TCCD – Texas Council on Consumer Direction

• The TCCD is a 25-member advisory committee formed in 2015 to make recommendations to the Executive Commissioner of Health and Human Services on the development, expansion, and delivery of services through consumer direction.
Composition of the TCCD

• The committee is composed of 17 members from the public and 8 from various state organizations.
• From the public the Executive Commissioner appoints:
  • Three members to serve as consumers
  • Two members to serve as advocates for elderly persons who use consumer direction
  • Two members to serve as advocates for persons with disabilities who use consumer direction
  • Three members to represent financial management services agencies
TCCD – Public Members

• One member to represent a STAR+PLUS managed care organization
• One member to represent a STAR Kids managed care organization
• One member who serves as a mental health services advocate for consumers who receive consumer-directed services
• One member who represents a Local Intellectual and Developmental Disability Authority (LIDDA) for consumers who use consumer-directed services
TCCD – Public Members (cont. 1 of 2)

• One member with experience providing personal care for consumers using consumer direction
• One member to serve as an advocate for pediatric consumers using consumer direction
• One member to represent family members of pediatric consumers using consumer direction
• A majority of the members of the Council must be composed of consumers and advocates.
Council membership must include, to the extent possible, individuals representing a range of ages and disabilities, including:

- Individuals with an intellectual disability or related condition
- Individuals with a physical disability
- Individuals who are age 65 or older
- Individuals with mental health needs
- Individuals with children with high medical needs
- Only the public members are voting members.
Nonvoting members. Each of eight nonvoting members is appointed by his or her respective agency as follows:

- Two representatives with an expertise in consumer direction from HHSC or another state agency as considered necessary by the Executive Commissioner
- Two representatives from the Texas Workforce Commission:
  - One representing state unemployment
  - One representing employment services for individuals with disabilities
Nonvoting members. Each of eight nonvoting members is appointed by his or her respective agency as follows (cont.):

- One representative with expertise on managed care organizations from HHSC or another state agency as considered necessary by the Executive Commissioner
- One representative of the Texas Department of Family and Protective Services
- One representative with expertise in mental health from HHSC or another state agency as considered necessary by the Executive Commissioner
What does the TCCD do?

• The TCCD meets quarterly
• At our meetings we discuss anything that affects consumers who use the CDS service delivery option.
• We have three standing committees and each committee takes on various responsibilities.
Our Committees (1 of 4)

CDS PROCESSES AND EXPANSION Committee.
ITS GOALS:

• Expand the delivery of services through consumer direction to all programs serving persons with disabilities and/or who are elderly.

• Expand the array of services delivered through consumer direction
Our Committees (2 of 4)

CDS PROCESSES AND EXPANSION GOALS (cont.):

- Monitor and analyze research for best practices in self-determination, consumer direction, and training
- Also assigned to QA/PI Subcommittee
- Increase informed choices, opportunities, and supports as a means to lead self-determined lives through the use of consumer direction models.
Our Committees (3 of 4)

TRAINING AND OUTREACH COMMITTEE
ITS GOALS

• Increase the use of consumer direction models by consumers
• Expand access to support advisors for consumers receiving long-term care services and supports through consumer direction
• Provide guidance and support to consumer outreach efforts
QUALITY ASSESSMENT & PERFORMANCE IMPROVEMENT COMMITTEE. ITS GOALS:

• Develop a handbook to be available to FMSA’S, focusing on systems that will be beneficial to the overall quality of CDS, to include but not limited to: QA/PI, Nursing Guidelines and Best Practices.

• Develop a standard satisfaction survey for FMSAs with results to be available on line, so that individuals can make an informed choice.

• Develop a requirement for program monitoring for MCO-run FMSAs with practical data to ensure quality measures are met.
More on the Subcommittees

• Most of the Council’s work is done through its subcommittees. Issues are discussed by subcommittees and recommendations are brought back to the full Council for discussion and possible adoption.
Processes & Expansion

This year the Processes and Expansion Subcommittee continued to move forward in identifying opportunities to expand CDS options in all areas of service delivery. They identified resources to aid in this process, including:

• Having Applied Self-Direction present at a Council meeting *The Spectrum of Budget Authority*.

• Identified states working on Full Budget Authority or Full Budget Authority Plus that HHSC could contact regarding implementation and utilization processes.

• Continued to expand the billable adaptive aids list.
The Training and Outreach subcommittee continued to focus on ways to enhance people’s understanding of the Consumer Directed Services option. This year the committee accomplished the following objectives:

• Assisted with the publication of the CDS video now being used to educate people about the option and shown at assessments and reassessments of consumers. This video is available on the HHSC CDS website.

• Continued to work with state personnel on the revision of the CDS website with the goal of improving usability and access to resources;
Training and Outreach – (2 of 3)

• Revised the Service Coordinator CDS Training Manual to include STAR Kids and updated forms;
• Revised the CDS Brochure used for marketing;
• Currently revising the CDS Employer Manual which is used as a resource to understand the roles and responsibilities of the employer/consumer in the CDS option;
Training and Outreach – (3 of 3)

• Revised Form 1581 to include a checkbox that case managers and service coordinators check indicating the CDS video has been shown at the consumer’s assessment/reassessment;

• Offered to assist state personnel in the development of training materials for EVV.
QA/PI Subcommittee

Completed work on developing a FMSA satisfaction survey, which was brought to the Council for a vote and was adopted. HHSC, however, does not currently have resources available to distribute and collect these surveys so that consumers can see what others using the CDS service delivery option have to say about individual FMSAs. The Council has recommended that HHSC make the survey available on the CDS website since current TAC rules require FMSAs to use a satisfaction survey.
The FMSA Best Practices Guide is almost complete and will be delivered at the TCCD’s December meeting. It includes recommendations for developing a QA/PI process for your FMSA, and guidelines for consumers who choose to self-direct nursing.
TCCD Meetings

• The Council meets four times a year usually in the Brown-Heatly building in Austin.

• Meetings are open to the public and are available in real time on line. Meetings are recorded and are available to view on line.

• Time is set aside at each meeting for public comment where anyone who attends may bring issues to the attention of the Council.
For More Information Visit

https://hhs.texas.gov/about-hhs/leadership/advisory-committees/texas-council-consumer-direction
For More Information Visit cont.

https://hhs.texas.gov/about-hhs/communications-events/live-archived-meetings
Why Do You Care About This?

• This Council influences and helps to shape the future of consumer direction in Texas.
• What happens in the CDS service delivery option directly affects you and your clients.
• Attending these meetings gives you a forum to voice concerns and to suggest areas in which CDS can be improved.
In addition to the work which has already been mentioned, other changes accomplished include:

- Legislation allowing FMSAs to access the DPS secure website for criminal history checks.
- Regulation changes allowing FMSAs and CDS employers to report allegations of ANE to the Employee Misconduct Registry.
- Addition of Employment Assistance and Supported Employment to the array of services which can be self-directed.
Purpose

The Intellectual and Developmental Disability (IDD) Operations Portal is an online system that offers long-term care providers and Local Intellectual/Developmental Authorities (LIDDAs) the ability to electronically submit and receive documents to and from the Health and Human Services Commission IDD Program Eligibility and Support and Waivers IDD Utilization Review.

Any HCS/TxHmL/CLASS/DBMD/ICF-IID/CFC Non-Waiver agencies contracted with HHSC to provide services to individuals may use the Portal.
Business Practice

• The IDD Operations Portal eliminates the need for a provider to fax or mail documents to HHS IDD PES and IDD UR.

• It will not manage operational business practices for provider staff.

• Operational business practices are managed by each provider separate of the portal.
System Overview (1 of 5)

The portal will be a resource for:

• Submitters to check on the status of their submissions, reducing the need to make follow-up phone calls and faxes

• Submitters to communicate directly with IDD PES and IDD UR employees

• Providers to view required forms for the submission type and link to the program’s handbook for referencing submission standards

• Forms requiring signatures to be scanned and submitted electronically
System Overview (2 of 5)

• Providers receive an email when a submission has been received by IDD PES or IDD UR:
  • If a packet submission needs correction or additional documentation.
  • When the packet submission reaches a final status.

• The portal allows a provider to check the status of a submission online at any time.

• All submissions and a history of all steps taken to finalize the submission is stored in the portal for 10 years.
System Overview (3 of 5)

Submission Types

• **Pre-enrollment assessments:**
  • Case Management Agencies (CMAs), Direct Services Agencies (DSAs), and DBMD Providers

• **Intellectual Disability and Related Conditions:**
  • HCS, TxHmL, ICF-IID, DSAs, DBMD, and CFC non-waiver

• **Individual Plans of Care:**
  • HCS, TxHmL, CMAs and DBMD
System Overview (4 of 5)

Submission Types (cont.)

- **Transfer requests:**
  - HCS and TxHmL
  - Suspension/Continuation of Suspension requests
  - Termination requests
  - Documentation requested by IDD UR for face to face reviews
  - Fair Hearing requests
Program Requirements Are Not Changing

• For HCS/TxHmL/ICF-IID/CFC non-waiver, the portal does not replace **Client Assignment and REGistration (CARE)** or the Texas Medicaid & Healthcare Partnership data entry requirements.

• For CLASS/DBMD, program providers must continue to rely on the Texas Medicaid & Health Partnership system, as well as review Medicaid Eligibility Services Authorization Verification to view IPC service authorization information.
Portal Navigation Overview

The following information is a brief overview of the IDD Operations Portal design and navigation
Getting Started (1 of 2)

How to Register for Initial Access

• To begin the initial set up process for the IDD Operations Portal, a LIDDA or program provider must go to the following link http://txhhs.force.com/ and request portal access.

• During the registration, the business Employer Identification Number (EIN) number and a contract number on file with HHSC must be entered for validation.
Getting Started (2 of 2)

Registering for Initial Access

• A person who initially registers the business must assign a security authority.

• The person assigned as security authority is responsible for managing access to the portal for your business by controlling access for others, including assigning additional security authorities.
Assigning Security Authorities

Managing Access to the IDD Operations Portal

• The security authority is responsible for maintaining current authorization for all staff persons employed by the entity who have access to the IDD Operations Portal, as well as deactivating access for all employees who leave the agency.
Assigning Security Authorities (cont.)

Managing Access to the IDD Operations Portal

• **Security Authority Role:**
  • Authority over granting, denying, and deactivating access for the entity
  • Ability to create packets
  • View all packets that have been created, submitted, pending, and completed
  • Edit packets in draft or pending action only
Getting Started

How to Register for Single User Access

• Once the initial registration is complete and the security authority has been assigned, any staff within the entity is able to register for access to the IDD Operations Portal through the Single User Setup.

• The Single User Setup requires the EIN and the contract number.
  • Staff will fill out the form and submit it through the portal.
  • After the Single User registration is submitted, the security authority will receive an email to grant access.
Access Roles

The roles available are owner, security authority, and staff.

- **Security Authority and Owner Roles:**
  - Can delegate others to have security authority access
  - Change a staff person's role, if needed
  - Create, view, and send to HHS
  - Edit packets only in draft status
Access Roles (cont.)

The roles available are owner, security authority, and staff.

• **Staff Role:**
  • Ability to create packets and submit to HHS for review
  • View all packets that were created, submitted, pending, and completed
  • Edit packets in draft or pending action only.
    • Changes cannot be made to packets once submitted or completed
Additional Provider Access

Requesting access to multiple EINs

• If your organization serves multiple EINs, you can request access to those EINs during or after registration.

• This will allow you to view the contacts and packets corresponding to those EINs.
Accounts List View (1 of 2)

The system provides two account views

- The **Accounts** tab gives information about the provider’s account(s), active packets, and contact information for the provider’s authorized IDD Operations Portal users.

- The **Provider Portal Accounts** view stores any accounts the user has access to.
  - This will show you all the provider account details for the account selected.

- The **Recently Viewed Accounts** view lists the provider account most recently opened by the user in the portal.
### HHS Community Portal

#### Accounts List View

<table>
<thead>
<tr>
<th>Account Name</th>
<th>Tax Payer ID Number (EIN or SSN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>House Stark</td>
<td>5555555555</td>
</tr>
<tr>
<td>House Targaryen</td>
<td>2222222222</td>
</tr>
</tbody>
</table>
Packet List Views (1 of 2)

The system provides a series of different list views for packets:

• **All**: List of all packets, regardless of the packet status

• **All Completed Packets**: List of all completed packets for the provider, regardless of the packet status

• **Packets I Created**: List of all the packets created by you, regardless of the packet status
Packet List Views (2 of 2)

The system provides a series of different list views for packets:

• **Packets Submitted:** List of all packets that have been created and submitted to HHSC, but have not been assigned for review.

• **All Packets Pending Action:** List of all the packets that have been created, submitted and assigned for review from HHSC.
Packet Status Views (1 of 3)
Packet Status Views (2 of 3)

The system provides a series of different status views for packets:

- **Draft:** A packet created, but not submitted to HHSC will appear under draft status.
  - A draft packet can be opened and edited to be submitted at a later time, if needed.

- **Submitted:** A packet submitted for review will appear under this status.
  - These packets are not yet assigned to a reviewer.
  - No changes can be made to a packet once it has been submitted.

- **Under Review:** A packet submitted for review and is assigned to an IDD UR or IDD PES reviewer.
Packet Status Views (3 of 3)

The system provides a series of different status views for packets:

• **Returned for Revision**: A packet submitted for review and assigned to a reviewer, but is returned to the submitter for additional information.

• **Complete**: A packet submitted for review and assigned to a reviewer, and the review has been completed.
HCS (1 of 2)

Submitter Type: HCS Local Authority

• The following submissions can be made through the portal:
  • Enrollment ID/RC
  • Transfer Request
  • Request for Continuation of Suspension
  • Termination Request
  • ID/RC Renewal (no provider-CDS only)
  • IPC Renewal (no provider-CDS only)
  • LON Review (no provider-CDS only)
  • IPC Revision (no provider-CDS only)
Submitter Type: HCS Provider

- The following submissions can be made through the portal:
  - ID/RC Renewal
  - IPC Renewal
  - IPC Revision
  - LON Review
The following submissions can be made through the portal:

- Enrollment ID/RC
- Enrollment Denial Request
- ID/RC Renewal
- IPC Renewal
- IPC Revision
- Transfer Request
- Request for Continuation of Suspension
- Termination Request
Submitter Type: ICF-IID Local Authority

- Enrollment ID/RC
ICF-IID (2 of 2)

Submitter Type: ICF-IID Provider

- The following submissions can be made through the portal:
  - ID/RC Renewal
  - LON Review

Please note: If you are an SSLC submitting a level of need review, you will select ICF-IID provider as the submitter type.
CFC Non-Waiver

Submitter Type: CFC Local Authority

• The following submissions can be made through the portal:
  • ID/RC- Initial
  • ID/RC- Change
  • ID/RC- Renewal
CLASS (1 of 2)

Submitter Type: CMA
• The following submissions are made through the portal:
  • Pre-enrollment assessment (Partial)
  • Pre-enrollment assessment (Full)
  • Enrollment IPC
  • IPC renewal
  • IPC revision
  • Transfer request
  • Request for suspension
  • Request for continuation of suspension
  • Termination request
  • Service Planning Team Denial request
  • Fair Hearing request
  • Service Planning Team Reduction request
Submitter Type: DSA

• The following submissions are made through the portal:
  • Pre-enrollment assessment
  • Enrollment ID/RC
  • ID/RC renewal
Submitter Type: Provider

- The following submissions are made through the portal:
  - ID/RC and IPC enrollment
  - ID/RC and IPC renewal
  - IPC revision
  - Transfer request
  - Request for suspension
  - Request for continuation of suspension
  - Termination request
  - SPT denial request
  - Fair hearing request
  - SPT reduction request
Creating a Packet

• When a submitter working for the entity is ready to begin a new packet, log into the IDD Operations Portal and click on the Packets tab; select the New Packet button to create a new packet.

• If the packet is in draft and the submitter realizes that the incorrect program type or provider contact was selected, the submitter can go to the previous page and make the correct selection.
Making a submission (2 of 2)

Entering Comments

• A submitter can add a comment to any packet type.
  • At the bottom of the screen the submitter clicks the Add Comment button.

• Type the comment in the text box and click the Save and Close button when the message is complete.
  • The comment now appears in the green Comment History section as a saved comment.
Required Forms

Upload Forms

• To upload attachments:
  • Click to upload an attachment
  • Browse for a document to attach
  • Click upload and form status will change to draft

Note: This may not be an all-inclusive list of the required documents for the type of submission. With your submission, please upload other documentation as required in the Texas Program Manual/Handbook.

<table>
<thead>
<tr>
<th>File</th>
<th>Form Number</th>
<th>Program Type</th>
<th>Submission Type</th>
<th>Submitter Type</th>
<th>Required</th>
<th>Form Type</th>
<th>Form Status</th>
<th>Needs Attention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Click to Upload an Attachment</td>
<td>6582</td>
<td>TrHrnL</td>
<td>IPC Renewal</td>
<td>TrHrnL Local Authority</td>
<td></td>
<td>Attachment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Uploading Forms

Hard Copies and Additional Documents

• To upload documents:
  • Drag and drop
  • Browse for a document to attach
Returns

Packets Returned to the Submitter

• A packet is returned for revision when additional information is needed to complete the review.

• Any time a packet is returned for revision:
  • The submitter should review the comments from the IDD PES or IDD UR reviewer and
  • Attach the information requested as defined by program rules and standards.
Completed Packets

• Once the assigned IDD PES or IDD UR reviewer completes the packet, the submitter receives an email regarding the change in status.

• The status appears as Complete and the submitter will be able to view/print any information and attachments included in the packet.
Packets Initiated by IDD PES or IDD UR (1 of 6)

HCS Local Authority Submission Types

- Enrollment ID/RC
- Enrollment IPC
- LOC Redetermination
- Request for Suspension
- FTF IPC Review
- FTF LON Review
- ID/RC Renewal (no provider-CDS only)
- IPC Renewal (no provider-CDS only)
- LON Review (no provider-CDS only)
- IPC Revision (no provider-CDS only)
HCS Provider Submission Types

- ID/RC Renewal
- FTF IPC Review
- IPC Renewal
- IPC Revision
- LON Review
- FTF LON Review
Packets Initiated by IDD PES or IDD UR (3 of 6)

TxHmL Local Authority Submission Types

- Enrollment ID/RC
- Enrollment IPC
- ID/RC Renewal
- IPC Renewal
- IPC Revision
- Request for Suspension
- FTF IPC Review
Packets Initiated by IDD PES or IDD UR (4 of 6)

TxHmL Provider Submission Types

• FTF IPC Review
Packets Initiated by IDD PES or IDD UR (5 of 6)

ICF-IID Local Authority Submission Type
• Enrollment ID/RC

ICF-IID Provider Submission Type
• ID/RC Renewal
• LON Review
Responding to a Packet

- The primary contact person will receive an email notification from either IDD PES or IDD UR when a packet is initiated through the portal.

- The primary contact opens the portal to view any attachments and comments regarding the request for additional information.

- The primary contact attaches/uploads and requested forms to submit the packet for review.
IDD Operations Portal Website

• Website: https://hhs.texas.gov/doing-business-hhs/provider-portals/resources/idd-ops-portal or go to hhs.texas.gov and search “IDD Operations Portal”

• Any questions or concerns can be sent to the portal email box: IDD_Ops_Portal@hhsc.state.tx.us
Questions?
86th Legislative Session Overview

Medicaid and CHIP Services
June 2019
Major Medicaid Legislation

• Strengthens managed care oversight and operations.
  • Changes to Medicaid Managed Care Programs
  • STAR Kids
  • Foster Care
• Pilots and carves services and populations in managed care.
  • Individuals with Intellectual and Developmental Disabilities
  • Medical Transportation
• Continues to prioritize access to critical health care services.
  • Maternal Health
  • Behavioral Health
  • Telemedicine and telehealth services
Managed Care Oversight & Operations

- HB 4533 requires HHSC:
  - use national provider identifier (NPI),
  - use consistent definitions of grievance processes, reporting, and data collection,
  - publicize data related to healthcare outcomes,
  - ensure managed care organizations (MCOs) are accredited (also SB 2138), and
  - study the 30-day inpatient limitation for Medicaid recipients in STAR+PLUS.

- Requires HHSC create a MCO incentive program that automatically enrolls a greater percentage of Medicaid recipients into a MCO based on quality, efficiency and effectiveness, and performance (Rider 43).
Prior Authorization (PA) Requirements

MCO Requirements

• Issue PA determinations for people in the hospital within certain timeframes (SB 1096).

• Allow a physician to discuss PA request with similar specialty in advance of determination (SB 1207).

• Have an annual review process of PA requirements (SB 1207).

• Renew expiring PA more timely and allow members more time to request renewal (HB 3041).

• Websites must include the timeline for PA requests and outline a process for communicating with the MCO and submitting PAs (HB 3041).

HHSC Requirements

• Establish PA time frames for MCOs (SB 1207).
Appeals & Fair Hearings

- Requires HHSC to contract with an independent external medical reviewer (SB 1207).
- Requires HHSC and MCOs to issue notices to providers and members with clear and detailed information regarding a denial, reduction, or termination of coverage or denial of a prior authorization; and requires providers and recipients to receive a detailed notice when there is insufficient documentation for a PA (SB 1207).
SB 1207

MCO Requirements

• Ensure STAR Kids service coordinators provide results of Medically Dependent Children Program (MDCP) assessment to parent/LAR.

HHSC requirements

• Streamline STAR Kids Screening and Assessment Instrument (SK-SAI) and reassessment process.
• Extend the STAR Kids Advisory Committee through December 31, 2023 (also HB 4533).
• Develop policy for provision of wrap around services when a child has private coverage.
• Create a Medicaid escalation help line for individuals in MDCP and Deaf Blind with Multiple Disabilities (DBMD) waivers.
• Allow a child denied MDCP to be put back on the MDCP interest list in the first position or other waiver interest list in a position based on the date the child was initially placed on the MDCP interest list.
• Requires HHSC to consider, to the extent federally allowed, whether a child has certain conditions or receives certain services when determining eligibility for MDCP, DBMD, or a "Money Follows the Person" demonstration project.
STAR Kids (2 of 2)

STAR Kids Advisory Committee

- Requires the STAR Kids Advisory Committee to explore an assessment for private duty nursing (PDN) to streamline PA documentation (SB 1096).

MCO Requirements

- Limits STAR Kids MCOs ability to impose drug-related PAs (SB 1096).

HHSC Requirements

- Requires HHSC to expand the availability of the consumer-directed services (CDS) option in the MDCP waiver (HB 4533).
- Requires HHSC to issue a Request for Information to get feedback on statewide MCOs for STAR Kids (HB 4533).
Foster Care

- HB 72 requires HHSC and DFPS to allow:
  - certain children who were adopted through DFPS to remain in STAR Health until they are enrolled in another Medicaid managed care program.
  - certain children with disabilities who were adopted through DFPS to choose between STAR Health and STAR Kids.
Pilots and Carve-Ins

Intellectual and Developmental Disabilities (IDD)
• Requires HHSC to implement a pilot program for individuals with IDD in STAR+PLUS and establishes new timelines and processes for carving IDD long-term services and supports in to managed care (HB 4533).

Medical Transportation Program (MTP)
• Requires HHSC to add non-emergency transportation services to managed care, including new options for certain requests (HB 1576).
• Requires HHSC to pilot allowing children to ride with pregnant women and new mothers to appointments through MTP (HB 25).
Maternal Health

HHSC Requirements

- Develop postpartum depression strategic plan (HB 253) and treatment network (SB 750).
- Assess feasibility of Healthy Texas Women in managed care (SB 750).
- Improve quality of maternal health in managed care (SB 750).
- Establish 2 pilots – pregnancy medical home and postpartum/prenatal telemedicine/health (SB 748).
- Report on maternal mortality and morbidity (SB 748).
Behavioral Health

MCO Requirements

• Allows MCOs to offer services in lieu of mental health or substance use disorder services (SB 1177).

• Prohibits MCOs from implementing PAs for medication-assisted opioid or substance use disorder treatment (HB 2174, HB 3285).

HHSC Requirements

• Requires HHSC to increase access to telehealth for substance use disorder treatment and address it in the behavioral health strategic plan (HB 3285).

• Allows HHSC to add additional clinicians to provide buprenorphine for opioid use disorder treatment (HB 3285).

• Requires HHSC to add intensive behavioral intervention (IBI) as a Medicaid benefit (Rider 32).
Telemedicine, Telehealth, Telemonitoring

- Requires HHSC to report on cost savings from telemedicine, telehealth, and home telemonitoring services and expand home telemonitoring to certain pediatric populations (HB 1063).
- Requires HHSC to ensure MCOs meet specified requirements for reimbursing for telemedicine and telehealth services and promoting patient-centered medical homes (SB 670).
- Requires HHSC to allow Federally Qualified Health Centers to be telemedicine distant and patient site providers, contingent on appropriations (SB 670).
- Provides funding for the pediatric teleconnectivity resource program established by HB 1697 in the 85th Regular Session (Rider 94).
Other

Electronic Visit Verification (EVV)
• Requires HHSC to reimburse providers even if their EVV system is proprietary, and oversee MCO payment recovery efforts and recoupments (SB 1991).

Pharmacy
• Requires HHSC to conduct utilization review on drug-related clinical prior authorizations (SB 1096).
• Allows HHSC to enter into a value-based arrangement with a prescription drug manufacturer (SB 1780).

School Health and Related Services (SHARS)
• Extends eligibility for the SHARS program to children who are deaf or hard of hearing for audiology services (SB 706).
Thank you