

**Advisory Committee Chair Summaries  
August 5, 2021**

# Behavioral Health Advisory Committee (BHAC)

## Updated July 2021

### Committee Charge

The purpose of the committee is to provide customer/consumer and stakeholder input to the Health and Human Services (HHS) system in the form of recommendations regarding the allocation and adequacy of behavioral health services and programs within the State of Texas. The BHAC considers and makes recommendations to the HHS Executive Commissioner consistent with the committee's purpose.

Recommendations to Health and Human Services system agencies regarding behavioral health services include:

- The promotion of cross-agency coordination, state/local and public/private partnerships in the funding and delivery of behavioral health services;
- The promotion of data-driven decision-making;
- The prevention of behavioral health issues and the promotion of behavioral health wellness and recovery;
- The integration of mental health and substance use disorder services in prevention, intervention, treatment, and recovery services and supports;
- The integration of behavioral health services and supports with physical health service delivery;
- Access to services and supports in urban, rural, and frontier areas of the state;
- Access to services and supports to special populations;
- Rules, policies, programs, initiatives, and grant proposals/awards for behavioral health services; and
- The five-year behavioral health strategic plan and coordinating expenditure plan.

### Issues of Importance

The BHAC has made recommendations on the following topics:

- Behavioral Health workforce shortages
- Expanded services for students in facilitates that provide substance use treatment

- Peer support services
- Family peer support services
- Youth peer recovery
- Housing
- Expansion of Home and Community - Based Services (HCBS) – Adult Mental Health (AMH)
- Recovery housing
- Boarding home reporting
- Trauma informed care for individuals with Intellectual and Developmental Disabilities (IDD)
- First Episode Psychosis

## **Updates**

The full BHAC met on May 7, 2021 and during that meeting the committee:

- Received updates on approved recommendations from Deputy Executive Commissioner Sonja Gaines
- Discussed data for ongoing dashboard and upcoming annual report
- received presentations from HHSC staff on various updates.

Additionally, the BHAC subcommittees provided updates on their work.

The subcommittees of the BHAC are as follows:

- Peer Specialist & Family Partner Services
- Access to Care & Community Engagement
- Housing
- Policy & Rules
- Children & Youth Behavioral Health Services

**Upcoming Meeting:** [August 6, 2021](#)

# Drug Utilization Review (DUR) Board

## Updated July 2021

### Committee Charge

The Drug Utilization Review (DUR) Board consists of physicians and pharmacists who provide services across the entire population of Medicaid recipients and who represent different specialties, as well as nonvoting members who represent the Medicaid managed care organizations (MCOs), and a consumer advocate representing people enrolled in the Medicaid program. The members of the DUR Board are appointed by the Executive Commissioner and are reflective of the various regions within Texas. The purpose of the DUR program is to improve the quality of pharmaceutical care by ensuring that prescriptions are appropriate, medically necessary, and not likely to result in adverse medical outcomes.

### Issues of Importance

Board members meet quarterly at the DUR Board meeting to make recommendations to the Medicaid Vendor Drug Program (VDP) on the appropriate use of pharmaceuticals, including retrospective and prospective interventions. Retrospective interventions include educational materials to providers to improve prescribing and dispensing practices and effectively improve the quality of drug therapy. Prospective interventions include a clinical prior authorization specific to a drug that is implemented in the claims processing system. The recommendations are based on a review of clinical information from compendium and peer-reviewed medical literature with consideration of public comments or testimony received at the meetings or submitted in writing to Health and Human Service Commission (HHSC). In addition, members recommend drugs for inclusion in the Medicaid preferred drug list (PDL), considering the drug's clinical efficacy, safety, cost-effectiveness, and program benefits.

## Updates

A [summary of the Oct DUR board meetings](#) and [Jan 2021 meeting April 2021 meeting](#) is now available from the Vendor Drug Program website. This includes:

- A recording of this meeting's webcast
- Approved minutes from the and January 22 meetings
- A summary of clinical prior authorization and preferred drug list recommendations
- The preferred drug list class review schedule for the next meeting

The next board meeting is scheduled for Friday, July 23, 2021. Meeting dates and instructions for submitting written materials to the board and publicly testifying before the board are available on the [Texas Vendor Drug Program website](#).

PDL recommendations from January and April's meetings will be implemented on July 29, 2021.

The Board has four memberships expiring on August 31, 2021, and solicitation is available and on its second posting.

## Resources

<https://hhs.texas.gov/about-hhs/communications-events/meetings-events/2021/04/23/drug-utilization-review-board-durb-agenda>

## Contact

[vdp-advisory@hhsc.state.tx.us](mailto:vdp-advisory@hhsc.state.tx.us)

**Upcoming Meeting:** Friday, July 23, 2021, 9:00 a.m. (virtual)

# e-Health Advisory Committee (eHAC)

## Updated July 2021

### Committee Charge

The committee advises the Executive Commissioner and Health and Human Services system agencies (HHS agencies) on strategic planning, policy, rules, and services related to the use of health information technology, health information exchange systems, telemedicine, telehealth, and home telemonitoring services.

### EHAC advises HHS agencies on:

- development, implementation, and long-range plans for health care information technology and health information exchange, including the use of:
  - ▶ electronic health records, computerized clinical support systems, health information exchange systems for exchanging clinical and other types of health information, and
  - ▶ other methods of incorporating health information technology in pursuit of greater cost-effectiveness and better patient outcomes in health care and population health.
- incentives for increasing health care provider adoption and usage of an electronic health record and health information exchange systems;
- development, use, and long-range plans for telemedicine, telehealth, and home telemonitoring services, including consultations, reimbursements, and new benefits for inclusion in Medicaid telemedicine, telehealth, and home telemonitoring programs.

### Issues of Importance

- Telemedicine, Telehealth and Telemonitoring
- Disaster Response in Health Information Technology (HIT)
- Interoperability in Texas; standards and impact on data exchange and data accessibility
- Health Information Exchange (HIE) systems/mechanisms

- Practice of health information exchange and quality and accessibility of data exchanged
- Provider connectivity to HIEs; barriers to connectivity
- Patient Unified Lookup system for Emergencies (PULSE)
- Behavioral Health (new subcommittee created to address this topic)

## Updates

- Most recent meeting conducted June 21, 2021.
- Continued to discuss implementation of SB 670 (86<sup>th</sup> Legislature, Regular Session, 2019), HB 1063 (86<sup>th</sup> Legislature, Regular Session, 2019), SB 922 (85<sup>th</sup> Legislature, 2017, Regular Session), and HB 1697 (85<sup>th</sup> Legislature, Regular Session, 2017)/Rider 94 (86<sup>th</sup> Legislature, Regular Session, 2019) – Pediatric Telemedicine grant program for rural Texas. Telemedicine and telehealth continue to be significant components of the response to COVID-19. The HHSC Telemedicine, Telehealth and Telemonitoring Subcommittee has released their 2019 survey tool for providers with the goal of being able to perform a pre and post COVID-19 analysis of provider’s attitudes and utilization of telemedicine and telehealth.
- Disaster Response in Health Information Technology (HIT)
- Health Information Exchange Connectivity Project
- DSHS interoperability and data activities
- HHS Integration and Data Exchange Capabilities Center of Excellence (iCoE)
- Annual ethics training
- Submitted proposed rules amendment to move from annual report to biennial report

**Upcoming Meeting:** [September 17, 2021](#)

# Hospital Payment Advisory Committee (HPAC)

## Updated July 2021

### Committee Charge

The Hospital Payment Advisory Committee is a subcommittee of the Medical Care Advisory Committee. HPAC advises HHSC on hospital payment issues for Medicaid inpatient and outpatient services as well as advise HHSC on supplemental payment programs/methodologies (e.g. Medicaid Disproportionate Share; Texas 1115 Waiver Uncompensated Care payments; Texas 1115 Waiver Delivery System Reform Incentive Payment program; Uniform Hospital Rate Increase Program; Graduate Medical Education, etc.).

### Issues of Importance

- HHSC's Delivery System Reform Incentive Payment (DSRIP) Program, which incentivizes hospitals and other providers to improve access to and delivery of care for Medicaid enrollees and low-income uninsured individuals.
- Paying providers for uncompensated care (UC).
- Uniform Hospital Rate Increase Program (UHRIP), an endeavor that supports the hospital managed care reimbursement in the Texas STAR and STAR+PLUS programs.
- Supporting teaching hospitals which operate approved medical residency training programs. Medicaid GME payments recognize the higher cost incurred by teaching hospitals. Compared to non-teaching hospitals, teaching hospitals treat patients with more complex conditions and provide patient care that is more intensive and technologically sophisticated.
- Special payments to hospitals serving a disproportionately large number of Medicaid and low-income patients, or disproportionate share hospitals (DSHs).
- Rule on the interim State Payment Cap (formerly known as interim hospital specific limit).

### Updates

For the June 3, 2021 HPAC meeting, the committee:

1. Update on 1115 Extension Request – The public comment period began the first week of June and there will be two more hearings on June 10 and 15. The new application is posted online and includes two re-basing periods in

- 2023 and 2027 that were previously approved, and two resizing exercises for the UC pool. HHSC received several comments concerning budget neutrality and HHSC recognizes that budget neutrality is a key issue that will impact the future of Texas programs. The written public comment period is open through June 28. HHSC r
2. TX Medicaid DSH – HHSC has formed a work group with industry stakeholders to work through changes with provider payments as the state moves toward the DSRIP transition, which is expected to meet weekly to work toward proposed rulemaking. HHSC received several requests from stakeholders to look at the state payment cap definition. HHSC staff outlined their goals for the program, which included eliminating hardship to state financial entities, maintaining or increasing payments to rural hospitals, and complying with federal regulations and state laws.
  3. CHIRP and TIPPS and RAPP – The application process for all three DPPs introduced in February has closed. HHSC has submitted preprints on all of the programs to CMS and has received questions and provided answers for all programs, including a 2nd round of questions on CHIRP. CMS has notified HHSC that they would not approve programs until they have final reimbursement rates, which HHSC hopes to have ready in the next few weeks. HHSC also noted that the modelling has been updated based on actual applications.
  4. FFS Supplemental Payment Program – HHSC anticipates that payments will be made in a lump sum twice per year, potentially in January and July. Payments will be limited to aggregate UPL by demonstration type and the program will have rules posted for comment soon. HHSC is still working to determine if the state will seek one SPA or several. The estimated pool size for this program, starting October 1, 2021, is \$1.3Billion, which is broken down by subgroup: publics \$500M, privates \$700M, and state owned under \$100M.

**Upcoming Meeting:** [August 5, 2021](#)

# Intellectual and Developmental Disability (IDD) System Redesign Advisory Committee (SRAC) Updated July 2021

## Committee Charge

Established in Chapter 534, Texas Government Code (SB 7, 83rd Texas Legislative Session), the committee is charged with advising and collaborating with the Commission on the design of an acute care and long-term services and supports (LTSS) system for persons with IDD under the Medicaid managed care program.

In fulfilling its charge, Chapter 534 specifies the goals of the redesign which, among other goals, must support improving quality and outcomes for persons with IDD service, providing Medicaid services to more people in a cost-efficient manner and improving access to services and supports.

Though the intent of Chapter 534 remains as codified via SB 7, 83<sup>rd</sup> Texas Legislature, several significant changes were made to the law via HB 4533, 86<sup>th</sup> Texas Legislature. These changes include the following:

- In addition to the IDD SRAC, charged with advising and collaborating with the Commission in the redesign of the system, HB 4533 established the STAR+PLUS Pilot Program Workgroup to assist in development of the pilot.
- The pilot program, which initially called for testing one or more service delivery models involving a managed care strategy based on capitation to deliver long term services and supports under the Texas Medicaid program to individuals with intellectual and developmental disabilities, now calls for a pilot program to test, through the STAR+PLUS Medicaid managed care program, the delivery of long term services and supports to individuals with an intellectual or developmental disability or cognitive disability and other individuals with disabilities who have similar functional needs.
- Following evaluation of the pilot, the transition of long-term services and supports provided through the Intermediate Care Facilities (ICF/IID) program and the four Medicaid IDD waiver programs must now be done in phases beginning September 1, 2027 and ending September 1, 2031.

- Prior to any transition of the residential services provided through the ICF/IID program and two of the four IDD waiver programs, a separate pilot program must be conducted.

## **Issues of Importance**

In addition to advising the Commission on implementation of Chapter 534, issues of importance to the Committee include development of or providing input into policies which: streamline and improve administrative processes under managed care for providers, individuals and their families; ensure the managed care grievance process for individuals and their families and providers is easy to access, provides timely resolution and tracks grievances by population and topic to determine and resolve systemic issues; ensure that service coordination under the managed care program is responsive to individuals' needs; providing input into the Medicaid Waiver Interest List study required via Rider 42, HB 1, 86th Texas Legislative Session; promote network adequacy under the Medicaid managed care program and utilize person-centered strategies and ensure ongoing communication and collaboration with other HHSC committees which have similar interests in these and other topics related to improving the Texas Medicaid managed care program.

## **IDD SRAC Subcommittees**

Three subcommittees assist the Committee in fulfilling its role and responsibilities. The subcommittees are: Transition to Managed Care, Systems Adequacy and Day Habilitation & Employment Services.

Following passage of HB 4533 (86<sup>th</sup> R), the subcommittees, which used to meet every other month, now meet monthly to fulfill their respective responsibilities.

The chart below lists topics the subcommittees are addressing.

System Adequacy	Transition to Managed Care	Day Habilitation & Employment Services
Functions, and Roles of comprehensive service provider (CSP), Local Intellectual and Developmental Disability Authority, & managed care organization.	Eligibility	Employment & Day Habilitation Services
CSP documentation & reporting requirements	Benefits	Consumer Directed Services
Regulatory/certification	Innovative technologies & benefits	
Enrollment process for CSPs into the pilot	Benefit rates	
Provider rates and payment process	Technology & coding for benefits	
Information Technology/Systems to Support Interoperability Between Pilot Providers	Process to ensure pilot participants remain eligible for 12 consecutive months	
Selection Criteria for the MCO participating in the Pilot		

## IDD SRAC Work Activities & Other Updates and Activities

**IDD SRAC Composition:** The committee’s bylaws allow persons whose terms have expired to continue serving until HHSC announces appointments to fill those terms, which can include a reappointment of a member to a 2<sup>nd</sup> term. At the IDD SRAC’s April 29, 2021 meeting seven (7) new members were announced as having been appointed or reappointed.

**Work Activities:** Though IDD SRAC and subcommittee work activities were halted following COVID-19, in May 2020 subcommittee activities resumed. Between June and November, the IDD SRAC met monthly, as did two of the three IDD SRAC subcommittees, to fulfill responsibilities related to development of recommendations for the pilot program.

In January 2021, the IDD SRAC and subcommittees resumed their pre-COVID schedule of meeting quarterly. As needed, small workgroups meet outside of the ‘formal’ meeting process to work on time-sensitive matters such as MCO Pilot Selection Criteria recommendations, revisions to the descriptions of several Pilot Benefits in response to comments and questions from HHSC and more recently, payment options under the STAR+PLUS Pilot (alternative or innovative payment rates or methodologies, incentive payments or other payment models).

In June the following activities or announcements were made:

- HHSC informed members of the IDD SRAC and the STAR+PLUS Pilot program Workgroup that it had selected the Pilot service area – Bexar service area with Tarrant and MRSA Northeast selected as back-up pilot sites.
- The IDD SRAC met to review legislative recommendations developed by the three IDD SRAC subcommittees for the statutorily required Annual Report on the IDD System Redesign. The IDD SRAC will vote on the recommendations at its July 29, 2021 meeting. The recommendations address the need for improvements to the service system (whether provided under fee-for-service or managed care) for legislative and agency (HHSC) consideration. The recommendations address a host of needed service improvements such as simplifying access to dental services, improving the IDD assessment process, monitoring quality of acute care and long term services and supports, accessing behavioral supports for people with complex needs, increasing utilization and coordination of Community First Choice (CFC) services, improving access to employment services and preparing for/responding to future public health emergencies and disasters.

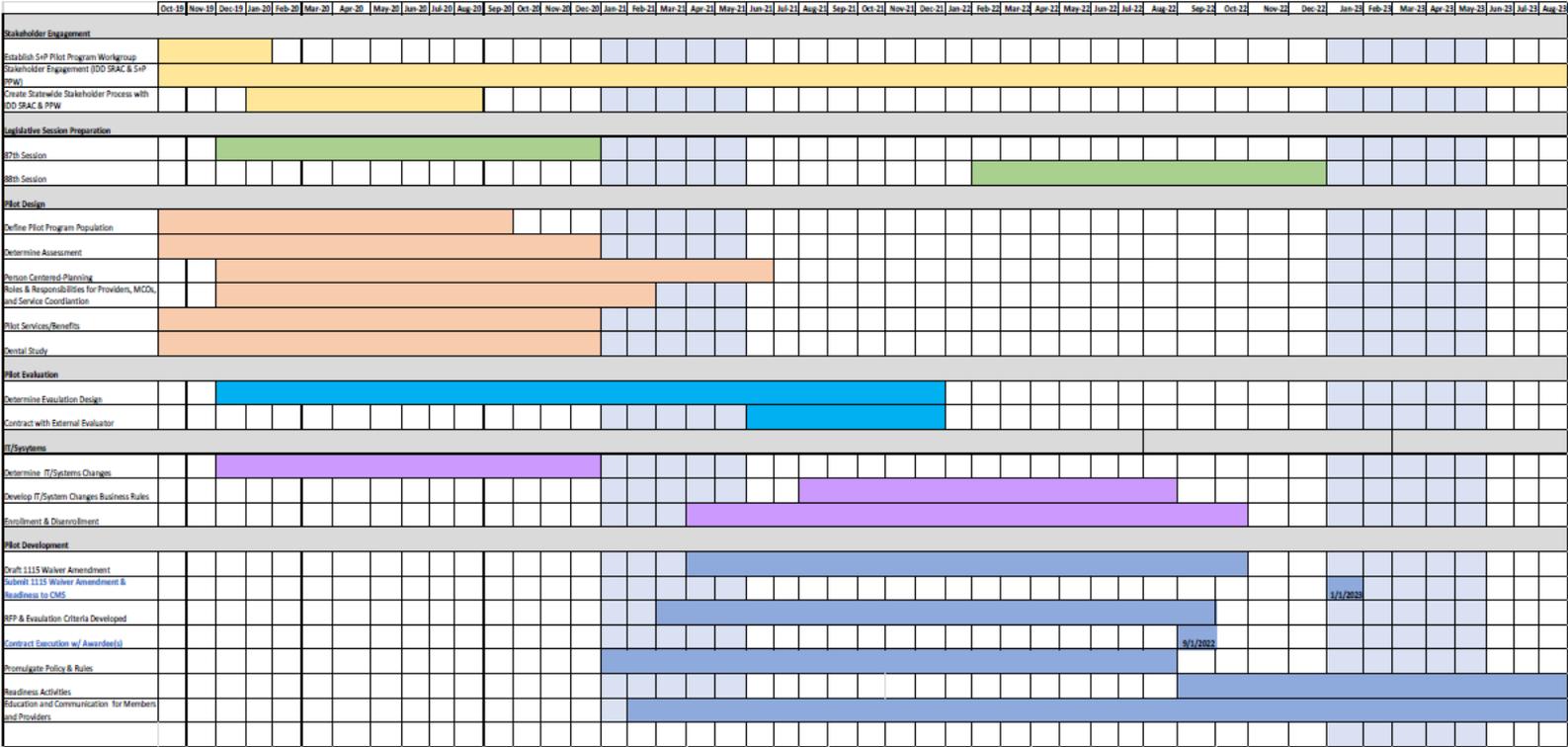
**Upcoming Meetings:** The next meeting of the IDD SRAC is October 28, 2021. Note: Currently the IDD SRAC and STAR+PLUS Pilot Workgroup hold separate meetings. Many of the agenda items for these two committees are alike. To gain efficiencies going forward (and avoid presenting the same information twice), on August 12, 2021 the first joint meeting of the two committees will be held. At this time the schedule for future joint meetings is not available.

**Note:** While the work of the IDD SRAC and its subcommittees was halted between March and mid-May 2020 HHSC worked on the attached timeline for completing activities key to implementation of the STAR+PLUS Pilot Program. This timeline will be helpful to the IDD SRAC as well as the STAR+PLUS Pilot Program Workgroup in fulfilling their respective charges under Chapter 534, Texas Government Code. In reviewing the timeline, it is important to note that it reflects **preliminary HHSC estimates of implementation timeframes** which will be refined through further discussions with internal and external stakeholders.

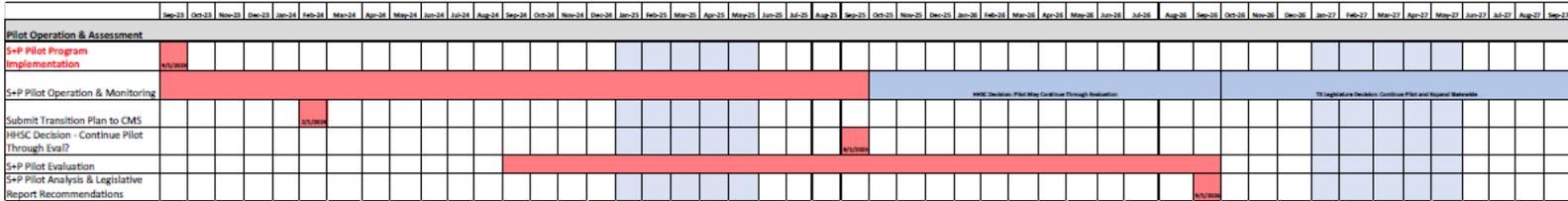
Though not included in this update, HHSC has also developed a communication plan for the IDD SRAC, the Pilot Program Workgroup and HHSC which outlines the processes for reviewing and approving recommendations and reporting back on the status of the recommendations.

This timeline reflects preliminary HHSC estimates of implementation timeframes, which will be refined through further discussions with internal and external stakeholders. The purpose is to show the anticipated phasing and estimated lengths of time for activities. The specific start and end dates of activities may vary, unless required by statute.

**STAR+PLUS Pilot Development (10/19-8/23)**



**STAR+PLUS Pilot Operation 9/23-9/27**



# Medical Care Advisory Committee (MCAC)

## Updated July 2021

### Committee Charge

The MCAC assists HHSC in its efforts to provide cost-effective, high quality health care to Texans receiving Medicaid services. The purpose of the Committee is to advise HHSC and specifically the State Medicaid Director regarding medical care services and policies governing the administration of Texas Medicaid through its review of and recommendations on Medicaid rules.

Our primary task is to review and discuss draft Medicaid rules and determine if they should be recommended for publication in the Texas Register.

### Issues of Importance

The Committee's most serious concerns are for Medicaid rules impacting accessibility and quality of care. These include, but are not limited to:

- Program eligibility
- Access to care
- Health care, including mental health parity
- Home and community-based services (HCBS)
- Provider compensation

Other issues of importance to MCAC include network adequacy, HCBS waivers, legislative and budget updates, Local Provider Participation Fund Reporting and the Delivery System Reform Incentive Payment (DSRIP) Program.

## Updates

The last MCAC meeting was held on June 10, 2021. At that meeting, six rules were presented, but only one was a voting item – all other rules were offered as “informational only.” The committee also received updates on Medicaid/CHIP as well as a COVID-19 update. Additionally, the MCAC meeting was offered as an opportunity for public testimony on the 1115 Waiver: Texas Healthcare Transformation and Quality Improvement Program proposal HHSC is submitting to CMS. Approximately 15 individuals provided testimony.

**Upcoming Meeting:** August 12, 2021

# Palliative Care Interdisciplinary Advisory Council (PCIAC)

## Updated July 2021

### Committee Charge

The PCIAC assesses the availability of patient-centered and family-focused interdisciplinary-team-based palliative care in Texas for patients and families facing serious illness. The Council works to ensure that relevant, comprehensive, and accurate information and education about palliative care, including complex symptom management, care planning, and coordination needed to address the physical, emotional, social, and spiritual suffering associated with serious illness is available to the public, health care providers, and health care facilities.

### Issues of Importance

Current issues of importance include raising awareness about supportive palliative care and hospice care services in Texas; developing evidence to support coverage for supportive palliative care, including by Medicaid; improving services and supports for family caregivers; and improving education and awareness of new palliative care developments and trainings.

### Updates

In the process of holding scheduled workgroup meetings for the following workgroups:

**a. Pediatric palliative care workgroup**

- i. This workgroup will be working on researching how other states provide palliative care to their pediatric population, what service gaps exist in Texas and how Texas can improve utilization of pediatric palliative care.

**b. Education for court appointed guardian's workgroup**

- i. This workgroup is developing a 2-hour educational online course for court appointed guardians on how they can appropriately make decisions in serious illness care for their patients/wards. The course will be housed on the HHS learning portal and should be available by the end of the summer.

**c. Senate Bill 916 study workgroup**

- i. HHSC staff are working with ICHIP and the SB 916 study workgroup to analyze data on Medicaid decedents in order to assess potential improvements of SPC on health quality, health outcomes, and cost savings from the

availability of SPC services in Medicaid as per the mandate from Senate Bill 916 which will require this data to be developed into a report.

- ii. This workgroup is providing input on additional data variables to consider for the analysis and will provide input on the content of the report that is currently being drafted.

**d. Continuing Education Event Workgroup**

- i. In the process of planning the 2021 Advancing Palliative Care in Texas continuing education event which will be hosted on November 5th, 2021 from 1 to 4pm.

**Upcoming Meeting:** November 5, 2021

# Perinatal Advisory Council (PAC) Updated July 2021

## Committee Charge

The Perinatal Advisory Council (PAC), established in 2013 by HB 15 of the, 83rd Texas Legislature (Regular Session) is charged with providing clinical and non-clinical recommendations to DSHS for inclusion into their required rule template. This has been done for both Neonatal and Maternal levels of care.

## Issues of Importance

With the rules now in place, the PAC will focus on best practices and trends in neonatal and maternal results post implementation of the new hospital designation programs.

PAC membership is going through the solicitation process for positions that expired 9/1/2020, delayed in part due to COVID. There will be a new solicitation process started for positions that expire 9/1/2021.

## Updates

- Met on June 23, 2021 and had detailed discussion on HB 1164 dealing with Placenta Accreta Spectrum (PAS) Disorder discussed. This bill asks the PAC to make recommendations to update the Maternal levels of care rule to require hospitals to screen and recognize PAS. As a result,
  - ▶ The PAC will form a PAS subcommittee who will meet, including public comments, and make recommendations that will be brought to the full PAC membership in an upcoming meeting.
  - ▶ The PAS subcommittee has already started working with the DSHS implementation team for HB 1164.

**Upcoming Meeting:** September 22, 2021

# Policy Council for Children and Families (PCCF)

## Updated July 2021

### Committee Charge

The PCCF works to improve the coordination, quality, efficiency, and outcomes of services provided to children with disabilities and their families through the state's health, education, and human services systems. The purpose of the Council is to advise the Texas Health and Human Services Commission (HHSC) on matters as described below:

- A. Improving coordination between the state's health, education, and human services systems to ensure that children with disabilities and their families have access to high quality services.
- B. Improving long-term services and supports, including community-based supports for children with special health and mental health care needs, as well as children with disabilities and their families receiving protective services from the state.
- C. Addressing emerging issues affecting the quality and availability of services available to children with disabilities and their families.
- D. Aligning resources with the service needs of children with disabilities and their families.
- E. Improving the STAR Kids managed care program.

### Issues of Importance

Policy Council for Children and Families legislative report is submitted in November 2020 covering following recommendations:

1. Supporting and expanding transition care clinics across Texas;
2. Increasing the threshold allowance for Medicaid Buy-in for Children and Adults to 300 percent of federal poverty level;
3. Reducing the Medicaid waiver interest lists;
4. Ensuring access to Promoting Independence waiver slots;
5. Expanding crisis intervention and respite services;
6. Improving crisis intervention, respite, and early childhood intervention services; and

7. Strengthening disaster and emergency preparedness planning to ensure continued access to vital services during natural disasters, pandemics or other large-scale events affecting children with disabilities and complex medical needs.

Upcoming Work Council members are looking for other issues which are potential topic for recommendations for next report. Some of the issues include:

1. Looking into timely extension of MDCP date during pandemic.
2. Looking into timely receiving of prior authorization for service and medication, to continue providing service during pandemic.
3. Reviewing accessibility issue identified during new construction, especially schools, under Texas Architectural Barrier Law.
4. Looking into work of Got Transition towards transitioning children to adult healthcare system and working towards achieving the same outcome in Texas.
5. Identifying issues, the schools and students are experiencing during pandemic
6. Identifying and addressing difficulties seen during winter storm by children and Families with disabilities
7. Identifying opportunities to improve access to services by utilizing Non-Emergency Medical Services benefit directed in the HB 1576 to Medicaid Managed Care organizations; effective June 1, 2021
8. Looking into mental health issues seen during transition from school to work, and how to intervene early to address those issues
9. Looking into implementation plan on Rider 32 Applied Behavioral Analysis
10. Reviewing progress on bills related to advisory committee
11. Looking into IDD carve-in status
12. Looking into IDD strategic plan
13. Looking into utilization of new system Electronic Visit Verification tool along with Consumer Directed Services.

Policy Council for Children and Families is working to solicit the new members for the committee. The council has identified new ex-officio for the committee and is in the process to on-board before the next meeting.

The council has identified following workgroup:

Workgroup 1: Autism Spectrum Disorder:

- The workgroup is created to provide input on implementation of Intensive Behavioral Intervention benefit, services, compliance, and rate issue identified.

**Upcoming Meeting:** August 31, 2021

# STAR Kids Managed Care Advisory Committee (SK-MCAC)

## Updated July 2021

### Committee Charge

The STAR Kids Managed Care Advisory Committee was established by Senate Bill 7, 83rd Texas Legislature, Regular Session, 2013 and in compliance with Texas Government Code Section 533.00254 to advise the Texas Health and Human Services Commission (HHSC) on the establishment and implementation of the STAR Kids managed care program.

Members of the committee include a variety of stakeholders including families of children with disabilities receiving services under STAR Kids, physicians, home health providers, managed care organizations (MCO), school personnel and organizations representing children with disabilities. The diversity of the committee lends a unique perspective on how the program is functioning across Texas and generates ideas and recommendations for improvements.

### Issues of Importance

The committee currently has three subcommittees each tasked with developing recommendations aimed at improving the program for children and families.

- Health Homes and Quality Measures
- Screening and Assessment Instrument (SK-SAI), Prior Authorizations, Medically Dependent Children Program (MDCP), and Intellectual and Developmental Disabilities (IDD) Waivers
- Transition from Pediatric to Adult System

### Updates

1. The committee met on June 9, 2021 and discussed the following topics:
  - COVID-19 update
  - STAR Kids/Medically Dependent Children Program legislative updates
  - Medically Fragile Program update

- Presentation and discussion of the 2019 External Quality Review of Medicaid/CHIP Managed Care Summary of Activities.
  - STAR Kids MCAC subcommittee updates:
    - a. Health homes and outcome measures
    - b. STAR Kids-Screening and Assessment Instrument Medically Dependent Children Program, prior authorizations, and Intellectual and Developmental Disability waiver carve-in
    - c. Transition from children’s services to adult services
2. The subcommittee on health homes and quality measures continues to work with HHSC on the upcoming ACE Kids Act opportunities. The group is working with the Texas Collaborative Improvement and Innovation Network’s (CoIIN) initiative to improve outcomes for children with medical fragility through the development of comprehensive health homes. The CoIIN is a project of the Health Resources and Services Administration. The subcommittee is also working on a pilot proposal to streamline authorizations and assessments through improved health homes and coordinated multidisciplinary telehealth visits done at a child’s six-month visit also called a Whole Child visit. The subcommittee has several times this summer with HHSC and others on the Whole Child visit, the ACE Kids Act and quality measures.
  3. The subcommittee on SK-SAI has worked with HHSC on optimization and changes to the tool. The subcommittee identified families to participate in a dry run of the new tool and provided feedback to HHSC on a survey to be administered by HHSC to families and MCO assessors following the testing of the revised tool. The subcommittee also developed recommendations regarding lifting out-of-network benchmark limitations set on MCOs who deliver services for children in the MDCP waiver and will be providing written comments to HHSC following the release of the draft coordination of benefits language. The subcommittee also made recommendations for a broad definition of specialty providers as required by SB 1207. The subcommittee met in June and twice in July with HHSC and provided feedback on the updated evaluation tool and mental health services for children in STAR Kids.
  4. The subcommittee on transition has been working with HHSC and the National Alliance to Advance Adolescent Health to explore a pilot to promote quality healthcare transition planning for young adults and improvements to the smooth transition of children from STAR Kids to STAR Plus in addition to making recommendations about increased training for transition specialists and services coordinators on transition, addition of transition specialists to STAR Plus home and community-based waiver, improved Health Care Transition standards, updated billing codes for transition and standardized transition plan that can be used across MCOs. The subcommittee met in March and is also participating regularly in the calls with the National Alliance to Advance Adolescent Health to explore value-based payment options for transition as well as pay for quality measures.
  5. The committee continues to have representatives on various SMMCAC subcommittees.

**Upcoming Meeting:** September 22, 2021

# STAR+PLUS Pilot Program Workgroup (SP3W)

## Updated July 2021

### Committee Charge

Established in Texas Government Code, Section 534.1015 (HB4533 of the 86<sup>th</sup> Regular Legislative Session), to advise the Texas Health and Human Services Commission (HHSC) on the development, operation and evaluation of a new STAR+PLUS Pilot Program. The pilot will be designed in consultation and collaboration with both the STAR+PLUS Pilot Program Workgroup and the Intellectual and Developmental Disability System Redesign Advisory Committee (SRAC).

The Pilot will operate in the STAR+PLUS Medicaid managed care program and test the managed care delivery of long-term services and supports (LTSS) for people with intellectual and developmental disabilities (IDD), traumatic brain injury that occurred after age 21, or people with similar functional needs as a person with IDD. The pilot must start by September 1, 2023, go for at least 24 months, and include an evaluation.

The evaluation will include wide-ranging information on the results of the pilot as well as other aspects of the IDD System Redesign. The information gained through the pilot will also be used to inform the future transition Medicaid IDD services into managed care.

### Issues of Importance

- **The Quality Subcommittee** will address the following topics: Person-Centered Practices, Measurable Goals, and Performance Measures.
- **The Assessment Subcommittee** will address the following topics: 1115 Waiver Requirements, Researching the InterRAI or other assessments, and Potential Screening Tools relating to Eligibility.
- **NEW: Outreach and Education Subcommittee** works with IDD SRAC to develop recommendations to ensure all entities involved in the STAR PLUS Pilot are knowledgeable about and able to effectively explain the Pilot purpose, benefits and roles within the pilot as well as collaborate to develop and present consistent outreach information. The subcommittee will determine which entities will develop and distribute outreach and education materials and ensure that information is understandable and accessible to those most impacted.

## Updates

First off, we are excited to share that we have three new members to the workgroup.

Texas Government Code, Section 534.106(c), states that the pilot program shall be conducted in a STAR+PLUS Medicaid managed care service area selected by HHSC. At the end of June HHSC announced that Bexar service area was selected as the primary service area. Two back up areas were selected if Bexar cannot be the area. The backup areas are MRSA Northeast or Tarrant (in prioritized order).

The full **STAR+PLUS Pilot Workgroup** met on May 13, 2021.

- There was a brief update on the Legislation Appropriations Request for the 87th Texas Legislature. Mr. Trey Wood gave a high-level overview of where the budget bill stood at that time (as of May 13th the bill was in conference committee) and the basics of the budget process. Mr. Wood also shared that there are 14 items being considered by both the House and Senate Chambers. Although the legislators had been asking HHSC questions about those items, there was no specific information on the items at that time.
- Ms. Jennie Costilow, shared information about exceptional item 8, which would fund the items needed to start the pilot program, including an IT migration and an FTE for the medically fragile option. There was a recommendation from a member for HHSC to continue engaging with legislators to fully fund the original LAR request for interest list reduction, even though it means going outside of bounds from what each chamber funded. Finally, there was also a discussion on funding in both chambers for HCBS Transition plans.
- After hearing recommendations from members, HHSC staff agreed to send out final budget decisions in writing when legislative session ended.
- The bulk of the meeting was spent on an overview of the STAR+PLUS Pilot Program by Ms. Joy Kearney. Which provided a great review of the Pilot Program statutory requirements and background. This was particularly helpful for the new members.
- Members were then provided an overview of exceptional item 8a during the 87th session which provides initial funding of the pilot. Next, Ms. Kearny provided a review of the pilot design elements being considered, which are service coordination; provider; and service areas. Lastly, the pilot design decisions to date were reviewed and discussed.
- The Quality Subcommittee submitted 41 recommendations at the end of March to HHSC on selection criteria for Managed Care Organizations interested in participating in the pilot.

- The Assessment Subcommittee has been working on recommendations regarding the InterRAI. In order to inform these recommendations, the subcommittee invited the creators of the InterRAI to present in June. The presentation was very informative and provided insight into the strengths and limitations of the tool.
- We have a new Subcommittee: Outreach and Education, which met for the first time in May to start looking at best ways to ensure potential participants in the pilot can make informed decisions around the pilot.

The agenda was lighter than in the past due to the completion of numerous deadlines in the past several months and shifting of focus to legislative session.

Jennie Costilow and Joy Kearney provided brief updates on the Legislative Appropriations Request (LAR) for the 87<sup>th</sup> Legislative Session. There was not a lot of new developments to report at that time, but we are looking forward to more updates in the coming weeks. Most of this agenda item was spent in discussion with Lauren Chenoweth. Ms. Chenoweth provided an overview of Rider 21 (86<sup>th</sup> R): Transition Day of Habilitation Services and the appropriations request related to it. The LAR for this item includes funding to support the transition of the current day habilitation services to individualized skills and socialization (ISS) as well as the creation of a registry of ISS providers and FTEs to provide monitoring and oversight. SP3W members provided recommendations and feedback on the ISS model and Rider 21 as a whole.

The workgroup was provided an overview of the STAR+PLUS Pilot Program Stakeholder Engagement Plan Recommendations from Michelle Erwin and Joy Kearney. The Stakeholder Engagement Plan outlines a structure and process for SP3W and the IDD System Redesign Advisory Committee (SRAC) to collaborate and make recommendations on the STAR PLUS Pilot Program in the most efficient and meaningful way. In addition, it outlines a structure to receive input from the broader stakeholder community through liaisons from other relevant HHSC Advisory Committees and workgroups, (such as STAR Kids, IDD System Advisory Committee, Texas Brain Injury Advisory Committee, etc.) After discussion from members, the workgroup voted to approve the recommendations.

**Upcoming Meeting:** August 12, 2021, which will be in conjunction with IDD SRAC.

# State Medicaid Managed Care Advisory Committee (SMMCAC)

## Updated June 2021

### Committee Charge

Provides recommendations and ongoing input to HHSC on the statewide implementation and operation of Medicaid managed care. Areas of focus are shown in the 4 subcommittees below.

### Issues of Importance

- Complaints, Appeals, and Fair Hearings - effectively leveraging complaints data to identify potential problems in the Medicaid program, opportunities for improved managed care organization (MCO) contract oversight and increasing program transparency. Objectives addressed in this initiative include:
  - ▶ Improve data collection and system processes used to trend and analyze managed care member complaints.
  - ▶ Standardize complaint categories used by HHSC and MCOs for more accurate trending of complaints-related data to more quickly identify potential problems within managed care.
  - ▶ Improve the complaints member experience so they are tracked and resolved consistently.
- Network Adequacy and Access to Care - supporting a comprehensive monitoring strategy to ensure members have timely access to the services they need. Objectives addressed include:
  - ▶ Improve the accuracy of provider directories, including more robust MCO validation requirements and improvement of critical processes that impact accuracy.
  - ▶ Incentivize the use of telemedicine, telehealth, and telemonitoring services to improve access for members in underserved areas of the state.
  - ▶ Reduce administrative burdens related to network adequacy reporting and monitoring.
  - ▶ Integrate network adequacy reporting to include additional measures, such as appointment availability studies and targeted encounter data.
- Clinical Oversight and Administrative Simplification - seeks to strengthen the oversight of utilization management practices to include prior authorization policies and processes used by managed care organizations (MCOs). Objectives addressed in this initiative include:

- ▶ Reduce Medicaid provider burden through administrative improvements in four areas: claims payments, eligibility information, provider enrollment processes and prior authorization submissions.
- ▶ Prior authorization discussions will focus on provider process issues and Health and Human Services Commission oversight of MCO prior authorization data.
- ▶ Discuss specific Medicaid medical benefits as needed.
- Service and Care Coordination - improvements in service and care coordination within managed care. Objectives addressed in this initiative include:
  - ▶ Analyze other state Medicaid programs to assess best practices for care coordination within Texas' managed care programs.
  - ▶ Address any state-level barriers that hinder MCO delivery of care coordination services.
  - ▶ Clarify terminology and definitions of service coordination and service management activities across Medicaid managed care programs.
  - ▶ Identify possible improvements to ensure service coordination and service management is consistent within HHSC contract requirements.

## Updates

The SMMCAC and its subcommittees met on May 26 and 27. We discussed topics such as:

- Status of FY22/23 Budget in relation to Medicaid Managed Care (pending status in legislature)
- Update on new legislation that has passed during the legislative session pertaining to Medicaid managed care
- Update on implementation of Applied Behavior Analysis (ABA) Services.
- Assisted living facility rate methodology
- Overview of current Medicaid Peer to Peer Support benefit
- . Topics for the upcoming August 11<sup>th</sup> full committee meeting will tentatively include:
  - New legislation from the 87th legislative session pertaining to Medicaid managed care
  - Update on 86th Legislative Session Medicaid managed care projects
  - HCBS program update on the Electronic Visit Verification (EVV) system
  - Intellectual or developmental disability redesign and impact to managed care

**Upcoming Meeting:** August 11, 2021

# Texas Council on Consumer Direction (TCCD)

## Updated July 2021

### Committee Charge

The Texas Council on Consumer Direction (TCCD) advises HHSC on the development, implementation, expansion, and delivery of long-term services and supports through the Consumer Directed Services (CDS) option. The Council is composed of CDS employers, representatives from Financial Management Service Agencies (FMSAs), representatives from managed care organizations (MCOs) and advocates for children and older adults using the CDS option.

TCCD is established in accordance with Texas Government Code § 531.012 and governed by Texas Administrative Code § 351.817 and Texas Government Code Chapter 2110.

### Issues of Importance

- Electronic Visit Verification (EVV): EVV is a computer-based system that replaces paper-based attendant timesheets for Medicaid personal care services. EVV has been optional for individuals using the CDS option but became required beginning January 1, 2021 in accordance with the federal 21st Century Cures Act. The Council receives regular updates on EVV implementation, and the Training & Outreach subcommittee also had discussion with the EVV Operations team regarding EVV trainings for CDS employers.
- Reducing administrative burden for CDS employers, employees and FMSAs. In collaboration with the Council, HHSC is beginning an initiative to reduce administrative burden in the CDS hiring process. This includes exploring opportunities to reduce the number of hiring forms and enhance portability of forms, as well as making informational documents and CDS budget workbooks more user friendly. HHSC staff will work closely with the Quality Assessment & Performance Improvement subcommittee on this effort and will provide regular updates to the full Council.
- Increasing the percentage of individuals receiving Medicaid long-term services and supports who use the CDS option, including through efforts to increase and improve educational resources.

- ▶ Most of the work on this front is happening through the Council's three subcommittees. Subcommittees are working with HHSC to develop new guidance, and to update and improve existing resources for FMSAs and CDS employers.
- ▶ They have also been working with HHSC to enhance information and education resources available to people who may be interested in using the CDS option.

## Updates

At its June 21 meeting, the Texas Council on Consumer Direction adopted a resolution recognizing the contributions of Gene Whitten-Lege to the consumer direction option in the State of Texas. Mr. Whitten-Lege had been a longtime strong advocate for consumer direction and was instrumental in its development in Texas. He passed away March 28, 2021.

The Council received a report on changes to Electronic Visit Verification for those using consumer direction. The most important was a report regarding the release of an update to software allowing bulk visit maintenance for Financial Management Agencies. Previously, the CDS employer must first approve all visits, and then each visit had to be approved individually by the FMSA, causing delays in the ability to process and release payroll, as FMSAs cannot process visits until visits are paid to the CDS employee. HHSC also discussed the initial efforts in compliance and training for Employers in the CDS option.

Provider Finance advised that cost surveys been collected from FMSAs – a first in the state of Texas. HHS contracted with Deloitte Consulting to develop, prepare, and collect this information. Results should be available in 2022.

The council also had reviewed the Best Practices Guide for FMSAs prepared by the Quality Assurance/Process Improvement Subcommittee. The best practices guide is intended to assist new FMSAs, recommending practices which have been successful for FMSAs which have successfully passed contract and fiscal monitoring. After review, it was adopted unanimously by the TCCD. It will be forwarded to HHSC for review, and eventually posted on the CDS HHSC website.

**Upcoming Meeting:** [September 16, 2021](#)

# **Value-Based Payment and Quality Improvement Advisory Committee (VBPQIAC) Updated July 2021**

## **Committee Charge**

The Value-Based Payment and Quality Improvement Advisory Committee (“Committee”) was established by the Executive Commissioner of the Health and Human Services (HHS) system to provide a forum to promote public-private, multi-stakeholder collaboration in support of quality improvement and value-based payment initiatives for Medicaid, other publicly funded health services, and the wider health care system. Committee members representing diverse sectors of the healthcare system are tasked with providing input on quality improvement initiatives. By December 1 of each even-numbered year, the committee submits a written report to the executive commissioner and Texas Legislature with recommendations to help Texas achieve the highest value for healthcare in the nation.

## **Issues of Importance**

- Expanding the use and effectiveness of alternative payment models (APMs) in the Medicaid program.
- Promoting the sustainability of Delivery System Reform Incentive Payment (DSRIP) initiatives showing the greatest promise for improving value and quality in healthcare.
- Maximizing federal and other grant dollars available to support the development of evidence and implementation of innovative care and payment approaches, including population and episode-based models.

## Updates

Legislative report submitted in December 2020. It is available online at:

<https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2020/value-based-payment-qual-improvement-recommendations-dec-2020.pdf>

The report includes following recommendations:

### 1. Maternal and newborn health

- ▶ Standardize performance measures.
- ▶ Establish a statewide de-identified registry linking mothers and babies.

### 2. Social determinants of health (SDOH)

- ▶ Landscape assessment of SDOH assessment and referral platforms to determine best approach(es) for Texas Medicaid.
- ▶ Explore how to address SDOH through APMs, including ICD-10 Z codes, accountability metrics related to SDOH/health equity, and pilots.

### 3. Leverage multi-payer data

- ▶ Continue to encourage cross-agency collaboration in the use of healthcare data building on Special Provision 10.06 from the FY 20-21 budget.
- ▶ Continue to work to better leverage the Texas Healthcare Learning Collaborative portal (and other tools as appropriate) to increase and improve the data available to health plans, providers, and policy makers for core metrics, analytics, and care coordination to support value-based purchasing and quality improvement.

### 4. Advance alternative payment models

- ▶ Conduct a landscape assessment to determine the barriers and opportunities to advancing APMs. Convene stakeholders to share the results of the assessment along with promising practices.
- ▶ Leverage learnings from DSRIP to identify key outcomes and effective interventions.

5. Encourage MCOs to adjust APM requirements for providers in light of COVID. Lessons learned from COVID-19
  - ▶ Evaluate which Medicaid telehealth waivers put in place during the public health emergency should continue.
  - ▶ Incentivize creative practices that improve health based on the experience during COVID-19, such as prospective payments for primary care providers.
  - ▶ Align VBP measures and incentives as much as possible within each region of Texas to reduce provider administrative burden.

### **Upcoming Work and Meetings:**

1. The committee has developed a tracker file to monitor progress on recommendations. This will be updated and shared at the quarterly meetings.
2. Workgroup assignments are being reviewed but are currently organized around the following issues:
  - a. Alternate Payment models and MCO Contract Language
    - The current MCO contracts establish targets through 2021. The workgroup will make recommendations for year 2022 and beyond.
  - b. Social Drivers of Health (SDOH)
  - c. Value-Based Payment for Home Health, Pharmacy, and other Areas
    - Looking into metrics present in Electronic Visit Verification system and creating a proposal for new evaluation through "Star rating system" for the measures to. This will incentivize high performing Home Health agencies.
    - Looking at creative Alternate Payment Models for pharmacy such as. Looking into utilizing pharmacy as a provider, for improving quality of service.
3. HHSC is reviewing new member applications for the

**Upcoming Meeting:** Upcoming full council meeting is on August 17, 2021. The agenda can be found at [VBPQIAC Webpage](#) a week before the meeting.

The next legislative report is due December 2022.