

**Advisory Committee Chair Summaries
May 21, 2021**

Behavioral Health Advisory Committee (BHAC)

Updated April 2021

Committee Charge

The purpose of the committee is to provide customer/consumer and stakeholder input to the Health and Human Services 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 Behavioral Health Advisory Committee (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 HCBS-AMH
- Recovery housing
- Boarding home reporting
- Trauma informed care for individuals with IDD
- First Episode Psychosis

The full BHAC met on February 5, 2021 and during that meeting the committee:

- voted to formally approve updates to the bylaws
- received presentations from HHSC staff on various updates including; civil inpatient beds, housing and step-down options, the statewide behavioral health strategic plan, the behavioral health workforce report, exceptional item #22 along with other items.

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
- Mental Health & Substance Use Disorder Parity

Upcoming Meeting: May 7, 2021

Drug Utilization Review (DUR) Board

Updated April 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](#) are now available from the Vendor Drug Program website. This includes:

- A recording of this meeting's webcast
- Approved minutes from the and October 22nd and 23rd 2020 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, April 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](#).

Welcomed two new members in Jan 2021 meeting: Joshua R. Johns, Pharm. D. (Richardson), and Sarah E. Kubes, Pharm. D. (San Antonio) and will welcome one new member in Apr 2021 meeting: Kathryn L. Velasquez (Houston)

Resources

<https://www.txvendordrug.com/about/news/2020/11/october-2020-drug-utilization-review-board-meeting-summary>

<https://www.txvendordrug.com/about/news/2021/02/january-2021-drug-utilization-review-board-meeting-summary>

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

Contact

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e-Health Advisory Committee (eHAC)

Updated April 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 March 5, 2021.
- Seven membership terms expired in December 2020. Six membership terms renewed or added in March 2021.
- New committee chair (George Gooch) and vice chair (Mari Robinson) selected in December 2020. Completed our annual report which is available on the eHAC page of the HHS website.
- Continued to discuss implementation of SB 670 (86th Legislature, Regular Session, 2019), HB 1063 (86th Legislature, Regular Session, 2019), SB 922 (85th Legislature, 2017, Regular Session), and HB 1697 (85th Legislature, Regular Session, 2017)/Rider 94 (86th 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)
- Interoperability in the U.S. – current status and future, including the final implementation of the “information blocking” rule that was part of the 21st Century Cures Act, which significantly changes how organization share patient data.
- Texas’ Health Information Technology strategic plan and DSRIP transition plan updates
- Health Information Exchange & accessibility to useable data
- Patient and provider identifier and efforts towards standardization
- Texas Immunization Registry, ImmTrac2: Bi-directional data exchange DSHS Health Reporting
- HHS Integration and Data Exchange Capabilities Center of Excellence (iCoE)

Hospital Payment Advisory Committee (HPAC)

Updated April 2021

Committee Charge

The Hospital Payment Advisory Committee (“HPAC”) 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 February 2021 HPAC meeting, the committee had 3 informational rules:

1. Uniform Hospital Reimbursement Increase Program (“UHRIP”)/Comprehensive Hospital Increase Reimbursement Program (“CHIRP”): HHSC proposed to amend rules related to UHRIP and proposed rules for the new CHIRP. Rule changes/updates were proposed by HHSC in order to continue the incentives to hospitals to improve access, quality and innovation in the provision of hospital services in Year 5 of the program and beyond. Updates included new quality metrics, eligibility requirements, and financing components.
2. Texas Incentives for Physicians and Professional Services (“TIPPS”); and Quality Metrics for Texas Incentives for Physicians and Professional Services: The proposed rules describe the circumstances under which HHSC will direct a Medicaid managed care organization to provide a uniform per member per month (“PMPM”) payment, certain incentives payments, and a uniform percentage increase to physician practice groups in an MCO’s network in a participating service delivery area for providing physician/professional services. In the current Medicaid FFS and Medicaid MCO systems, the payments made to physicians do not always cover the Medicaid allowable costs for the physician and professional services. With the TIPPS program, HHSC anticipates that the increase payments will support access to services, promote better outcomes, and increase quality goals established as part of the Texas Medicaid program.
3. Rural Access to Primary and Preventative Services (“RAPPS”): The proposed rules describe the circumstances under which HHSC will direct a Medicaid managed care organization to provide a uniform dollar amount in the form of the prospective monthly payments and rate increases for certain services tied to quality measurements to rural health clinics (“RHCs”) in the MCO’s network in a SDA. With the DSRIP program ending September 2021, HHSC anticipates that the increase payments provided to RHCs will support access to services, promote better outcomes, and increase quality goals established as part of the Texas Medicaid program.

This meeting was used as a means for HPAC and HHSC to discuss other current topics of interest such as: Private hospital GME; PHE and eFMAPS; and the introduction of the newly created Rural Hospital Payment Advisory Committee (subcommittee of HPAC) and its new members. The first RHAC meeting will be in May.

Upcoming Meeting: June 3, 2021

Intellectual and Developmental Disability (IDD) System Redesign Advisory Committee (SRAC) Updated April 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, 83rd Texas Legislature, several significant changes were made to the law via HB 4533, 86th 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 (86th 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 (DH) & Employment Services
Shared and Specific Roles of the Comprehensive LTSS Providers, Local IDD Authorities and Managed Care Organizations under the Pilot	Pilot Eligibility	Pilot Employment & Day Habilitation (DH) Services
Pilot Regulatory	Pilot Benefits	Pilot Consumer Directed Services
Interest List Study – Rider 42, 86th Legislature	Pilot Dental	HCBS Statewide Transition Plan and Future of DH Services
Grievances/Complaints	Pilot Housing Services	Employment First & Person-Centered Practices

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 2nd term. At the IDD SRAC’s April 2021 meeting seven (7) new members will be announced as having been appointed or reappointed.

Work Activities: Though IDD SRAC and subcommittee work activities were halted following COVID-19, in May 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 and of meeting quarterly. As needed, small workgroups have met outside of the ‘formal’ meeting process to work on time-sensitive matters such as MCO Pilot Selection Criteria recommendations and clean-up to the descriptions of several Pilot Benefits in response to comments and questions from HHSC.

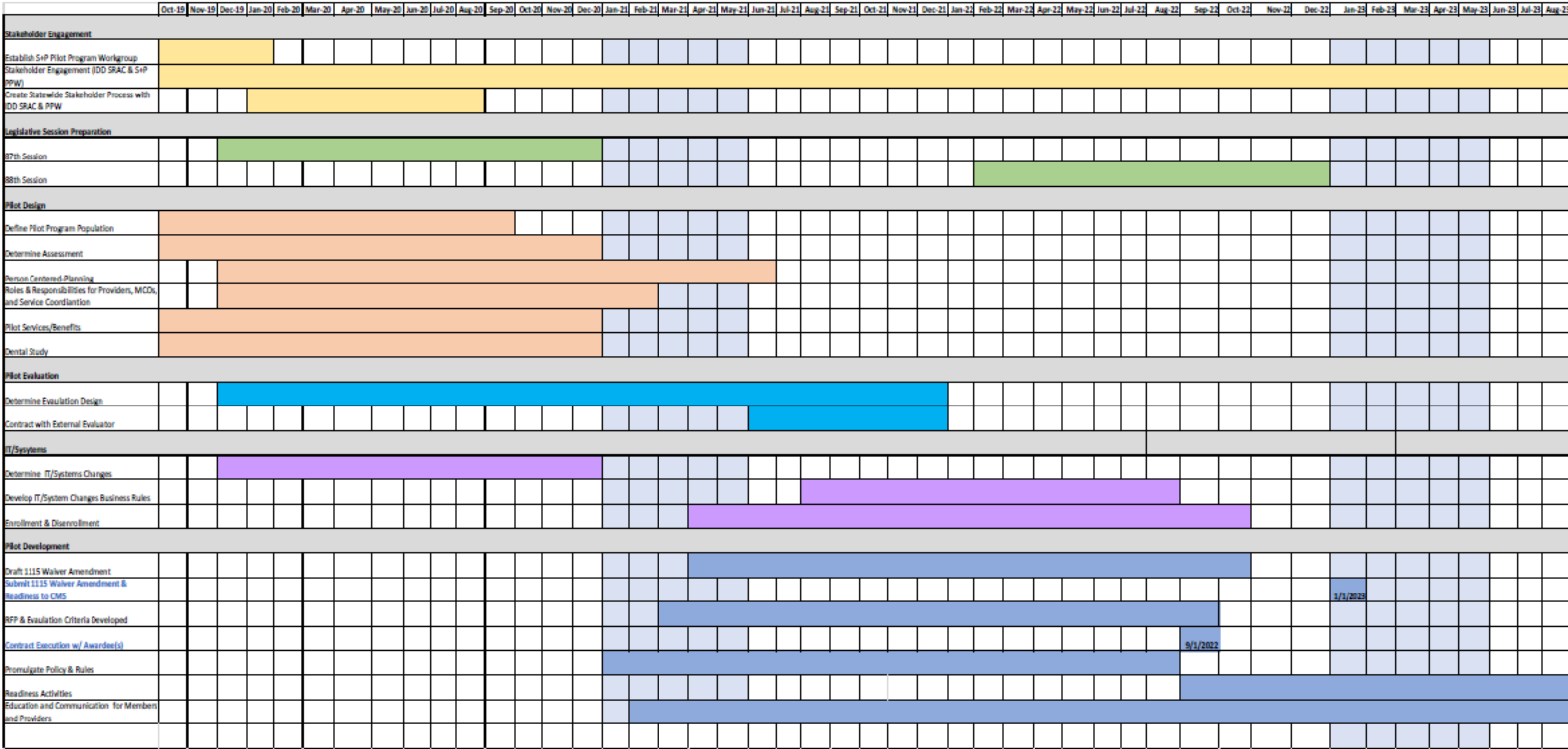
Note: While the work of the IDD SRAC and its subcommittees was halted between March and mid-May, HHSC worked on the attached timeline for completing activities key to implementation of the STAR+PLUS Pilot Program. This timeline

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.

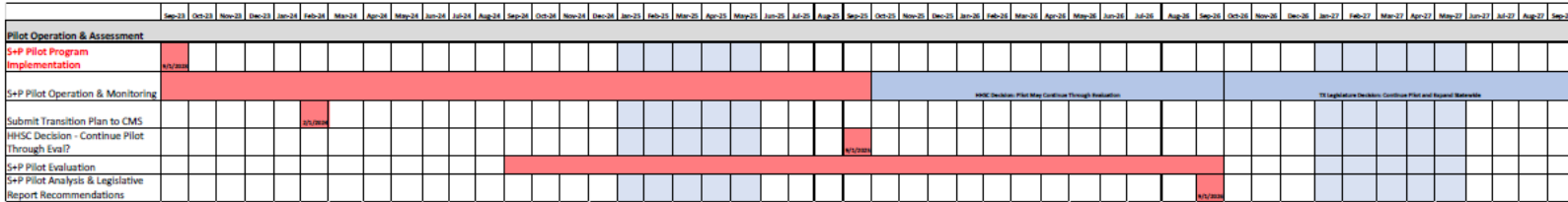
Though not included in this update, HHSC has also developed a communication plan for the IDD SRAC, the Pilot Program Workgroup and HHSC which outlines the processes for reviewing and approving recommendations and reporting back on the status of the recommendations.

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 April 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

MCAC last met on February 11, 2021. The committee continues to struggle with receiving rules late preventing stakeholders from having adequate time to review and provide input. Additionally, the majority of the rules are presented as “informational items” instead of “action items” leading committee members to question the relevance of the committee. HHSC assured members that input was valued regardless of the status of the items being presented.

At the meeting, Emily Zalkovsky provided an update on the Medicaid and CHIP programs and Victoria Grady gave a presentation on Directed Payment Programs. Both were valuable in helping members better understand future direction. Additionally, Andy Vasquez presented information on the Texas managed care quality strategy.

The rules presented at the meeting included:

1. Nurse Aide Training and Competency Evaluation Program (Action Item)
2. Nursing Facility Administrator Licensing (Action Item)
3. Preadmission Screening and Resident Review (PASARR) Habilitation Coordination Rule (Not fully approved. Presented as information, but no vote was taken.)
4. STAR Health Continuity of Care (Not fully approved. Presented as information, but no vote was taken.)
5. Ambulance Service Providers (Informational Item – no vote)
6. Coordination of Care from Specialty Providers (Informational Item – no vote)
7. Physician Directed Payment Program (Informational Item – no vote)
8. Rural Health Clinic Directed Payment Program (Informational Item – no vote)
9. Community Mental Health Center Directed Payment Program (Informational Item – no vote)
10. Uniform Hospital Rate Increase Program Reforms (Informational Item – no vote)

Palliative Care Interdisciplinary Advisory Council (PCIAC)

Updated March 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.

Upcoming Work

1. In the process of holding scheduled workgroup meetings for the following workgroups:
 - a. Pediatric palliative care workgroup which will be working on researching how other states provide palliative care to their pediatric population and how Texas can improve utilization of pediatric palliative care.
 - b. Inclusive palliative care and education for court appointed guardian's workgroup
 - i. This workgroup is developing educational resources for court appointed guardians on how they should make end of life and palliative care related decisions for persons with intellectual and developmental disabilities as well as other special populations.
 - 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 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.

- ii. This workgroup is providing input on additional data variables to consider for analysis.
 - d. These workgroups will continue to research and discuss current and ongoing issues that may develop into recommendations for the 2022 legislative report.
- 2. The next PCIAC full council meeting will be held on August 3rd, 2021 from 9am to 12pm.
- 3. In the process of developing the 2021 Advancing Palliative Care in Texas continuing education event being hosted on November 5th, 2021 from 1 to 4pm.

Perinatal Advisory Council

Updated April 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.

Upcoming Work

- Met on March 31, 2021 and discussed the letter to DSHS that summarizes PAC recommendations to consider for potential changes to Hospital Designation levels of care rules as follows:
 - ▶ Telemedicine recommendations specific to levels of care for maternal and neonatal care.
 - ▶ Rather than revising the rules on gestational age, the PAC recommends developing a statewide database with granular de-identified patient-based information in order to make further recommendations.
 - ▶ In the state's deliberations on the appropriateness of a requested waiver, the PAC recommends considering that We must maintain quality in the care of our Texas mothers and babies, while allowing for appropriate access to high quality care.
 - ▶ The PAC recommends that DSHS defines the appeals process and allows for transparency of the process by including this detail posted on their website.

- ▶ Rather than stating a time that has no known foundation in evidence-based medicine, we recommend the wording be revised to reflect that pediatric echocardiography with pediatric cardiology interpretation and consultation be completed within a time period consistent with current standards of professional practice (mirrors the wording in other sections of the rules).
- ▶ The PAC recommends revising the *maternal* rules to allow for any adult resuscitation course provided by a nationally accredited organization.
- ▶ The PAC also made recommendations on the need to have improved consistency regarding board certification of members of the maternal care team at each designated level of care.
- ▶ DSHS will use these recommendations to draft proposed language changes to the Neonatal and Maternal levels of care rules. Future PAC meeting will provide a forum for stakeholder feedback on proposed rule revisions.
- ▶
- As a result of these Medicaid CHIP Advisory Committee All Chair Coordination meetings, the chair of eHAC reached out to the PAC chair for possible collaboration on overlapping activities.

Upcoming Meeting: June 23, 2021

Policy Council for Children and Families (PCCF)

Updated April 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.

Upcoming Meeting: April 12, 2021

STAR Kids Managed Care Advisory Committee

Updated April 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
- Health Care Transition

Updates

1. The committee met on March 3, 2021 and discussed the following topics:
 - a. COVID update including flexibilities through the end of the Public Health Emergency

- b. Legislatively required changes including waiver interest lists, Coordination of Benefits, the STAR Kids Screening and Assessment Instrument and the development of a hotline for the Medically Dependent Children Program and the Deaf Blind with Multiple Disabilities waiver
 - c. ACE Kids Act
 - d. Long-term services and supports MDCP utilization review
 - e. Network adequacy and durable medical equipment
 - f. Non-emergency Medical transportation moving to managed care.
2. The committee provided written comments to HHSC in March 2021 on HHSC's draft policy guidance on coordination of coverage with other insurance, Uniform Managed Care Manual Chapter 16.2.8 and met with the agency on March 23, 2021 to go over the comments.
3. 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. The subcommittee met twice in March with HHSC and others on the ACE Kids Act and a potential pilot.
4. 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 March with HHSC and provided feedback on the updated evaluation tool and DME network issues.
5. 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.
6. The committee continues to have representatives on various SMMCAC subcommittees.

Upcoming Meeting: June 9, 2021

STAR+PLUS Pilot Program Workgroup (SP3W)

Updated April 2021

Committee Charge

Established in Texas Government Code, Section 534.1015 (HB4533 of the 86th 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.

Updates

The full **STAR+PLUS Pilot Workgroup** met on February 11, 2021.

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 87th 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 (86th 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: May 13, 2021

State Medicaid Managed Care Advisory Committee (SMMCAC)

Updated April 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 February 24 and 25. We welcomed new members to the committee and discussed topics such as Non-Emergency Medical Transportation Moving to Managed Care, Medicaid Quality Measures, and Assessment of Telemedicine and Telehealth Services. Since we last met, the State Medicaid Managed Care Advisory Committee Annual Report to the 87th Texas Legislature and the State Medicaid Managed Care Advisory Committee Report to HHSC Executive Commissioner, both posted to the HHSC website. Topics for the upcoming May 27th full committee meeting will tentatively include: Information/Update on Directed Payment Programs from 1115 Transition

- 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
Status update on IDD redesign and impact to managed care

Upcoming Meeting: May 27, 2021

Texas Council on Consumer Direction

Updated January 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.

Upcoming Work

Most upcoming projects will be focused in TCCD subcommittees, including:

- Quality Assessment and Performance Improvement Subcommittee:
 - Revising subcommittee goals and objectives
 - Improving oversight of FMSAs in Medicaid managed care programs
 - Provide input to HHSC regarding reduction of administrative burden
- Process & Expansion Subcommittee:
 - Expanding the CDS option to additional program services
 - Enhancing the level of budget authority available to CDS employers
- Training & Outreach Subcommittee:
 - Revising and updating informational/educational materials about the CDS option, such as:
 - CDS employer manual
 - MCO service coordinator manual

Value-Based Payment and Quality Improvement Advisory Committee (VBPQIAC) Updated April 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.

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:

5. The committee has developed a tracker file to monitor progress on recommendations. This will be updated and shared at the quarterly meetings.
6. Workgroup assignments are being reviewed but are currently organized around the following issues:
 - a. Value-Based Payment for Home Health, Pharmacy, and other Areas
 - b. Emergence of Telehealth, Telemedicine, and Health Information Exchange
 - c. Social Drivers of Health (SDOH)
 - d. Alternate Payment models and MCO Contract Language
7. Priorities areas of focus include a HHSC project on SDOH and managed care contract goals for VBP.
8. Upcoming full council meeting is on August 17, 2021. The next legislative report is due December 2022.