaid 'Totals'.

There were 6,116 surveys completed with a response rate of 67 percent and a cooperation rate<sup>20</sup> of 99 percent. Approximately 3.3 percent of the sampling frame completed the survey.

### ***Major Findings***

The EQRO presented the findings to HHSC for a number of domains which allows for the calculation and reporting of healthcare composites. These are scores that combine results for closely related survey items, providing a comprehensive, yet concise summary of results for multiple survey questions. The scores in Table 42, Table 43, and Table 44 present the survey's composites.

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<sup>20</sup> The cooperation rate is defined by the 2019 STAR+PLUS Adult Member Survey technical appendix as the proportion of individuals who agreed to take the survey out of the number of people approached to participate in the survey.

**Table 42: STAR+PLUS Member Survey CAHPS Composites: Percent “Always” Having Positive Experiences\***

Satisfaction Domain	Medicaid Only % of Respondents	Dual-Eligible % of Respondents	AHRQ National Average (2018)**
Getting Needed Care	60.5%	64.0%	54.0%
Getting Care Quickly	64.0%	70.0%	59.0%
How Well Doctors Communicate	79.6%	86.5%	74.0%
Customer Service	74.4%	75.4%	68.0%
Coordination of Care	67.0%	66.9%	57.0%

\* CAHPS composite rates and CAHPS-based HHSC Dashboard indicators in this report are calculated following the "top box" (percent always) method. This differs from the scoring method used in prior years (percent usually + always); therefore, results in this file should not be compared to those in the prior-year report due to changes in the scoring methodology.

\*\* <https://cahpsdatabase.ahrq.gov/CAHPSIDB/HP/Topscores.aspx>

**Table 43: STAR+PLUS Member Survey CAHPS Composites: Percent Responding “Yes”\***

Satisfaction Domain	Medicaid Only % of Respondents	Dual-Eligible % of Respondents	AHRQ National Average (2018)
Shared Decision Making	74.6%	78.1%	N/A**
Health Promotion and Education	73.2%	73.5%	74.0%

\* See <https://www.ahrq.gov/cahps/index.html> for a list of specific items in each domain.

\*\* N/A is listed for measures for which the AHRQ does not report a national average.

**Table 44: STAR+PLUS Member Survey CAHPS Composites: Percent Rating at “9” or “10”**

<b>Satisfaction Domain</b>	<b>Medicaid Only % of Respondents</b>	<b>Dual-Eligible % of Respondents</b>	<b>AHRQ National Average (2018)</b>
<b>Health Care Rating</b>	56.5%	58.4%	54.0%
<b>Personal Doctor Rating</b>	70.2%	79.5%	66.0%
<b>Specialist Rating</b>	72.3%	68.2%	66.0%
<b>Health Plan Rating</b>	60.7%	63.4%	58.0%

The survey included several questions that functioned as indicators of health plan performance, which are listed on the HHSC Performance Indicator Dashboard.<sup>21</sup> HHSC set benchmarks (known as HHSC Performance Dashboard Indicators) for the agency's performance in several key domains. The relevant results of the STAR+PLUS Member Survey are reported relative to these performance indicator benchmarks in Table 45.

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<sup>21</sup> <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/handbooks/umcm/10-1-14.pdf>

**Table 45: Statewide STAR+PLUS Member Survey Results Relative to HHSC  
Performance Dashboard Indicators**

<b>Performance Dashboard Indicator</b>	<b>Medicaid-only % of Respondents</b>	<b>Dual-Eligible % of Respondents</b>	<b>Minimum Standard (2018)</b>
<b>Good Access to Urgent Care</b>	65.7%	72.2%	62.0%
<b>Good Access to Specialist Appointments</b>	58.4%	60.3%	54.0%
<b>Good Access to Routine Care</b>	62.4%	67.2%	56.0%
<b>Good Access to Special Therapies</b>	39.2%	64.8%	33.0%
<b>Good Access to Service Coordination</b>	55.0%	60.6%	52.0%
<b>Advising Smokers to Quit</b>	54.2%	55.9%	39.0%
<b>Good Access to Behavioral Health Treatment or Counseling</b>	48.7%	53.1%	52.0%
<b>Members Rating their Personal Doctor a "9" or "10"</b>	69.6%	79.5%	66.0%
<b>Members Rating their Health Plan "9" or "10"</b>	60.1%	63.4%	57.0%
<b>Good Experience with Doctor's Communication</b>	79.3%	86.5%	75.0%

## **Adult Core Measures Survey**

### ***Purpose***

The EQRO conducts the Adult Core Measures Survey from May to September with adults who received services funded through the Texas Medicaid program. Surveys for adults and children in Medicaid were conducted separately.

The purpose of the Adult Core Measures Survey is to assess overall member experiences with Medicaid in Texas. Results from these surveys were used in the SFY 2019 Child and Adult Core Measures reporting to CMS.

### ***Sample and Methods***

Participants for the Adult Core Measure Survey were selected from a stratified random sample of beneficiaries ages 18 to 64 who were enrolled in Medicaid (STAR, STAR+PLUS, STAR Kids, and Fee-For-Service) for six continuous months between October 2017 and March 2018. There were 665,625 clients who met the sampling frame criteria. The target number of completed surveys was 411. Approximately 0.1 percent of the sampling frame completed the survey.

### ***Major Findings***

The EQRO presented the findings to HHSC for a number of domains which allows for the calculation and reporting of healthcare composites. These are scores that combine results for closely related survey items, providing a comprehensive, yet concise summary of results for multiple survey questions. The scores in Table 46, Table 47 and Table 48 present the survey's composites.

**Table 46. Adult Core Measures Survey CAHPS Composites: Percent “Always” Having Positive Experiences\***

Satisfaction Domain	% of Respondents
Getting Needed Care	55.0%
Getting Care Quickly	59.6%
How Well Doctors Communicate	80.2%
Customer Service	73.4%
Coordination of Care	66.0%

\* CAHPS composite rates and CAHPS-based HHSC Dashboard indicators in this report are calculated following the “top box” (percent always) method. This differs from the scoring method used in prior years (percent usually + always); therefore, results in this file should not be compared to those in the prior-year report due to changes in the scoring methodology.

**Table 47: Adult Core Measures Survey CAHPS Composites: Percent Responding “Yes”\***

Satisfaction Domain	% of Respondents
Health Promotion and Education	69.7%
Shared Decision Making	79.1%
Flu Vaccination	46.9%

\* See <https://www.ahrq.gov/cahps/index.html> for a list of specific items in each domain.

**Table 48. Adult Core Measures Survey CAHPS Composites: Percent Rating at “9” or “10”**

Satisfaction Domain	% of Respondents
Health Care Rating	53.8%
Personal Doctor Rating	71.2%
Specialist Rating	65.8%
Health Plan Rating	59.0%

## Medical Transportation Program

The EQRO used the same protocol for the two telephone-based surveys discussed here as was used with the similar surveys regarding services for children (advanced notification followed by telephone surveys). Since there is no nationally standardized transportation survey to use, the EQRO developed questions based on other non-emergency medical transportation (NEMT) services. The NEMT survey was conducted by the University of Florida Survey Research Center (UFSRC).

### Medical Transportation Program Member Survey

#### *Purpose*

The EQRO conducts the Medical Transportation Program Member Survey from June to August with members and their caregivers who use Medical Transportation Program (MTP) services funded through Texas Medicaid. The MTP provides NEMT to assist Medicaid members and their caregivers when they go to necessary medical services. The MTP offers a range of services including mass transit services, demand response services, mileage reimbursement, meals and lodging assistance, advance funds, and a reservation line.

The purpose of the Medical Transportation Program Member Survey is to examine member experience and satisfaction with MTP services in all transportation regions in Texas. The aims of the MTP study include:

- Describing Medicaid member experiences with MTP services across all transportation regions
- Assessing member knowledge of available services in all regions

- Assessing overall member satisfaction with MTP processes and services in all regions

### ***Sample and Methods***

Participants for the Medical Transportation Program Member Survey were selected from a stratified random sample of beneficiaries ages 0 to 99 who were enrolled in Medicaid for 12 continuous months between September 2017 and October 2018 with no more than one 30-day break in enrollment, and who used MTP services during that 12-month period. Participants included child, adult, and adult proxy members. Client counts were not made available for inclusion in this report before publication. The sample was stratified to include representation from the 13 plan codes (MTO/service areas), with a target number of 200 completed surveys per plan code.

There were 2,000 surveys completed with a response rate of 18 percent and cooperation rate of 50 percent.

### ***Major Findings***

The EQRO presented findings to HHSC for two domains based on the results. Table 49 and Table 50 present survey results that describe these findings through member awareness, utilization, knowledge, and experience in relation to MTP services. The scores present the survey's percentages related to the key finding.

#### **Member Awareness**

Member awareness about services varied by service type. A larger percentage of members were aware of demand response services and mileage reimbursement than were aware of meals and lodging or advanced funds services (Table 49).

**Table 49: MTP Member Survey – Member Awareness, Percent Reporting Familiarity with Service**

<b>MTP Service</b>	<b>% of Respondents</b>
<b>Mass Transit</b>	80.0%
<b>Demand Response Services</b>	89.6%
<b>Mileage Reimbursement</b>	78.2%
<b>Meals and Lodging</b>	31.5%
<b>Advance Funds Services</b>	20.4%

### **Member Experience with MTP Services**

The EQRO calculated an overall satisfaction score based on the average percent of members that reported being “satisfied” or “very satisfied” with each of the five NEMT services. Overall, more than 80 percent of members in all regions were “satisfied” or “very satisfied”. Table 50 shows the percentage of members they were “satisfied” or “very satisfied” with each of the service types and the overall composite for the state.

**Table 50: MTP Member Survey – Member Satisfaction, Percent Responding “Satisfied” or “Very Satisfied”**

<b>MTP Service</b>	<b>% of Respondents</b>
<b>Mass Transit</b>	86.0%
<b>Demand Response</b>	92.5%
<b>Mileage Reimbursement</b>	90.4%
<b>Meals and Lodging</b>	90.2%
<b>Advance Funds</b>	93.8%
<b>Overall Satisfaction (Composite)</b>	90.6%

## **II. Access and Eligibility Services**

### **Supplemental Nutrition Assistance Program Community Partner Interview Surveys**

#### **Purpose**

Texas participates in the Food and Nutrition Service's (FNS) Supplemental Nutrition Assistance Program (SNAP) Community Partner Interview (CPI) Demonstration Project. With this, HHSC received approval from FNS to allow specific food bank outreach staff to conduct SNAP interviews, gather verifications and submit applications to HHSC for approval. (HHSC is still required to make the final determination of eligibility.)

Each year, FNS requires HHSC to conduct a customer satisfaction survey with at least 200 individuals who apply for SNAP benefits at each of five local food banks: Houston, North Texas, San Antonio, South Plains, and Tarrant. The FNS-created survey is facilitated by HHSC CADS who distributes copies of the survey to participating food banks where the surveys are administered. CADS is also responsible for entering and analyzing customer satisfaction surveys as part of an annual CPI report submitted to FNS.

#### **Sample and Methods**

In June 2018 and 2019, CADS mailed surveys to the five participating food banks along with scripts for the workers to use, instructions on how to distribute the surveys, return envelopes, and a collection box for use at the food bank. The number of surveys sent to each food bank was based on response rates at each site in previous years, and the number of surveys needed from each food bank so their customers would be proportionately represented. CADS sent extra surveys to each site to ensure at least 200 surveys would be collected.

A convenience sample was utilized at each location. Food bank staff conducted SNAP interviews at several sites within their service area, including but not limited to food banks, affiliated food pantries, shelters, customers' homes, and community events and fairs. Upon the conclusion of every SNAP interview during the survey period, one applicant per household was provided a survey and return envelope and asked to complete the survey, seal it in the return envelope, and return it to the interviewer or return it by mail. In sites where interviewers expected to interview more than one household, SNAP interviewers could also designate an area away from where they conducted interviews for the customer to complete the survey and

deposit it in a survey drop box. Food bank staff then mailed the completed surveys to HHSC CADS. Food bank staff followed this procedure until all surveys were completed or the survey period ended (approximately 6-8 weeks after CADS mailed surveys out to food banks). The survey was available in English and Spanish.

Food banks were enthusiastic to participate in the survey, with some sites photocopying surveys and returning more surveys than initially issued. Return rates from the five food banks in 2018 ranged from 40 percent to over 100 percent.<sup>22</sup> Overall, food banks returned 431 of 455 mailed surveys for a return rate of 95 percent. Return rates from the five food banks in 2019 ranged from 66 percent to over 100 percent.<sup>23</sup> Overall, food banks returned 374 of 350 initially mailed surveys for a return rate of over 100 percent.

## **Major Findings**

The findings of the study indicate a high level of customer satisfaction with their SNAP application process at local food banks in 2018 and 2019. In 2018, 71 percent of respondents completed surveys in English and 28 percent in Spanish.<sup>24</sup> In 2019, 70 percent of surveys were completed in English and 30 percent in Spanish.

## **Location**

Customers were asked why they selected this location to apply for SNAP benefits. They were given many options and could select all that applied (Table 51).

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<sup>22</sup> Houston food bank requested additional surveys in 2018 and printed their own surveys resulting in a return rate greater than 100 percent.

<sup>23</sup> Multiple food banks requested additional surveys in 2019, or copied existing surveys, resulting in return rates greater than 100 percent.

<sup>24</sup> Language could not be determined for two surveys in 2018 so percentages do not add to 100.

**Table 51: Reason for Selection of Location**

<b>Option</b>	<b>2018 Proportion of Respondents* (n=431)</b>	<b>2019 Proportion of Respondents* (n=374)</b>
<b>You didn't know there was another way to apply</b>	6%	7%
<b>You go here for other services</b>	17%	22%
<b>You feel comfortable going here</b>	48%	46%
<b>It is conveniently located</b>	23%	25%
<b>It has convenient hours of operation</b>	10%	14%
<b>You don't have to wait a long time here</b>	19%	18%
<b>The people who work here are friendly</b>	33%	35%
<b>The people who work here speak your language</b>	15%	18%
<b>Someone referred you here</b>	18%	20%
<b>Don't know</b>	0%	1%

\* Percentages do not add to 100 since respondents could choose multiple options.

### ***Experience***

Respondents were asked four questions related to their experience in applying for SNAP benefits at a community site.

In 2018:

- Most respondents waited for less than 30 minutes (66 percent), while 16 percent waited 30 to 60 minutes, and 16 percent waited over an hour.
- Most respondents thought the application process was easier than before (56 percent), while 27 percent thought it was about the same, only 4 percent thought it was harder, and for 10 percent of respondents it was their first time to apply.
- Almost all respondents (98 percent) thought the location offered enough privacy.

- Ninety-nine percent of respondents strongly agreed (79 percent) or agreed (20 percent) that the staff were knowledgeable about the SNAP application procedures.

Similarly, in 2019:

- Most respondents waited for less than 30 minutes (69 percent), while 15 percent waited 30 to 60 minutes, and 15 percent waited over an hour.
- Most respondents thought the application process was easier than before (57 percent), while 28 percent thought it was about the same, only 2 percent thought it was harder, and for 11 percent of respondents it was their first time to apply.
- Almost all respondents (96 percent) thought the location offered enough privacy.
- Ninety-eight percent of respondents strongly agreed (74 percent) or agreed (24 percent) that the staff were knowledgeable about the SNAP application procedures.

## ***Satisfaction***

Overall, respondents were satisfied with the SNAP interview process.

- In 2018, most respondents were very satisfied (82 percent) or satisfied (16 percent) with their experience.
- High levels of satisfaction continued in 2019, with almost all respondents indicating they were very satisfied (79 percent) or satisfied (19 percent) with their experience.

## **YourTexasBenefits.Com Survey**

### **Purpose**

Historically, Texans who have wanted to apply for public benefits such as Medicaid, TANF, CHIP, or SNAP have done so by visiting eligibility offices and working with clerks and other HHSC staff. HHSC created the YourTexasBenefits.com website to give customers the opportunity to manage their benefits online rather than going into an eligibility office. Customers use the website to apply for and/or renew benefits, view their case statuses, report changes to their cases, view their SNAP and TANF benefit balances, and upload verifications needed for determining eligibility. Since 2012, HHSC increasingly promotes the website, and customers who come into offices in person may be asked to use the website to perform tasks they can complete themselves. Most eligibility offices have computers that clients can

use to access the website. In 2016, the website was redesigned so it could also be accessed from mobile devices and tablets.

After customers use the YourTexasBenefits.com website and log out, all users are prompted to complete a brief online survey. The purpose of this ongoing survey is to assess customers' satisfaction and experiences with the changes to the website. Client counts were not made available for inclusion in this report before publication.

The current survey collects data about:

- Device type
- Reasons and frequency for using YourTexasBenefits.com
- How customer heard about YourTexasBenefits.com
- Expected future use of YourTexasBenefits.com
- Perception of use on a mobile device or tablet
- Perception of ease of use for account creation

## **Sample and Methods**

The YourTexasBenefits.com survey went live in August 2012 and was updated in September 2016 when HHSC launched the redesigned website. It was available in both English and Spanish and includes 10 questions. The number of questions customers were prompted to answer varied depending on their reasons for using the website.

In 2017, there were 66,999 completed surveys – an average of 5,583 responses per month. In addition, 2,330 surveys were initiated but were not completed.

In 2018, there were 50,521 completed surveys – an average of 4,210 responses per month. In addition, 1,662 surveys were initiated but were not completed.

In 2019 (January 1, 2019 through November 15, 2019), there were 40,783 completed surveys – an average of 3,399 responses per month. In addition, 1,464 surveys were initiated but were not completed.

## **Major Findings**

Most respondents were satisfied with their experience using mobile devices or tablets to access the Your Texas Benefits website. Yearly results from calendar years 2017-2019 are presented below.

### ***Positive Findings and Usage***

The majority of respondents indicated:

- It was easy or very easy to set up an account:
  - 84 percent (2017)
  - 82 percent (2018)
  - 82 percent (2019)
- Their experience using a tablet or mobile phone to access YourTexasBenefits.com was good or very good:
  - 70 percent (2017)
  - 69 percent (2018)
  - 72 percent (2019)
- They were visiting the site to apply for or renew benefits:
  - 98 percent (2017)
  - 96 percent (2018)
  - 95 percent (2019)

### ***Opportunities for Improvement***

Of those who applied for or renewed their benefits online, some customers found at least one question (or website section) confusing or hard to answer.

- 42 percent (2017)
- 44 percent (2018)
- 42 percent (2019)

Customers reported the most confusing or difficult website question (section) was: Uploading files (“about people on my case, things I own, money I get, etc.”)

- 13 percent (2017)
- 14 percent (2018)
- 15 percent (2019)

## **III. Quality Reviews**

### **Nursing Facility Quality Review**

#### **Purpose**

The Quality Monitoring Program (QMP) helps detect conditions in Texas nursing facilities that could be detrimental to the health, safety, and welfare of residents. It is not a regulatory program and quality monitors do not cite deficient practices.

Quality monitors focus on nursing facilities that have a history of resident care deficiencies, or that have been identified as having a higher-than-average risk of being cited for significant deficiencies in future surveys conducted by the HHSC Regulatory Services surveyors.

The Nursing Facility Quality Review (NFQR) is a statewide survey of Texas nursing facility residents to evaluate the quality of care residents received and how satisfied they were with the quality of life in the nursing facility. The NFQR has been conducted since 2002; annually between 2002 and 2010, and biennially since 2010. HHS contracts with The University of Texas at Austin School of Nursing for data collection. NFQR data helps QMP identify opportunities for statewide improvement and measures statewide changes in the quality of services provided across time.

### **Sample and Methods**

Data collection for NFQR 2017-2018 began in April 2017 and continued through December 2018. Nurses hired by The University of Texas at Austin School of Nursing visited 957 Medicaid-certified nursing facilities across the state, using a structured survey instrument to evaluate the quality of care provided to a random sample of residents. The total sample size was 1,827 residents (one percent of 188,941 total residents). While on-site, the nurses also interviewed residents to determine satisfaction with services received and their overall quality of life in the facility. Interpreters were used as necessary for the interviews.

Census information from a nursing facility's most recent regulatory survey visit was used to establish that facility's sample size; usually one to three residents in each facility. A list of randomly generated numbers was then prepared for each facility. This list and a roster provided by the nursing facility were used by the nurse reviewers to select residents for the sample. For example, if the random number was five, then the fifth resident on the facility's roster was selected for the sample.

Staff at HHS analyzed the data using statistical software to test for linear trends across time, either from the first year data was collected on a particular measure, or from when there was a change in the wording of a question that prevented comparison to the data from previous years.

The findings documented in the report came directly from the resident assessments and interviews completed by the nurse reviewers. Additional information was obtained from:

- Evaluations of residents' Medication Administration Records (MARs) and supporting documentation
- Data provided by the Centers for Medicare and Medicaid Services

## Major Findings

The NFQR evaluated many clinical measures related to quality of care, as well as residents' satisfaction with the quality of care they received in the facility and with their quality of life. The findings summarized below focus on the quality of life measures and residents' satisfaction with the services they received in the nursing facility.

### Overall Satisfaction

In general, residents interviewed during the on-site visits expressed satisfaction with their overall experience in the nursing facility and the care they received. This finding was not significantly different from previous NFQR surveys (Table 52).

**Table 52: NFQR Overall Satisfaction Findings:  
Proportion of Respondents\* That Indicated Somewhat Satisfied, Satisfied, or Very Satisfied**

Satisfaction Measure	2009 (N=2,164)	2010 (N=2,172)	2013 (N=2,166)	2015 (N=1,556)	2017 (N=1,827)
Expressed satisfaction with their experience in the nursing facility	89%	90%	89%	89%	87%
Expressed satisfaction with the healthcare services they received	90%	90%	91%	90%	88%

\* Proportions indicate respondents who chose responses "somewhat satisfied," "satisfied," or "very satisfied," rather than "somewhat dissatisfied," "dissatisfied," or "very dissatisfied." Those who did not answer the survey question are not counted in these proportions.

### ***Specific Quality of Life/Consumer Satisfaction Measures***

These measures included the resident's satisfaction with relationships, activities, autonomy, privacy, and feelings of safety/security at the facility. Several measures demonstrated statistically significant improvement or declines over time, while others remained relatively stable (Table 53).

**Table 53: NFQR Specific Satisfaction Measures:  
Proportion of Respondents\* That Indicated Sometimes, Most of the Time, or  
Always**

<b>Satisfaction Measure</b>	<b>2010 (N=2,172)</b>	<b>2013 (N=2,166)</b>	<b>2015 (N=1,556)</b>	<b>2017 (N=1,827)</b>
<b>State organized activities were available</b>	N/A	N/A	88%	84% <sup>**</sup>
<b>Stated weekend activities (other than religious activities) were available</b>	N/A	N/A	70%	60% <sup>**</sup>
<b>Liked the food served at the facility</b>	N/A	N/A	81%	84%
<b>Felt that their possessions were safe at the facility</b>	N/A	N/A	88%	90%
<b>Felt safe and secure at the nursing facility</b>	N/A	N/A	97%	97%
<b>Stated staff members treated them with respect</b>	N/A	N/A	98%	97%

<b>Satisfaction Measure</b>	<b>2010 (N=2,172)</b>	<b>2013 (N=2,166)</b>	<b>2015 (N=1,556)</b>	<b>2017 (N=1,827)</b>
<b>Stated they were able to choose their daily schedule</b>	N/A	N/A	71%	69%
<b>Stated they could choose when and how to bathe</b>	N/A	N/A	64%	52%**
<b>Stated they participated in their care plan meeting</b>	N/A	N/A	31%	48%**
<b>Stated they had concerns the facility did not address</b>	13%	15%	20%	16%**
<b>Stated they did not express concerns due to a fear of retaliation</b>	4%	7%	8%	7%**

\* Proportions indicate respondents who chose responses "sometimes," "most of the time," or "always," rather than "rarely," or "never." Those who did not answer the survey question are not counted in these proportions.

\*\* Measures demonstrating statistically significant improvement or decline.

## **Long Term Services and Supports Quality Review**

### **Purpose**

The Long-term Services and Supports Quality Review (LTSSQR) is a statewide survey of people receiving in-home, community-based, or institutional services and supports offered by HHSC. The purpose of the LTSSQR survey is to describe the perceived quality and adequacy of long-term services and supports administered by HHSC, consumer quality of life, and trends in long-term services and supports, from the perspective of those receiving services. The LTSSQR is a statewide representative survey of people receiving in-home, community-based, or

institutional services and supports, excluding nursing facility care, offered by HHSC. Prior to the 2017 LTSSQR Summary and Detailed reports, the LTSSQR reports were required by the 2012-13 General Appropriations Act, H.B. 1, 82nd Legislature, Regular Session, 2011 (Article II, Department of Aging and Disability Services, Rider 13). The 84th Legislature, Regular Session, 2015, repealed Rider 13; however, the LTSSQR continues. The LTSSQR reports provide information on consumers' experiences receiving services in HHSC programs to the Texas Legislature, HHSC, and stakeholders. The reports also include data about quality of life, which encompasses aspects of a person's life that are not necessarily related to the direct delivery of services or supports (e.g., whether a person has relationships or friends), but help demonstrate how satisfied HHSC consumers feel about the quality of their lives.

The surveys enable HHSC staff to assess success and deficiencies over time, identify areas for improvement, and measure the effectiveness of implemented improvement strategies. The report is not regulatory in nature, but rather a method to identify areas for improvement.

HHSC is contracted with the Public Policy Research Institute at Texas A&M University (PPRI), to administer the surveys.

## **Sample and Methods**

The study sought responses from people receiving services, or their family members and guardians. Feedback about services was solicited through face-to-face, telephone, web, and mail surveys.

The report included results from HHSC programs and consumer types (i.e., families of children with disabilities, adults with IDD, adults with physical disabilities) for three nationally validated surveys (Table 54). Using nationally recognized surveys allowed HHSC to share data nationally and to conduct additional analyses by benchmarking Texas' performance in the national arena. The three surveys were organized across five general topics or domains: health and welfare, individual choice and respect, community inclusion, systems performance, and services satisfaction – each of which was divided into sub-domains (e.g., "employment" was a sub-domain of community inclusion). The sub-domains were measured by one or more performance indicators, which were developed based on criteria such as the measure's usefulness as a benchmark and feasibility of collecting the data.

**Table 54: Overview of Target Population by Data Collection Instrument, 2017 Sample**

<b>Survey</b>	<b>Target Population</b>	<b>Method of Administration</b>	<b>Total # Served</b>	<b>Total # Surveyed</b>
<b>National Core Indicators (NCI) Survey</b>	Adults 19 and older with IDD receiving at least one service besides case management	In-person interview	36,189	2,320
<b>Participant Experience Survey (PES)</b>	Adults, primarily older adults, with physical disabilities	In-person, phone, web	58,020	2,581
<b>Child Family Survey</b>	Families of children with disabilities, under age 22 living at home	Mail, phone, web	10,631	1,338

Proportional probability for size (PPS) sampling was used to select the study sample. Representative samples were drawn from each program so that findings could be generalized to all individuals in a specific program. The target population was stratified by county and program to ensure geographic and programmatic diversity. The number of people chosen was proportional to the number of people in the selected program served in each county. Participants were then randomly chosen from people in each stratum who had service authorizations for the programs included in the survey. The data were collected between January 2016 and December 2017 for the January 2019 LTSSQR report.

The survey population encompassed 17 programs, including five Medicaid waiver programs,<sup>25</sup> 11 Medicaid non-waiver programs, and one General Revenue program. All of the surveys, whether disseminated by mail, web, telephone, or face-to-face

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<sup>25</sup> The five Medicaid waiver programs included in the LTSSQR survey population were the Community Living Assistance and Support Services (CLASS) waiver, the Home and Community-based Services (HCS) waiver, the Texas Home Living (TxHmL) waiver, the Deaf Blind with Multiple Disabilities (DBMD) waiver, and the Medically Dependent Children Program (MCDGP) waiver.

interviews, were available in English or Spanish. The sample size for each program was calculated to obtain a confidence level of 95 percent and a confidence interval of 5. In 2017, HHSC collected 4,901 adult surveys (2,320 adults with IDD and 2,581 adults with physical disabilities) and 1,338 Child Family (CF) surveys (Table 54).

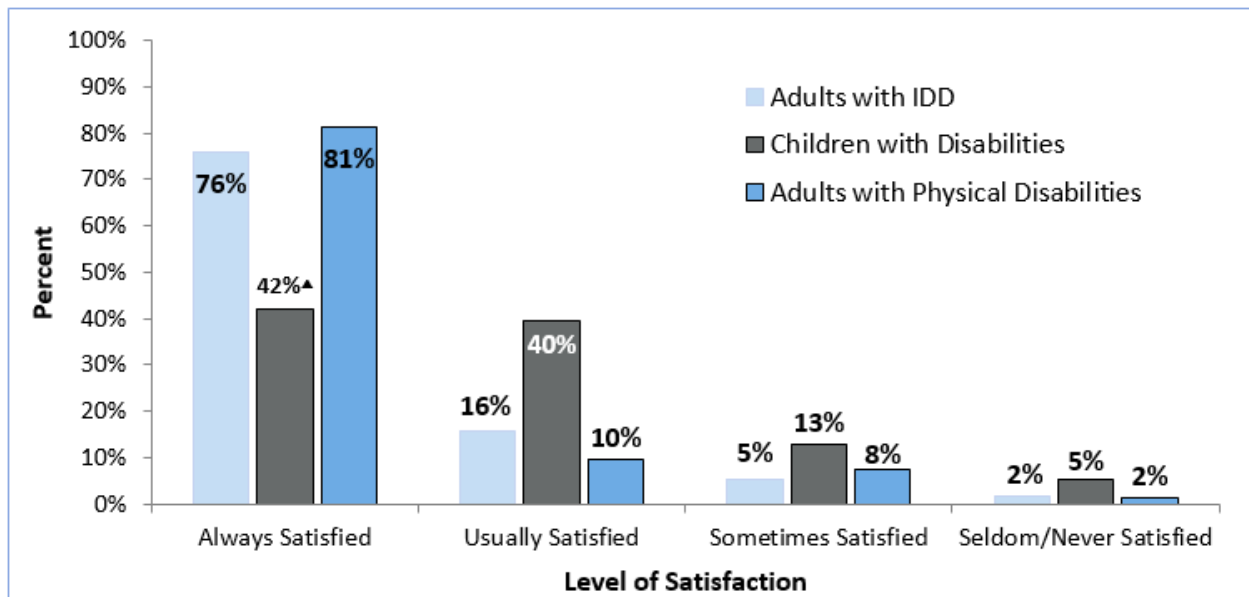
## **Major Findings**

### ***Positive Outcomes***

#### ***Children***

- Most respondents were satisfied with system performance (Figure 1).
  - ▶ Sixty-nine percent of the families of children with disabilities reported that services were available when they needed them.
  - ▶ Almost three-quarters (72 percent) of the CF survey respondents reported flexible services and supports, which usually changed to meet their family member's changing needs.
- Integration into the community was good; 82 percent of children with disabilities reported participating in community activities and 83 percent reported having friends who did not have a disability.
- Seventy-six percent of families reported having control over hiring and management of support workers.
- Overall, 82 percent of families served reported that they were always or usually satisfied with their services and supports.

**Figure 1. Overall Consumer Satisfaction with Services and Supports Availability by Survey Population**



▲Significantly higher than the national average

#### *Adults with IDD*

- Adults with IDD living in a State Supported Living Center (SSLC), Intermediate Care Facility (ICF), or community-based group home, received higher rates of routine and preventive care than those living with family. Almost all (98 percent) of adults with IDD had primary healthcare providers.
- Most adults with IDD made everyday choices, such as how they spend their free time (82 percent) and what to buy with their spending money (82 percent).

#### *Adults with Physical Disabilities*

- The majority of individuals reported that their rights were respected, they were treated respectfully by their support staff, they felt safe in their homes and neighborhoods, and they knew how to report abuse or problems.
- Services and supports made a positive difference in adults with physical disabilities' health and wellbeing (91 percent).
- Overall, 91 percent of adults with physical disabilities reported that they were satisfied with the services and supports they received.

## *Opportunities for Improvement*

### *Children*

- Approximately 8 percent of children with disabilities failed to access needed equipment such as wheelchairs, ramps, or communication devices, and to receive needed services. Most frequently requested services were for various therapies (speech, physical, occupational, aqua, equine) and for trained respite care providers. Failure to receive needed equipment, services and supports has improved since last biennium, when 13 percent of children with disabilities indicated it was an issue.

### *Adults with IDD*

- Individuals living independently or with their families received less routine and preventive healthcare than those living in community-based homes or institutional settings on every health measure. Routine and preventive healthcare examinations are critical to avoiding or ameliorating conditions affecting quality of life, morbidity, or mortality, and their associated costs.
- Less than half of the respondents made major life decisions about where they live, who they lived with, and the staff who supported them. Most adults with IDD did not have options about where they lived.
- Texas rates of community participation were lower than the national average. Only 9 percent adults with IDD had community-based jobs.
- Twelve percent of respondents reported they did not receive all the services they needed. Education and training, assistance with transportation, and assistance with finding a job were highly correlated services and were among the top four services requested.

### *Adults with Physical Disabilities*

- About two-third of the adults with physical disabilities reported that they did not always have enough money to buy the things they need. Among requested needs, assistance with acquiring medications, nutrition/food, and help with air conditioning and heating bills were common, all critical needs.
- About one-third of adults with physical disabilities were lacking important immunizations – 26 percent lacked influenza vaccinations, 27 percent lacked pneumococcal vaccinations, 80 percent lacked shingles vaccination, and 90 percent had not received meningococcal vaccination. Since individuals in this group have significant health risks, lack of immunizations is a concern.

- In adults with physical disabilities, large percentages had not had recent dental (62 percent), vision (23 percent), or hearing (63 percent) examinations. Poor dental care can compromise overall health, and vision and hearing impairments become increasingly common with age. Eleven percent reported that they could not always go to the doctor when they needed to go. These individuals are at risk of further debility and disability as a result.
- More than one-third (33 percent) did not have control over their transportation, a critical issue for accessing medical care and for community inclusion.

Overall, the survey results indicate that people perceived that they received the services and supports they need to maintain their health and wellbeing. Respondents' health and welfare appeared to be protected, as reports of staff disrespect, neglect, or abuse were very low, and people were generally satisfied with their services. One notable exception was the perceived decrease in access to therapeutic interventions, such as physical, occupational, physical, and behavioral therapies, which all three populations listed as impairing their quality of life. Other opportunities for improvement differed by subpopulation as enumerated above. To support choice and control for people receiving services, the agency has continued to expand the Consumer Directed Services (CDS) option among adults with IDD and children, but self-determination remained an area where Texas lags behind national benchmarks. The results of the LTSSQR survey positively reinforced internal and external strategic initiatives.

## **Consumer Rights and Services Survey**

### **Purpose**

Complaint and Incident Intake (CII) receives complaints and incidents regarding acute and long-term providers who are licensed/certified by HHSC. HHSC staff investigates these complaints and notifies the person who made the complaint about the findings. Additionally, the CII staff provides information about HHSC services and supports through their website and hotline.

Offering call center surveys allows CII to look at call center performance and overall customer satisfaction rates. Customer feedback provides highly actionable information and insight for increasing and sustaining customer satisfaction. The survey results are used as a resource to identify areas of efficiencies and areas of opportunity for improvement.

The study population is comprised of callers who contacted the Complaint Intake Call Center September 1, 2017, through August 31, 2019.

## **Sample and Methods**

This survey has been collected or distributed in various formats since May 2006. Prior to November 2012, the survey was conducted by sending survey requests by U.S. mail to individuals who filed complaints through the CII hotline for the following facility types: nursing facilities, assisted living facilities, privately owned intermediate care facilities for people with intellectual and developmental disabilities, State Supported Living Centers, day activity and health service providers, and home and community support service agencies.

To achieve business efficiencies, a survey link was added to the CII website in November 2012, and CII discontinued mailing the surveys via U.S. mail. The email option was discontinued after SFY 2014.

In April 2015, CII transitioned to an automated telephone survey which replaced the previous survey option. Upon completion of intake, both in and outbound callers were manually transferred into the survey by hotline agents if they indicated they wished to complete the survey.

Effective November 2018, the provider types that CII serves expanded due to Transformation initiatives. Prior to this date, CII served only long-term care providers; after Nov. 2018, this was expanded to include acute care providers such as hospitals, end stage renal disease providers, ambulatory surgical centers, substance abuse treatment facilities, and others.

In addition, the survey methodology changed at this time due to a software upgrade to the Verint system. Most recently, an automated telephone option offered the survey to all inbound callers and then transferred those callers who agreed into the survey module at the completion of the hotline call. Surveys were available in English and Spanish. The survey instrument included six customer satisfaction questions with responses on a 5-point Likert scale of "strongly agree," "agree," "neutral," "disagree," and "strongly disagree."

## **Major Findings**

In SFY 2018, CII received 1,692 total survey responses, of which 1,174 were complete (2.2 percent of 52,535 total intakes). In SFY 2019, CII received 784 survey responses (1.3 percent of 59,184 total intakes); due to changes in the

automated telephone system, this total included any caller transferred into the automated survey system who provided a response to at least one survey question.

Customer satisfaction findings from the CII Survey are presented in Table 55.

**Table 55. SFY 2018 and SFY 2019 Complaint and Incident Intake Survey Selected Findings: Indicated Strongly Agree or Agree**

Satisfaction Measure	SFY 2018 Proportion of Respondents* (N=1,174)	SFY 2019** Proportion of Respondents* (N=784)
Complaint and Incident Intake hotline was easy to use	96%	79%
Person I spoke with explained the process for handling my complaint	93%	75%
Overall, satisfied with Complaint and Incident Intake	96%	75%

\* Proportions indicate respondents who chose responses "strongly agree," or "agree" rather than "neutral," "disagree," or "strongly disagree." Those who did not answer the survey question are not counted in these proportions.

\*\* In SFY 2019 the survey was offered exclusively to all callers through the automated phone system.

## **IV. Health, Development, and Independence Services**

### **Early Childhood Intervention Family Survey**

#### **Purpose**

The Early Childhood Intervention (ECI) program serves children from birth to 36 months of age who have developmental delays or disabilities as well as their families. The program provides early intervention services to help families and caregivers strengthen their ability to improve the child's development through everyday activities in the home and community. Services are provided through a statewide system of community-based programs. The family survey is administered to a sample of parents or caregivers every year.

The purpose of the survey/series of interviews is to assess:

- Family perceptions of ECI services, including customer satisfaction
- Families' experiences with ECI services and service providers
- Families' recorded competencies in helping their children develop and learn

The survey is administered in compliance with the regulations for early intervention programs from the Office of Special Education Programs (OSEP) at the U.S. Department of Education. Statewide data are reported as part of ECI's Annual Performance Report to OSEP.

### **Sample and Methods**

ECI used multiple methods to deliver surveys and select samples. The study sought responses from families who were randomly selected. Families were not included in more than one sample.

In SFY 2018, the survey was conducted by ECI through the 44 contracted agencies who deliver ECI services. In SFY 2019, the survey was conducted by ECI through the 42 contracted agencies who deliver ECI services.

The study population was parents or guardians of children who had been enrolled in the ECI program for at least six months as of April 1 of that year. This criterion was established to ensure the family had sufficient experience with the program to respond to the questions.

The study was conducted using the following methods:

- Online - the state office sent letters to families in the sample that included a link to the SurveyMonkey website with the FOS-R survey.
- Hand-Delivery - the local ECI contractors distributed a Scantron survey. Program staff handed the survey to families at the time of a home visit or Individualized Family Service Plan meeting. Families returned the surveys directly to the ECI State Office in a postage-paid envelope.

The surveys/interviews were offered online and by paper in English and Spanish. All versions contained the same questions and response options.

Individuals provided their responses by completing the survey themselves. If families requested assistance in completing the survey, ECI service coordinators were instructed to find another community resource for this assistance so ECI staff would not be involved in completing the survey.

For the April 2018-May 2018 survey, a total of 5,551 families (9.7 percent) were randomly selected to respond to the survey out of the 57,485 children who received comprehensive ECI services in SFY 2018. Of these surveys, 1,012 were undeliverable due to changes in address, family discharging from ECI, or the service coordinator or staff member being unable to reach the family. A total of 4,539 families received it; 1,560 returned the survey. This resulted in 34.4 percent of respondent families participating in ECI's family outcomes survey.

For the May 2019-June 2019 survey, a total of 6,708 families (11.1 percent) were randomly selected to respond to the survey out of the 60,596 children who received comprehensive ECI services in SFY 2019. Of these surveys, 1,151 were undeliverable due to changes in address, family discharging from ECI, or the service coordinator or staff member being unable to reach the family. A total of 5,557 families received it; 1,914 returned the survey. This resulted in 34.0 percent of respondent families participating in ECI's family outcomes survey.

Responses to survey questions were combined into composite scores for the three domains measured by the survey instrument, following federally recommended procedures. The percentage of respondents who agreed that early intervention services helped with each of the three domains, based on their composite scores, is shown below.

## **Major Findings**

The findings of the study were as follows:

### ***Family Experiences with Services - 2018***

- Eighty-eight percent responded that early intervention services helped the family members know their rights.
- Eighty-nine percent responded that early intervention services helped the family members effectively communicate their children's needs.
- Ninety percent responded that early intervention services helped the family members help their children develop and learn.

### ***Family Experiences with Services - 2019***

- Eighty-seven percent responded that early intervention services helped the family members know their rights.
- Eighty-eight percent responded that early intervention services helped the family members effectively communicate their children's needs.

- Eighty-nine percent responded that early intervention services helped the family members help their children develop and learn.

## **Autism Program Satisfaction Survey**

### **Purpose**

The Children's Autism Program works in partnership with local community agencies through grant contracts to provide applied behavior analysis (ABA) services for children with autism spectrum disorder (ASD).

According to the U.S. CDC about one in 59 children has been identified with ASD. Boys are nearly four times more likely to be diagnosed with autism than girls.

Autism Program services include assessments and ABA treatment services in the home, community or clinic. To be eligible for these services, children 3 through 15 years of age must have a diagnosis on the autism spectrum and be a Texas resident.

The purpose of the survey is to assess:

- Parent or caregiver satisfaction with Autism Program services and service providers
- Parent or caregiver satisfaction with their children's progress

### **Sample and Methods**

The survey population included families whose children have completed Autism Program services and exited the program, and families whose children have aged out of the Autism Program.

The service provider provided all families with a survey as the children exit the program. The surveys were offered in English and in Spanish. Individuals completed the survey themselves by mailing a paper survey to HHSC.

The survey consisted of seven questions related to areas of satisfaction with the services, and 12 questions related to the respondent's perception of their child's progress in specific behavioral domains (e.g., following directions, responding to requests).

There were 1,301 exits from the Autism Program in SFY 2018 and SFY 2019. Each time a child exited the program, the family was provided an opportunity to respond

to the survey. A total of 202 responses were received between September 1, 2017 and August 31, 2019, representing a return rate of 15.5 percent (202/1,301).

## Major Findings

The majority of respondents to the survey were satisfied or very satisfied with the services their children received (Table 56). The majority of the respondents to the survey reported their children made good or great progress in the behavioral domains specified (Table 57).

**Table 56: Parent or caregiver satisfaction with Autism Program services and service providers**

<b>Service Satisfaction</b>	<b>Number of Respondents (N=202) *</b>	<b>Proportion Satisfied or Very Satisfied</b>
<b>Services provided to your child in a clinical setting</b>	178	99%
<b>Services provided to your child in the home</b>	88	92%
<b>Parent training provided to your child in another setting such as in the school, at the park, or at the store</b>	108	95%
<b>Parent training provided to you</b>	194	96%
<b>Parent training provided on how to review data and evaluate your child's progress</b>	187	97%
<b>Transition planning received prior to exiting the Autism Program</b>	177	96%
<b>Your child's service provider</b>	196	98%

\* Excludes respondents who indicated the survey item was not applicable.

**Table 57: Parent or caregiver satisfaction with their child's progress**

<b>Behavioral Domain</b>	<b>Number of Total Respondents (N=202) *</b>	<b>Proportion Good or Great Progress</b>
<b>Following directions</b>	199	88%
<b>Responding to requests</b>	200	89%
<b>Communicating with primary caregivers</b>	197	88%
<b>Communicating with others</b>	198	78%
<b>Interacting with primary caregivers</b>	196	89%
<b>Interacting with others</b>	200	79%
<b>Play skills, such as playing with toys and taking turns</b>	193	77%
<b>Completing daily tasks without assistance, such as toileting, eating, and dressing</b>	191	66%
<b>Completing daily tasks with assistance, such as toileting, eating, and dressing</b>	178	78%
<b>Reducing disruptive behaviors, such as aggression and tantrums</b>	189	83%
<b>Participating in family activities, such as going to church, the park, and the store</b>	189	80%
<b>Overall progress on the treatment plan goals</b>	200	91%

\* Excludes respondents who indicated the survey item was not applicable.

## **Your WIC Experience Survey**

### **Purpose**

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a federally funded, state-administered nutrition program that helps low-income pregnant women, postpartum and breastfeeding women, infants, and children up to the age of five that are at nutritional risk. Eligible participants may

receive nutrition education and counseling, breastfeeding support, nutritious foods, and healthcare referrals for other services that improve health outcomes.

The purpose of the Your WIC Experience survey is to gather ongoing, real-time client feedback on clients' recent WIC visits. The survey invitation is sent via text message to every client who was issued WIC benefits the day before.

## **Sample and Methods**

The survey was administered daily by state agency staff who built the survey, ticketing conditions, and dashboard summaries in the Qualtrics Research Suite (Qualtrics). This real-time survey platform allowed staff to send a short text message inviting all WIC clients who visited a local WIC clinic within the previous 24 hours to complete a short customer satisfaction survey. The survey was automatically sent in the WIC client's preferred language (English or Spanish).

Client survey responses were tied back to their specific local agency and further down to their specific clinic. This feature provided WIC clinic staff the ability to track and respond immediately to customer feedback following a clinic visit. Results from the client feedback populated and displayed in a real time dashboard that state and local agency users could view, analyze, and follow in real time 24/7. Reports from the dashboard were available to provide a point-in-time snapshot upon request or at any time to other licensed Qualtrics users that worked on this project with WIC.

The study population included every WIC family who elected to click on the survey link in the text message. When a client clicked on the survey link in the text message, it took them to the Qualtrics survey online. The total number of completed responses was over 55,900 between February 2019 and October 2019 for a response rate of 6 percent.

## **Major Findings**

This was the first closed feedback loop survey mechanism that Texas WIC deployed statewide to assess a real-time client experience. The survey provided a standardized set of customer experience questions to all WIC clients at every clinic in the state. The survey provided local agencies with specific comments from clients that local agencies could address immediately with clinics. An innovative ticketing interface allowed certain pre-identified triggers (e.g., negative client experience, requests for a follow up call, negative trouble words in open comment fields) to immediately generate a "ticket" that was emailed to clinic staff for appropriate follow up. Ninety-four percent of the feedback was positive, and these testimonials

were used to reward and engage with local WIC staff. Clients also gave feedback on their shopping experience at WIC-authorized stores.

Historically, paper and online WIC surveys were provided to a much smaller proportion of clients either in the clinics or with a web link on the WIC client-facing website. Typically, responses were generally positive. Using short message service (SMS) technology outside of the WIC clinic, the survey generated more responses than previous efforts. Although the client satisfaction with WIC overall was high, this new methodology helped identify underlying causes for some clients not having satisfactory experiences at their local clinic.

### ***Happiness with WIC visit***

At the time of this report, 55,900 WIC clients had completed surveys. The WIC program has consistently maintained an aggregate rating of 6.5 out of 7 (1=extremely unhappy to 7=extremely happy) for their WIC clinic visits.

A net promoter score is a customer loyalty metric that gauges how willing a customer is to recommend a product or service. A net promoter score question was recently introduced to the survey and out of a sample of 5,000 WIC clients who received this question, 80 percent were promoters of WIC (i.e., extremely likely to refer a friend or colleague to their WIC clinic).

Of the 55,900 client satisfaction survey responses in Qualtrics, 14,300 provided a positive comment to the question, "If there is anything else you'd like to tell us about your visit, please write your comment here." The most commonly used adjectives were friendly, helpful, nice, great service, and thank you.

### ***Clinic Improvements***

Only about 3,000 respondents (5 percent) offered feedback that suggested a need for improvement. WIC local agencies have been able to share these suggestions for improvement with their staff. Wait time and poor customer service were the most frequently documented feedback suggesting opportunities for clinic improvement.

Clients who indicated that they were unhappy with their recent WIC visit were asked, "How can our clinic improve?" WIC was able to theme 2,099 open comments for this question (Table 58).

**Table 58: How can our clinic improve?**

Themes	Count	Percent
Wait time	1,447	57%
Staff rude, unpleasant, or unhelpful	482	19%
Issue with formula	111	4%
Issue with clinic flow or computer system	109	4%
Card not updated	108	4%
Understaffed	97	4%
Better communication needed	69	3%
Clinic environment uncomfortable	65	3%
Staff need more training	34	1%
Total	2,522*	

\* Some comments included more than one theme, increasing the total themed comment count to 2,522 from 2,099 total comments.

### ***Shopping Experience***

The WIC shopping experience was also rated by 7,067 respondents. Fifty one percent reported no problems shopping for WIC foods; however, the remaining 49 percent had one or more issues shopping (e.g., foods not labeled by the store properly, could not find a WIC item, confused over what was allowed). This led to a more intensive follow up and training with WIC vendors.

### ***Open Responses***

All clients were asked if there is anything else they'd like to report about their WIC visit, and 18,400 responses were received. The majority of these sentiments were positive (Table 59, Figure 2).

**Table 59: Is there anything else you'd like to tell us?**

<b>Theme (words that clustered together)</b>	<b>Number of times mentioned in open comment (count)</b>	<b>Percentage of comments with these themes</b>	<b>Positive Sentiment</b>	<b>Neutral Sentiment</b>	<b>Mixed Sentiment</b>	<b>Negative Sentiment</b>
manner, atmosphere, professionalism, environment, staff, demeanor	2,949	16%	94%	2%	0%	4%
office, clinic, center, location	2,898	16%	82%	6%	0%	12%
kid, daughter, child, toddler, toy, son, baby, infant, parent	2,523	14%	72%	13%	0%	15%
wish, benefit, hours, card, process, wait time, afternoon, week, lunch, morning	1,172	6%	43%	11%	1%	45%
concern, nurse, question, advice, nutritionist, woman, lactation, regard, girl, felt welcome	1,168	6%	75%	11%	1%	13%
mom, home, assistance, community, life, struggle, education, ease, heart, family	630	3%	83%	6%	1%	10%
item, label, shop, store, shopping, mark, sticker, product, approve item, brand	597	3%	43%	12%	0%	45%



## **V. Mental Health Services**

### **Mental Health Statistics Improvement Program Youth Services Survey for Families**

#### **Purpose**

Since 1997, Texas has conducted an annual survey of customers who receive community-based mental health services about their perceptions of the services they receive. Prior to system reorganization, services were provided by the DSHS Mental Health and Substance Abuse Division; these services are now part of HHSC, Behavioral Health Services. When the customers receiving services are age 17 or younger, the parents or guardians receive the Youth Services Survey for Families (YSSF).

The purpose of the YSSF is to measure:

- Parental satisfaction with mental health services received through the state mental health system
- Parental perception of these services along multiple dimensions, including access to care and outcomes of services

#### **Sample and Methods**

In SFY 2018 and SFY 2019 the YSSF survey consisted of 26 items about mental health services the customer received over the past six months. Each question assessed information about a specific topic and was strongly related to a group of other questions about the same topic. The survey questions fell into seven of these groups of related questions, or domains. The domains that comprised the YSSF survey were:

- Satisfaction (with services)
- Participation in treatment
- Cultural sensitivity (of staff)
- Access (to services)
- Outcomes (of services)
- Social connectedness
- Functioning (of the child)

The domains are described in more detail in the findings.

Parents/guardians of customers answered each survey question using a five-point Likert scale ranging from "strongly agree" to "strongly disagree." Survey results focused on the domain "agreement rates," which means the percentage of parents that reported "agree" or "strongly agree" to the items in a domain. The survey was administered in English and Spanish.

In both years, a random sample from community mental health centers, local entities that contract with the state to deliver mental health services, was identified to receive the survey requests.<sup>26</sup> In SFY 2018, a total of 2,211 survey invitations were mailed out (9.8 percent of the 22,519 customers served).<sup>27</sup> In SFY 2019, a total of 3,110 survey invitations were mailed out (14.8 percent of the 21,028 customers served).<sup>28</sup>

In SFY 2018, there were a total of 262 completed questionnaires. The survey had a response rate of 13 percent. In SFY 2019, there were a total of 342 completed questionnaires. The survey had a response rate of 12 percent.

## Major Findings

The results of the two most recent survey years (SFY 2018 and 2019) are shown in Table 60. The percentages indicate the proportion of respondents who answered "agree" or "strongly agree" to questions in the stated domain.<sup>29</sup> For instance, 84 percent of respondents agreed or strongly agreed with the items in the Satisfaction domain in SFY 2019. The majority of domain agreement rates were similar between SFY 2018 and SFY 2019, with SFY 2019 rates being slightly higher than SFY 2018 rates.

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<sup>26</sup> Community mental health centers are also called Local Mental Health Authorities. For more information, see <http://www.dshs.state.tx.us/mhcommunity/default.shtm>.

<sup>27</sup> There were of 2,211 children/adolescents in the sample and 143 surveys were undeliverable.

<sup>28</sup> There were 3,110 children/adolescents in the sample and 246 surveys were undeliverable.

<sup>29</sup> For each domain, only respondents who answered two-thirds or more of the items comprising that domain were included in the calculation.

**Table 60: Mental Health Statistics Improvement Program Youth Services Survey  
for Families: Indicated Strongly Agree or Agree with Domains**

<b>Domain</b>	<b>Description of Domain</b>	<b>SFY 2018 Proportion of Respondents* (N = 262)</b>	<b>SFY 2019 Proportion of Respondents* (N=342)</b>
<b>Satisfaction (with services)</b>	Would the parent choose these services for his/her child if there were other options available?	80%	84%
<b>Participation in Treatment Planning</b>	Does the parent feel involved in treatment decisions?	86%	90%
<b>Cultural Sensitivity (of staff)</b>	Does staff show respect for the family's race/ethnicity/culture?	90%	94%
<b>Access (to services)</b>	Are services available when and where needed?	82%	87%
<b>Outcomes (of services)</b>	As a result of services, has the child's functioning at home and school improved and has he/she experienced fewer mental health symptoms?	59%	59%
<b>Social Connectedness</b>	Does the child feel connected to friends, family, and community?	76%	80%
<b>Functioning</b>	Has the child's overall well-being improved?	59%	61%

\* Proportions indicate respondents who selected answer choices "strongly agree" or "agree" rather than "neutral," "disagree," or "strongly disagree."

## **Mental Health Statistics Improvement Program Adult Mental Health Survey**

### **Purpose**

The Adult Mental Health (AMH) Survey asks customers who receive community-based mental health services about their perceptions of the services they receive. Prior to system reorganization, services were provided by the DSHS Mental Health and Substance Abuse Division; these services are now part of HHSC, Behavioral Health Services. Adults age 18 years or older who recently received a mental health service beyond an intake assessment are eligible for inclusion in the survey.

The purpose of the survey is to measure:

- Customer satisfaction with mental health services received through the state mental health system
- Customer perception of these services along multiple dimensions, including access to care and outcomes of services

### **Sample and Methods**

In SFY 2018 and SFY 2019, The AMH survey consisted of 36 questions about mental health services the customer received over the past 12 months. Each question assessed information about a specific topic and is strongly related to a group of other questions about the same topic. The survey questions fall into seven of these groups, or domains. The domains that comprise the AMH survey are:

- Satisfaction (with services)
- Access
- Quality and Appropriateness (of services)
- Participation in Treatment Planning
- Outcomes (of services)
- Functioning
- Social Connectedness

The domains are described in more detail in the findings.

Customers answered each survey question using a five-point Likert scale ranging from "strongly agree" to "strongly disagree." Survey results focus on the domain "agreement rates," which means the percentage of parents that reported "agree" or "strongly agree" to the items in a domain. The survey was administered in English and Spanish.

In both years, a random sample from community mental health centers was used to identify the survey sample. In SFY 2018, a total of 1,583 survey invitations were mailed out (4.1 percent of the 38,630 customers served).<sup>30</sup> In SFY 2019, a total of 2,286 survey invitations were mailed out (5.9 percent of the 38,433 customers served).<sup>31</sup>

In SFY 2018, there were a total of 263 completed questionnaires. The survey had a response rate of 18 percent. In SFY 2019, there were a total of 412 completed questionnaires. The survey had a response rate of 19 percent.

## **Major Findings**

The results of the two most recent survey years (SFY 2018 and 2019) are shown below. The percentages in Table 61 indicate the proportion of respondents who answered "agree" or "strongly agree" to questions in the stated domain.<sup>32</sup> For instance, 83 percent of respondents agreed or strongly agreed with the items in the Satisfaction domain in SFY 2019. The majority of domain agreement rates were similar between SFY 2018 and SFY 2019, with SFY 2019 rates being slightly higher than SFY 2018 rates.

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<sup>30</sup> There were 1,583 adults in the sample and 116 surveys were undeliverable.

<sup>31</sup> There were 2,286 adults in the sample and 166 surveys were undeliverable.

<sup>32</sup> For each domain, only respondents who answered two-thirds or more of the items comprising that domain were included in the calculation.

**Table 61: Mental Health Statistics Improvement Program Adult Mental Health Survey: Indicated Strongly Agree or Agree with Domains**

<b>Domain</b>	<b>Description of Domain</b>	<b>SFY 2018 Proportion of Respondents* (N = 263)</b>	<b>SFY 2019 Proportion of Respondents* (N=412)</b>
<b>Satisfaction (with services)</b>	Would the consumer choose to receive these services if he or she had other options?	81%	83%
<b>Access (to services)</b>	Are sufficient services available when and where needed?	75%	79%
<b>Quality and Appropriateness (of services)</b>	Is staff competent and are the services professional?	80%	84%
<b>Participation in Treatment Planning</b>	Does the consumer feel involved in treatment decisions?	68%	74%
<b>Outcomes (of services)</b>	Has the consumer experienced improvement in work, housing, and relationships?	59%	60%
<b>Functioning</b>	Has the consumer's overall well-being improved?	57%	61%
<b>Social Connectedness</b>	Does the consumer feel connected to friends, family, and community?	65%	63%

\* Proportions indicate respondents who chose answer choices "strongly agree" or "agree" rather than "neutral," "disagree," or "strongly disagree."

## **Mental Health Statistics Improvement Program Inpatient Consumer Survey**

### **Purpose**

State psychiatric hospitals located throughout Texas serve people with psychiatric disorders who need services provided in a residential environment. The usual length of stay for civil patients, accounting for about half of the patients in state hospitals, is short. Civil patients usually are treated for a few days or possibly weeks; the focus of services is stabilization and support of patients' return to the community. Forensic patients generally have a longer length of stay, which is determined by the court, and can vary from about 70 days for a patient on initial restoration commitment, to years for a patient commitment under the Not Guilty by Reason of Insanity commitment. State psychiatric hospitals provide assessment, evaluation, and treatment. Treatment involves a variety of services: psychiatry, nursing, social work, psychology, education/rehabilitation, nutrition, medical, and dental. These services are paid for through general revenue funds from the State of Texas, private payment, private third-party insurance, and Medicare and Medicaid programs.

The Inpatient Consumer Survey (ICS) is conducted in compliance with Mental Health Statistics Improvement Program (MHSIP) requirements. The ICS is distributed to every individual age 13 years old or older who is discharged from one of the 10 state psychiatric hospitals. The purpose of this survey is to measure individuals':

- Experience in the state psychiatric hospital, including their experience with staff, treatment, and the facility
- Participation in their treatment
- Ability to function after leaving the hospital

### **Sample and Methods**

This survey started more than nine years ago. The data reported in this report are from SFY 2018 and SFY 2019 (September 2017 to August 2019). These data were compared to the results from SFY 2016 and SFY 2017. During SFY 2018 and SFY 2019 combined there were 12,366 discharges.<sup>33</sup> The response rate widely varies according to setting. Patients in facilities with longer lengths of stay (especially forensic facilities) and more planned discharges had much higher response rates

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<sup>33</sup> In SFY 2016 and SFY 2017 combined there were 15,596 discharges.

than civil facilities where patients left very quickly and are often discharged by court, leaving the day of the court decision. Averaging all of these facilities, the response rate has been between 36 and 38 percent from SFY 2014 – SFY 2017 and around 42 percent for SFY 2018 and SFY 2019.

The survey population was adolescents and adults served in the state psychiatric hospitals. Data were collected at 10 state psychiatric hospitals:

- Austin State Hospital
- Big Spring State Hospital
- El Paso Psychiatric Center
- Kerrville State Hospital
- Rio Grande State Center
- Rusk State Hospital
- San Antonio State Hospital
- Terrell State Hospital
- North Texas State Hospital
- Waco Center for Youth

The ICS was conducted using a convenience sampling method. When a decision was made to discharge a patient, the patient was given an opportunity to complete the survey. This process could begin as early as three or more days prior to discharge. Patients could also be given an envelope so that the completed survey could be mailed back to the quality assurance division of the facility after discharge. The likelihood of a returned survey was greater prior to the customer leaving the facility. Patients with hospital episodes greater than one year were given a survey to complete during each annual review. The survey was offered on paper and was available in English and Spanish.

The total number of surveys received was estimated due to the fact that not all facilities participate in all of the domains and duplicate surveys are removed at multiple points in the process. In SFY 2018, approximately 2,758 surveys were collected, and in SFY 2019, approximately 2,512 surveys were collected. The survey includes questions about five topics, or domains, as shown in Table 62.

**Table 62: Domains Measured in Mental Health Statistics Improvement**

<b>Domain</b>	<b>Description of Domain</b>
<b>Outcome</b>	Effect of the hospital stay on the customer's ability to deal with their illness and with social situations
<b>Dignity</b>	Quality of interactions between staff and customers that highlight a respectful relationship
<b>Rights</b>	Ability of customers to express disapproval with conditions or treatment and receive an appropriate response from the organization
<b>Participation in Treatment</b>	Customers' involvement in their hospital treatment as well as coordination with the customers' doctor or therapist from the community
<b>Facility Environment</b>	Feeling safe in the facility and the aesthetics of the facility

## Major Findings

In general, high-level monitoring of adolescent and adult satisfaction with state psychiatric hospitals relied on an average overall score, which encompasses answers to survey questions in all five domains. In both SFY 2018 and SFY 2019, this annual average score target was exceeded by all 10 state psychiatric hospitals and showed little change from the scores in SFY 2016 and SFY 2017. Client satisfaction was fairly consistent across all five domains. There were noticeable increases to dignity scores and rights continued to be lower than the other domains. An increase in forensic population with a longer length of stay and fewer discharges were contributing factors in having fewer surveys returned but a noted increase in the rate of return. Results for SFY 2018 and SFY 2019 are provided in Table 63.

**Table 63: Mental Health Statistics Improvement Program Inpatient Customer Survey: Positive Responses to Domains**

<b>Domain</b>	<b>SFY 2018* Proportion of Respondents** (N=2,758)***</b>	<b>SFY 2019* Proportion of Respondents** (N=2,512)***</b>
<b>Outcome</b>	78.6%	77.8%
<b>Dignity</b>	82.6%	84.0%
<b>Rights</b>	65.9%	68.4%
<b>Participation in Treatment</b>	74.4%	75.2%
<b>Facility Environment</b>	73.7%	75.1%

\* The SFY 2018 survey was conducted from September 2017 to August 2018. The SFY 2019 survey was conducted from September 2018 to August 2019.

\*\* Each question in the ICS is evaluated on a Likert scale from “strongly disagree” to “strongly agree.” For purposes of computing averages, a number value is given to the qualities of the scale from 1 for “strongly disagree” to 5 for “strongly agree.” A client must respond to a minimum of two questions in a domain in order for an average rating to be computed for the domain. Since there are only three to four questions in a domain, missing values are not inserted when a client does not answer a question. When the average rating for the questions in the domain is greater than 3.5, the client is considered to have “responded positively” to the domain. The proportion of clients who responded positively to the domain is the percent of clients who responded positively out of all clients who responded to the domain.

\*\*\* Not all facilities ask questions for each domain. The N listed is the approximate number of surveys collected.

## **House Bill 13 Community Mental Health Grant Program**

### **Purpose**

House Bill 13, 85<sup>th</sup> Texas Legislature, Regular Session, 2017 (HB 13) appropriated funds for a grant program for community mental health services to support communities in the provision of treatment and the coordination of mental health services. HB 13 appropriated a total of \$10 million across SFY 2018 and SFY 2019. Through the grant program, about 70 local mental health authorities, universities, counties, and large non-profits receive grants to provide innovative mental health

services to clients.<sup>34</sup> Each grant can have a different focus, such as substance abuse, comorbid conditions, access to care, or criminal justice issues.

The purpose of these grants is to:

- Support community programs that provide mental healthcare services and treatment to individuals with a mental illness
- Coordinate mental healthcare services for individuals who have a mental illness with other transition support services

HB 13 requires that HHSC report on client satisfaction for SFY 2019 after the final grants were distributed. To measure satisfaction, the Mental Health Statistics Improvement Program Adult Mental Health (AMH) and Youth Services Survey for Families (YSSF) is used.<sup>35</sup> Each of these surveys asks respondents to indicate their perceptions of the mental health services they received.

The purpose of each survey is to measure:

- Customer satisfaction with mental health services received through the state mental health system.
- Customer perception of these services along multiple dimensions, including access to care and outcomes of services.

## **Sample and Methods**

In SFY 2019, the AMH survey consisted of 36 questions about mental health services the customer received over the past 12 months. The YSSF survey consisted of 26 items about mental health services the customer received over the past six months. Each question assessed information about a specific topic and is strongly related to a group of other questions about the same topic. The survey questions fall into seven of these groups, or domains. The domains that comprise the AMH survey were:

- Satisfaction with services
- Access to services

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<sup>34</sup> Some sites could receive multiple grants.

<sup>35</sup> The Mental Health Statistics Improvement Program AMH and YSSF surveys are annual surveys for customers receiving community-based mental health services in Texas. HB 13 administered the same survey questions to individuals receiving mental health services from community programs that were recipients of grant funds. Although the projects were distinct and the desired populations of each were different, there may be some overlap in respondents among the MHSIP and the HB 13 samples.

- Participation in treatment planning
- Outcomes of services
- Functioning (of the consumer)
- Social Connectedness
- Quality and appropriateness of services (AMH only)
- Cultural sensitivity of staff (YSSF only)

The domains are described in more detail in the findings.

Customers answered each survey question using a five-point Likert scale ranging from "strongly agree" to "strongly disagree".<sup>36</sup> Survey results focused on the domain "agreement rates," which indicate the percentage of parents that reported "agree" or "strongly agree" to the items in a domain. The survey was administered in English and Spanish.

Surveys were administered to a convenience sample of customers receiving services at each of the grantee sites during April 2019. All surveys were conducted online. Providers distributed an online link to the surveys to clients. Clients ages 18 years of age and older receiving services from providers of adult mental health services were provided the link to the AMH surveys. Clients ages 19 years of age and younger receiving services from providers of youth and family services were provided the link to the YSSF surveys.<sup>37</sup> Providers encouraged survey participation by offering for the client to complete the survey on-site or suggesting the client complete the survey off-site on a mobile device or computer.<sup>38</sup>

There was a total of 582 responses for the AMH surveys. There was a total of 728 responses for the YSSF surveys.

## Major Findings

The results are shown below. The percentages in Table 64 indicate the proportion of respondents who answered "agree" or "strongly agree" to questions in the stated

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<sup>36</sup> For YSSF surveys, parents/guardians of customers answered survey questions unless a client was old enough to complete it on their own.

<sup>37</sup> Some youth and family providers may offer services to young adults ages 18 and 19.

<sup>38</sup> Providers were not required to offer on-site options for survey completion. Data was not collected on which providers offered this option or how many clients completed surveys on or off-site from their service providers.

domain.<sup>39</sup> For instance, 97 percent of AMH respondents and 88 percent of YSSF respondents agreed or strongly agreed with the items in the Satisfaction domain.

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<sup>39</sup> For each domain, only respondents who answered two-thirds or more of the items comprising that domain were included in the calculation.

**Table 64: HB 13 Community Health Grant Program Customer Satisfaction AMH and YSSF Surveys: Indicated Strongly Agree or Agree with Domains**

<b>Domain</b>	<b>Description of Domain</b>	<b>AMH Proportion of Respondents* (N=582)</b>	<b>YSSF Proportion of Respondents* (N=728)</b>
<b>Satisfaction with services</b>	Would the consumer choose to receive these services if he or she had other options?	97%	88%
<b>Access to services</b>	Are sufficient services available when and where needed?	95%	86%
<b>Participation in treatment planning</b>	Does the consumer feel involved in treatment decisions?	90%	76%
<b>Outcomes of services</b>	Has the consumer experienced improvement in work, housing, and relationships?	83%	81%
<b>Functioning</b>	Has the consumer's overall well-being improved?	83%	81%
<b>Social Connectedness</b>	Does the consumer feel connected to friends, family, and community?	86%	89%
<b>Quality and Appropriateness of services (AMH only)</b>	Is staff competent and are the services professional?	95%	N/A
<b>Cultural Sensitivity of staff (YSSF only)</b>	Does staff show respect for the family's race/ethnicity/culture?	N/A	91%

\* Proportions indicate respondents who chose answer choices "strongly agree" or "agree" rather than "neutral," "disagree," or "strongly disagree."

## **VI. Disability Services**

### **Intellectual and Developmental Disability Services Survey and Disability Services Survey**

#### **Purpose**

Texas HHS is developing an action plan to improve the system and delivery of services for Texans with physical, intellectual, or developmental disabilities. To support the disability services action plan, the Office of Mental Health Coordination (OMHC) developed the 2018 Intellectual and Developmental Disability Services Survey and the 2019 Disability Services Survey to engage and obtain input from stakeholders within the disability community on services and experiences while navigating programs in HHS.

The 2018 survey focused on people with intellectual and developmental disabilities whereas the 2019 survey focused on all types of disabilities to fulfill the expanded information needs of HHS. These surveys are administered by HHSC CADS in collaboration with OMHC and with feedback from the Intellectual and Developmental Disability System Redesign Advisory Committee.

#### **Sample and Methods**

The study sought responses from the target population of individuals engaged with disability services including: (1) individuals with disability, (2) their family members, (3) individuals providing services and support to these populations, and (4) the staff of organizations and agencies that serve these populations.

The sample was developed by OMHC as a convenience sample gathered from a communication campaign that included promotion through public advertisement, social media, web sites, and key disability stakeholder organizations.

The study was collected using an online survey link in September 2018 targeted to members of the intellectual and developmental disability community and again in September 2019 targeted to all individuals with disability. The survey was offered in English only. Individuals provided their responses by completing the survey using either a computer or mobile device.

The number of completed responses for the 2018 survey was 3,217 out of 4,958 individuals that started surveys, for a completion rate of 64.8%. The 2019 survey returned 2,890 completed surveys out of 4,340 started surveys for a completion

rate of 66.6%. Analysis for the 2019 survey was conducted exclusively on IDD involved respondents, and among those respondents, 2,268 individuals completed the survey for a response rate of 80.4%.

Survey questions were grouped into sets of statements about different topics in disability service with respondents being asked to rate their agreement on a four-point scale from strongly disagree to strongly agree with the option to mark questions as not applicable. To analyze the survey each individual was assigned a satisfaction score for every topic of disability service for which they provided feedback. Satisfaction scores represented the average response of all rated questions for each area of disability service standardized on a scale from 0-100 with higher scores representing greater satisfaction.

## **Major Findings**

General findings from the two surveys found opportunities to improve across most areas of disability service for all types of respondents. The specific findings were generated from analysis of the average satisfaction score for different groups of respondents and are summarized in Table 65 and Table 66. Two differences between how the surveys were collected may explain large year-to-year differences in scores. In the 2018 survey, respondents were asked to identify areas of improvement in IDD services and provided feedback on all areas of IDD service regardless of personal experience. In the 2019 Survey respondents were asked to provide general feedback on disability services but only for those services they had received within the last year.

**Table 65: IDD Services Survey: Average Satisfaction Scores by Respondent Type for IDD Involved Respondents for IDD Services**

<b>Topic Areas</b>	<b>Family and Friends (N=974)</b>	<b>Service Providers (N=933)</b>	<b>Agency and Organization Staff (N=1,159)</b>
<b>Employment Services</b>	20.7	33.1	35.1
<b>Housing Services</b>	19.6	38.3	41.0
<b>Transportation Services</b>	28.4	39.5	40.7
<b>Crisis Services</b>	24.6	41.3	43.1
<b>Service Access</b>	30.1	40.4	40.5
<b>Provider Service Coordination</b>	27.7	41.5	43.2
<b>Family Support</b>	30.9	41.4	42.6
<b>Behavioral Health Services</b>	32.6	46.8	48.2
<b>State Coordination</b>	33.5	50.6	51.7
<b>Evidence Based Practices</b>	36.6	51.3	51.0
<b>Education Services</b>	52.1	60.1	58.4
<b>Overall</b>	30.6	44.0	45.0

Source: 2018 Disability Services Survey

Notes: Index scores range from 0-100, higher scores indicate higher overall satisfaction. Number of respondents vary by system areas due to missing or “don’t know/not applicable” responses. Total possible respondents are 3,217. Family and friend respondents asked about all topics regardless of service engagement. Group level differences were significant for all domains ( $p<.001$ ).

**Table 66: Disability Services Survey: Average Satisfaction Scores by Respondent Type for IDD Involved Respondents for Disability Services**

<b>Topic Areas</b>	<b>Family and Friends (N=1,024)</b>	<b>Service Providers (N=557)</b>	<b>Agency and Organization Staff (N=830)</b>
<b>Housing Services</b>	20.9	41.3	40.2
<b>State Coordination</b>	31.6	45.9	46.9
<b>Crisis Services</b>	29.1	48.3	50.1
<b>Employment Services</b>	37.5	47.5	48.0
<b>Behavioral Health Services</b>	36.8	49.2	48.3
<b>Family Supports</b>	41.5	49.9	50.6
<b>Provider Service Coordination</b>	37.8	55.5	58.2
<b>Service Access</b>	46.8	56.7	57.8
<b>Education Services</b>	56.6	63.8	64.9
<b>Evidence Based Practices</b>	N/A	62.1	62.9
<b>Overall</b>	40.9	54.3	54.5

Source: 2019 Disability Services Survey

Notes: Index scores range from 0-100, higher scores indicate higher overall satisfaction. Number of respondents vary by system areas due to missing or "don't know/not applicable" responses. Total possible respondents are 2,411. Questions on evidence-based practice were not presented to family or friend respondents. Questions on transportation were not asked in 2019. Family and friend respondents were limited to services that the individual they support have engaged. Group level differences were significant for all domains ( $p < .001$ ) except for evidence-based practices.

## 4. Conclusion

This HHS system-wide 2020 Report on Customer Service describes the results of nearly 289,132 individual survey responses from 31 surveys conducted by the two Texas agencies belonging to the Texas Health and Human Services (HHS) system during the SFY 2018-2019 reporting period. Surveyed individuals were primarily direct consumers of services and enrollees in health plans; other surveys solicited feedback from entities regulated or inspected by HHS, service providers contracted with HHS, entities receiving HHS laboratory services, and community stakeholders.

- Fourteen projects surveyed customers of HHS services, including families of children with special needs, developmental delays, or disabilities; adults with disabilities; children and adults who received mental health services; elderly individuals residing in care facilities; clients attending immunization clinics; SNAP applicants; customers of eligibility offices; and customers of complaint intake offices. The largest of these surveys, the YourTexasBenefits.com survey, collected over 5,000 responses per month, on average. Overall, most respondents provided positive feedback regarding the services and supports received through HHS programs.
- Enrollees in STAR, STAR Health, STAR+PLUS, and CHIP health plans were surveyed through 10 different surveys. Respondents included families or caregivers of enrolled children, as well as enrolled adults. Across these surveys, most quality components were rated positively. Respondents were most likely to give positive feedback on domains related to communication with doctors, shared decision making, and customer service; one domain with opportunities for improvement is access to specialized services. Texas's External Quality Review Organization provides more detailed findings and recommendations from member surveys in their annual [Summary of Activities Report](#).
- Four surveys collected responses from customers of state laboratory services, including submitters to the South Texas Laboratory and customers of the Laboratory Courier Program. Surveys showed broad satisfaction related to transit time, staff responsiveness, and quality of service.
- Three surveys were conducted to obtain feedback from entities inspected by the state. A wide range of businesses, healthcare facilities, food service facilities, and other regulated organizations provided positive feedback on state services, including inspections, site reviews, and communication with staff.

Overall, the HHS system of agencies has succeeded in obtaining feedback from a diverse group of customers. Although most respondents provided positive feedback regarding the services and supports received through HHS programs, some surveys identified opportunities for improvement. Feedback identifying opportunities for improvement is used to inform how services are provided in the future. For example, feedback collected from health plan enrollees is used to hold managed care organizations accountable through HHSC quality programs. These results support the HHS system mission of improving the health, safety, and well-being of Texans through good stewardship of public resources.

## Appendix A. Customer Inventory for the Department of State Health Services (DSHS)

### Services Provided to Customers by Budget Strategy, as listed in HHS System Strategic Plan 2019–2023, Volume II, Schedule A

#### Strategy A.1

Budget Strategy	Stakeholder Groups/ Services Provided
<p><b>Strategy A.1.1. Public Health Preparedness and Coordinated Services.</b></p> <p>Coordinate essential public health services through public health regions and affiliated local health departments. Plan and implement programs to ensure preparedness and rapid response to bioterrorism, natural epidemics, and other public health and environmental threats and emergencies.</p>	<p><b>Citizens of Texas:</b> DSHS is responsible for public health and medical services during a disaster or public health emergency and ongoing surveillance for infectious disease outbreaks with statewide potential such as influenza and foodborne outbreaks.</p> <p><b>Other Local, State, and Federal Agencies:</b> DSHS coordinates with local health departments (LHDs); Texas Division of Emergency Management; Regional Advisory Councils; laboratories and laboratory response networks; first responders; law enforcement; environmental, veterinary, and agricultural laboratories; hospitals; and healthcare systems.</p> <p><b>Texas-Mexico Border Residents and Border Health Partners:</b> DSHS coordinates and promotes health issues between Texas and Mexico, and provides interagency coordination and assistance on public health issues with local border health partners referenced in <i>Strategy 1.1.4. Border Health and Colonias</i>.</p> <p><b>Public Health Services:</b> DSHS Health Service Regions (HSR) are responsible for ensuring the provision of public health services to communities across Texas where no LHD has been established or the LHD does not have the capacity or wish to provide a full range of public health services. State and federal funds are used to support DSHS Regions in the prevention of epidemics and spread of disease; protection against environmental hazards; prevention of injuries; promotion of healthy behaviors; and response to disasters. Through public health social workers, DSHS supports its statutory responsibility to link individuals who have a need for community and personal health services to appropriate community and private providers.</p> <p><b>Committees:</b> DSHS provides support to the Public Health Funding and Policy Committee and Preparedness Coordinating Council.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p><b>Strategy A.1.2. Vital Statistics.</b> Maintain a system for recording, certifying, and disseminating information about births, deaths, and other vital events in Texas.</p>	<p><b>Citizens of Texas:</b> DSHS provides vital records needed to access benefits and services.</p> <p><b>Local Governments:</b> DSHS maintains and operates a statewide information system, Texas Electronic Vital Events Registrar (TxEVER), for use by statewide officials responsible for birth and death registration. DSHS receives information from district and county clerks responsible for registering vital event information associated with marriages, divorces, and suits affecting the family.</p> <p><b>Funeral Directors, Funeral Home Staff, Medical Directors, and Facilities:</b> DSHS maintains and operates TxEVER for use by funeral directors and funeral home staff that provide death certificates as part of funeral services and to collect demographic data associated with registered deaths. Physicians, justices of the peace, medical examiners, hospitals, and hospices also contribute medical data associated with registration of death events.</p> <p><b>Hospitals, Birthing Centers, and Midwives:</b> DSHS maintains TxEVER for hospitals, birthing centers, and certified and non-certified midwives that are responsible for registration of birth events.</p>
<p><b>Strategy A.1.3. Health Registries.</b> Collect health information for public health research and information purposes that inform decisions regarding the health of Texans.</p>	<p><b>Direct Consumers and Policymakers:</b> DSHS provides health-related disease registry for health planning and policy decisions. This includes the Texas Cancer Registry, Birth Defects Registry, Blood Lead Registry, Traumatic Brain Injury, Trauma and Emergency Medical Services Registries. DSHS collects, maintains, and disseminates data for all Texas residents and for policymakers. The aggregated data that is shared with a diverse group of users and stakeholders that contribute to prevention and control of diseases and conditions, and improve diagnoses, treatment, survival, and quality of life for all Texans.</p>
<p><b>Strategy A.1.4. Border Health and Colonias.</b> Promote health and address environmental issues between Texas and Mexico through border/binational coordination, maintenance of border health data, and community-based healthy border initiatives.</p>	<p><b>Texas-Mexico Border Residents:</b> DSHS coordinates and promotes health issues between Texas and Mexico and identifies resources and develops projects that support community efforts to improve border health.</p> <p><b>Border Health Partners:</b> DSHS provides interagency coordination and assistance on public health issues with local border health partners; border LHDs; binational health councils; state border health offices in California, Arizona, and New Mexico; U.S.-Mexico Border Health Commission; U.S. Environmental Protection Agency (EPA) Border 2020 Program; U.S. Department of Health and Human Services (DHHS) Office of Global Affairs, U.S. DHHS Health Resources and Services Administration (HRSA) Office of Border Health; México Secretaría de Salud; and other state and federal agency border programs.</p> <p><b>Committees:</b> DSHS provides support to the Border Health Task Force.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p><b>Strategy A.1.5. Health Data and Statistics.</b> Collect, analyze, and distribute information about health and healthcare.</p>	<p><b>Citizens of Texas:</b> DSHS utilizes data to help address Texas residents' concerns regarding health conditions in their neighborhoods. DSHS posts healthcare facility-level, community-level, and statewide health and healthcare workforce data on the Texas Health Data website. Texas Health Data is an interactive data website to support public health officials, educators, and students in improving service delivery, evaluating healthcare systems, and monitoring the health of the people of Texas.</p> <p>DSHS provides data to researchers and for other public health purposes, including inclusion in national and international documents that discuss and/or report the burden of health conditions nationally and/or internationally. This data may also be used for community health assessments, public health planning, and making informed healthcare decisions.</p> <p><b>Other External Partners:</b> DSHS coordinates with the Texas Medical Association (TMA), Texas Academy of Family Physicians, Texas Midwifery Association, Association of Texas Midwives, County Medical Societies, Texas and New Mexico Hospice Organization, Texas Justice Court Training Center, Texas County Commissioners Court, County and District Clerks' Association of Texas, Texas Hospital Association (THA), Texas Society of Infection Control and Prevention, local chapters of the Association for Professionals in Infection Control and Epidemiology, Texas Tumor Registrars Association, the National Program of Cancer Registries - part of the Centers for Disease Control and Prevention (CDC), and the North American Association of Central Cancer Registries (NAACCR).</p> <p><b>Other State Agencies:</b> DSHS coordinates with the Office of Attorney General, DFPS, Texas Department of Transportation, Texas Workforce Commission, HHSC, Texas Commission on Environmental Quality, Cancer Prevention and Research Institute of Texas (CPRIT), Texas Department of Housing and Community Affairs, Texas Poison Center Network, Texas Medical Board, Texas Board of Nursing, Texas Department of Agriculture, and Texas State Commission on Judicial Conduct.</p> <p><b>Federal Agencies:</b> DSHS coordinates with the CDC, National Center for Health Statistics, Social Security Administration, Federal Bureau of Investigations, Food and Drug Administration (FDA), National Institute of Occupational Safety and Health, Centers for Medicare &amp; Medicaid Services (CMS), Agency for Healthcare Research and Quality, Agency for Toxic Substances and Disease Registries, Department of Veteran Affairs, and EPA.</p>

## Strategy A.2

Budget Strategy	Stakeholder Groups/ Services Provided
<p><b>Strategy A.2.1. Immunize Children and Adults in Texas.</b> Implement programs to immunize children and adults in Texas.</p>	<p><b>Direct Consumers:</b> DSHS operates the Texas Vaccine for Children (TVFC) and Adult Safety Net (ASN) programs to provide immunizations for eligible children, adolescents, and adults. These programs also work to educate and perform quality assurance activities with healthcare providers vaccinating these groups. DSHS maintains an electronic vaccine inventory system that enables participating providers to order vaccine stock and report on vaccines administered. DSHS maintains a statewide immunization registry (ImmTrac2) that contains millions of immunization records, mostly for children. Healthcare providers use ImmTrac to ensure timely administration of vaccines and to avoid over-vaccination. Parents may obtain immunization records for their children. DSHS also conducts surveillance, investigation, and mitigation of vaccine-preventable diseases.</p> <p><b>Local Governments:</b> DSHS helps LHDs in conducting immunization programs at the local level, including providing immunizations for eligible children, adolescents, and adults; providing immunization education; and assisting with activities to increase immunization coverage levels across Texas.</p> <p><b>Schools and Childcare Facilities:</b> DSHS provides education and technical assistance to school and childcare facilities on school immunization requirements. DSHS conducts an annual survey of private schools and public school districts to assess vaccination coverage. Additionally, DSHS conducts audits on schools and childcare facilities to ensure that the facilities comply with school immunization requirements.</p> <p><b>External Partners:</b> DSHS works with the Texas Immunization Stakeholder Working Group, which includes representatives from TMA, Texas Pediatric Society (TPS), parents, schools, LHDs, pharmacists, nurses, vaccine manufacturers, immunization coalitions, and other organizations with a role in the statewide immunization system.</p> <p><b>Other State Agencies:</b> DSHS works with Texas Education Agency, DFPS and HHSC in the delivery of immunization services.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p><b>Strategy A.2.2. Human Immunodeficiency Virus / Sexually Transmitted Disease (HIV/STD) Prevention.</b> Implement programs of prevention and intervention including preventive education, case identification and counseling, HIV/STD medication, and linkage to health and social service providers.</p>	<p><b>Direct Consumers:</b> DSHS provides access to HIV treatment and care services, including life-enhancing medications, for low-income, uninsured or underinsured persons. DSHS also provides ambulatory healthcare and supportive services to persons with HIV disease through contracted providers. DSHS contracts to provide HIV counseling and testing, linkage to HIV related medical care and behavior change interventions to prevent the spread of HIV and other STDs. DSHS provides testing for HIV and STDs, medications for some STDs, and disease intervention and partner services to reduce the spread of STDs.</p> <p><b>Local Governments:</b> DSHS helps local governments in the delivery of services to assure that persons diagnosed with HIV and high priority STDs are notified and linked to medical care and treatment. Assistance is provided to assure that partners of persons newly diagnosed with HIV and high priority STDs are notified and offered testing services. DSHS provides capacity building and technical assistance/training services to LHDs that provide HIV/STD prevention and treatment and care services. DSHS works with LHDs to promote HIV/STD as a health and prevention priority among medical providers and the community at large. DSHS provides local leaders and groups across Texas with information on the size and scope of HIV and STD cases in their communities, with HIV/STD-specific strategic planning tools, and with best risk reduction practices to support creation of HIV/STD prevention and services action plans.</p> <p><b>Community-Based Organizations:</b> DSHS provides capacity building and technical assistance/training services to contracted providers providing HIV/STD prevention and treatment and care services.</p> <p><b>Committee:</b> The Texas HIV Medication Advisory Committee advises DSHS about the Texas HIV Medication Program formulary and policies.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p><b>Strategy A.2.3. Infectious Disease Prevention, Epidemiology and Surveillance.</b> Conduct surveillance on infectious diseases, including respiratory, vaccine-preventable, bloodborne, foodborne, and zoonotic diseases and healthcare associated infections. Implement activities to prevent and control the spread of emerging and acute infectious and zoonotic diseases.</p>	<p><b>Citizens of Texas:</b> DSHS coordinates disease surveillance and outbreak investigations including information on the occurrence of disease, as well as prevention and control measures. DSHS conducts surveillance for and investigations of infectious diseases, recommends control measures in accordance with best practices, and implements interventions. In addition, DSHS provides information on infectious disease prevention and control to the public through the website and personal consultation. DSHS facilitates the distribution of rabies biologics to persons exposed to rabies, provides Animal Control Officer training opportunities, inspects animal rabies quarantine facilities, immunizes wildlife that can transmit rabies to humans, mobilizes community efforts such as pet neutering programs through the Animal Friendly grant, and maintains investigative response capacity.</p> <p><b>Local Governments:</b> DSHS coordinates infectious disease prevention, control, epidemiology, and surveillance activities with LHDs.</p> <p><b>Other State and Federal Agencies:</b> DSHS collaborates daily with the CDC to maintain consistency with national guidance on infectious disease surveillance, investigation, and mitigation. DSHS serves as the lead on a cooperative project with U.S. Department of Agriculture and Texas Military Forces. Other stakeholders are THA, Texas Health Care Association, Texas Organization of Rural &amp; Community Hospitals (TORCH), Texas Ambulatory Surgery Center Society, End State Renal Disease (ESRD) Network of Texas, the Texas Animal Health Commission, Texas Parks and Wildlife Department, Texas Veterinary Medical Diagnostic Laboratory, U.S.-Mexico Border Health Commission, Rotary International, CDC, FDA, HRSA, schools of public health in Texas, voluntary agencies, HHSC, and federal Office of Refugee Resettlement.</p> <p><b>Medical Community:</b> DSHS provides information and consultation to the human and veterinary medical communities, as well as to healthcare professionals through personal consultation and professional organizations, presentations and posters at scientific meetings, and peer-reviewed publications.</p> <p><b>Committees:</b> DSHS provides support to the Task Force on Infectious Disease Preparedness and Response and the Healthcare Safety Advisory Committee.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p><b>Strategy A.2.4. TB Surveillance and Prevention.</b> Implement activities to conduct TB surveillance, to prevent and control the spread of TB, and to treat TB infection.</p>	<p><b>Direct Consumers:</b> DSHS establishes disease surveillance and outbreak investigations processes and provides information on the occurrence of TB disease in communities across Texas. DSHS implements TB disease control measures, including testing and diagnostic services and promoting adherence to treatment. DSHS also ensures that all residents of Texas who are diagnosed with TB or Hansen's disease receive treatment regardless of ability to pay for services. In addition, DSHS provides information to the public on TB prevention and control and Hansen's disease through its website. Phone consultations are also provided to the public on TB and Hansen's disease.</p> <p><b>Local Government:</b> DSHS contracts with LHDs to provide outpatient clinical and public health services for TB and Hansen's disease management. DSHS works with DSHS HSRs and LHD providers on TB binational projects and other special projects targeting individuals and groups at high risk for TB. DSHS provides laboratory services, capacity building, technical assistance, and training services to contracted providers on TB and Hansen's disease. DSHS works in collaboration with LHDs and HSRs to evaluate TB screening, reporting and case management activities conducted by local jails statewide.</p> <p><b>State Agencies:</b> DSHS collaborates with Texas Commission on Jail Standards to uphold standards for jails with a TB screening program. DSHS collaborates with Texas Department of Criminal Justice on TB screening, prevention, and reporting activities.</p> <p><b>Federal Agencies:</b> DSHS collaborates with the CDC, the National Hansen's Disease Program, Bureau of Prisons, Immigration Customs Enforcement, U.S. Marshal's Office on disease surveillance, reporting and management.</p> <p><b>Medical Community:</b> DSHS provides consultation services to healthcare professionals on TB and Hansen's disease.</p> <p>DSHS partners with Heartland National TB Center, a CDC Regional Training and Medical Consultation Center, to provide training to healthcare professionals and to maintain an educated TB workforce. DSHS also participates in professional organizations including conducting presentations and presenting posters at scientific meetings and submitting peer-reviewed publications.</p>
<p><b>Strategy A.2.5 Texas Center for Infectious Disease.</b> Provide medical treatment to persons with tuberculosis and Hansen's disease.</p>	<p><b>Hospital Services:</b> Through the Texas Center for Infectious Disease, DSHS provides inpatient and outpatient TB treatment and outpatient Hansen's disease evaluation and treatment.</p>

### Strategy A.3

Budget Strategy	Stakeholder Groups/ Services Provided
<p><b>Strategy A.3.1. Health Promotion and Chronic Disease Prevention.</b> Develop, implement, and evaluate evidence-based interventions to reduce health risk behaviors that contribute to chronic disease. Conduct chronic disease surveillance.</p>	<p><b>Citizens of Texas:</b> DSHS provides awareness and educational resources/materials for diabetes, Alzheimer’s disease, cancer, asthma, and cardiovascular disease (CVD). DSHS provides child safety seats to low-income families with children less than eight years of age. DSHS provides support to communities for planning and implementing evidence-based obesity prevention interventions through policy and environmental change.</p> <p><b>Councils, Task Forces, and Collaboratives:</b> DSHS provides administrative support to the Texas Diabetes Council, Texas Council on Alzheimer’s Disease and Related Disorders, Texas Council on CVD and Stroke, Texas CVD and Stroke Partnership, Texas School Health Advisory Committee, Stock Epinephrine Advisory Committee, Cancer Alliance of Texas.</p> <p><b>Healthcare Professionals:</b> DSHS provides toolkits and information that include professional and patient education materials featuring self-management training, minimum standards of care, and evidence-based treatment algorithms.</p> <p><b>Contracted entities:</b> DSHS contracts with various LHDs, universities, non-profits, private sector entities, and others to implement interventions and collect data to reduce the burden of chronic disease and related risk factors.</p> <p><b>Community Diabetes Projects:</b> DSHS contracts with LHDs, community health centers, and grassroots organizations to establish programs for promoting wellness, physical activity, weight and blood pressure control, and smoking cessation for people with or at risk for diabetes.</p> <p><b>Schools:</b> DSHS provides technical assistance on the care of students with or at risk for chronic disease. DSHS provides child safety seats and education to community partners that assist in the distribution of the safety seats to low-income families and trains nurses, police officers, and other community members to be nationally certified child passenger safety technicians.</p> <p><b>State Agencies:</b> DSHS provides subject matter expertise, including research and data analysis, on topics related to chronic disease. DSHS also collaborates with the CPRIT on cancer-related activities. DSHS works with state agency worksite wellness coordinators to implement health promotion and wellness activities in Texas state agencies.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p><b>Strategy A.3.2. Reducing the Use of Tobacco Products Statewide.</b> Develop a statewide program to reduce the use of tobacco products.</p>	<p><b>Citizens of Texas:</b> DSHS plays a leadership role in educating the public about the importance of tobacco prevention and cessation. DSHS also provides cessation counseling services to all Texas residents.</p> <p><b>Healthcare Providers:</b> DSHS provides training and resources for healthcare providers to implement best practices for treating tobacco dependence in multiple healthcare settings.</p> <p><b>External Partners:</b> DSHS works with the University of Texas at Austin, University of Texas at El Paso, University of Houston, The Council on Alcohol and Drug Abuse, Optum, Texas State University, Texas A&amp;M University, MD Anderson, American Cancer Society, and American Lung Association.</p> <p><b>Contracted Services:</b> DSHS contracts with a media firm; a national Quitline service provider; state institutions of higher education; and local coalitions to implement comprehensive tobacco prevention, cessation, and environmental change policies.</p>

## Strategy A.4

Budget Strategy	Stakeholder Groups/ Services Provided
<p><b>Strategy A.4.1. Laboratory Services.</b> Provide analytical laboratory services in support of public health program activities.</p>	<p><b>Citizens of Texas:</b> DSHS tests specimens for infectious diseases such as HIV, STD, and TB; screens for lead in children; tests bay water and milk samples for contamination; tests for rabies; screens every newborn for 54 metabolic and genetic disorders; and identifies organisms responsible for disease outbreaks throughout Texas. DSHS also provides testing for chemical and biological threats.</p> <p><b>Other Local, State, and Federal Agencies:</b> DSHS coordinates with LHDs and their laboratories; laboratories that are part of CDC Laboratory Response Network; first responders; law enforcement; environmental, veterinary, and agricultural laboratories; vector control programs; and animal control programs.</p> <p><b>Public Water Systems:</b> DSHS provides testing of water samples as part of the EPA Safe Drinking Water Act.</p> <p><b>External Partners:</b> DSHS works with the Texas Newborn Screening Advisory Committee, THA, TMA, TPS, and other professional associations.</p>

## Strategy B.1

Budget Strategy	Stakeholder Groups/ Services Provided
<p><b>Strategy B.1.1. Maternal and Child Health.</b> Provide easily accessible, quality, and community-based maternal and child health services to low-income women, infants, children, and adolescents.</p>	<p><b>Direct Consumers:</b> DSHS provides contracted clinical, educational, and support services to Texas residents who meet specific eligibility requirements.</p> <p>DSHS provides preventive oral health services to children in low-income schools and provides training and certification for vision and hearing screening. In addition, DSHS makes audiometers available to schools and day care centers for their staff to conduct screenings. DSHS also provides preventive and primary care, medical and limited dental services, and case management to low-income pregnant women and children through contracts with Title V funds. Limited genetics services are also provided through contracts. DSHS notifies primary care physicians and families of newborns with out-of-range newborn screening results to ensure clinical care coordination to prevent development delays, intellectual disability, illness, or death. DSHS also provides education to providers and the public regarding genetics.</p> <p><b>Contracted Providers:</b> DSHS provides professional education to dental, medical, and case management providers through online provider education and in-person training opportunities. DSHS contracts with nonprofit organizations including LHDs, hospital districts, university medical centers, federally qualified health centers (FQHCs), and other community-based organizations.</p> <p><b>Certified Individuals:</b> DSHS provides oversight of the training and certification requirements for promoters/community health workers and training instructors.</p> <p><b>Schools:</b> DSHS contracts with entities that provide primary and preventive services through school-based health centers. DSHS also provides training and technical assistance to school administrators, school nurses, and parents on the provision of health services within the school setting.</p> <p><b>Other State Agencies:</b> DSHS provides subject matter expertise, including research and data analysis, on topics related to maternal and child health populations. DSHS also collaborates with the CPRIT on cancer-related activities. Under authority of Title XIX of the SSA, Chapters 22 and 32 of the Human Resource Code and an IAC with HHSC, DSHS provides for administrative functions related to periodic medical and dental checkups for Medicaid-eligible children 0 through 20 years of age and case management for children 0 through 20 years of age and pregnant women with health risks or health conditions.</p> <p><b>External Partners:</b> DSHS interacts with the American Cancer Institute, TPS, Texas Dental Association, TMA, THA, TORCH, March of Dimes, Children’s Hospital Association of Texas, Head Start programs, independent school districts, and healthcare providers.</p> <p><b>Committees:</b> DSHS provides administrative support to the Newborn Screening Advisory Committee, Promotor(a)/Community Health Worker (CHW) Training and Certification Advisory Committee, Sickie Cell Task Force, and the Maternal Mortality and Morbidity Review Committee.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<b>Strategy B.1.2. Children with Special Health Care Needs (CSHCN).</b> Administer population health initiatives for children with special health care needs.	<p><b>Direct Consumers:</b> DSHS is responsible for public health initiatives for children with special health care needs and their families and people of any age with cystic fibrosis. Regional staff also provide case management, eligibility determination, and enrollment services. DSHS community-based initiatives for the CSHCN population include medical home, transition to adult care, and community integration through contractors. Through community-based contracts, family supports and community resources are provided and case management is available for CSHCN who are not part of Medicaid.</p> <p><b>External Partners:</b> DSHS actively participates on a variety of advisory groups including but not limited to the Children's Policy Council and the Texas Council for Developmental Disabilities.</p> <p>DSHS interacts with professional organizations, including Children's Hospital Association of Texas, THA, TMA, and TPS, and advocacy/support groups, including Texas Parent to Parent, Every Child, Inc., and Disability Rights Texas. DSHS facilitates the Medical Home Learning Collaborative, Transition to Adult Care Learning Collaborative and participates in the STAR Kids Advisory Council, the Texas Respite Coalition, the statewide Community Resource Coordination Group (CRCG), and the ECI Advisory Committee.</p>

## Strategy B.2

Budget Strategy	Stakeholder Groups/ Services Provided
<b>Strategy B.2.1. Emergency Medical Services (EMS) and Trauma Care Systems.</b> Develop and enhance regionalized emergency healthcare systems.	<p><b>Citizens of Texas:</b> DSHS ensures a coordinated statewide trauma system and designates trauma and stroke facilities in Texas. DSHS regulates and sets standards for emergency medical professionals and providers.</p> <p><b>Healthcare Facilities:</b> DSHS sets standards and maintains oversight of a system of designations for hospitals in trauma, stroke, neonatal care.</p> <p><b>Regional Advisory Councils (RACs):</b> DSHS contracts and coordinates with 22 RACs that are tasked with developing, implementing, and monitoring a regional emergency medical service trauma system plan, for the purpose of improving and organizing trauma care.</p> <p><b>External Partners:</b> DSHS interacts with professional organizations including THA, TMA, TORCH, and Texas EMS Trauma and Acute Care Foundation (TETAF).</p> <p><b>Committees:</b> DSHS provides administrative support for the Medical Advisory Board and the Governor's EMS and Trauma Advisory Council (GETAC).</p>
<b>Strategy B.2.2. Texas Primary Care Services.</b> Develop systems of primary and preventive healthcare delivery in underserved areas of Texas.	<p><b>Local Health Departments:</b> DSHS may recommend areas where local health entities operate for federal designation as Health Professional Shortage Areas and Medically Underserved Areas.</p> <p><b>Schools of Public Health and Universities:</b> DSHS partners with these entities in recruitment activities for the National Health Service Corps and Texas Conrad 30 J-1 Visa Waiver Program.</p> <p><b>Other Organizations:</b> DSHS works with communities and nonprofit organizations to develop and expand FQHCs in Texas.</p>

## Strategy C.1

Budget Strategy	Stakeholder Groups/ Services Provided
<p><b>Strategy C.1.1. Food (Meat) and Drug Safety.</b> Design and implement programs to ensure the safety of food, drugs, and medical devices.</p>	<p><b>Citizens of Texas:</b> DSHS protects Texas residents from contaminated, adulterated, and misbranded foods by enforcing food safety laws and regulations and investigating foodborne illness outbreaks to identify sources of contamination. DSHS also protects Texas residents from unsafe drugs, medical devices, cosmetics, and tattoo and body-piercing procedures through regulation. DSHS protects school-age children by inspecting school cafeterias.</p> <p><b>Local and State Entities:</b> DSHS interacts with Texas Department of Agriculture, the Texas Board of Pharmacy, U.S. Department of Agriculture, and U.S. Food and Drug Administration.</p>
<p><b>Strategy C.1.2. Environmental Health.</b> Design and implement risk assessment and risk management regulatory programs for consumer products, occupational and environmental health, and community sanitation.</p>	<p><b>Citizens of Texas:</b> DSHS provides protection and handles compliance over a broad range of commonly used consumer items including automotive products, household cleaners, polishes and waxes, paints and glues, infant items, and children's toys. DSHS also protects and promotes the physical and environmental health of Texans from asbestos, mold, and lead. DSHS protects children attending private and university-based summer youth camps by requiring completion of certain trainings and inspections.</p> <p><b>Committees:</b> DSHS provides administrative support from the Youth Camp Advisory Committee.</p>
<p><b>Strategy C.1.3. Radiation Control.</b> Design and implement a risk assessment and risk management regulatory program for all sources of radiation.</p>	<p><b>Citizens of Texas:</b> DSHS prevents unnecessary radiation exposure to the public through effective licensing, registration, inspection, enforcement, and emergency response.</p> <p><b>Other State Agencies:</b> DSHS coordinates with TDEM and other state agencies as part of the DSHS responsibility for Annex D, Radiological Emergency Response, of the State of Texas Emergency Management Plan.</p> <p><b>Committees:</b> DSHS provides administrative support for the Texas Radiation Advisory Board.</p>
<p><b>Strategy C.1.4. Texas.Gov. Estimated and Nontransferable.</b> Texas.Gov. Estimated and Nontransferable.</p>	<p><b>Regulated Entities:</b> DSHS is statutorily permitted to increase license, permit, and registration fees imposed on licensees by an amount sufficient to cover the cost of the subscription fee charged by TexasOnline.</p>

## Strategy D.1

Budget Strategy	Stakeholder Groups/ Services Provided
<b>Strategy D.1.1. Agency Wide Information Technology Projects.</b> Provide data center services and a managed desktop computing environment for the agency.	<b>DSHS Employees:</b> DSHS provides information technology support for DSHS employees and programs.

## Strategy E.1

Budget Strategy	Stakeholder Groups/ Services Provided
<b>Strategy E.1.1. Central Administration.</b> Central administration. <b>Strategy E.1.2. Information Technology Program Support.</b> Information Technology program support. <b>Strategy E.1.3. Other Support Services.</b> Other support services. <b>Strategy E.1.4. Regional Administration.</b> Regional administration.	<b>DSHS Employees:</b> DSHS provides administrative support for DSHS employees and programs.

## Appendix B. Customer Inventory for the Health and Human Services Commission (HHSC)

### Services Provided to Customers by Budget Strategy, as listed in HHS System Strategic Plan 2019–2023, Volume II, Schedule A

#### Strategy A.1

Budget Strategy	Stakeholder Groups/ Services Provided
<b>Strategy A.1.1. Aged and Medicare-Related Eligibility Group.</b> Provide medically necessary healthcare in the most appropriate, accessible, and cost-effective setting to aged and Medicare-related Medicaid-eligible persons.	<b>Medicaid Consumers:</b> HHSC Medicaid/CHIP division provides healthcare to Medicaid aged and Medicare-related persons. <b>Managed Care Organizations (MCO)/Providers:</b> The HHSC Medicaid/CHIP division contracts with MCOs for the provision of health services. The Medicaid/CHIP division sets policy and provides oversight for the program.
<b>Strategy A.1.2. Disability-Related Eligibility Group.</b> Provide medically necessary healthcare in the most appropriate, accessible, and cost-effective setting for disability-related Medicaid-eligible adults and children.	<b>Medicaid Consumers:</b> HHSC Medicaid/CHIP division provides healthcare to eligible disability-related adults and children. <b>Managed Care Organizations (MCO)/Providers:</b> The HHSC Medicaid/CHIP division contracts with MCOs for the provision of health services. The Medicaid/CHIP division sets policy and provides oversight for the program.
<b>Strategy A.1.3. Pregnant Women Eligibility Group.</b> Provide medically necessary healthcare in the most appropriate, accessible, and cost-effective setting for Medicaid-eligible pregnant women.	<b>Medicaid Consumers:</b> HHSC Medicaid/CHIP division provides healthcare to women who are pregnant and eligible for Medicaid. <b>Managed Care Organizations (MCO)/Providers:</b> The HHSC Medicaid/CHIP division contracts with MCOs for the provision of health services. The Medicaid/CHIP division sets policy and provides oversight for the program.
<b>Strategy A.1.4. Other Adults Eligibility Group.</b> Provide medically-necessary healthcare in the most appropriate, accessible, and cost-effective setting to adults who are principally income-level eligible (non-pregnant, non-Medicare, non-disability-related).	<b>Medicaid Consumers:</b> HHSC Medicaid/CHIP division provides healthcare to eligible TANF-level adults, medically needy, and other adults who are principally income-level eligible. <b>Managed Care Organizations (MCO)/Providers:</b> The HHSC Medicaid/CHIP division contracts with MCOs for the provision of health services. The Medicaid/CHIP division sets policy and provides oversight for the program.

Budget Strategy	Stakeholder Groups/ Services Provided
<p><b>Strategy A.1.5. Children Eligibility Group.</b> Provide medically necessary healthcare in the most appropriate, accessible, and cost-effective setting to newborn infants and Medicaid-eligible children who are not receiving SSI disability-related payments.</p>	<p><b>Medicaid Consumers:</b> HHSC Medicaid/CHIP division provides healthcare to Medicaid eligible child recipients.</p>
<p><b>Strategy A.1.6. Medicaid Prescription Drugs.</b> Provide prescription medication to Medicaid-eligible recipients as prescribed by their treating physician.</p>	<p><b>Medicaid Consumers:</b> HHSC Medicaid/CHIP division provides prescription medication benefits to Medicaid recipients.</p> <p><b>Managed Care Organizations (MCO)/Providers:</b> The HHSC Medicaid/CHIP division contracts with MCOs for the provision of health services. The Medicaid/CHIP division sets policy and provides oversight for the program.</p>
<p><b>Strategy A.1.7. Texas Health Steps (THSteps) Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Dental.</b> Provide dental care in accordance with all federal mandates.</p>	<p><b>Medicaid Consumers:</b> HHSC Medicaid/CHIP division provides access to periodic dental exams, diagnosis, prevention and treatment of dental disease to Medicaid eligible children.</p> <p><b>Managed Care Organizations (MCO)/Providers:</b> The HHSC Medicaid/CHIP division contracts with MCOs for the provision of health services. The Medicaid/CHIP division sets policy and provides oversight for the program.</p>
<p><b>Strategy A.1.8. Medical Transportation.</b> Support and reimburse for non-emergency transportation assistance to individuals receiving medical assistance.</p>	<p><b>Medicaid Consumers:</b> HHSC provides transportation for Medicaid recipients.</p> <p><b>Providers:</b> The Medical Transportation Program contracts with Managed Transportation Organizations (MTOs) and Full Risk Brokers (FRBs) for the provision of medical transportation services. The program sets policy and provides oversight for the services.</p>

## Strategy A.2

Budget Strategy	Stakeholder Groups/ Services Provided
<p><b>Strategy A.2.1. Community Attendant Services.</b> Provide attendant care services to Medicaid-reimbursed subgroup of Primary Home Care eligible individuals that must meet financial eligibility of total gross monthly income less than or equal to 300 percent of the SSI federal benefit rate.</p>	<p><b>Direct customer groups include:</b></p> <ul style="list-style-type: none"> <li>• Individuals of any age who meet specific eligibility requirements including income and resources, who have a practitioner's statement of medical need and meet functional assessment criteria.</li> </ul>
<p><b>Strategy A.2.2. Primary Home Care.</b> Provide Medicaid-reimbursed, non-technical, medically related personal care services prescribed by a physician to eligible individuals whose health problems limit their ability to perform activities of daily living.</p>	<p><b>Direct customer groups include:</b></p> <ul style="list-style-type: none"> <li>• Individuals 21 years of age and older;</li> <li>• Individuals who meet eligibility requirements including Medicaid eligibility;</li> <li>• Individuals who have a practitioner's statement of medical need; and</li> <li>• Individuals who meet functional assessment criteria.</li> </ul>
<p><b>Strategy A.2.3. Day Activity and Health Services (DAHS).</b> Provide daytime services five days a week to individuals residing in the community as an alternative to placement in nursing facilities or other institutions.</p>	<p><b>Direct customer groups include:</b></p> <ul style="list-style-type: none"> <li>• <b>Title XIX:</b> Individuals age 18 or older who receive Medicaid and meet eligibility requirements, which include having a functional disability related to a medical condition, a need for a personal care task, and a medical diagnosis and physician's orders requiring care or supervision by a licensed nurse.</li> <li>• <b>Title XX:</b> Individuals age 18 or older who meet specific eligibility requirements including income and resources and who have a functional disability related to a medical condition, a need for a personal care task, and a medical diagnosis and physician's orders requiring care or supervision by a licensed nurse.</li> </ul>
<p><b>Strategy A.2.4. Nursing Facility Payments.</b> Provide payments that will promote quality care for individuals with medical needs that require nursing facility care.</p>	<p><b>Direct customer groups include:</b></p> <ul style="list-style-type: none"> <li>• Individuals with medical needs meeting medical necessity requirements and are eligible for Medicaid. The individuals must reside in a nursing facility for 30 consecutive days.</li> </ul>
<p><b>Strategy A.2.5. Medicare Skilled Nursing Facility.</b> Provides payments for individuals in dually qualified certified facilities (certified for both Medicaid and Medicare).</p>	<p><b>Direct customer groups include:</b></p> <ul style="list-style-type: none"> <li>• Individuals who receive Medicaid and reside in Medicare (XVIII) skilled nursing facilities,</li> <li>• Medicaid/ QMB recipients and</li> <li>• Medicare only QMB recipients.</li> </ul>

Budget Strategy	Stakeholder Groups/ Services Provided
<b>Strategy A.2.6. Hospice.</b> Provide palliative care consisting of medical, social, and support services for individuals.	<b>Direct customer groups include:</b> <ul style="list-style-type: none"> <li>• Individuals eligible for Medicaid who are terminally ill and no longer desire curative treatment and who have a physician's prognosis of six months or less to live.</li> <li>• Individuals under the age of 21 may continue to receive curative treatments while receiving hospice services.</li> </ul>
<b>Strategy A.2.7. Intermediate Care Facilities - for Individuals with Intellectual Disability (ICFs/IID).</b> Provide or contract for residential facilities of four or more beds for 24-hour care for the intellectual and developmentally disabled residents.	<b>Direct customer groups include:</b> <ul style="list-style-type: none"> <li>• Individuals with intellectual and/or developmental disabilities who would benefit or require 24-hour supervised living arrangements and qualify for Medicaid.</li> </ul>

### Strategy A.3

Budget Strategy	Stakeholder Groups/ Services Provided
<b>Strategy A.3.1. Home and Community-Based Services (HCS).</b> Provide individualized services to individuals with intellectual disability living in their family's home, their own homes, or other settings in the community.	<b>Direct customer groups include:</b> <ul style="list-style-type: none"> <li>• Individuals of any age who have a determination/diagnosis of intellectual disability or related condition, who meet Medicaid eligibility, resource and level of care criteria, and who choose Home and Community-based Services (HCS) services instead of the ICF/IID program.</li> </ul>
<b>Strategy A.3.2. Community Living Assistance and Support Services (CLASS).</b> Provide home and community-based services to persons who have a "related condition" diagnosis qualifying them for placement in an Intermediate Care Facility. A related condition is a disability other than intellectual and/or developmental disability which originates before age 22 and which substantially limits life activity. Such disabilities, which may include cerebral palsy, epilepsy, spina bifida, head injuries, and other diagnoses, are said to be "related to" intellectual and/or developmental disability in their effect upon the individual's functioning.	<b>Direct customer groups include:</b> <ul style="list-style-type: none"> <li>• Individuals of any age with a diagnosis of developmental disability other than intellectual disability who meet specific eligibility requirements including Medicaid eligibility and functional need and who choose waiver services instead of institutional services.</li> </ul>

Budget Strategy	Stakeholder Groups/ Services Provided
<b>Strategy A.3.3. Deaf-Blind Multiple Disabilities (DBMD).</b> Provide home and community-based services to adult individuals diagnosed with deafness, blindness, and multiple disabilities.	<b>Direct customer groups include:</b> <ul style="list-style-type: none"> <li>Individuals of any age who are deaf, blind, and have a third disability, who meet specific eligibility requirements including Medicaid eligibility and functional need and who choose waiver services instead of institutional services.</li> </ul>
<b>Strategy A.3.4. Texas Home Living (TxHmL) Waiver.</b> Provide individualized services, not to exceed \$17,000 per year, to individuals with an intellectual disability living in their family's home, their own homes, or other settings in the community.	<b>Direct customer groups include:</b> <ul style="list-style-type: none"> <li>Individuals of any age who have a determination/diagnosis of intellectual disability or related condition, who meet specific eligibility requirements including Medicaid eligibility, resource and level of care criteria, and who choose waiver services over ICF/IID.</li> </ul>
<b>Strategy A.3.5. Program of All-Inclusive Care for the Elderly (PACE).</b> Provide community-based services to frail and elderly individuals who qualify for nursing facility placement. Services include inpatient and outpatient medical care and social/community services at a capitated rate.	<b>Direct customer groups include:</b> <ul style="list-style-type: none"> <li>Individuals age 55 or older who qualify for nursing facility services and receive Medicare and/or Medicaid.</li> </ul>

## Strategy A.4

Budget Strategy	Stakeholder Groups/ Services Provided
<b>Strategy A.4.1. Non-Full Benefit Payments.</b> Provide payments for medically necessary healthcare to eligible recipients for certain services not covered under the insured arrangement, including undocumented persons, school health, and other related services.	<b>Medicaid Consumers:</b> HHSC Medicaid/CHIP division provides healthcare to Medicaid eligible recipients for specific services not covered. <b>Managed Care Organizations (MCO)/Providers:</b> The HHSC Medicaid/CHIP division contracts with MCOs for the provision of health services. The Medicaid/CHIP division sets policy and provides oversight for the program.
<b>Strategy A.4.2. For Clients Dually Eligible for Medicare and Medicaid.</b> Provide accessible premium-based health services to certain Title XVIII Medicare-eligible recipients.	<b>Medicaid Consumers:</b> HHSC Medicaid/CHIP division provides premium-based health services to Medicaid-eligible aged and disability related persons who are also eligible for Title XVIII Medicare coverage. <b>Managed Care Organizations (MCO)/Providers:</b> The HHSC Medicaid/CHIP division contracts with MCOs for the provision of health services. The Medicaid/CHIP division sets policy and provides oversight for the program.

Budget Strategy	Stakeholder Groups/ Services Provided
<b>Strategy A.4.3. Transformation Payments.</b> Maximize federal funding to provide supplemental Medicaid reimbursement for uncompensated care and delivery system reform incentives under the 1115 waiver. Historically provided children's hospital UPL match.	<b>Hospitals/Providers:</b> States may receive federal funding to provide hospitals supplemental payments to cover inpatient and outpatient services that exceed regular Medicaid rates.

## Strategy B.1

Budget Strategy	Stakeholder Groups/ Services Provided
<b>Strategy B.1.1. Medicaid Contracts and Administration.</b> Administer efficient and effective Medicaid program, set the overall policy direction of the state Medicaid program, and manage interagency initiatives to maximize federal dollars.	<b>Other HHS Agencies:</b> HHSC provides the leadership and policy planning for administration of the state Medicaid Office across the HHS system.
<b>Strategy B.1.2. CHIP Contracts and Administration.</b> Administer efficient and effective CHIP program, including contracted administration, and set overall policy direction of CHIP programs.	<p><b>Federal Government:</b> HHSC Medicaid/CHIP division provides direction, guidance, and policy making for the Children's Health Insurance Program, a federal program administered through states.</p> <p><b>Managed Care Organizations:</b> The HHSC Medicaid/CHIP division contracts with Managed Care Organizations for the provision of the Children's Health Insurance Program. The Medicaid/CHIP division sets policy and provides oversight for the CHIP program.</p> <p><b>Children and Families:</b> The CHIP program exists to serve Texas children and families, providing health insurance to children in families with incomes up to 200% of the federal poverty level.</p>

## Strategy C.1

Budget Strategy	Stakeholder Groups/ Services Provided
<p><b>Strategy C.1.1. CHIP.</b> Provide healthcare to uninsured children who apply and are determined eligible for insurance through CHIP.</p> <p><b>Strategy C.1.2. CHIP Perinatal Services.</b> Provide healthcare to perinates whose mothers apply and are determined eligible for insurance through CHIP.</p> <p><b>Strategy C.1.3. CHIP Prescription Drugs.</b> Provide prescription medication to CHIP-eligible recipients (includes all CHIP programs), as provided by their treating physician.</p> <p><b>Strategy C.1.4. CHIP Dental Services.</b> Provide dental healthcare services to uninsured children who apply and are determined eligible for insurance through CHIP.</p>	<p><b>Federal Government:</b> HHSC Medicaid/CHIP division provides direction, guidance, and policy making for the Children's Health Insurance Program, a federal program administered through states.</p> <p><b>Managed Care Organizations:</b> The HHSC Medicaid/CHIP division contracts with Managed Care Organizations for the provision of the Children's Health Insurance Program. The Medicaid/CHIP division sets policy and provides oversight for the CHIP program.</p> <p><b>Children and Families:</b> The CHIP program exists to serve Texas children and families, providing health insurance to children in families with incomes up to 200% of the federal poverty level.</p>

## Strategy D.1

Budget Strategy	Stakeholder Groups/ Services Provided
<p><b>Strategy D.1.1. Women's Health Program.</b> Women's Health Program.</p>	<p><b>Non-Pregnant Low Income Women:</b> HHSC provides family planning services, related health screening, and birth control to low-income women who are 18 through 44 years of age. Providers are required to complete an HTW certification every year they participate.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p><b>Strategy D.1.10. Additional Specialty Care.</b> Deliver specialty care services including service programs for epilepsy and hemophilia, as well as provide leadership and direction to the statewide umbilical cord blood bank and health information technology initiatives.</p>	<p><b>Direct Consumers:</b> HHSC provides clinical and support services through contracted providers to Texas residents with epilepsy or seizure-like symptoms who meet specific eligibility requirements. HHSC provides financial assistance for people with hemophilia to pay for their blood factor replacement products.</p> <p><b>Contracted Providers:</b> HHSC contracts with a university medical center, hospital district, and nonprofit organizations for epilepsy services. Local health entities, schools of public health, and universities may be contracted providers. HHSC contracts with pharmacies for hemophilia services.</p> <p><b>External Partners:</b> HHSC interacts with professional organizations, including TMA, THA, and with statewide epilepsy entities. HHSC interacts with professional organizations, including hemophilia treatment centers, TMA, and THA, and with statewide hemophilia networks.</p>
<p><b>Strategy D.1.11. Community Primary Care Services.</b> Develop systems of primary and preventive healthcare delivery in underserved areas of Texas.</p>	<p><b>Direct Consumers:</b> HHSC/DSHS provides clinical services through contracted providers to Texas residents who meet specific eligibility requirements.</p> <p><b>Contracted Providers:</b> HHSC/DSHS contracts with nonprofit organizations such as LHDs, hospital districts, university medical centers, FQHCs, and other community-based organizations.</p> <p><b>Local Health Departments:</b> HHSC/DSHS may recommend areas where local health entities operate for federal designation as Health Professional Shortage Areas and Medically Underserved Areas.</p> <p><b>Schools of Public Health and Universities:</b> HHSC/DSHS partners with these entities in recruitment activities for the National Health Service Corps and Texas Conrad 30 J-1 Visa Waiver Program.</p> <p><b>Other Organizations:</b> HHSC/DSHS works with communities and nonprofit organizations to develop and expand FQHCs in Texas.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p><b>Strategy D.1.12. Abstinence Education.</b> Increase abstinence education programs in Texas.</p>	<p><b>Adolescents and Parents:</b> HHSC provides abstinence education in Spanish and English through brochures, toolkits, workbooks, curricula, and online as well as service learning opportunities and leadership summit opportunities for youth in grades 5-12, and resources for parents in Spanish and English online and through booklets and DVDs.</p> <p><b>Contractors:</b> HHSC contracts with providers to provide abstinence education curricula and service learning projects during in-school and after-school interventions.</p> <p><b>School Districts:</b> HHSC provides workshops, webinars, trainings, toolkits, brochures, and workbooks for school districts across Texas.</p> <p><b>Community, Faith-based, and Health Organizations:</b> HHSC provides toolkits, brochures, and workbooks for organizations.</p>
<p><b>Strategy D.1.2. Alternatives to Abortion.</b> Nontransferable. Provide pregnancy support services that promote childbirth for women seeking alternatives to abortion.</p>	<p><b>Pregnant Women and Children:</b> HHSC contracts for the delivery of pregnancy support services. These services include information regarding pregnancy and parenting (brochures, pamphlets, books, classes, and counseling), referrals to existing community services and social service programs (childcare services, transportation, low-rent housing, etc.), support groups in maternity homes, and mentoring programs (classes on life skills, budgeting, parenting, counseling, and obtaining a GED).</p>
<p><b>Strategy D.1.3. Early Childhood Intervention Services.</b> Administer a statewide comprehensive system of services to ensure that eligible infants, toddlers, and their families have access to the resources and support they need to reach their service plan goals.</p>	<p><b>Children with Disabilities &amp; Their Families:</b> HHSC serves families with children birth to 36 months with developmental disabilities or delays and must provide early childhood intervention services to all eligible children.</p>
<p><b>Strategy D.1.4. Ensure ECI Respite Services and Quality ECI Services.</b> Ensure that resources are identified and coordinated to provide respite service to help preserve the family unit and prevent costly out-of-home placements.</p>	<p><b>Children with Disabilities &amp; Their Families:</b> HHSC provides respite services to families served by the ECI program.</p>
<p><b>Strategy D.1.5. Children's Blindness Services.</b> Provide information and training for blind and visually impaired children and their families so these children have the skills and confidence to live as independently as possible.</p>	<p><b>Blind or Visually Impaired Consumers &amp; Their Families:</b> HHSC provides services necessary to assist blind children to achieve self-sufficiency and a fuller richer life.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p><b>Strategy D.1.6. Autism Program.</b> To provide services to Texas children ages 3-15 diagnosed with autism spectrum disorder.</p>	<p><b>Children with Autism &amp; Their Families:</b> HHSC provides treatment services to children with a diagnosis of autism.</p>
<p><b>Strategy D.1.7. Children with Special Health Care Needs (CSHCN).</b> Administer service program for children with special health care needs, in conjunction with DSHS.</p>	<p><b>Direct Consumers:</b> HHSC/DSHS provides services to children with special health care needs and their families and people of any age with cystic fibrosis. Services are provided through community-based contractors, entities that provide direct healthcare services and case management. Staff also provides case management.</p> <p><b>External Partners:</b> HHSC/DSHS actively participates on a variety of advisory groups including but not limited to the Children's Policy Council and the Texas Council for Developmental Disabilities.</p> <p>HHSC/DSHS interacts with professional organizations, including Children's Hospital Association of Texas, Texas Hospital Association (THA), TMA, and Texas Pediatric Society, and advocacy/support groups, including Texas Parent to Parent, Every Child, Inc., and Disability Rights Texas. HHSC/DSHS facilitates the Medical Home Workgroup, Transition Workgroup, and participates in the STAR Kids Advisory Council, the Texas Respite Coalition, the statewide Community Resource Coordination Group (CRCG), and the ECI Advisory Committee.</p>
<p><b>Strategy D.1.8. Title V Dental and Health Services.</b> Provide easily accessible, quality and community-based dental services to low-income infants, children and adolescents.</p>	<p><b>Children and Families:</b> HHSC provides dental services to children through contracts with Title V funds. Services are provided through community-based contractors, entities that provide direct healthcare services.</p>
<p><b>Strategy D.1.9. Kidney Health Care.</b> Administer service programs for kidney health care.</p>	<p><b>Direct Consumers:</b> HHSC provides benefits to persons with end-stage renal disease who are receiving a regular course of renal dialysis treatments or have received a kidney transplant.</p> <p><b>External Partners:</b> External partners include professional associations, including the End Stage Renal Disease Network and the Texas Kidney Foundation, to provide information and training and to receive information about the population served.</p>

## Strategy D.2

Budget Strategy	Stakeholder Groups/ Services Provided
<p><b>Strategy D.2.1. Community Mental Health Services for Adults.</b> Provide services and supports in the community for adults with serious mental illness.</p>	<p><b>Contracted Services:</b> HHSC contracts with local mental health authorities to provide services to adults with diagnoses such as schizophrenia, bipolar disorder, major depression, post-traumatic stress disorder, schizoaffective disorder, obsessive-compulsive disorder, anxiety disorder, attention deficit disorder, delusional disorder, and eating disorders who are experiencing significant functional impairment. Additionally, HHSC contracts with community behavioral health providers to provide mental health services.</p> <p>Community services for adults may include:</p> <ul style="list-style-type: none"><li>• psychiatric diagnosis;</li><li>• pharmacological management;</li><li>• training; and</li><li>• support;</li><li>• education and training;</li><li>• case management;</li><li>• supported housing and employment;</li><li>• peer services;</li><li>• therapy;</li><li>• and rehabilitative services.</li></ul>

Budget Strategy	Stakeholder Groups/ Services Provided
<p><b>Strategy D.2.2. Community Mental Health Services for Children.</b> Provide services and supports for emotionally disturbed children and their families.</p>	<p><b>Contracted Services:</b> HHSC contracts with local mental health authorities to provide services to children ages 3–17 with serious emotional disturbance (excluding a single diagnosis of substance use disorder, intellectual or developmental disability, or autism spectrum disorder) who have a serious functional impairment or who: 1) are at risk of disruption of a preferred living or child care environment due to psychiatric symptoms, or 2) are enrolled in special education because of a serious emotional disturbance. Additionally, HHSC contracts with community behavioral health providers to provide mental health services.</p> <p>Community services for children may include:</p> <ul style="list-style-type: none"> <li>• community-based assessments, including the development of inter-disciplinary, recovery-oriented treatment plans, diagnosis, and evaluation services;</li> <li>• family support services, including respite care;</li> <li>• case management services;</li> <li>• pharmacological management;</li> <li>• counseling; and</li> <li>• skills training and development.</li> </ul>
<p><b>Strategy D.2.3. Community Mental Health Crisis Services (CMHCS).</b> CMHCS.</p>	<p><b>Contracted Services:</b> HHSC contracts with local mental health authorities to provide crisis services to persons whose crisis screening and/or assessment indicate that they are an extreme risk of harm to themselves or others in their immediate environment or to persons believed to present an immediate danger to self or others or their mental or physical health is at risk of serious deterioration. Additionally, HHSC contracts with community behavioral health providers to provide mental health services.</p> <p>Crisis services are designed to provide timely screening and assessment to individuals in crisis to divert them from unnecessary treatment in restrictive environments such as jails, emergency rooms, and state hospitals. Statewide crisis services include crisis hotlines, mobile crisis outreach teams and crisis facilities.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p><b>Strategy D.2.4. Substance Abuse Prevention, Intervention, and Treatment.</b> Implement prevention services to reduce the risk of substance use, abuse, and dependency. Implement intervention services to interrupt illegal substance use by youth and adults and reduce harmful use of legal substances by adults. Implement a continuum of community and family based treatment and related services for chemically dependent persons. Optimize performance quality and cost efficiency through the managing and monitoring of contracted services for substance abuse.</p>	<p><b>Contracted Services:</b> HHSC contracts with local community providers to provide substance abuse prevention, intervention, and treatment services. Substance Abuse Prevention is targeted to school-age children and young adults. HIV Outreach and HIV Early Intervention programs provide information and education for substance-abusing adults at risk for HIV or who are HIV positive. Pregnant, Post-Partum Intervention Services provide case management, education, and support for pregnant and post-partum women at risk for substance abuse. HHSC contracts with state licensed programs to deliver treatment services to adolescents and adults who meet DSM-V criteria for substance abuse or dependence.</p> <p>Each region provides a continuum of care that includes outreach, screening, assessment, and referral; specialized services for females; residential and outpatient treatment for adults and youth; pharmacotherapy; and treatment for co-occurring disorders. HHSC also funds recovery support services such as housing, employment, and recovery coaching in order to develop long-term recovery in communities around the state.</p>
<p><b>Strategy D.2.5. Behavioral Health Waivers.</b> Provide intensive community-based services for emotionally disturbed children and their families and for adults with serious mental illness.</p>	<p><b>Children and Families:</b> HHSC provides services to children in Medicaid age 3 to 18 who have serious emotional disturbance to prevent acute psychiatric hospitalization.</p> <p>To support long-term recovery and success in an individual's community of choice, HHSC also provides intensive services in the home or community to adults with a serious mental illness who have had long tenures in an inpatient psychiatric hospital, frequent discharges from correctional facilities, or numerous emergency department visits.</p>

### Strategy D.3

Budget Strategy	Stakeholder Groups/ Services Provided
<b>Strategy D.3.1. Indigent Health Care Reimbursement (UTMB).</b> Reimburse the provision of indigent health services through the deposit of funds in the State-owned Multicategorical Teaching Hospital Account.	<b>University of Texas Medical Branch at Galveston (UTMB):</b> HHSC transfers funds for unpaid healthcare services provided to indigent patients.
<b>Strategy D.3.2. County Indigent Health Care Services.</b> Provide support to local governments that provide indigent healthcare services.	<b>Local Governments:</b> HHSC provides technical assistance to counties regarding program compliance and assistance with Supplemental Security Income and Medicaid claim submission.

### Strategy E.1

Budget Strategy	Stakeholder Groups/ Services Provided
<b>Strategy E.1.1. Temporary Assistance for Needy Families Grants.</b> Provide Temporary Assistance for Needy Families grants to low-income Texans.	<b>Children and Families:</b> The TANF grants provide capped entitlement services, non-entitlement services, one-time payments, child support payments and payment support for grandparents to children and families.
<b>Strategy E.1.2. Provide Women, Infants, and Children (WIC) Services: Benefits, Nutrition Education, and Counseling.</b> Provide WIC services including benefits, nutrition education, and counseling.	<p><b>Direct Consumers:</b> HHSC provides services to low-income pregnant and post-partum women, infants, and children up to age five who meet certain eligibility requirements.</p> <p><b>Citizens of Texas:</b> HHSC provides funding and support to communities through a competitive process to implement population level, evidence-based approaches to obesity prevention.</p> <p><b>Contracted Providers:</b> HHSC contracts with LHDs, public health districts, hospitals, and nonprofit organizations to provide the Women, Infants, and Children (WIC) Program.</p> <p><b>External Partners, Healthcare Professionals, and Other State Agencies:</b> HHSC provides subject matter expertise to a variety of external partners.</p>

## Strategy F.1

Budget Strategy	Stakeholder Groups/ Services Provided
<p><b>Strategy F.1.1. Guardianship.</b> Provide full or limited authority over an incapacitated aging or disabled adult who is the victim of validated abuse, neglect, exploitation, or of an incapacitated minor in Child Protective Services' (CPS) conservatorship.</p>	<p><b>Direct customer groups include:</b></p> <ul style="list-style-type: none"> <li>• Individuals with diminished capacity who are older and who meet specific eligibility requirements;</li> <li>• Individuals with diminished capacity who have a disability and who meet specific eligibility requirements; and</li> <li>• Individuals with diminished capacity who are aging out of CPS conservatorship.</li> </ul>
<p><b>Strategy F.1.2. Non-Medicaid Services.</b> Provide services to individuals ineligible for Medicaid services, in their own home or community. Services include family care, home-delivered meals, adult foster care, Day Activities and Health Services (Title XX), emergency response, and personal attendant services.</p>	<p><b>Direct customer groups include:</b></p> <ul style="list-style-type: none"> <li>• Non-Medicaid community (Title XX and general revenue funded) services are provided to individuals 18 years of age or older who meet specific eligibility requirements including income, resource, and functional assessment criteria.</li> <li>• Older Americans Act (OAA) services are provided to individuals age 60 or older, their family caregivers and other caregivers caring for an eligible person.</li> </ul>
<p><b>Strategy F.1.3. Non-Medicaid Developmental Disability Community Services.</b> Provide services, other than those provided through the Medicaid waiver programs, to individuals with intellectual or developmental disabilities who reside in the community, including independent living, employment services, day training, therapies, and respite services.</p>	<p><b>Direct customer groups include:</b></p> <ul style="list-style-type: none"> <li>• Individuals with a determination/diagnosis of intellectual disability who reside in the community.</li> </ul>

## Strategy F.2

Budget Strategy	Stakeholder Groups/ Services Provided
<p><b>Strategy F.2.1. Independent Living Services (General, Blind, and Centers for Independent Living).</b> Provide quality, statewide consumer-directed independent living services that focus on acquiring skills and confidence to live as independently as possible in the community for eligible people with significant disabilities. Work with the State Independent Living Council to develop the State Plan for Independent Living.</p>	<p><b>Blind or Visually Impaired Consumers:</b> HHSC is responsible for providing services that assist Texans with visual disabilities to live as independently as possible.</p> <p><b>Consumers with Disabilities Other than Blindness:</b> HHSC provides people with significant disabilities, who are not receiving vocational rehabilitation services, with services that will substantially improve their ability to function, continue functioning, or move toward functioning independently in the home, family, or community.</p>
<p><b>Strategy F.2.2. Blindness Education, Screening, and Treatment (BEST) Program.</b> Provide screening, education, and urgently needed eye-medical treatment to prevent blindness.</p>	<p><b>Texans:</b> HHSC provides public education about blindness, screenings and eye exams to identify conditions that may cause blindness and treatment procedures necessary to prevent blindness.</p>
<p><b>Strategy F.2.3. Provide Services to People with Spinal Cord/Traumatic Brain Injuries.</b> Provide consumer-driven and counselor-supported Comprehensive Rehabilitation Services (CRS) for people with traumatic brain injuries or spinal cord injuries.</p>	<p><b>Consumers with Traumatic Brain or Spinal Cord Injuries:</b> HHSC provides adults who have suffered a traumatic brain or spinal cord injury with comprehensive inpatient or outpatient rehabilitation and/or acute brain injury services.</p>
<p><b>Strategy F.2.4. Provide Services to Persons Who Are Deaf or Hard of Hearing.</b> Ensure continuity of services, foster coordination and cooperation among organizations, facilitate access to training and education programs, and support access to telephone systems to individuals who are deaf or hard of hearing. To increase the number of persons (who are deaf or hard of hearing) receiving quality services by 10 percent each biennium.</p>	<p><b>Deaf or Hard of Hearing Consumers:</b> HHSC, through a network of local service providers at strategic locations throughout the state, provides communication access services including interpreter services and computer-assisted real-time transcription services, information and referral, hard of hearing services, and resource specialists' services.</p>

### Strategy F.3

Budget Strategy	Stakeholder Groups/ Services Provided
<p><b>Strategy F.3.1. Family Violence Services.</b> Provide emergency shelter and support services to victims of family violence and their children, educate the public, and provide training and prevention support to institutions and agencies.</p>	<p><b>Children and Families:</b> HHSC's Family Violence Program contracts with local agencies to provide shelter, nonresidential, and special nonresidential services. Shelter centers' services include, but are not limited to, 24-hour emergency shelter, 24-hour crisis hotline services, referrals to existing community services, community education and training, emergency medical care and transportation, intervention, educational arrangements for children, cooperation with criminal justice officials, and information regarding training and job placement. Nonresidential centers provide the same services as shelter centers with the exception of the 24-hour emergency shelter component. Special nonresidential services address unmet needs or underserved populations such as immigrants or populations with limited English proficiency.</p>
<p><b>Strategy F.3.2. Child Advocacy Programs.</b> Train, provide technical assistance, and evaluate services for Children's Advocacy Centers of Texas, Inc. (CACTX) and Texas Court Appointed Special Advocates, Inc. (Texas CASA).</p>	<p><b>Children:</b> HHSC contracts with a statewide organization to provide training, technical assistance, evaluation services, and funds administration to support local children's advocacy center programs and court-appointed volunteer advocate programs.</p>
<p><b>Strategy F.3.3. Additional Advocacy Programs.</b> Provide support services for interested individuals (Healthy Marriage, CRCG Adult/Child, TIFI, Office of Acquired Brain Injury, Faith and Community-Based Initiative, Center for the Elimination of Disproportionality).</p>	<p><b>Children, Families and Adults:</b> HHSC helps connect couples to premarital education classes through the Healthy Marriage Program, provides education, awareness and prevention information for brain injury survivors, families and caregivers through the Office of Acquired Brain Injury, and provides education and outreach to prevent developmental disabilities in infants and young children through the Office of Disability Prevention for Children.</p>

## Strategy G.1

Budget Strategy	Stakeholder Groups/ Services Provided
<b>Strategy G.1.1. SSLCs.</b> Provide direct services and support to individuals living in state supported living centers. Provide 24-hour residential services for individuals who are medically fragile or severely physically impaired or have severe behavior problems, and who choose these services or cannot currently be served in the community.	<b>Direct customer groups include:</b> <ul style="list-style-type: none"> <li>Individuals who have a determination/diagnosis of intellectual disability who are medically fragile or who have behavioral problems.</li> </ul>

## Strategy G.2

Budget Strategy	Stakeholder Groups/ Services Provided
<b>Strategy G.2.1. Mental Health State Hospitals.</b> Provide specialized assessment, treatment, and medical services in state mental health facility programs.	<b>Direct Consumers:</b> HHSC directly provides statewide access to court-directed specialized inpatient services in nine state psychiatric hospitals (including a psychiatric unit at the Rio Grande State Center) for persons who are seriously mentally ill and are a risk to themselves or others or show a substantial risk of mental or physical deterioration of the person's ability to function independently. Individuals are on civil or forensic judicial commitments or are accepted on voluntary admissions. HHSC also provides services at the Waco Center for Youth, a psychiatric residential treatment center that admits children ages 13-17 who have a diagnosis of being emotionally disturbed, who have a history of behavior adjustment problems, and who need a structured treatment program in a psychiatric residential facility.
<b>Strategy G.2.2. Mental Health (MH) Community Hospitals.</b> Provide inpatient treatment, crisis assessment, and medical services to adults and children served in community hospitals.	<b>Contracted Services:</b> HHSC contracts with local mental health authorities, county governments, and universities to provide specialized inpatient services in their communities for persons who are seriously mentally ill and are a risk to themselves or others or show a substantial risk of mental or physical deterioration of the person's ability to function independently. Individuals are on civil or forensic judicial commitments or are accepted on voluntary admissions.

### Strategy G.3

Budget Strategy	Stakeholder Groups/ Services Provided
<b>Strategy G.3.1. Other State Medical Facilities.</b> Provide program support to State Supported Living Centers, State Mental Health Hospitals, and other facilities (Corpus Christi Bond Homes and Rio Grande State Center Outpatient Clinic).	<b>Contracted Services:</b> HHSC provides administrative support for contracted services and programs.

### Strategy G.4

Budget Strategy	Stakeholder Groups/ Services Provided
<b>Strategy G.4.1. Facility Program Support.</b> Provide program support to SSLCs, State Mental Health Hospitals, and other facilities (Corpus Christi Bond Homes, TCID, and Rio Grande State Center Outpatient Clinic).	<b>Contracted Services:</b> HHSC provides administrative support for contracted services and programs.
<b>Strategy G.4.2. Capital Repair and Renovation at SSLCs, State Hospitals, and Other.</b> Conduct maintenance and construction projects critical to meeting accreditation/certification standards and to ensuring the safety of consumers and Master Lease Purchase Program.	<b>Direct Consumers:</b> HHSC funds projects. SSLCs, State Hospitals, and other facilities that are in need of ongoing repairs and maintenance. Projects include compliance with life safety and accessibility codes; physical plant changes that help prevent suicide; utility repairs; grounds upkeep; hazardous material remediation and abatement; and roofing, heating, ventilation, and air conditioning repairs.

## Strategy H.1

Budget Strategy	Stakeholder Groups/ Services Provided
<p><b>Strategy H.1.1. Health Care Facilities and Community-Based Regulation.</b> Provide licensing, certification, contract enrollment services, financial monitoring, and complaint investigation to ensure that residential facilities and home and community support services agencies comply with state and federal standards and individuals receive high-quality services.</p>	<p><b>Direct customer groups include:</b></p> <ul style="list-style-type: none"> <li>• Providers of long-term care services that meet the definitions of a nursing facility, assisted living facility, day activity and health services facility, private intermediate care facility for persons with an intellectual disability, prescribed pediatric extended care center or home and community support services agency;</li> <li>• Persons receiving services in facilities or from agencies regulated under this strategy;</li> <li>• Persons eligible to receive services under TxHmL and HCS waiver contracts; and</li> <li>• Family and community members of persons receiving services in facilities or agencies regulated under this strategy who may obtain assurance that regulated facilities and agencies meet the minimum standard of care required by statute and regulation.</li> </ul>
<p><b>Strategy H.1.2. Long-Term Care Quality Outreach.</b> Provide quality monitoring and rapid response team visits to assess quality and promote quality improvement in nursing facilities.</p>	<p><b>Direct customer groups include:</b> Staff in nursing homes, SSLCs, ICFs, Assisted Living Facilities, and the people who live in these settings. Quality Monitoring Program (QMP) staff provide in-services which are attended by the people who live there, as well as their family members.</p>

## Strategy H.2

Budget Strategy	Stakeholder Groups/ Services Provided
<b>Strategy H.2.1. Child Care Regulation.</b> Provide a comprehensive system of consultation, licensure, and regulation to ensure maintenance of minimum standards by day care and residential child care facilities, registered family homes, child-placing agencies, facility administrators, and child-placing agency administrators.	<p><b>Children and Families:</b> HHSC helps ensure the health, safety, and well-being of children in child day care and 24-hour residential child care settings by developing and regulating compliance with minimum standards and investigating reports of abuse and neglect in child care facilities.</p> <p><b>Other State Agencies:</b> Child care regulation involves support and participation by Texas Workforce Commission, DSHS, DFPS, and other regulatory agencies.</p> <p><b>Local Governments:</b> HHSC regulation of child care facilities involves the network of child care providers managed by local workforce boards. It also includes local health agencies and fire inspectors.</p> <p><b>External Partners:</b> HHSC regulation of child care facilities includes listed family homes, registered child care homes, licensed child care centers and homes, licensed residential child care facilities, and licensed child placing agencies. Other external partners in ensuring safety of children in childcare settings include parents, schools, licensed child care administrators, and children's advocates.</p>

### Strategy H.3

Budget Strategy	Stakeholder Groups/ Services Provided
<p><b>Strategy H.3.1. Credentialing/Certification of Health Care Professionals and Others.</b> Provide credentialing, training, and enforcement services to qualify individuals to provide services to long-term care facility and home health care agency individuals in compliance with applicable law and regulations.</p>	<p><b>Direct customer groups include:</b></p> <ul style="list-style-type: none"> <li>• Persons employed or seeking employment as nursing facility administrators, nurse aides and medication aides benefit from training and from assurance that people working in the field meet minimum standards;</li> <li>• Providers of long-term care services that meet the definitions of nursing facility, assisted living facility, day activity and health services facility, private intermediate care facility for persons with an intellectual disability, prescribed pediatric extended care center or home and community support services agency benefit from training programs for employees, from monitoring of certification of employees and from access to misconduct registry for unlicensed or unregistered employees;</li> <li>• Employers of nurse aides and medication aides, including long-term care service and related providers who benefit from public access to information in the Nurse Aide Registry (NAR) and Employee Misconduct Registry (EMR) to enhance pre-employment verification of employability;</li> <li>• Persons receiving services in facilities or from agencies regulated by HHSC benefit from having a more highly qualified workforce as caregivers and administrators; and</li> <li>• Family and community members of persons receiving services in facilities or agencies regulated under this strategy who may obtain assurance that caregivers meet minimum standards through licensing and credentialing.</li> </ul>

### Strategy H.4

Budget Strategy	Stakeholder Groups/ Services Provided
<p><b>Strategy H.4.1. Texas.gov.</b> Estimated and Nontransferable.</p>	<p><b>Regulated Entities:</b> HHSC is statutorily authorized to increase the occupational license, permit, and registration fees imposed on licensees by an amount sufficient to cover the cost of the subscription fee charged by the Texas.Gov authority.</p>

## Strategy I.1

Budget Strategy	Stakeholder Groups/ Services Provided
<b>Strategy I.1.1. Integrated Financial Eligibility and Enrollment.</b> Provide accurate and timely eligibility and issuance services for financial assistance, medical benefits, and Supplemental Nutrition Assistance Program (SNAP) benefits.	<b>Children &amp; Families:</b> The functions involved in both centralizing and conducting eligibility determination for HHS programs will apply to children and families seeking to participate in the Medicaid, CHIP, TANF, SNAP, Texas Women's Health Program and other health and human services programs.

## Strategy I.2

Budget Strategy	Stakeholder Groups/ Services Provided
<b>Strategy I.2.1. Intake, Access, and Eligibility to Services and Supports.</b> Determine functional eligibility for long-term care services, develop individual service plans based on individual needs and preferences, authorize service delivery, and monitor the delivery of services (Medicaid and non-Medicaid).	<b>Direct customer groups include:</b> <ul style="list-style-type: none"> <li>• Individuals who are older who meet specific eligibility requirements;</li> <li>• Individuals with physical, intellectual and/or developmental disabilities who meet specific eligibility requirements; and</li> <li>• Family members and caregivers of individuals who are older and those with disabilities who meet specific eligibility criteria.</li> </ul>

## Strategy I.3

Budget Strategy	Stakeholder Groups/ Services Provided
<b>Strategy I.3.1. Texas Integrated Eligibility Redesign System and Supporting Tech.</b> Texas Integrated Eligibility Redesign System and eligibility supporting technologies capital.	<b>Other HHS Agencies:</b> HHSC provides the leadership to assist the HHS agencies in developing the TIERS system. <b>Children &amp; Families:</b> HHSC ensures the accessibility of TIERS to children and families across Texas.
<b>Strategy I.3.2. Texas Integrated Eligibility Redesign System Capital Projects.</b> Texas Integrated Eligibility Redesign System (TIERS) capital projects.	<b>Other HHS Agencies:</b> HHSC provides the leadership to assist the HHS agencies in developing the TIERS system. <b>Children &amp; Families:</b> HHSC ensures the accessibility of TIERS to children and families across Texas.

## Strategy J.1

Budget Strategy	Stakeholder Groups/ Services Provided
<b>Strategy J.1.1. Determine Federal Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) Eligibility.</b> Determine eligibility for federal SSI and SSDI benefits.	<p><b>Texans Applying for SSI or SSDI:</b> HHSC determines whether persons who apply for Social Security Administration (SSA) disability benefits meet the requirements for “disability” in accordance with federal law and regulations.</p> <p><b>Federal Government:</b> HHSC assists SSA in making disability determination decisions for this federal program in a quick, accurate and cost-effective manner.</p>

## Strategy K.1

Budget Strategy	Stakeholder Groups/ Services Provided
<b>Strategy K.1.1. Office of Inspector General.</b> Office of Inspector General.	<p><b>Citizens of Texas/Taxpayers:</b> Office of Inspector General (OIG) serves as the lead agency for the investigation of fraud, abuse, and waste in health and human services; and administers the Medicaid Fraud and Abuse Detection System technology services contract, which uses technology to identify and deter fraud, abuse and waste in the Medicaid program throughout the state.</p> <p><b>Medicaid Providers:</b> OIG provides training to Medicaid providers on how to detect, prevent and report Medicaid provider fraud; and provides training on Resource Utilization Group for nursing facilities.</p> <p><b>Medicaid Consumers:</b> OIG investigates fraud, abuse, and waste in health and human services-related programs, ensuring integrity and efficiency in programs and the highest quality services for beneficiaries.</p> <p><b>Residents of Facilities:</b> OIG monitors Utilization Review activities in Medicaid contract hospitals to ensure program integrity and improve the quality of services delivered to residents of Medicaid facilities.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p><b>Strategy K.1.2. Office of Inspector General Administrative Support.</b> Administrative support for the Office of Inspector General.</p>	<p><b>Citizens of Texas/Taxpayers:</b> Office of Inspector General (OIG) serves as the lead agency for the investigation of fraud, abuse, and waste in health and human services; and administers the Medicaid Fraud and Abuse Detection System technology services contract, which uses technology to identify and deter fraud, abuse and waste in the Medicaid program throughout the state.</p> <p><b>Medicaid Providers:</b> OIG provides training to Medicaid providers on how to detect, prevent and report Medicaid provider fraud; and provides training on Resource Utilization Group for nursing facilities.</p> <p><b>Medicaid Consumers:</b> OIG investigates fraud, abuse, and waste in health and human services-related programs, ensuring integrity and efficiency in programs and the highest quality services for beneficiaries.</p> <p><b>Residents of Facilities:</b> OIG monitors Utilization Review activities in Medicaid contract hospitals to ensure program integrity and improve the quality of services delivered to residents of Medicaid facilities.</p>

## Strategy L.1

Budget Strategy	Stakeholder Groups/ Services Provided
<p><b>Strategy L.1.1. Enterprise Oversight and Policy.</b> Provide leadership and direction to achieve an efficient and effective Health and Human Services System.</p>	<p><b>Oversight Agencies and Legislative Leadership:</b> HHSC coordinates and monitors the use of state and federal money received by HHS agencies; reviews state plans submitted to the federal government; monitors state health and human services agency budgets and programs, and makes recommendations for budget transfers; conducts research and analyses on demographics and caseload projections; and directs an integrated planning and budgeting process across five HHS agencies.</p> <p><b>Other HHS Agencies:</b> HHSC provides the leadership to assist the HHS agencies in developing customer-focused programs and policy initiatives that are relevant, timely and cost-effective.</p> <p><b>Citizens of Texas:</b> HHSC ensures that state and federal funds allocated to HHS agencies are coordinated and monitored, and spent in the most efficient manner.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<b>Strategy L.1.2. Information Technology Capital Projects Oversight and Program Support.</b> Information Technology Capital Projects and program support.	HHSC provides information technology support for all programs. All stakeholder groups would be included for this strategy.

## Strategy L.2

Budget Strategy	Stakeholder Groups/ Services Provided
<b>Strategy L.2.1. Central Program Support.</b> Central program support.	<b>HHS Employees:</b> HHSC provides central support services for HHS employees. Services include accounting, budget, and contract and grant administration, internal audit, external relations and legal.
<b>Strategy L.2.2. Regional Program Support.</b> Regional program support.	<b>Other HHS Agencies:</b> HHSC provides the leadership to assist the HHS agencies in developing in providing to support to regional programs.

## Strategy M.1

Budget Strategy	Stakeholder Groups/ Services Provided
<b>Strategy M.1.1. Texas Civil Commitment Office.</b> Texas Civil Commitment Office.	The civil commitment of sexually violent predators function was transferred to a new agency, the Texas Civil Commitment Office, effective September 1, 2015.

## **Appendix C. List of Acronyms**

<b>Acronym</b>	<b>Full Name</b>
<b>ABA</b>	Applied Behavior Analysis
<b>AHRQ</b>	Agency for Healthcare Research and Quality
<b>AMH</b>	Adult Mental Health
<b>ASD</b>	Autism Spectrum Disorder
<b>ASN</b>	Adult Safety Net
<b>CACTX</b>	Children's Advocacy Centers of Texas, Inc.
<b>CADS</b>	Center for Analytics and Decision Support
<b>CAHPS®</b>	Consumer Assessment of Healthcare Providers and Systems
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CDS</b>	Consumer Directed Services
<b>CF</b>	Child Family Surveys
<b>CHIP</b>	Children's Health Insurance Program
<b>CHW</b>	Community Health Worker
<b>CII</b>	Complaint and Incident Intake
<b>CLASS</b>	Community Living Assistance and Support Services
<b>CMS</b>	Centers for Medicare and Medicaid Services
<b>CPI</b>	Community Partner Interview
<b>CPRIT</b>	Cancer Prevention and Research Institute of Texas
<b>CPS</b>	Child Protective Services
<b>CRCG</b>	Community Resource Coordination Group
<b>CRS</b>	Consumer Rights and Services
<b>CSHCN</b>	Children with Special Health Care Needs
<b>CVD</b>	Cardiovascular Disease
<b>DAHS</b>	Day Activity and Health Services
<b>DBMD</b>	Deaf-Blind Multiple Disabilities
<b>DFPS</b>	Department of Family and Protective Services
<b>DSHS</b>	Department of State Health Services
<b>ECI</b>	Early Childhood Intervention
<b>EMR</b>	Employee Misconduct Registry
<b>EMS</b>	Emergency Medical Services

<b>Acronym</b>	<b>Full Name</b>
<b>EPA</b>	Environmental Protection Agency
<b>EQRO</b>	External Quality Review Organization
<b>ESRD</b>	End State Renal Disease
<b>FDA</b>	Food and Drug Administration
<b>FQHC</b>	Federally Qualified Health Centers
<b>FNS</b>	Food and Nutrition Service
<b>GETAC</b>	Governor's EMS and Trauma Advisory Council
<b>HB</b>	House Bill
<b>HCS</b>	Home and Community-based Services
<b>HHS</b>	Health and Human Services
<b>HHSC</b>	Health and Human Services Commission
<b>HRSA</b>	Health Resources and Services Administration
<b>HSR</b>	Health Service Region
<b>ICF/IID</b>	Intermediate Care Facilities for Individuals with an Intellectual Disability
<b>ICHP</b>	Institute for Child Health Policy
<b>ICS</b>	Inpatient Consumer Survey
<b>ID</b>	Intellectual Disabilities
<b>IDD</b>	Intellectual or Developmental Disabilities
<b>IL</b>	Independent Living
<b>LBB</b>	Legislative Budget Board
<b>LHD</b>	Local Health Departments
<b>LSDP</b>	Lonestar Delivery and Process
<b>LSS</b>	Laboratory Services Section
<b>LTSSQR</b>	Long-Term Services and Supports Quality Review
<b>MARs</b>	Medication Administration Records
<b>MCO</b>	Managed Care Organization
<b>MH</b>	Mental Health
<b>MHSIP</b>	Mental Health Statistics Improvement Program
<b>MI</b>	Mental Illness
<b>MTP</b>	Medical Transportation Program
<b>NAACCR</b>	North American Association of Central Cancer Registries

<b>Acronym</b>	<b>Full Name</b>
<b>NAR</b>	Nurse Aide Registry
<b>NCI</b>	National Core Indicators
<b>NEMT</b>	Non-Emergency Medical Transportation
<b>NFQR</b>	Nursing Facility Quality Review
<b>OIG</b>	Office of Inspector General
<b>OOG</b>	Office of the Governor
<b>OSEP</b>	Office of Special Education Programs
<b>PACE</b>	Program for All-Inclusive Care for the Elderly
<b>PES</b>	Participant Experience Survey
<b>PHR</b>	Public Health Regions
<b>PIN</b>	Provider Identification Number
<b>PPRI</b>	Public Policy Research Institute at Texas A&M University
<b>PPS</b>	Proportional probability for size
<b>QMB</b>	Qualified Medicare Beneficiary
<b>QMP</b>	Quality Monitoring Program
<b>RAC</b>	Regional Advisory Councils
<b>RE</b>	Responsible Entities
<b>SFY</b>	State Fiscal Year
<b>SNAP</b>	Supplemental Nutrition Assistance Program
<b>SSA</b>	Social Security Administration
<b>SSDI</b>	Social Security Disability Insurance
<b>SSI</b>	Supplemental Security Income
<b>SSLC</b>	State Supported Living Centers
<b>STL</b>	South Texas Laboratory
<b>TANF</b>	Temporary Assistance for Needy Families
<b>TB</b>	Tuberculosis
<b>TETAF</b>	Texas EMS Trauma and Acute Care Foundation
<b>Texas CASA</b>	Texas Court Appointed Special Advocates
<b>THA</b>	Texas Hospital Association
<b>THSteps</b>	Texas Health Steps
<b>TMA</b>	Texas Medical Association

<b>Acronym</b>	<b>Full Name</b>
<b>TMF</b>	TMF Health Quality Institute
<b>TORCH</b>	Texas Organization of Rural & Community Hospitals
<b>TPS</b>	Texas Pediatric Society
<b>TVFC</b>	Texas Vaccines for Children
<b>TxEVER</b>	Texas Electronic Vital Events Registrar
<b>TxHmL</b>	Texas Home Living program
<b>UFSRC</b>	University of Florida Survey Research Center
<b>UTMB</b>	University of Texas Medical Branch at Galveston
<b>VOG</b>	Vaccine Operations Group
<b>WIC</b>	Special Supplemental Nutrition Program for Women, Infants, and Children
<b>YES</b>	Youth Empowerment Services
<b>YSSF</b>	Youth Services Survey for Families

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## Schedule I: Glossary of Abbreviations

Abbreviation	Full Name
<b>ABEST</b>	Automated Budget and Evaluation System of Texas
<b>AES</b>	Access & Eligibility Services (HHSC)
<b>BEST</b>	Blindness Education, Screening, and Treatment
<b>CAPPS</b>	Centralized Accounting and Payroll/Personnel System
<b>CARE</b>	Client Assignment and Registration
<b>CCL</b>	child-care licensing
<b>CHIP</b>	Children's Health Insurance Program
<b>CLASS</b>	Community Living Assistance and Support Services
<b>CLF</b>	civilian labor force
<b>CMBHS</b>	Clinical Management for Behavioral Health Services
<b>COVID-19</b>	coronavirus disease 2019 pandemic
<b>CSHCN</b>	Children with Special Health Care Needs
<b>CTCM</b>	certified Texas contract manager
<b>DFPS</b>	Department of Family and Protective Services
<b>DBMD</b>	Deaf-Blind Multiple Disabilities
<b>DSP</b>	direct support professional

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<b>Abbreviation</b>	<b>Full Name</b>
<b>ECI</b>	Early Childhood Intervention
<b>FY</b>	fiscal year
<b>GR</b>	General Revenue
<b>HAP</b>	Hemophilia Assistance Program
<b>HCS</b>	Home and Community-Based Services
<b>HDIS</b>	Health, Developmental and Independence Services (HHSC)
<b>HHS</b>	Health and Human Services
<b>HHSC</b>	Health and Human Services Commission
<b>HIPAA</b>	Health Insurance Portability and Accountability Act
<b>HMO</b>	Health Maintenance Organization
<b>HSCS</b>	Health and Specialty Care System (HHSC)
<b>HTW</b>	Healthy Texas Women
<b>HUB</b>	historically underutilized business
<b>HUR</b>	Hospital Utilization Review (OIG)
<b>ICF/IID</b>	intermediate care facility for individuals with an intellectual disability or related condition
<b>IDD</b>	intellectual or developmental disability
<b>IDD-BH</b>	Intellectual and Developmental Disability and Behavioral Health (HHSC)
<b>IMPACT</b>	Information Management Protecting Adults and Children in Texas

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<b>Abbreviation</b>	<b>Full Name</b>
<b>IT</b>	information technology
<b>KHC</b>	Kidney Health Care
<b>LBB</b>	Legislative Budget Board
<b>LBHA</b>	Local Behavioral Health Authority
<b>LMHA</b>	Local Mental Health Authority
<b>LTC</b>	Long-Term Care
<b>LVN</b>	licensed vocational nurse
<b>MCO</b>	managed care organization
<b>MCS</b>	Medicaid and CHIP Services (HHSC)
<b>MFADS</b>	Medicaid Fraud and Abuse Detection System
<b>MH</b>	mental health
<b>MOM</b>	Maternal Opioid Misuse
<b>NFUR</b>	Nursing Facility Utilization Review (OIG)
<b>OIG</b>	Office of Inspector General
<b>PAC</b>	Program Activity Code
<b>PACE</b>	Program of All-Inclusive Care for the Elderly
<b>PCS</b>	Procurement and Contracting Services (HHSC)
<b>PDC</b>	Performance Data Compiler (OIG)
<b>PNA</b>	psychiatric nursing assistant

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Schedule I: Glossary of Abbreviations

<b>Abbreviation</b>	<b>Full Name</b>
<b>Q&amp;A</b>	question and answer
<b>QMB QI-1</b>	Qualified Medicare Beneficiary Qualifying Individual
<b>RCCL</b>	residential child-care licensing
<b>RN</b>	registered nurse
<b>SAMHSA</b>	Substance Abuse and Mental Health Services Administration (U.S.)
<b>SCOR</b>	System of Contract Operation and Reporting
<b>SIU</b>	special investigative unit
<b>SMIB</b>	Supplemental Medical Insurance Benefits
<b>SNAP</b>	Supplemental Nutrition Assistance Program
<b>SP</b>	strategic planning
<b>SSA</b>	Support Services Agreement
<b>SSI</b>	Supplemental Security Income
<b>SSLC</b>	state supported living center
<b>TANF</b>	Temporary Assistance for Needy Families
<b>TCID</b>	Texas Center for Infectious Disease
<b>Tex. Admin. Code</b>	Texas Administrative Code
<b>Tex. Gov't Code</b>	Texas Government Code
<b>TIERS</b>	Texas Integrated Eligibility Redesign System

HHSC Strategic Plan for 2021–2025  
Schedule I: Glossary of Abbreviations

Abbreviation	Full Name
<b>TKIDS</b>	Texas Kids Intervention Data System
<b>TxHmL</b>	Texas Home Living
<b>U.S.</b>	United States
<b>VA</b>	Veterans Affairs (U.S. Department of)
<b>WIC</b>	Special Supplemental Program for Women, Infants and Children
<b>XX</b>	Title XX of the Social Security Act
<b>YES</b>	Youth Empowerment Services

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This document is available at: <https://hhs.texas.gov/about-hhs/budget-planning/health-human-services-system-strategic-plans-2021-2025>.

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