



House Bill 4 87th Legislature Implementation Update

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Background

- The Health and Human Services Commission (HHSC) allowed remote delivery for many services during the COVID-19 public health emergency (PHE)
- House Bill (H.B.) 4 requires HHSC to allow more services to be delivered remotely on a permanent basis after the PHE ends if clinically appropriate and cost-effective
- H.B. 4 primarily impacts Medicaid, but also impacts other health and human services programs

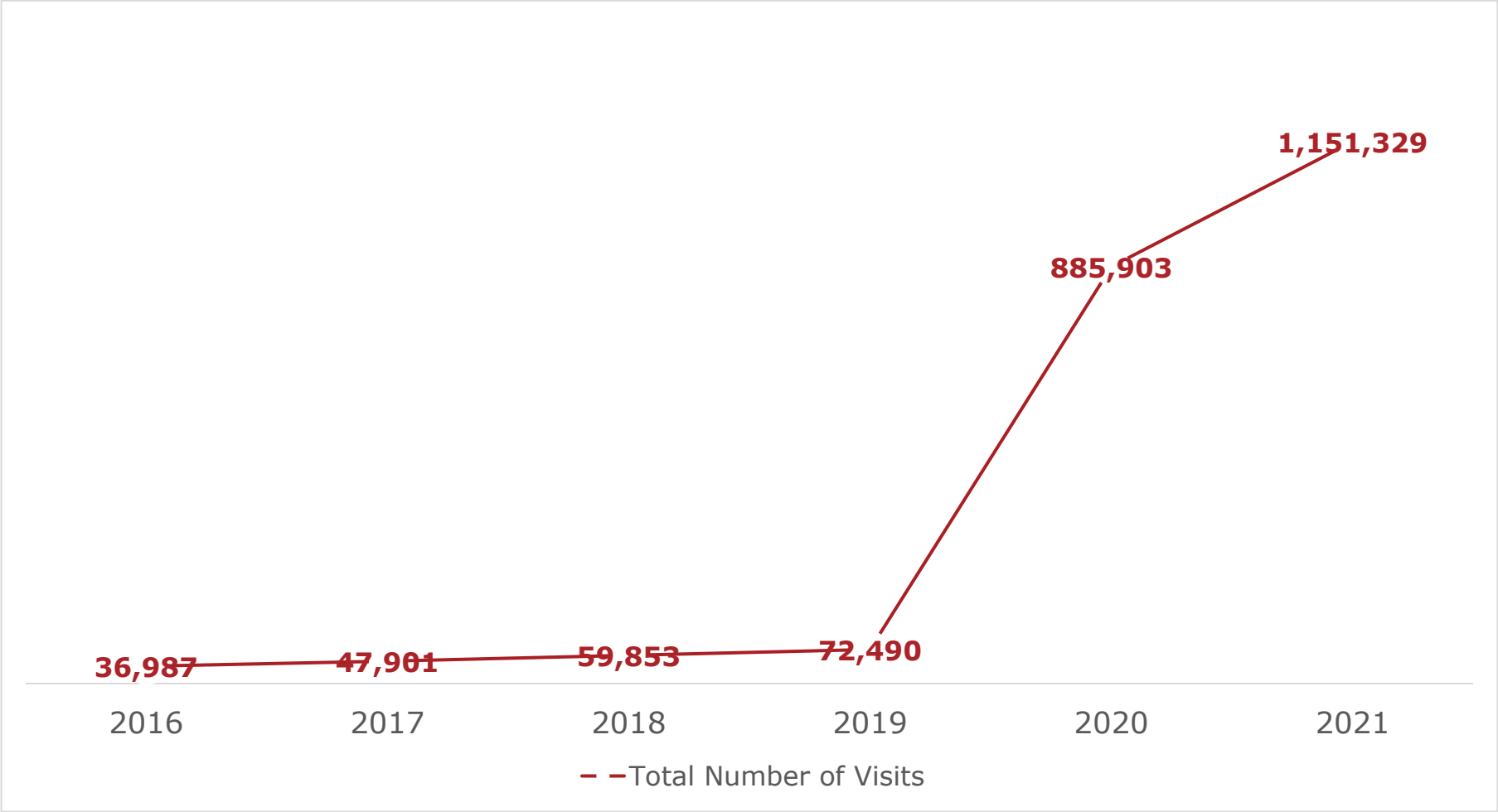


Medicaid Teleservices Prior to HB4

- Telehealth and telemedicine was allowed prior to the PHE for many services
 - Synchronous audio-visual delivery
 - Examples include physician office visits (telemedicine) and psychotherapy (telehealth)
- Medicaid Managed Care Organizations (MCOs) have the responsibility to determine which services can be delivered remotely in managed care, in alignment with Senate Bill (S.B.) 670, 86th Legislature



Total Medicaid Teleservices by State Fiscal Year



HB4 Components

Rural Health
Clinics

Remote
delivery

Home
telemonitoring

Network
Adequacy

Access to care

Member
communication

Medicaid
application and
renewal form

Managed care
assessments

Chemical
dependency
treatment
facilities



H.B. 4 Medicaid Implementation Timeline

Phase I Winter 2022

- Completed initial analysis
- Issued interim guidance to providers
- Issued direction to MCOs
- Began rule and policy development
- Posted draft rules for public comment for managed care assessment and service coordination

Phase II Spring 2022

- Implemented Rural Health Clinic changes
- Submitted state plan amendments
- Posted draft rules for public comment for teleservices including behavioral health audio-only delivery
- Issued additional interim guidance

Phase III Summer 2022

- Posted medical benefit policies for public comment
- Issued final provider notices about medical benefit policy changes

Phase IV Fall 2022-Winter 2023

- Implement MCO contract changes, Medicaid provider manual, and 1915c waiver manual changes
- Post proposed rules for public comment for managed care assessment and service coordination and Medicaid behavioral health audio-only services
- Adopt rules



Stakeholder Engagement

Early 2022

Interim guidance issued for most services and benefits

2022

Policy development through rules and benefit policy updates

Engaged Stakeholders in Fall 2021 and Throughout 2022

Dedicated mailbox to receive input
[HHSC MCS House Bill 4@hhs.texas.gov](mailto:HHSC_MCS_House_Bill_4@hhs.texas.gov)

Website to Highlight Comment Opportunities
<https://www.hhs.texas.gov/services/health/medicaid-chip/provider-information/medicaid-chip-teleservices>



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Framework for Assessing Services

Evaluation Category	Assessment Question
Clinical Effectiveness	Are there indications (standards of practice, expert clinical opinion, professional judgement of subject matter experts, clinical guidance, medical evidence) that the service is less clinically effective when provided via audio/audio-visual than in person?
Cost Effectiveness	Is there any data indicating that the service itself is more expensive when provided via audio/audio-visual than in person?
Health & Safety	Are there reasons to believe that the service would pose a health and safety risk to clients if provided via audio/audio-visual rather than in person?
Client Choice & Access	Would client choice and access be negatively impacted if the service is provided via audio/audio-visual rather than in person?
Federal/State Laws (includes licensure)	Are there federal or state laws or regulations (including licensure requirements) that prevent the service from being delivered via audio/audio-visual?
Other	Are there any other reasons for concern about offering the service via audio/audio-visual rather than in person?





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Remote Delivery of Behavioral Health Services

Changes Impacting Behavioral Health

- Medicaid Behavioral Health FFS Policy Changes
- Chemical Dependency Treatment Facilities

Medicaid Behavioral Health FFS Policy Changes (1 of 4)

Policy Requirements

- Must be clinically appropriate and safe, as determined by the clinician
- Providers must defer to needs of person receiving services and modality must be driven by member choice and consent
- Delivery method should be accessible, person- and family-centered
- Services must align with licensure and regulatory requirements
- Certain audio-only services restricted to clients with existing clinical relationship



Medicaid Behavioral Health FFS Policy Changes (2 of 4)

New Audio-Visual and Audio-Only Allowances

Screening, Brief Intervention, and Referral to Treatment Services

Health and Behavior Assessment and Intervention Services

Healthy Texas Women (HTW) and HTW PLUS services that are allowed in Medicaid FFS

Psychiatric Diagnostic Evaluation Services*

Psychiatric Evaluation & Management (E&M) Services and Pharmacological Management Services for a mental health or SUD condition*

Psychotherapy Services*

* Requires existing clinical relationship for delivery via audio-only technology.



Medicaid Behavioral Health FFS Policy Changes (3 of 4)

New Audio-Visual and Audio-Only Allowances

Mental Health Rehabilitation Services**

Peer Specialist Services**

Mental Health Targeted Case Management**

New Audio-Visual Allowances

Substance Use Disorder (SUD) counseling

SUD comprehensive assessment

Neurobehavioral, Neuropsychological, and Psychological Testing

** Requires approval by the supervising clinician and requires existing clinical relationship for delivery via audio-only technology.



Medicaid Behavioral Health FFS Changes

HCBS-AMH and YES Waiver (4 of 4)

New Audio-Visual and Audio-Only Allowances

YES Waiver Assessments Not Used to Determine Eligibility

HCBS Community Psychiatric Supports and Treatment

HCBS Psychosocial Rehabilitation

Other HCBS Services (SUD, Peer, Nursing, etc.)

New Audio-Visual Allowances

HCBS-AMH Assessment and Reassessment



Chemical Dependency Treatment Facilities

- H.B. 4 permits a licensed chemical dependency treatment facility (CDTF) to provide outpatient services to adult and adolescent clients using telecommunications or information technology
- The bill directed HHSC to adopt rules for CDTF's intake, screening, and assessment procedures regarding use of telecommunications or information technology
- Updated CDTF rules took effect 3/3/2022
- HHSC compliance staff were trained on the updated rules





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Other Medicaid Services

Changes Impacting Other Services

- Rural Health Clinics
- State Plan FFS Policy Changes
- Changes Impacting Medicaid IDD Services

Rural Health Clinics

- Allows rural health clinics to bill telemedicine and telehealth services as a distant site on an ongoing basis
- Implements a patient site facility fee for rural health clinics with the same rate that is currently paid to federally qualified health centers
- Implementation effective 4/1/2022



State Plan FFS Policy Changes

New Audio-Visual and Audio-Only Allowances

Case Management for Children and Pregnant Women (CPW)
Follow-up Visit

New Audio-Visual Allowances

Several physical, occupational, and speech therapy services

CPW Comprehensive Visit

Certain School Health and Related Services, including physical, occupation, and speech therapy

Physician Evaluation and Management Services for Family Planning, Prenatal, and Postnatal

Early Childhood Intervention Targeted Case Management



Changes Impacting Medicaid IDD Services

New Audio-Visual and Audio-Only Allowances

IDD Targeted Case Management (exceptions apply)

New Audio-Visual Allowances

Several physical, occupational, and speech therapy services
Renewal Assessments and Focused Nursing Assessments in
Home and Community-Based Services (HCS), Texas Home Living
(TxHML), and (Community Living Assistance and Support
Services (CLASS)

CLASS Specialized Therapies

Behavior support services, dietary services, social work and
audiology services in HCS, TxHmL, and CLASS





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Managed Care Impacts

Managed Care

- Managed Care Assessments and Service Coordination
- Member Communications
- Home Telemonitoring
- Network Adequacy

Managed Care Assessments and Service Coordination (1 of 2)

- **Allow the use of audio-visual telehealth for:**
 - Service coordination visits that do not include certain types of assessments
 - Change in condition assessments that do not require or potentially require a change in the Resource Utilization Group (RUG) level



Managed Care Assessments and Service Coordination (2 of 2)

- **Certain assessments must be done in-person:**
 - Initial assessments and annual reassessments for waiver program eligibility
 - Initial and annual functional assessments for personal assistance services, personal care services, and Community First Choice
 - Change in condition assessments that could require a change in the RUG level



Member Communications (1 of 2)

- H.B. 4 requires HHSC to adopt and publish guidance for MCOs to communicate to their members via text or email using the consent obtained from the eligibility application and renewal forms
- Preliminary guidance was issued in December 2021 and was revised in April 2022
- The Uniform Managed Care Manual policy updates are effective September 1, 2022



Member Communications (2 of 2)

H.B. 4 requires HHSC to amend Medicaid applications and renewal forms to:

- Allow applicants to select a preferred method of contact by an MCO
- Explain risks and obtain consent
- Share this information with MCOs

Updates will be implemented in phases

- Phase I updates application and renewal forms and implemented January 2022
- Phase II updates an existing interface to transmit the member's consent and preferred method of contact to MCOs and is planned for December 2022



Home Telemonitoring

- H.B. 4 directs HHSC to allow Medicaid MCOs to reimburse for additional home telemonitoring services other than those explicitly outlined in statute if clinically effective and cost-effective
- CMS Feedback
 - State Plan Amendment (SPA) would be needed for MCOs to expand telemonitoring services beyond what is currently allowed; or
 - MCOs could voluntarily expand-telemonitoring services beyond what is currently allowed, but costs cannot be included in the capitation rate
- HHSC continues to explore next steps, including the cost-effectiveness of expanding telemonitoring services to all Medicaid clients beyond what is currently allowed



Network Adequacy

- To incorporate teleservices into access standards, HHSC is changing the existing performance report and corrective action plan (CAP) process
- Prior to this change, MCOs were issued CAPs for any deficiencies in their provider network
- The revised process will occur prior to CAP issuance and will allow MCOs to identify the deficiency root cause and provide an access to care plan
- Details surrounding teleservices efforts by the plan are included in the access to care plan
- CAPs will not be issued for provider shortages when the plan is provided

