

Policy Council for Children and Families (PCCF) Updated November 2022

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 PCCF is to advise the Texas Health and Human Services Commission (HHSC) on matters as described below:

- 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.
- 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.
- Addressing emerging issues affecting the quality and availability of services available to children with disabilities and their families.
- Aligning resources with the service needs of children with disabilities and their families.
- Improving the STAR Kids managed care program.

Issues of Importance

The PCCF legislative report was submitted in November 2022. Some of the recommendations in this report include:

- Strengthening and expanding the community attendant workforce.
- Addressing waiver interest list access, eligibility, and funding to increase the number of children growing up in families instead of institutions.
- Increasing the threshold allowance for Medicaid Buy-in for Children and Adults to 300 percent of federal poverty level (FPL).
- Providing physician education for transition of care planning.
- Improving access to applied behavior analysis (ABA) services for children with autism spectrum disorder (ASD) by increasing funding levels for ABA services and addressing challenges with access to care.

- Supporting children with disabilities and their families with child care needs by providing training for licensed child care facilities to increase awareness of the requirements of the Americans with Disabilities Act.
- Increasing funding for Early Childhood Intervention (ECI) programs to improve the amount of provider support available to care for children with disabilities.
- Improving data facilitation between providers to allow for timely referral and continuity of care.

Updates

- PCCF members are planning outreach to subject matter experts and stakeholders to plan and implement recommendations made in the 2022 Legislative Report.
- The PCCF is working to appoint new members for the committee.

Upcoming Meeting: January 11, 2023

STAR Kids Managed Care Advisory Committee (SK-MCAC) Updated November 2022

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
- Assessment and Service Delivery (formerly called SK-SAI)
- Transition from Pediatric to Adult System

Updates

The committee met on June 15 and September 21, 2022. During the June 15, 2022 meeting, the committee discussed the following topics:

- 87th Legislative Session Updates
 - ▶ S.B. 1648 - Specialty Provider Rules
 - ▶ H.B. 2658 - School Health and Related Services Rules
 - ▶ S.B. 1648 - Comprehensive Health Homes for Integrated Care for Kids Pilot Program
 - ▶ Rider 36 – Study of Medicaid managed care denial and appeals process

- Update on implementation of the optimized STAR Kids- Screening and Assessment Tool
- End of Continuous Medicaid Coverage
- Update on HHSC efforts related to attendant care and private duty nursing workforce issues based on the March 2022 meeting discussion
- Formula shortage and issues for children with disabilities
- STAR Kids MCAC subcommittee updates:
 - ▶ Health homes and outcome measures (defining value for the STAR Kids population)
 - ▶ Assessment and Service Delivery (CFC discussion, care coordination feedback)
 - ▶ Transition from children’s services to adult services

During the September 21, 2022, meeting the committee discussed the following:

- HHSC feedback on the committee’s annual report for Dec. 2021
- External medical review implementation update (S.B. 1207)
- Financial Statistical Reports and Experience Rebates for 2021
- Comprehensive Health Homes for Integrated Care for Kids Pilot Program
- Report on Nursing Shortage by DSHS Texas Center for Nursing Workforce Studies
- Overview of HHSC Rate Setting Process
- Durable Medical Equipment Network, Costs, Administrative Burdens and Related Issues
- STAR Kids MCAC subcommittee updates:
 - ▶ Health homes and outcome measures (defining value for the STAR Kids population)
 - ▶ Assessment and Service Delivery (CFC discussion, care coordination feedback)
- Transition from children’s services to adult services

The subcommittee on health homes and quality measures continues to work with HHSC on an Enhanced Health Home pilot for children with medical complexities using much of the requirements of the ACE Kids Act. The pilot is called the Comprehensive Health Homes for Integrated Care for Kids Pilot Program. HHSC solicited proposals from the STAR Kids MCOs and received a number of responses and is working on finalized pilot details. The subcommittee has also been meeting with HHSC on changes to the Medically Dependent Children Program’s Limited Stay Criteria as well as recommendations to add a nursing facility diversion mechanism to the MDCP waiver for those children with medical fragility who are at imminent risk of institutionalization. Finally, the subcommittee has been working on

recommendations for both short- and long-term changes needed to address the home health workforce crisis. A significant part of the March and June full committee meeting was devoted to this issue.

The Assessment and Service Delivery subcommittee provided feedback on the updated SK SAI, coordination of benefits as well as DME and access issues. The subcommittee continues to work with HHSC to ensure children with significant mental health conditions are being appropriately identified for services like Community First Choice. The committee has met with HHSC to hear feedback from them on the December 2021 report as well as feedback on care coordination drafts to CMS.

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 October and another meeting is scheduled for November.

The next report is due in December 2022 and will be a report to the Legislature. The 2022 report will include recommendations on the development of enhanced health homes for children with medically complex conditions, reduction of administrative burdens, Coordination of Benefits, Continuity of Care and improvements to the transition from pediatric care to adult care.

The committee continues to have representatives on various SMMCAC subcommittees.

Upcoming Meeting: December 6, 2022

STAR+PLUS Pilot Program Workgroup (SP3W) Updated November 2022

Committee Charge

Established in Texas Government Code, Section 534.1015 (H.B. 4533 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.
- NEW: As part of outreach and education, SP3W collaborates 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. HHSC, in coordination and collaboration with the two committees, will develop and distribute outreach and education materials and ensure that information is understandable and accessible to those most impacted.

- NEW: Virtual town hall meetings are to be held on November 15th and 16th to share information and get feedback from stakeholders on the InterRAI assessment resource allocation algorithm to be considered for use in all Intellectual and Developmental (IDD) services, but not in the pilot since the algorithm will need to be tested.
- NEW: The pilot program implementation timeline has been rescheduled to start in February 2024 rather than September 2023.

Updates

See IDD-SRAC section for additional updates regarding joint IDD-SRAC meetings. Previously, a subworkgroup was formed to provide stakeholder input on alternative payment methodologies (APM) within managed care. Initial APM recommendations were approved by both SRAC and SP3W committees in February 2022. As of November 1, 2022, the SP3W Quality Subcommittee adopted a recommendation to incorporate an ongoing charge to work with HHSC on APMs as relates to the pilot.

Ongoing collaboration with IDD-SRAC included incorporating SP3W recommendations into the annual IDD-SRAC report to the legislature, posted by HHSC in September 2022. A key pilot program quality focus area included utilization of National Core Indicators to obtain pilot program participant and family experience before and post pilot program implementation. The workgroup also provided input on the STAR+PLUS pilot evaluation criteria and methodology. The evaluation is on the agenda for the SP3W and SRAC joint meeting on November 10, 2022.

The Assessment Subcommittee recommended use of the InterRAI for pilot program participants, which HHSC supported. Assessment related activities have moved into work on HHSC's consideration of future use of the InterRAI assessment all for intellectual and developmental community and facility services. That larger body of work began in 2013 with a small pilot of the IDD portion of the InterRAI assessment. While the phase of adopting resource allocations based on an individual's results from the InterRAI assessment is not to be completed in time to use for the pilot, at this time we anticipate the pilot assessment will be the InterRAI. HHSC is still considering whether the pilot will have an overall cost cap per person based on an individual's assessed needs.

Upcoming Meetings:

November 10, 2022 (Joint meeting with IDD SRAC) – A SP3W pilot program update will be provided by HHSC.

February 23, 2023 (Joint meeting 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 four subcommittees below.

Issues of Importance

- 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.
- 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.
- 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 August 10 and 11. We discussed topics such as:

- Status of S.B. 1207 Coordination of Benefits (Specialty Provider Rule)
- Status of S.B. 1177 In-lieu-of Behavioral Health Services
- Status of H.B. 4 Telemedicine and Texting provision
- Status of H.B. 133 Healthy Texas Women Program
- Update on H.B. 2658 Omnibus Bill
- Update on S.B. 672 Collaborative Care
- Overview of Telemedicine and Telehealth
- Update on Electronic Visit Verification
- 1115 Waiver Update
- Progress Update on Intellectual and Developmental Disability Redesign

Upcoming Meeting: November 4, 2021

Texas Council on Consumer Direction (TCCD) Updated January 2023

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

Since the last meeting, the Council:

- Voted to combine the Training and Outreach and Processes and Expansion subcommittees into one subcommittee.
- Heard a report from the Direct Service Worker taskforce on goals associated with Rider 157 in which the agency was directed by the legislature to create a strategic plan addressing workforce development, specifically for community attendants, and increasing utilization of the consumer directed services (CDS) option.
- Lost a valued Council member, Randell Resneder, who had been leading the Council's efforts to increase disability awareness and outreach to educate the community on self-direction. A tribute to Mr. Resneder was held at the March 24, 2022 TCCD meeting.
- December meeting was cancelled due to no quorum, waiting to fill vacant committee positions

The Training and Outreach Subcommittee and Processes and Expansion (TOPE) Subcommittee finalized their updates to the CDS Employer Manual, which includes the addition of EVV requirements, and presented to the Council for vote. The Council approved the Manual to be forwarded to HHSC for review, finalization, and publication. The TOPE subcommittee continues to explore outreach efforts to bring awareness of the consumer directed services option through community organizations and training to the public.

Upcoming Meeting: March 16, 2023

Value-Based Payment and Quality Improvement Advisory Committee (VBPQIAC) Updated January 2023

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

- Strengthening the home health and pharmacy infrastructure to support value-based payment (VBP) models.
- Leveraging available mechanisms within the Medicaid program to address nonmedical drivers of health (NDOH).
- Advancing and improving the alignment of APM contractual requirements for Medicaid managed care organizations (MCO).
- Enhancing opportunities for secure and timely data sharing to support value-based care.

Updates

The Committee submitted its legislative report in December 2022.

Upcoming Work and Meetings:

The Committee convened four workgroups to contribute to the December 2022 legislative report and addressed the following issues:

Alternative Payment Models in the Texas Medicaid Program Workgroup Recommendations

1. HHSC should adopt a more comprehensive contractual alternative payment model (APM) framework to assess managed care organization (MCO) achievement.
2. HHSC should work to align next steps for its APM program with the Centers for Medicare and Medicaid Services (CMS) Innovation Center's strategy refresh released in October 2021, including working to increase the number of Medicaid beneficiaries in a care relationship with accountability for quality and total cost of care.

Value-Based Care in Home Health and Pharmacy Workgroup Recommendations

Home Health

HHSC should work with MCOs, home health agencies, and stakeholders to:

1. Define, measure, and publicly report quality, experience, and cost-efficiency for Medicaid providers of in-home care/attendant services.
2. Identify new or expanded training and reporting requirements for home care attendants to improve the care experience and health outcomes for the Medicaid population.
3. Analyze enrollee movement between home health agencies to identify patterns, trends, and opportunities for improvement.
4. Identify and develop VBP models specific to community-based Long-Term Services and Supports (LTSS) delivered through the STAR+PLUS and STAR Kids programs. These models should reward high performing agencies and attendants and offer creative solutions to help address workforce shortages to provide needed home-based care for enrollees in these programs.

Pharmacy

1. HHSC should establish standards and a working definition for an Accountable Pharmacy Organization (APO), and work with stakeholders to increase engagement with APOs.
2. HHSC should develop guidance for MCOs to reimburse pharmacists for services within a pharmacist's scope of practice.

Non-Medical Drivers of Health Workgroup Recommendations (Formerly Social Drivers of Health)

1. The Legislature should direct HHSC to approve at least one service that addresses NDOH as an ILOS under 42 C.F.R. §438.3(e)(2). HHSC should consider, at a minimum, the following services as potential ILOS:
 - a. Asthma remediation;

- b. Food is Medicine interventions; and/or
 - c. Services designed to support existing housing programs.
2. The Legislature should direct HHSC to create an incentive arrangement that rewards MCOs that partner with community-based organizations, other MCOs, network providers, and local government agencies to offer ILOS that address NDOH and build related capacity. The Legislature should authorize HHSC to use a portion of amounts received by the state under Texas Government Code §533.014 (i.e., “experience rebates”) for this purpose.

Timely and Actionable Data Workgroup Recommendations

1. HHSC should educate key Texas Medicaid staff and stakeholders about the admit, discharge, and transfer (ADT) and Consolidated Clinical Document Architecture (C-CDA) data it receives from the Texas Health Services Authority (THSA) and establish an annual process to prioritize implementation of new use cases to leverage the data to improve the Medicaid program in light of evolving operational needs.
2. HHSC should assess options for how to securely share additional data with Medicaid providers about their patients to help inform their participation in more advanced APMs and identify strategies to support providers’ use of that data.
3. HHSC should conduct a six-month review of the Clinical Management for Behavioral Health Services (CMBHS) system to determine how the system can share data with MCOs and all Medicaid Mental Health Targeted Case Management and Rehabilitative Service providers; and how aggregate data can be easily shared with the public. The review workgroup must include members from the Committee, the Texas Council for Community Centers, MCOs, providers and other stakeholders.
4. HHSC should help support the development of a modernized data system at the county level that would permit rapid access to data related to deaths by suicide for researchers and the public while protecting individual privacy.

Note: In 2023, the Value-Based Care in Home Health and Pharmacy workgroup has been renamed to Value-Based Care in Rural Texas.

Membership: HHSC oriented six new members in 2022 and is reviewing new member applications for the VBPQIAC.

Upcoming Meeting: Upcoming full council meeting is on February 21, 2023. The agenda can be found on the VBPQIAC webpage

(www.hhs.texas.gov/about/leadership/advisory-committees/value-based-payment-quality-improvement-advisory-committee) a week before the meeting.