



TEXAS
Health and Human
Services

Healthy Texas Women Section

1115 Demonstration Waiver

Report for the period January 1, 2022, through December 31, 2022

Note: An HHS template has been attached to the CMS template to incorporate branding and accessibility.

Purpose and Scope of Quarterly and Annual Monitoring Reports:

The state must submit three Quarterly Monitoring Reports and one Annual Monitoring Report in accordance with the Healthy Texas Women (HTW) Medicaid 1115 Demonstration Waiver Special Terms and Conditions (STCs) and 42 CFR § 431.428. The intent of these reports is to present the state's analysis of collected data and the status of the various operational areas, reported by month in the demonstration year. The reports should also include a discussion of trends and issues over the quarter or year, including progress on addressing any issues affecting access, quality, or costs. Each quarterly or annual monitoring report must include:

- A. Executive Summary
- B. Utilization Monitoring
- C. Program Outreach and Education
- D. Program Integrity
- E. Grievances and Appeals
- F. Annual Post Award Public Forum
- G. Budget Neutrality
- H. Demonstration Evaluation Activities and Interim Findings.

A. Executive Summary

1. Synopsis of the information contained in the report

According to the STCs of the HTW Demonstration Waiver, the Texas Health and Human Services Commission (HHSC) provides its operational report for Demonstration Year (DY) 3 and Calendar Year (CY) 2022 from January 1, 2022, through December 31, 2022. Also included are data and activities spanning the period of October 1, 2022 to December 31, 2022, which is quarter four (Q4). This report provides the quarterly reporting requirements for the HTW program, as outlined in 42 CFR § 431.428. The STCs require the State to report on various topics including enrollment, operations and policy, utilization monitoring, program outreach and education, program integrity, grievances and appeals, annual post award public forum, budget neutrality, and demonstration evaluation activities and interim findings. The information reflected in this report represents the most current information available at the time it was compiled.

2. Program Updates, Current Trends or Significant Program Changes

- a. Narrative describing the impact of any administrative and operational changes to the demonstration, such as eligibility and enrollment processes, eligibility redetermination processes (including the option to utilize administrative redetermination), systems, health care delivery, benefits, quality of care, anticipated or proposed changes in payment rates, and outreach changes.**

As previously reported, HHSC submitted an amendment request on September 30, 2020, to add 2019 Novel Coronavirus (COVID-19) screening and testing to the HTW Demonstration, with a requested effective date of February 4, 2020. This amendment is still pending with the Centers for Medicare & Medicaid Services (CMS). Effective July 13, 2022, the first and second dose of the primary series of the Novavax COVID-19 vaccine is a benefit provided to individuals enrolled in HTW who are 18 years of age and older. Effective August 31, 2022, the Pfizer COVID-19 Omicron-specific booster vaccine and Moderna COVID-19 Omicron-specific booster vaccine are benefits in HTW Demonstration for individuals 18 years of age or older.

HHSC analyzed the clinical and cost effectiveness of HTW telemedicine and telehealth public health emergency (PHE) related flexibilities. Effective September 1, 2022, benefit information for the HTW program was updated to identify telemedicine and telehealth services that will remain available through permanent policy processes. These changes allow HTW providers to submit claims for reimbursement for synchronous audio-visual delivery for several benefits and services including, but not limited to behavioral health services and benefits, which included reimbursement for audio-only delivery in many cases and allowing rural health clinics and federally qualified health centers to be reimbursed for telemedicine and telehealth services. Effective March 1, 2020, through May 11, 2023, HHSC authorized HTW providers to bill for telephone (audio-only) medical (physician delivered) evaluation and management services to help ensure continuity of care during the COVID-19 PHE response. Interim guidance will be issued to allow audio-only delivery to continue for some medical evaluation and management services until these policies are transitioned into policies outlined in the Texas Medicaid Provider Procedures Manual (TMPPM).

b. Narrative on any demonstration changes, such as changes in enrollment, renewal processes service utilization, and provider participation. Discussion of any action plan if applicable.

To continue receiving enhanced federal matching funds authorized in the Family First Coronavirus Response Act (FFCRA) during the COVID-19 PHE, Texas has sustained Medicaid eligibility. Therefore, enrollment in the HTW program continues to increase.

c. Narrative on the existence of or results of any audits, investigations, or lawsuits that impact the demonstration.

HHSC is participating in the Office of Inspector General, Office of Audit Services, audit regarding States' eligibility to receive the temporary 6.2 percentage point Federal Medical Assistance Percentage (FMAP) increase under section 6008 of the FFCRA. HTW cases may be reviewed as part of this audit.

3. Policy Issues and Challenges

a. Narrative of any operational challenges or issues the state has experienced.

HHSC's response to the COVID-19 PHE is ongoing. HHSC continued to allow delivery of certain HTW services via telemedicine, telehealth, and telephone (audio

only) throughout 2022 and permanently implemented many of these policies in alignment with service delivery options available under the Medicaid State Plan for these same services. The remaining flexibilities will end at the end of the PHE, and some of these flexibilities will also transition to permanent policy in 2023.

b. Narrative of any policy issues the state is considering, including pertinent legislative/budget activity, and potential demonstration amendments.

As of January 2023, HHSC is awaiting approval from CMS for an amendment to the HTW Demonstration Waiver to receive federal funds for HTW Plus. At the time the amendment was submitted, HHSC requested an effective date of April 1, 2021. Until a response is provided, HHSC is funding HTW Plus using state general revenue funds.

As previously reported, HHSC is preparing to implement House Bill (HB) 133, 87th Legislature, Regular Session, 2021, which requires HHSC to seek federal approval for two legislative mandates that may require amendments or may impact the HTW 1115 demonstration. The first mandate is to contract with Medicaid managed care organizations to provide HTW program services. This mandate will result in an amendment to the HTW Demonstration Waiver.

The second mandate is to extend Medicaid postpartum coverage for an additional four months. The impact to HTW is that when the extended postpartum coverage period is implemented, eligible women will transition to HTW six months after their pregnancy ends and will receive HTW Plus services for the first six months of their 12-month HTW certification period (total of 12 months of enhanced postpartum coverage). To implement this extension of postpartum coverage, HHSC submitted an amendment to the Texas Healthcare Transformation and Quality Improvement Program 1115 demonstration in May 2022 with a requested effective date of September 2022 and the amendment is pending with CMS.

c. Discussion of any action plans addressing any policy, administrative or budget issues identified, if applicable.

HHSC has not identified any policy, administrative, or budget issues that are not already mentioned above.

B. Utilization Monitoring

The state will summarize utilization through a review of claims/encounter data for the demonstration population in the subsequent tables. This includes the following:

Table 1. Summary of Utilization Monitoring Measures

Measure [Reported for each month included in the annual report]
Unduplicated Number of Enrollees by Quarter (See table 2 below)
Unduplicated Number of Beneficiaries with any Claim by Age Group, Gender, and Quarter (See table 3 below)
Contraceptive Utilization by Age Group (See table 4 below)
Total Number of Beneficiaries Tested for any Sexually Transmitted Disease (See table 5 below)
Total Number of Female Beneficiaries who Obtained a Cervical Cancer Screening (See table 6 below)
Total Number of Female Beneficiaries who Received a Clinical Breast Exam (See table 7 below)

Table 2: Unduplicated Number of Enrollees by Quarter for DY3

	14 years old and under	15-20 years Old***	21-44 years old	45 years and older	Total Unduplicated Female Enrollment**
Quarter 1	N/A	5,976	391,850	29,630	423,439
Quarter 2	N/A	4,529	396,805	30,470	428,432
Quarter 3	N/A				
Quarter 4	N/A				

*Total column is calculated by summing columns 2-5.

** Potential duplication across age groups due to some enrollees changing age groups within the quarter. Therefore, Total Unduplicated Enrollment may not equal the sum of reported clients for each age group.

*** HTW clients ages 15-17 are non-waiver and therefore not included in the enrollment figures.

Note: Table 2 provides final data on a two-quarter lag and provides DY3 Q2 data as part of the DY3 Q4 Quarterly Monitoring Report. Determining the age of enrollees and duplicate months of enrollment requires client-identifying details that are not available until the seventh month following the end of each quarter. For example, Q1 data (January – March) will be available in October and then provided with the Q3 (July – September) Quarterly Monitoring Report. Future reporting of unduplicated enrollment will continue with a two-quarter lag.

To comply with the requirements of the FFCRA, HHSC is maintaining eligibility for individuals who were receiving HTW as of March 18, 2020, and those determined eligible after that date. The Consolidated Appropriations Act of 2023 separated the continuous Medicaid coverage requirement of the FFCRA from the PHE declaration.

The requirement to maintain continuous coverage will end as of March 31, 2023, and HHSC is now preparing to redetermine the eligibility of all Texans receiving Medicaid services, including those receiving HTW.

Table 3: Unduplicated Number of Beneficiaries with any Claim by Age Group and Gender per Quarter in the Demonstration Year (calendar year)

	14 years old and under	15-20 years old	21-44 years old	45 years and older	Total Female Users *	Percentage of Total Unduplicated Female Enrollment
Quarter 1	N/A	2,346	72,393	1,953	76,692	
Quarter 2	N/A	1,827	65,622	2,065	69,514	
Quarter 3	N/A	1,622	68,093	2,594	72,309	
Quarter 4	N/A	1,204	65,073	2,868	69,145	
Total Unduplicated**	N/A	4,542	156,005	5,583	166,130	

*Total column is calculated by summing columns 2-5.

**Total unduplicated row cannot be calculated by summing quarter 1 – quarter 4. Total unduplicated users must account for users who were counted in multiple quarters and remove the duplication so that each user is only counted once per demonstration year.

Note: Table 3 results display HTW clients served in CY 2022 to date by quarter and age group include: medical and pharmacy claims from January through December 2022.

Each client is counted only in one age group. If a client changes age groups in the quarter, only the first age is counted. Only clients 18 years of age and older are included in this report. At this time, CY 2022 claims are incomplete and considered provisional because of the time allowed for claims to be submitted and adjudicated. HHSC considers claims data to be complete eight months after the date of service. To comply with the requirements of the FFCRA, HHSC is maintaining eligibility for individuals who were receiving HTW as of March 18, 2020, and those determined eligible after that date. The Consolidated Appropriations Act of 2023 separated the continuous Medicaid coverage requirement of the FFCRA from the PHE declaration. The requirement to maintain continuous coverage will end as of March 31, 2023, and HHSC is now preparing to redetermine the eligibility of all Texans receiving Medicaid services, including those receiving HTW.

Table 4: Contraceptive Utilization by Age Group per Demonstration Year

Effectiveness		14 years old and under	15 – 20 years old	21 – 44 years old	45 years old and older	Total
Most and Moderately Effective*	Numerator	Not Available	Not Available	Not Available	Not Available	Not Available
	Denominator	Not Available	Not Available	Not Available	Not Available	Not Available
Long-acting reversible contraceptive (LARC)*	Numerator	Not Available	Not Available	Not Available	Not Available	Not Available
	Denominator	Not Available	Not Available	Not Available	Not available	Not Available
Total	Numerator	Not Available	Not Available	Not Available	Not Available	Not Available
	Denominator	Not Available	Not Available	Not Available	Not Available	Not Available

*This measure is calculated as per the Medicaid and CHIP Child and Adult Core Set measure for contraceptive care for all women. Measure specifications can be found at the links below:

- Child Core Set (CCW-CH measure for ages 15-20):
<https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid-and-chip-child-core-set-manual.pdf>
- Adult Core Set (CCW-AD measure for ages 21-44):
<https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid-adult-core-set-manual.pdf>

States needing technical assistance in applying the Core Set specifications to their family planning demonstration can send an email to MACqualityTA@cms.hhs.gov.

Contraceptive Utilization preliminary results will be available summer 2022 following the measurement year to allow adequate time for claim submissions. At that time, HHSC will analyze the data to ensure there are no errors or issues. Data will be finalized in the fall of 2022 after the measurement year to ensure data accuracy. Delayed reporting is due to the need for claims to settle so the measure can be calculated according to measure specifications. Contraceptive Utilization preliminary results will not include clients under 14 or over 45 due to eligibility age requirements.

To comply with the requirements of the FFCRA, HHSC is maintaining eligibility for individuals who were receiving HTW as of March 18, 2020, and those determined eligible after that date. The Consolidated Appropriations Act of 2023 separated the

continuous Medicaid coverage requirement of the FFCRA from the PHE declaration. The requirement to maintain continuous coverage will end as of March 31, 2023, and HHSC is now preparing to redetermine the eligibility of all Texans receiving Medicaid services, including those receiving HTW.

Table 5: Number of Beneficiaries Tested for any STD by Demonstration Year

	Female Tests Number	Percent of Total	Total Tests Number	Percent of Total
Unduplicated number of beneficiaries who obtained an STD test	Not Available	Not Available	Not Available	Not Available

Table 6: Total Number of Female Beneficiaries who obtained a Cervical Cancer Screening

Screening Activity	Numerator*	Denominator*	Percent
Unduplicated number of female beneficiaries who obtained a cervical cancer screening*	N/A	N/A	N/A

*This measure is calculated as per the Medicaid and CHIP Adult Core Set measure for cervical cancer screening and is defined as women ages 21 to 64 who had cervical cytology (Pap test) performed every 3 years or women ages 30 to 64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every five years.

Measure specifications can be found at: <https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid-adult-core-set-manual.pdf>

States needing technical assistance in applying the Core Set specifications to their family planning demonstration can send an email to MACqualityTA@cms.hhs.gov.

Cervical Cancer Screening preliminary results will be available early summer 2022 following the measurement year to allow adequate time for claim submissions. At that time, HHSC will analyze the data to ensure there are no errors or issues. Data will be finalized in the fall of 2022 after the measurement year to ensure data accuracy. Delayed reporting is due to the need for claims to settle so the measure can be calculated according to measure specifications.

Table 7: Breast Cancer Screening

Screening Activity	Numerator*	Denominator*	Percent
Unduplicated number of female beneficiaries who received a Breast Cancer Screening*			N/A – The waiver does not serve individuals in this age range.

*This measure is calculated as per the Medicaid and CHIP Adult Core Set measure for breast cancer screening and is defined as the percentage of women ages 50 to 74 who had a mammogram to screen for breast cancer and is reported for two age groups (as applicable): ages 50 to 64 and ages 65 to 74.

Measure specifications can be found at: <https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid-adult-core-set-manual.pdf>

States needing technical assistance in applying the Core Set specifications to their family planning demonstration can send an email to MACqualityTA@cms.hhs.gov.

Table 8: PCP Network Adequacy by Demonstration Year**Table 8.1 Pharmacy Network Adequacy by Demonstration Year**

Provide a summary of pharmacy and PCP network adequacy results and geographical access to an active pharmacy and at least two active PCPs.

The next network adequacy analysis will consist of a point-in-time 'snapshot' of HTW clients' geographical access to HTW-active primary care providers and pharmacies as of January 1, 2022 (Q1 DY3). For reporting purposes, HTW-active providers are those that were enrolled in January 2022 who had one or more HTW-related claims during CY 2021. Providers that had HTW-related claims during CY 2021, but not enrolled in January 2022, will not be included in the analysis. The next report will not include analysis of geographical access to providers among clients enrolled as of January 1, 2023 (Q1 DY4) because final/complete data about providers enrolled as of January 2023 that had HTW-related claims during CY 2022 will not be available for analysis until July 2023.

C. Program Outreach and Education

1. General Outreach and Awareness

- a. **Provide information on the public outreach and education activities conducted this demonstration year; and,**

Social Media

During Q4, social media posts related to HTW included four posts on Facebook, three posts on Facebook Español, seven posts on Twitter, three on Instagram, and one on LinkedIn. Annual totals for social media posts related to HTW include fourteen posts on Facebook, three posts on Facebook Español, 38 posts on Twitter, three on Instagram and two on LinkedIn. The HHSC Facebook page has 157,057 followers, HHSC Facebook en Español has 51,122 followers, HHSC Twitter has 16,483 followers, HHSC Instagram has 3,937 followers, and HHSC LinkedIn has 51,052 followers.

In-Person Outreach

On October 13, 2022, HHSC conducted virtual outreach about the HTW program and covered services during the Central Texas Perinatal Monthly Meeting.

b. Provide a brief assessment on the effectiveness of these outreach and education activities.

The “Find a Doctor” page on the HTW client-facing website had 32,107 unique page views and the Spanish “Find a Doctor” page had 418 unique page views. The HTW website online provider look-up (OPL) shows searches for programs other than HTW, including the Family Planning Program, Breast and Cervical Cancer Services, and Medicaid for Breast and Cervical Cancer. The OPL for all Medicaid providers and programs, including HTW providers, on the fee-for-service claims administrator, Texas Medicaid and Healthcare Partnership (TMHP), website had 12,321 clicks for Q4, and 49,428 clicks for the annual total. To make it easier for clients to locate providers, the TMHP OPL was discontinued when the HTW website OPL was updated in May 2022.

2.Target Outreach Campaign(s) (if applicable)

a. Provide a narrative on the populations targeted for outreach and education campaigns and reasons for targeting; and,

HHSC continues to promote HTW and HTW Plus via social media posts, updated client mailings, webpage updates, and provider digital and paper mailings. HHSC continues to work to recruit more providers into HTW and HTW Plus. HHSC and TMHP conducts HTW Plus provider recruitment through email outreach to providers who are not enrolled in HTW but provide HTW Plus services to Medicaid

beneficiaries. HHSC and TMHP have begun tracking recruitment of provider types added from HTW Plus outreach.

In Q4, TMHP performed provider recruitment activities with 7,671 unique national provider identifiers (NPIs) for HTW & HTW Plus. TMHP performed provider recruitment activities with an annual total of 10,629 unique NPIs. For this outreach effort, TMHP is recruiting for and discussing the benefits of HTW and HTW Plus, addressing questions and walking providers through the attestation in the Provider Enrollment and Management System (PEMS).

b. Provide a brief assessment on the effectiveness of these targeted outreach and education activities.

HHSC continues to monitor social media posts and followers as detailed for HTW and HTW Plus in the public outreach and education activities section above.

HHSC began tracking HTW Plus provider enrollment in Q1 of 2022 and continues to track enrollment. As of December 2022, there were 1458 certified unique HTW Plus specific providers. The majority of the certified HTW Plus providers are licensed professional counselors (515 providers), psychiatrists (357 providers), and cardiologists (205 providers). HHSC began initial outreach in Q2, distributed the HTW Plus recruitment flyer to some provider associations in October 2022, and will continue outreach.

D. Program Integrity

Provide a summary of program integrity and related audit activities for the demonstration, including an analysis of point-of-service eligibility procedures.

The quarterly quality assurance review found that eligibility was determined correctly in 100 percent of the cases in the sample.

HHSC is participating in the Office of Inspector General, Office of Audit Services, audit regarding States' Eligibility to Receive the Temporary 6.2 percentage point Federal Medical Assistance Percentage (FMAP) increase under section 6008 of the Families First Coronavirus Response Act (FFCRA). HTW cases may be reviewed as part of this audit.

E. Grievances and Appeals

Provide a narrative of grievances and appeals made by beneficiaries, providers, or the public, by type and highlighting any patterns. Describe actions being taken to address any significant issues evidenced by patterns of appeals.

During Q4, HHSC received 23 complaints related to the HTW program through the Office of the Ombudsman. Eight complaints related to client enrollment, fourteen related to prescription services, and one related to billing. All complaints were resolved or referred to the correct area if the Office of Ombudsman was able to contact the senders, so there is no further action required from HHSC. HHSC received an annual total of 73 complaints related to the HTW program through the Office of the Ombudsman. Twenty-two complaints related to client enrollment, 45 complaints related to prescription services, one complaint related to claims payments, four related to access to care and one related to billing. All complaints were resolved or referred to the correct area if the Office of Ombudsman was able to contact the senders, so there is no further action required from HHSC.

TMHP received three complaints related to the HTW program during Q4. They received one complaint by phone and two through their portal. Two complaints related to provider enrollment file maintenance and one related to a client education issue. The complaints were closed and resolved or TMHP was unable to contact the provider. No further action was required from TMHP or HHSC.

F. Annual Post Award Public Forum

Provide a summary of the annual post award public forum conducted by the state as required by 42 CFR 431.420(c) that includes a report of any issues raised by the public and how the state is considering such comments in its continued operation of the demonstration.

HHSC held a hybrid (virtual and in-person) post award public forum on June 9, 2022, to present updates and receive public comment on the HTW 1115 Demonstration. HHSC received written comments from the following stakeholders: Legacy Community Health, Women's and Men's Health Services of the Coastal Bend, Every Body Texas, South Texas Family Planning and Health Corporation, Texas Campaign to Prevent Teen Pregnancy and Texas Women's Healthcare Coalition. Oral, in-person comments were presented at the post award forum from the following stakeholders: Every Body Texas, Texas Women's Healthcare Coalition and Texans Care for Children.

All stakeholder comments, both written and oral, were related to concerns regarding the elimination of auto enrollment into HTW, removal of adjunctive eligibility, and retirement of the simplified two-page HTW application form (H1867) that were required by CMS and incorporated into the demonstration special terms and conditions.

Stakeholders noted a perception that the above concerns have caused HTW application approvals to drop and have resulted in fewer new applicants enrolled. Stakeholders asked HHSC to address these perceived barriers to care and ensure that the HTW program is meeting its goal of connecting women to health services. Stakeholders asked HHSC to consider auto-enrollment verification for women transitioning from Pregnant Women's Medicaid to HTW. Stakeholders suggested that HHSC could request a waiver to continue adjunctive eligibility and could reinstate auto-enrollment in an upcoming HTW 1115 waiver amendment.

A stakeholder noted that despite recent declines, Texas maintains the ninth highest rate of teen birth nationwide and the highest overall rate of repeat teen birth. The stakeholder commented that access to effective contraception, as provided through the HTW program, is a key factor in ensuring that young women are able to delay childbearing until they are ready to start a family; however, as teens transition from programs such as Children's Medicaid or the Children's Health Insurance Program (CHIP), they face barriers in accessing contraception through HTW related to the newly required application form required due to the HTW's transition to a Medicaid demonstration.

HHSC regularly monitors application and enrollment actions. Any notable trends are addressed as applicable.

G. Budget Neutrality

1. Please complete the budget neutrality workbook

The quarterly/annual budget neutrality workbook was uploaded to the 1115 Demonstration Performance Management Database and Analytics System (PMDA) March 30, 2023, per STCs 29 and 45.

2. Discuss any variance noted to the estimated budget, including reasons for variance in enrollment and/or in total costs, and/or in per enrollee costs. Describe any plans to mitigate any overages in budget neutrality by the end of the demonstration period.

Based on current HTW Q4 data, the risk to budget neutrality remains very low. Variances will be more accurately identified upon receipt of additional quarters as budget neutrality limits are annual calculations.

H. Demonstration Evaluation Activities and Interim Findings Please provide a summary of the progress of evaluation activities, including key milestones accomplished. Include:

- 1. Status of progress against timelines outlined in the approved Evaluation Design.**
- 2. Any challenges encountered and how they are being addressed.**
- 3. Status of any evaluation staff recruitment or any RFPs or contracts for evaluation contractual services (if applicable).**
- 4. Description of any interim findings or reports, as they become available. Provide any evaluation reports developed as an attachment to this document. Also discuss any policy or program recommendations based on the evaluation findings.**

Summary of Evaluation Activities

- HHSC completed the following HTW 1115 Waiver evaluation activities during DY3 Q4:
- HHSC attended reoccurring monthly meetings with the external evaluator, the University of Texas Health Science Center at Houston (UT Health) on 10/14/22 and 11/15/22. The purpose of these meetings is to discuss progress on the evaluation and provide evaluation or programmatic technical assistance to UT Health as needed.
 - Starting November 2022, these progress meetings transitioned to a quarterly reoccurrence.
- HHSC attended an ad-hoc meeting with UT Health on 12/9/22 to discuss sampling and distribution plans for the forthcoming client and provider surveys.
- HHSC reviewed and provided feedback on updated drafts of UT Health's client and provider surveys and recruitment letters.
 - HHSC also received feedback from CMS on the preliminary drafts of UT Health's client and provider surveys on 11/14/22.
- HHSC analysts sent UT Health final contact information for the client and provider surveys.

- HHSC analysts responded to ad-hoc data inquiries from UT Health.

HHSC completed the following HTW 1115 Waiver evaluation activities during DY3:

- HHSC executed the contract for the External Evaluator (UT Health) on 3/25/22.
- HHSC held ten calls with UT Health during DY3 to discuss progress on the evaluation and provide evaluation or programmatic technical assistance to UT Health as needed.
- HHSC analysts supported UT Health's forthcoming client and provider surveys by:
 - Reviewing survey drafts and recruitment letters.
 - Coordinating CMS review of survey drafts.
 - Providing UT Health with technical assistance on sampling and distribution plans.
 - Sending UT Health client and provider contact information.

Progress towards Key Evaluation Milestones

The table below lists evaluation-related deliverables. There are no anticipated challenges at this time.

Type of Evaluation Deliverable	Due Date	State Notes or Comments	Description of Any Anticipated Challenges
Evaluation Design	N/A	CMS approved the Evaluation Design on 12/15/21.	N/A
Procurement of Independent External Evaluator	N/A	HHSC executed the contract for the External Evaluator (UT Health) on 3/25/22.	N/A
Interim Evaluation Report	12/31/23 (or upon application for renewal)		<i>No issues anticipated at this time</i>
Summative Evaluation Report	6/30/26		<i>No issues anticipated at this time</i>

Modifications to the Evaluation Design

HHSC received CMS approval to exclude all HTW Plus evaluation components from the Interim Report (due December 31, 2023) on 9/6/22. No other changes to the HTW 1115 Waiver evaluation design were requested during DY3.

Description of Evaluation Findings or Reports

Evaluation findings are not available at this time. Evaluation findings will be summarized after the Interim Evaluation Report is completed in 2023.