



July 12, 2021

Dan Tsai
Deputy Administrator and Director
Center for Medicaid & CHIP Services (CMCS)
7500 Security Blvd
Baltimore, MD 21244

Dear Deputy Administrator and Director Tsai,

Texas Health and Human Services Commission (HHSC), as the single state Medicaid agency, submits the enclosed initial spending plan projection and narrative to enhance and strengthen Medicaid home and community-based services (HCBS) using an estimated \$287 million in state general revenue attributable to the enhanced federal financial participation, pursuant to Section 9817 of the American Rescue Plan Act of 2021 (ARPA). Texas proposes to claim enhanced federal medical assistance percentage (FMAP) on the following subset of services: 1915(c) waiver program services and the portion of capitation attributable to HCBS services.

Texas proposes to use state general revenue to fund projects to:

- Support providers of HCBS and community-based long-term services and supports (LTSS);
- Support recipients in HCBS programs; and
- Enhance and strengthen the HCBS infrastructure in Texas.

Texas is committed to collaborating with providers and recipients to achieve the state's goal of delivering services to Texans in the setting of their choice. Projects funded through Section 9817 of ARPA will complement ongoing efforts to ensure people have seamless access to services and supports in the most appropriate, least restrictive settings based on their needs.

The state continues to wait for additional clarification from the Centers for Medicare and Medicaid Services (CMS) on requirements for receiving and spending the

enhanced FMAP. The state's spending plan is contingent on receipt of the requested clarification and may change based on this or other CMS guidance.

At this time, HHSC specifically seeks clarification on the following:

- Allowability of claiming enhanced FMAP on only a subset of the services for which it is eligible.
- CMS expectations for the sustainability of activities in this proposal. Based on available CMS guidance, HHSC currently understands that the state may spend enhanced FMAP on one-time or time-limited initiatives.
- Whether the state complies with maintenance of effort requirements if the aggregate rate to a class of providers remains the same.
- Whether the state may end temporary rates for HCBS or other flexibilities in place for the COVID-19 public health emergency before the Secretary of Health and Human Services declares the public health emergency is over.
- How CMS will work with the state on any impact to budget neutrality from the HCBS spending plan so that the state can appropriately consider any initiatives.

If Texas claims the enhanced FMAP, Texas assures CMS that:

- The state is using the federal funds attributable to the increased FMAP to supplement and not supplant existing state funds for HCBS in effect as of April 1, 2021;
- The state is using the state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance and strengthen HCBS under the Medicaid program;
- The state is not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021;¹
- The state is preserving covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021;

¹ HHSC's proposal assumes the "maintenance of effort" requirements for eligibility, benefits, and provider payments apply while the state is expending the general revenue attributable to the increased FMAP, which could be until March 31, 2024 or could end sooner.

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- The state is maintaining HCBS provider payments at a rate no less than those in place as of April 1, 2021; and
- Adjustments including increases and decreases to managed care capitation rates will still be made as normal to comply with actuarial soundness as required by the CMS Office of the Actuary.

HHSC serves as the operating agency for initiatives funded with state general revenue attributable to the enhanced FMAP provided by Section 9817 of ARPA. Amanda Dillon is the state's designated primary contact for Texas. Ms. Dillon will work closely with departments in HHSC and stakeholders to implement our proposed projects. We look forward to further CMS clarification and to working with you on our proposal to continue to enhance and strengthen Medicaid HCBS in Texas.

Sincerely,

Stephanie Stephens
State Medicaid Director

Texas: Home and Community Based Services Spending Plan Narrative

Provider Supports

Provider Retention Bonuses

Texas proposes to provide time-limited reimbursement increases aimed at strengthening and stabilizing the HCBS workforce. Providers and provider agencies will be required to use at least 90 percent of these funds for one-time financial compensation for their direct care workforce, including, but not limited to, lump sum bonuses, retention bonuses, and paid time off for a COVID-19 vaccination. The providers would be required to furnish data to document their vacancy rates in direct care positions and their retention percentage. Providers would be prohibited from using the funds for other methodologies that will result in future reductions in hourly wages when the temporary reimbursement increases are discontinued. Texas will ensure accountability through a semi-annual reporting mechanism, similar to the type used for the state's attendant care enhancement program. Funds will be expended in both fee-for-service and managed care programs by the end of calendar year 2022.

Amount of General Revenue projected: \$184.41 million (\$471.4 million All Funds)

Enhance Technology to Support Waiver Providers

Texas is redesigning the long term services and supports (LTSS) delivery system for people with intellectual or developmental disabilities (IDD) or other similar functional needs. Texas proposes to enhance technology that supports providers of LTSS to people with IDD, Local IDD Authorities (LIDDAs), and service coordinators. Texas is migrating aging systems to a more modern platform. This proposal will fund critical functionality to prevent gaps in eligibility or services for individuals enrolled in waiver programs. Enhanced functionality includes automation of reports regarding clients served by the provider and integration of summaries of historical information necessary to ensure there are no disruptions in a person's care. This will improve provider experience and ensure more efficient service delivery. The project will complete by August 31, 2022.

Amount of General Revenue projected: \$1.25 million (\$11.68 million All Funds)

Texas: Home and Community Based Services Spending Plan Narrative

Enhance Technology to Support Other LTSS Providers

Texas proposes to enhance the long-term care (LTC) portal used by all community-based services programs. Today, a provider can submit certain eligibility assessments or service plans for state review using the state's LTC portal. If additional documentation is needed to review an individual service plan or some assessments, a provider must mail, fax, or email the documentation directly to state staff. Texas plans to use funds to enhance the LTC portal to allow attachments to be appended to a service plan or assessment directly in the portal. This will improve efficiency for providers and service delivery for recipients by ensuring documentation stays with a plan of care, is appropriately stored, and can be easily retrieved in the future. The project will be complete by the end of calendar year 2022.

Amount of General Revenue projected: \$250,000 (\$500,000 All Funds)

Support Providers of Mental Health Services in Home and Community Based Settings

Texas proposes to make enhancements to the Youth Empowerment Services waiver and HCBS Adult Mental Health program (AMH is under 1915(i) authority). These program providers have requested technical assistance in recruiting providers of specialized therapy and support services and training. This work, which will be contracted out by the state, will include identifying and recruiting service providers across the state and strategizing with provider agencies to identify innovative solutions to provider shortages, created in part by the COVID-19 public health emergency. Funding would also be used to bring trainings to locations across the state that are convenient for providers to reduce travel costs and time. Trainings will focus on program requirements and specific topics identified by providers and stakeholders such as cognitive behavioral therapy, group and meeting facilitation, and peer support. By funding quality training for needs that are identified in real time, recipients may see improved quality in service delivery. Providing additional training opportunities will also assist provider agencies in recruiting new providers who can continue delivering HCBS-AMH and YES services even after the training initiative has ceased. The project will be complete by the end of calendar year 2022.

Amount of General Revenue projected: \$625,000 (\$1.25 million All Funds)

Texas: Home and Community Based Services Spending Plan Narrative

Increase Technology Use by HCBS Providers of Mental Health Services

Texas proposes to purchase technology for providers in the YES and HCBS-AMH program to increase the availability of remote-delivery for mental health services. With the onset of COVID-19, remote service delivery became commonplace for providers and recipients when the technology existed to deliver services. It was found to be particularly beneficial in rural areas and for people without access to their own transportation or with childcare needs. Texas plans to purchase devices to assist providers in connecting their recipients with needed technology, including tablets and computers for use in both programs. The devices will be available to providers for use by enrollees by the end of calendar year 2022.

Amount of General Revenue projected: \$625,000 (\$1.25 million All Funds)

Enhance Efficiency through Electronic Data Interfaces

Texas proposes to fund the development of an electronic data interface (EDI) between the LIDDAs and the LTC portal. LIDDAs provide service coordination to individuals with IDD in the community and in some Medicaid waiver programs. Each LIDDA chooses their systems and software to complete assessments, develop services plans, and store documentation. There is not an electronic data interface (EDI) with the state's LTC portal and LIDDA's systems. As a result, service coordinators who enter information in the LIDDA's system must manually enter the same information in the state's LTC portal. Funds will be distributed in grants to LIDDAs to allow them to build an EDI with the LTC portal, gaining efficiencies as dual entry into multiple systems will no longer be necessary. State resources are allocated in an existing project to build the EDI in the state's LTC portal. The development of an EDI will reduce manual work for service coordinators, creating efficiencies in their work processes and allowing staff more time to work directly with the clients they serve. This project will be complete by the end of calendar year 2022.

Amount of General Revenue projected: \$2.145 million

Recipient Supports

Implement Individualized Skills and Socialization

To comply with federal HCBS settings requirements, Texas proposes to create a new benefit available in the Home and Community based Services (HCS), Texas

Texas: Home and Community Based Services Spending Plan Narrative

Home Living (TxHmL), Community Living and Assistance Support Services (CLASS), and Deaf-Blind with Multiple Disabilities (DBMD) 1915(c) waiver programs called individualized skills and socialization (ISS). This service will provide on and off-site, activities to develop skills and gain greater independence, socialization, community participation, or an individual's future employment or volunteer goals identified in their person-center plan. HHSC plans to implement ISS by September 1, 2022.

Amount of General Revenue projected: \$35 million (\$91 million All Funds)

Provide HCBS Services to More Texans

Texas proposes to fund additional slots in Medicaid HCBS waiver programs. Specifically, Texas seeks to add the following number of slots to the respective programs:

- Home and Community-based Services- 542
- Texas Home Living- 471
- Community Living Assistance and Support Services- 381
- STAR+PLUS HCBS- 107
- Medically Dependent Children Program- 42
- Deaf-Blind with Multiple Disabilities- 6

This allows the state to serve and help keep more Texans in the community. Texas intends to continue serving this population after the expenditure period.

Amount of General Revenue projected: \$30.08 million (\$76.9 million All Funds)

Expand a Pilot Providing Enhanced Mental Health Services to People with IDD in the Community

Texas proposes to expand and test an existing pilot delivering outpatient mental health services to individuals who have IDD and a co-occurring mental health need and are high risk for institutionalization. Texas proposes to expand this pilot to the remaining LIDDAs to test providing these services at locations across the state. Texas plans an evaluation in conjunction with the pilot to provide considerations and recommendations for future service delivery. Texas proposes a one-year pilot and evaluation to conclude by December 31, 2022.

Amount of General Revenue projected: \$10.7 million

Texas: Home and Community Based Services Spending Plan Narrative

Assess the Needs of Texans on Waiver Interest Lists

Texas operates interest lists for its Medicaid 1915(c) and 1115 HCBS waiver programs. Individuals are placed on the interest list on a first come, first serve basis and are released to be assessed for the waiver program as funded slots become available. Texas proposes to fund a contract for the administration of a questionnaire for individuals who are on interest lists to determine individuals' needs and refer them for appropriate services until a waiver slot is available. Texas would contract with a vendor to assess all individuals while developing an integrated portal. The portal would allow individuals to see their place on the interest list, update their contact and demographic information, and update their needs assessment. On an ongoing basis, when a new person requests to be added to an interest list, Texas will conduct the needs assessment questionnaire and inform the individual of the availability of the portal. The project will be complete by the end of calendar year 2022.

Amount of General Revenue projected: \$6.5 million (\$13 million All Funds)

Enhance the “No Wrong Door” System

Texas proposes to enhance its existing “no wrong door” approach for addressing recipients needs by integrating all Managed Long-Term Services and Supports (MLTSS) programs into a referral platform. Today, individuals who are elderly or are adults with disabilities who complete an LTSS screener have referrals automatically sent to their managed care organization (MCO) so the enrollees service coordinator can conduct timely outreach. Texas proposes to fund the integration of all MCOs into the screener’s referral system. In addition, Texas proposes to expand the “no wrong door” portal infrastructure to allow individuals or their families to request placement on an interest list, complete or update a needs assessment, update contact information, and to view their placement on any interest list. The project will be complete by the end of calendar year 2022.

Amount of General Revenue projected: \$1.9 million (\$3.8 million All Funds)

Campaign to Support Caregivers

Texas proposes to use funds for the development a one-time public health and educational awareness campaign and related materials for older adults and their family caregivers. The campaign would focus on aging issues and available services and supports with emphasis on public health, mental health/support, and emergency/disaster related resources to help the target audiences plan and

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prepare. This effort would complement existing caregiver efforts and ensure materials are relevant for older adults, family caregivers and Medicaid beneficiaries. A temporary staff person would oversee the one-time project and tasks would include: coordinating the media and design; developing content for print and electronic materials; disseminating resources and developing a plan to ensure funding is maximized. This one-time project would include a robust media contract to create turnkey, evergreen campaign materials that will lead the target audiences to well known, established organizations for resources. Awareness materials designed for regional/community use will be digital, editable "template" resources to allow for local resource/information inclusion and extend the life of the items. The project will include a vast media campaign, including television and radio platforms. The project will be complete by the end of calendar year 2022.

Amount of General Revenue projected: \$1 million (\$2 million All Funds)

Enhance and Strengthen the HCBS Infrastructure

Build A Registry for ISS Provider Oversight

Texas proposes to fund a provider registry for ISS services to comply with HCBS settings regulations, provide enhanced oversight of the new ISS service, and ensure service delivery is based on a recipient's person-centered plan. Texas will oversee provider agencies which subcontract with providers of ISS. Funding will be used to program a registry database which the state will maintain and operate. The registry will be maintained as the state continues to explore the potential for provider licensing. The project will be complete by September 1, 2022.

Amount of General Revenue projected: \$1.65 million (\$3.3 million All Funds)

Build the Infrastructure for the LTSS Redesign Pilot Program

Texas proposes to develop critical infrastructure to support the operation of a pilot program to inform the future transition of 1915(c) waivers to managed care. The pilot will test the delivery of LTSS through managed care for people with IDD, traumatic brain injury that occurred after age 21, or people with similar functional needs as a person with IDD. The pilot evaluation will inform the future transition of the 1915(c) waivers to managed care. Funds will be used for information technology system changes needed to start the pilot, automation of a person-

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centered assessment, and automation of a service planning tool. Outreach materials and activities for potential pilot participants are included in this request. This project will be complete by August 31, 2022.

Amount of General Revenue projected: \$5 million (\$19.5 million All Funds)

Strengthen Consumer Directed Services

Texas proposes to create a computer-based training for Consumer Directed Services (CDS) employers, Financial Management Service Agencies (FMSAs) and service coordinators and case managers to increase use of CDS and knowledge of CDS policies and practices. This project will supplement a Money Follows the Person project to ensure consistency and continuity of information about the CDS option and ensure training is available in an accessible format on an ongoing basis. In addition, providing computer-based training for FMSAs will address findings relating to meeting federal compliance thresholds. To implement, HHSC will hire time-limited contractors, including instructional designer(s), to support development of CBT descriptions, content and learning evaluations. This project will be complete by the end of calendar year 2022.

Amount of General Revenue projected: \$30,000 (\$60,000 All Funds)

Digitize Provider Oversight Tools

Texas proposes to develop an interoperable provider monitoring tool to oversee providers in community-based programs, including HCBS and consumer-directed services. The tool is currently completed on paper, then manually entered into a siloed database. Staff must run queries on multiple systems to complete oversight activities and to produce ongoing reports used for state and federal oversight. The development of a secure, interoperable portal will create efficiencies in the oversight process, allowing state staff to focus on provider monitoring and oversight and less on paperwork. Texas also plans to hire contractors to digitize all contract documents, allowing for easy retrieval of older contract documents. This will create more efficient provider oversight processes. This project will be complete by the end of calendar year 2022.

Amount of General Revenue projected: \$1 million (\$2 million All Funds)

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Mitigate Impacts of COVID-19 on Provider Compliance Monitoring

Texas proposes to hire temporary contract employees to assist state staff in conducting on-site community provider review activities that were temporarily halted as a safety measure during the public health emergency (PHE). Temporary contractors would be used to assist state staff in filing documentation and completing on-site review activities under the supervision and direction of existing state staff. Contractors would assist state staff in completing reviews that would have occurred during the PHE to ensure all provider oversight activities are back on pre-PHE schedules. Texas plans to complete all reviews impacted by the PHE by the end of calendar year 2022.

Amount of General Revenue projected: \$2.1 million (\$4.2 million All Funds)

Assess Compliance with HCBS Settings

Texas proposes to contract with an organization to assess and support Texas' compliance with the HCBS settings rule. The contractor would assist the state in ensuring timely implementation of the statewide transition plan and compliance with the heightened scrutiny process. The contractor will also support the development of heightened scrutiny templates and complete templates for settings which must undergo heightened security, under the supervision of the state. This project will be complete by the end of calendar year 2022.

Amount of General Revenue projected: \$175,000 (\$350,000 All Funds)

Enhance the PASRR Portal to Support Diversion and Transition from Nursing Facilities

Texas proposes to enhance the pre-admission screening and resident review (PASRR) Portal to enhance the identification, diversion, and transition of individuals from nursing facilities. Enhancements include improving the identification of individuals who could benefit from diversion from a facility to the community, edits to ensure all sections of the assessment are complete, and updates to lists of community programs. To implement, HHSC will use contractors to assist in project management and business analysis. State staff will oversee the contractors and develop requirements for system changes. The enhancements will improve usability and add functionality to ensure that specialized services are appropriately assessed, recommended, authorized, verified, and delivered, which will better prepare nursing facility residents to transition to community-based service settings. This project will conclude by the end of calendar year 2022.

Texas: Home and Community Based Services Spending Plan Narrative

Amount of General Revenue projected: \$500,000 (\$1 million All Funds)

Conduct a Comprehensive Evaluation of the HCBS-AMH Program

Funding will be used to evaluate the operational structure of the HCBS-AMH Program (active for five years) to determine if individuals' needs are being met in their communities, which aspects of the program are the most efficient/effective, if specific priority populations need to be addressed, and if person centered approaches/goals are being met as intended. Texas would partner with the University of Texas Health Science Center – San Antonio to conduct the assessment over a two-year period. HCBS-AMH staff will partner with the Texas Institute for Excellence in Mental Health (affiliated with the University of Texas) to develop evaluation & reviewing findings. An effective program could potentially reduce psychiatric hospital stays, emergency room visits, and arrests/justice involvement. This project will be complete by the end of calendar year 2022.

Amount of General Revenue projected: \$250,000 (\$500,000 All Funds)

Conduct a Comprehensive Evaluation of Transportation in HCBS Programs

Texas proposes to contract with an independent entity to conduct a comprehensive study of transportation needs for enrollees in all HCBS programs. The study will examine the availability and awareness of existing transportation services across Medicaid. The study will also examine barriers to transportation and employment and provide the state actionable recommendations to reduce barriers and increase the availability and awareness of transportation services for HCBS enrollees, and other potential programmatic improvements. The study will conclude by the end of calendar year 2022.

Amount of General Revenue projected: \$250,000 (\$500,000 All Funds)

Assistance with HCBS Project Management

Texas proposes to contract with a vendor to assist in the project management of this proposal. These proposals are in addition to ongoing work for state staff and additional resources are needed to assist with project management, project tracking, budget management, risk mitigation, and reporting for this proposal. State staff will work closely with the vendor and oversee their work to ensure compliance with state and federal regulations and ongoing reporting to state leadership and CMS.

Amount of General Revenue projected: \$1.5 million (\$3 million All Funds)

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Fiscal Summary

Category	General Revenue ²	All Funds Total
Support Providers	\$189,306,556	\$488,224,683
Recipients Support	\$85,180,000	\$197,400,000
Infrastructure	\$12,455,000	\$34,410,000
Total	\$286,941,556	\$720,034,683

Texas proposes to claim enhanced FMAP for the following services. The 10% FMAP estimate is also provided:

Category	Total Estimate	Enhanced FMAP Estimate
1915(c) Waiver Services	\$1,587,027,279	\$158,702,727
MLTSS HCBS ³	\$1,282,388,295	\$128,238,829
Total	\$2,869,415,574	\$286,941,556

² General Revenue attributable to the state savings achieved through the enhanced FMAP.

³ The portion of the capitation attributable to HCBS was determined by the average difference between the HCBS and non-HCBS capitation.