

**Texas HHSC 1115 Transformation Waiver Renewal Extension Application  
Public Stakeholder Meetings**

**July 7-24, 2015**

**Summary of Comments**

**Amarillo**

**Austin**

**Dallas/Fort Worth**

**Edinburg**

**El Paso**

**Houston**

**San Antonio**

**Tyler**

**Webinar**

**Texas HHSC 1115 Transformation Waiver Renewal Extension Application  
Public Stakeholder meeting – July 24, 2015  
Amarillo, Texas**

1. HHSC intro and overview of waiver renewal
2. Stakeholder comments

Steve Beck, Senior VP at Covenant Health	<b>Primary Message:</b> Supports waiver renewal. The continued successes and challenges also support the need for extending the waiver.
<p>Thanks for having this and welcome to RHP12. You could have held this event at any one of 46 other counties and still been within our RHP. We have the largest and one of the most diverse and most successful RHPs in the state. We support your plan for the extension of the waiver and we appreciate your recognition and understanding of the critical need for the uncompensated care pool and the importance for the continuation of the DSRIP pool.</p> <p>We have a number of DSRIP projects ourselves serving both pediatric and adult patients including palliative care, behavioral health and navigation of the programs. I'd like to share a success story from one of our navigation projects. We have a 63 year old female, diabetic, hypertension, unfunded, unemployed with numerous visits to the ED. With participation in the navigation program, this individual was able to receive assistance in establishing a primary care physician, medical home, received assistance on purchasing her medications, medication education and review, diabetes education, blood sugar and blood pressure logs, provide a blood pressure cuff, provide assistance to community wellness for exercise and health. As for outcomes, this individual had a significant decrease in her A1c score, significant decrease in her blood pressure, an increase in her self-sufficiency score and ultimately she received gainful employment with Covenant Medical Center in Lubbock. While we have many other success stories, we also have stories of challenges and obstacles that we and our patients continue to face – both of which (the success and challenges) supports the need for the continuation of this waiver.</p>	
Bobbie Hrnccirik, UMC Health System	<b>Primary Message:</b> We support HHSC's renewal application and request for continued DSRIP and increased UC funding.
<p>Good afternoon. I serve as a member of the Anchor team in RHP12. RHP12 includes 47 counties covering the entire Texas Panhandle. We are the largest region geographically. On behalf of UMC, we thank you for the opportunity to provide comments. UMC, as a participant in the 1115 participant as an Anchor, a performing provider, UC participant and IGT entity, we support HHSC's request for the waiver extension and the outlined funding levels for DSRIP and UC pools.</p> <p>RHP 12 has 99 active projects performed by 38 providers. These 99 projects impact hundreds of thousands of patients by increasing access to care, overall care coordination and system redesign and integration. Results from the projects include increased primary care capacity, early diagnosis, education and treatment of chronic disease, improved health outcomes, reduction of PPEs, reduced long-term health costs, reduction of unnecessary ED use and treatment of mental health issues. Funding is critical to the health of our region and our state. DSRIP must be continued to allow time for projects to be completed and to continue supporting innovative transformation.</p> <p>We support: reducing administrative burden especially for our providers who participate in multiple regions; payment for partial completion of QPI metrics; elimination of mid-point assessments with a</p>	

focus instead on compliance monitoring; maintaining carry forward periods; learning collaboratives as currently structured (RHP 12's LC activities have created new relationships resulting in shared knowledge and new collaborations outside of DSRIP projects. We believe these activities will result in continued long term collaboration and will further strengthen the safety net); replacement project opportunities (both for further development of current projects and new regional projects); increasing the role of HIE; and increasing the UC funding. UC is offsetting some hospital Medicaid and uninsured losses. TX hospitals' uncompensated care burden is on an upward trend: \$6.2 billion in 2014 of which \$4 billion is related to care provided to uninsured Texans. Continuation of these funds is critical to TX's health care system.

We support HHSC's renewal application and request for continued DSRIP and increased UC funding. We appreciate the opportunity to collaborate with HHSC and look forward to further transformation in our region and state under your leadership.

Casie Stoughton, City of Amarillo,  
Department of Public Health

**Primary Message:** DSRIP has been instrumental in providing a platform for new programs, partnerships and quality care for vulnerable populations in the state of TX.

I'm honored to serve the citizens of both Potter and Randall counties along with the city of Amarillo. We support the expansion of the DSRIP waiver. I oversee two DSRIP projects through the Health Department and have been engaged in the planning, implementation, reporting, validation and success of the DSRIP projects. The DSRIP projects have allowed us to implement needed programs in our community. DSRIP has provided stability and sustainability for these projects allowing us to improve the quality of life for vulnerable patients who have Medicaid, are under insured or who have no health insurance.

One of our projects allowed us to provide a robust menu of adult immunizations through our fixed clinic and our new mobile clinic, which was purchased with DSRIP funds. This mobile clinic has provided an opportunity to take services into underserved communities and provide vaccines. We have been invited to locations that are non-traditional such as flea markets, low income housing and block parties. Through this project, we've have seen 2,145 individuals and given over 4,000 vaccines. Client encounters are short with the vaccine clinics however we've been privileged to improve the lives of those we vaccinate. Many of the adults vaccinated are returning to college, seeking a living wage, parents and grandparents seeking to protect the children in their lives or adults seeking to be citizens of the US through immigration. Our mobile clinic has allowed different programs in the Health Department to partner and provide services such as STD testing along with the needed vaccines. This partnership has allowed for an increase in HIV testing and in linking identified positives to care. Along with the lifesaving vaccine, this project has helped save both lives and money.

Our second DSRIP project, Amarillo Recovery from Drugs and Alcohol (ARAD), has served 304 clients since the program began. This program is an intensive 30 day recovery program for residents of local homeless shelters. The program provides transportation and meals for participants, which increases participation. ARAD boasts a 64% completion rate, which is unheard of in this field. ARAD gives people their lives back and tools to combat addiction. With remaining funds, we have implemented the MEND program, a childhood obesity prevention program for children ages 6-13 who are identified as overweight or obese. Children and their parents meet twice weekly for 10 weeks. This 3 year project is projected to serve 915 kids and their families. MEND teaches healthy choices and lifestyles, leading to generational change.

DSRIP has been instrumental in providing a platform for new programs, partnerships and quality care

for vulnerable populations in the state of TX. It is critical for the sustainability of these projects and so many more like them.

Robert W. Goodrich, League of Women Voters

**Primary Message:** Texas needs more money to support health care. Is concerned/offended that Texas refuses to expand access to healthcare.

I'd like to testify on behalf of the money needed to provide healthcare in TX. Why is there no support for maintaining funds? I'm offended that TX refused funds to expand care. There are lots of people in our population that are unable to get healthcare for themselves. It is inhumane to turn our backs on them. We need to vote for politicians that will stand up in support of these programs. Where is the peril associated with these programs? Is it with politicians? Is it beyond HHSC? We need an increase in public health resources. That's part of what distinguishes our nation. As a concerned citizen I believe we need good management and good support for appropriations to have a more robust healthcare safety net.

**Texas HHSC 1115 Transformation Waiver Renewal Extension Application  
Public Stakeholder Meeting – July 16, 2015  
Austin, Texas**

1. HHSC Presentation and overview of waiver renewal
2. Stakeholder comments

Cam Kleibrink – Executive Director, Frontier Network, Texas Association of Community Health Centers (President of Board)	<b>Primary Message:</b> Supports waiver, but need Medicaid expansion to meet community needs
<p>In addition to Frontier Healthcare Network, also speaking on behalf of community health centers. Frontier operates a center in 5 rural counties in region 13. In 3 counties, they are only primary care provider in entire county. These counties have an average of 30% uninsured individuals. Frontier serves about 8,500 patients; a total of 22,000 annual visits. DSRIP projects are still too early to show determine effectiveness. But what we really need is coverage expansion to complement DSRIP projects.. As a community health center, we can't participate in the waiver because we don't have funds. Some CHCs participate as a contractual provider with entity that has project, but not many. Insurance coverage would be more beneficial and is what we need most. Our lack of sufficient funding limits how much care we can provide. Our patients need to see specialists outside our area but can't afford it; they fall within the coverage gap. Expansion will bring more taxpayer dollars to the state – about \$128 billion with expansion compared to the \$34 billion under the waiver– so please figure out a way to expand coverage. Also concerned about long term impact/sustainability of DSRIP. It isn't coverage. Waiver should be able to complement coverage not replace it.</p>	
Grace Chimene - League of Women Voters of Texas; also a pediatric nurse practitioner	<b>Primary Message:</b> Hospitals are stressed and unable to serve needs of uninsured. Hope HHSC will educate legislators/state leaders of the need to expand Medicaid and include expansion as part of the waiver
<p>A pediatric nurse practitioner, provides innovative care to medically fragile children. I'm testifying on behalf of the League of Women Voters. Texas continues to have the highest Percent of uninsured individuals in the United States. Healthcare is very important to me. Thankfully, EMTALA requires hospitals to provide coverage but services are limited to emergencies and don't adequately serve the uninsured. Hospitals with high rates of uninsured are under more stress. Hospitals have closed, affecting the health of everyone in the community. As a result of these closures, lives are lost because of lack of access to emergency services. When emergency facilities close, people have to go further to another ER to get services. If you have a heart attack in a rural Texas county, you better hope the county is large enough to support a local community hospital. According to TORCH (Texas Organization of Rural Community Hospitals), 14 of 15 highest uninsured counties in the country are in Texas. Urban public hospitals also have a high percentage of uninsured patients, causing higher property taxes and higher insurance rates for people who are insured. Ben Taub public hospital recently cut staff and services due to financial stress. When trauma services are cut, patients are often diverted from nearest hospital when trauma center is full. Texans shouldn't have to put up with financially stressed hospitals and low wage, working Texas families with no hope of obtaining insurance should be able to get care. The waiver and UC funds should not be so important in our state when year after year politicians make no effort to reduce the number of uninsured. Hope HHSC will continue to educate legislators regarding the importance of Medicaid expansion.</p>	

<p>Dr. John Asbury, MD. Practicing physician representing himself</p>	<p><b>Primary Message:</b> waiver has had minimal impact on care for children. Would like to see waiver funds used to expand Medicaid, improve provider reimbursements, expand education slots for healthcare workforce, and provide more money for rural mental health services.</p>
<p>Has been a practicing doctor since 1969. 80% of patients he treats have Medicaid. In spite of DSRIP funding, so far he has not seen a large benefit to the children in Region 8. However, counties in the region do appear to have benefited from the waiver program. Local MHMR has received DSRIP funds which I believe has led to improvements in mental health care. Especially benefits our jail diversion program. But I've not seen any benefits for the children in my practice or children in our area. Haven't seen anyone get into a medical home as a result of waiver. People still have no insurance and no one will take them without coverage. Despite spending billions of dollars, we haven't budged the number of uninsured children or adults. We still have more than one million uninsured children and over 3 million adults under age 65 also have no coverage. The grandchildren of grandparents covered by Medicare deserve insurance that is at least as good insurance as their grandparents'. Most adults would rather see their kids/grandkids covered. Agrees with CMS that children in Texas would be better off with health care coverage and I support expansion up to 200% of poverty level. With the growing population, we are going to have increasing problems establishing medical homes and getting primary care. Medicaid payments should also be higher to manage the care of these kids. Access to care should be as important as quality of care. Many children only get care through an ER. We need a medical home first, then work on quality of care. 18% of GDP is spent on health care in Tx. It is unsustainable. Suggestions for new waiver funds: 1) increase provider payment rates. 2) Increase medical provider education programs at all levels. 3) Need to have more money for rural MHMR mental health care. 4) Use waiver funds to expand Medicaid to 200% of poverty. ACA funds are available that we could use but we don't get them. Patients need insurance. 5) Need less comprehensive, affordable insurance options for Medicaid. 6) Need to use DSRIP funds to improve administrative efficiency of the medical home. Cut down on time you have to spend with an individual patient so you can see more patients. EHR, quality requirements have made longer appointments necessary. Need to be sure something good comes out of waiver.</p>	
<p>Mary Dale Peterson – Physician, CEO of Driscoll Health Plan</p>	<p><b>Primary Message:</b> Supports continuation of DSRIP and UC funding. Would like to see reduction in administrative requirements for DSRIP. Suggest allowing plans to combine similar projects across multiple facilities to reduce administrative burdens and improve efficiency. Suggests using DSRIP to improve provider payment rates by offering alternative payment models to support medical home. Also, if HHSC standardizes project metrics, consider impact on pediatric providers (i.e., many metrics are designed for adults).</p>
<p>Testifying on behalf of Driscoll Children's Health Plan, Driscoll Hospital, CHAT and as a physician. Driscoll is located in Corpus Christi and serves a 31 county area in South Texas. An average of more than 70% of Driscoll patients are on Medicaid. At a system level, we're participating in multiple DSRIP projects. I've been involved in 3 directly and 4 indirectly. All are good projects that are benefitting patients. One focuses on prevention of dental carries by increasing the number of pediatricians who are certified to apply fluoride which reduces the need for future surgical intervention. Another major focus is on reduction of pre-term birth rates through improved education for low-income Medicaid women. This is a large scale program that includes more than 1200 "baby showers". But despite benefits of DSRIP, we're still in a crisis situation. We have significant behavioral health care needs. We've tried to improve access to psychiatric services through telemedicine and by coordinating with local mental health agencies. Children's hospitals and health plans are safety net providers across the state. Going forward,</p>	

it would be good to simplify projects and reduce administrative burdens by allowing providers to combine projects across multiple RHPs if they are similar. Children’s hospitals have a good collaborative framework for working together. Asthma is a good example of where we’ve looked at how to improve care at the hospital level but we’re ready to move to the community to also improve prevention. We believe projects could be piloted through MCOs. Also agree with Dr. Asbury that we also need to shore up the payment rates for physicians treating Medicaid and uninsured patients. Texas pays less than half of Medicare rates, which is a problem. We could improve payments under the waiver, perhaps offer alternative payment models to support medical homes through DSRIP population health management projects. There also are more than 1300 projects and we understand the need for standard metrics. But CMS’ metrics tend to focus on older adults and it’s hard to put kids and pregnant women in adult measures. If HHSC decides to standardize metrics, please consider the impact on pediatric providers/projects.

Regina Rogoff, CEO of Peoples Community Clinic	<b>Primary Message:</b> Supports waiver renewal, but we need Medicaid expansion more than DSRIP projects to see real health care improvements.
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Peoples Community Clinic is an FQC and level 3 Certified Medical Home, and a member of the Texas Association of Community Health Centers. Was founded 45 years ago to serve medically underserved. Today we are medical provider to over 11,000 people, cover all aspects of primary care and behavioral health. In 2014, we had over 44,000 patient visits. We support renewal of waiver. However, while DSRIP supports medical home, it doesn’t provide medical coverage, which is available through the ACA. As an FQHC, our target is families under 200% of PFL. Most of our families are below 100 % FPL and many fall within the ACA the coverage gap. We serve working people who don’t qualify for Medicaid or ACA subsidies; they fall through the cracks. According to joint paper by Association of Community Health Centers and Academy of Family Physicians, no DSRIP project resembles or replaces insurance coverage. These projects aren’t a substitute for health care. They’re designed to build the infrastructure for people who are newly insured under the ACA. The current waiver assumed that in 2014, more Texans would qualify for coverage. Ultimately, the DSRIP investment is wasted if our neediest patients don’t have insurance.

Simone Nichols-Segers, Government Relations Director of National MS Society	<b>Primary Message:</b> MS is a disabling disease that causes many people to lose insurance when they can no longer work. Recommends using waiver to expand Medicaid to help people with chronic illness.
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Thank you for opportunity to testify regarding Texas’ failure to expand coverage and close the coverage gap and the impact that would have on the 1115 waiver. MS is a chronic, disabling disease. The overall unemployment rate for people with MS is between 30% and 45%. Most people are unable to work within 5 years after diagnosis. It is financially devastating when people lose their job while trying to manage such a costly illness. Medicaid is the only health care option for some people, but people who fall within the coverage gap are most vulnerable since they can’t get coverage. They don’t qualify for Medicaid or ACA subsidies. As a result, they can’t treat their disease and it gets progressively worse. The impact of losing safety net care for people losing insurance is disastrous. Urges Texas to apply for Medicaid expansion under the waiver and develop a viable plan to improve access to health care coverage so more people can get care they need.

Hugh Simmons, Social Work, Austin Travis County Integral Care	<b>Primary Message:</b> As a DSRIP provider, supports waiver renewal and continuation of their projects, which have made great progress but need more time to demonstrate effectiveness.
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Hugh Simmons – Director at Travis County Integral Care. A provider in RHP 7, we support waiver renewal as we’ve made wonderful progress but need more time to demonstrate success and evaluate

<p>impact, particularly 3 year projects. We are the local mental health authority. Our 11 projects focus on BH and integration of BH with primary care. Projects are beginning to show dramatic impact on costs. One project is a mobile crisis unit that works with civil justice, which has diverted more than ?? percent of patients from ERs and has diverted more than 90% who would go into the criminal justice system. These projects improve lives and have led to the development of important community partnerships. Waiver supports sustainability and transformation in health care delivery.</p>	
<p>Tom Watkins, Attorney, March of Dimes volunteer (Chairman of State Advocacy and Government Affairs Committee)</p>	<p><b>Primary Message:</b> Supports DSRIP and waiver renewal and services it provides to women and children. Need to educate legislators that we need to help more Texans obtain insurance coverage.</p>
<p>Supports March of Dimes' work and why it's important. As chairman of government affairs, I understand the challenges of getting funding. DSRIP funding is critical to women and children in the state and helps Texas create a program that is unique to the state. If you're a low income woman, your health insurance options are very limited. Women under 100% of FPL can't get ACA subsidies and many women of childbearing age remain uninsured. This is a missed opportunity to improve the health of women and children by supporting good health before a woman gets pregnant. A woman needs regular medical services to maintain her health, help her quit smoking, manage blood pressure and blood sugar levels, and maintain healthy weight to be sure she has a healthy pregnancy and healthy baby. Improving the health of women of childbearing age could reduce Medicaid spending. We must spend money now to get benefits later. First year costs of a pre-term baby are 10 times greater than a full term birth, a difference of about \$30,000. For every 1,000 fewer babies born preterm, we save approximately \$29 million in first-year medical costs. Access to prenatal care and helping women get healthy before they get pregnant is critical to reduce preterm birth. Access to prenatal care contributes to better outcomes and lower costs. While some believe health insurance marketplace is a viable option for many women, this option leaves a considerable proportion of women with no feasible way to obtain insurance. In addition to the fact that the lowest-income women cannot receive tax credits, the plans may come with cost sharing that makes it impossible for them to get care. Medicaid has reasonable cost-sharing requirements. Without Medicaid, many women will not have access to health care they need before getting pregnant. These costs are often passed on to the Medicaid program when these women become pregnant and Medicaid assumes coverage of a woman with a high risk pregnancy that could have been prevented. Texas taxpayers pay these costs that could have been avoided. We urge legislators to continue the waiver and work to ensure as many Texans as possible get access to coverage.</p>	
<p>Carol Olewin, League of Women Voters in Austin Area</p>	<p><b>Primary Message:</b> Supports adding Medicaid expansion to the waiver renewal application. Waiver funds for DSRIP/UC are important but are not a substitute for coverage.</p>
<p>The League of Women Voters emphatically believes in the expansion of health coverage. Funding services for uninsured people is critical to keep hospitals open and health care system working in communities and avoid a health care crisis. Is imperative that Texas accept federal funds to expand coverage. Waiver funds are important but are not a substitute for coverage which provides security and coverage of chronic illness. We could prevent chronic disease if we more wisely used our tax dollars. Waiver should include a request for funds to support Medicaid expansion. If we combine a coverage solution with waiver renewal, we have a better standing to maintain maximum return of federal dollars to the state to pay for innovations, reduce cost of uncompensated care, and keep the greatest possible funding coming back to the uninsured.</p>	
<p>Sarah Cook, Waiver Director, Central Health, Travis County Healthcare District</p>	<p><b>Primary Message:</b> Supports waiver renewal. As a Performing Provider, Waiver has been a great opportunity. We are proud of our work and accomplishments. Would like to see reduction of</p>

	<p>administrative burdens. Do not reduce carry-forward time to 6 months as it would inhibit transformation. Also supports payment for partial achievement of QPI milestones. Have 3 additional suggestions for renewal: 1) Urge state to explore every chance to expand coverage. 2) HHSC should incentivize establishment of systems of care for more meaningful transformation. 3) Include provisions in renewal to support and reward data exchange advances.</p>
<p>Central Health has 3 DSRIP roles: an anchor for six-county RHP7, an IGT entity for 4 performing providers, including St. Davids and Seton Hospitals, and a performing provider for 15 projects with Seton Healthcare Family partnership. We support the waiver renewal application but have some suggestions for improvements. From the vantage point of our 3 roles, 1115 waiver has accomplished a great deal. However, we'd like to see administrative burdens reduce. Believe reducing carry-forward time to 6 months would inhibit transformation. We also support payment for partial achievement of QPI milestones. Support proposed funding levels and the UC pool extension. We believe public funding equity problem must be solved so public entities that provide IGT receive equal financial benefit as entities that do not provide IGT. Our 15 projects are building the infrastructure in Travis County to provide an integrated care experience for Medicaid Map and low-income uninsured patients. We also feel that reducing milestones to capture only QPI does not measure program impact and suggest that HHSC use other indicators that capture system transformation, including evolution of Category 4 metrics that could be associated with system-wide improvements. Have 3 additional suggestions for renewal: 1) State should explore every chance to expand coverage to all Texans. 2) System is too fragmented; HHSC needs to incentivize the formation of systems of care, incentivize all providers to cooperate and collaborate. Promote investments in ambulatory care through targeted DSRIP programming and refocused UC payments to increase prevention and population health activities and reduce reliance on acute care system. Would ensure results of waiver are sustainable. 3) The waiver renewal should include provisions to support and reward data exchange because data sharing is key to system transformation. These moves would ensure the results of waiver activities are institutionalized and sustainable.</p>	
<p>Maureen Milligan, President and CEO, Teaching Hospitals of Texas</p>	<p><b>Primary Message:</b> 1. THOT supports waiver renewal and great work that is occurring. 2. Failing a statewide approach to coverage, suggest you offer an option for uninsured care within coordinated, integrated systems of care. 3. Need equitable and sustainable funding and strongly support request for increased UC funding.</p>
<p>THOT represents 18 health systems and hospital districts providing essential health services across the state. Want to make three points. 1) First, we support continuing the DSRIP program. We support leveraging and translating the information into broader systems of care for Medicaid and the uninsured. We have seen significant positive impact on the transformation of health care and need additional time to fully realize this success. The waiver re-purposed some Medicaid funding to provide more transparent hospital funding to catalyze transformation. The waiver has triggered significant collaboration and has positively impacted the delivery of health care. Access to care has reshaped health care delivery system, especially for behavioral health. We support request for DSRI funding and increased UC funding. 2. It is vital to leverage and translate transformation into broader systems of care for Medicaid and uninsured Texans. Key transformation could be achieved with a statewide coverage option and sustainable health system funding. Failing a statewide approach to coverage, we suggest you offer an option to incentivize uninsured care within coordinated, integrated systems of care. For example, as you described, the new waiver will translate successful innovation into managed care but we think there is also an equal need to translate innovation into systems of care. Provide incentives for</p>	

Providers to provide broad coverage system of care that includes primary, preventive, specialty ancillary care for uninsured Texans. Also support innovation such as virtual rural RHPs to complement rural work within existing regions as well as cross-regional projects. 3) THOT believes we should create equitable and sustainable financing for Texas health care and transformation. It is important that all Medicaid hospitals can continue to receive UC funding to offset losses from caring for uninsured Texans and those with Medicaid. Harris county is looking at a \$45 million deficit next year, which puts their trauma center at risk. This is unsustainable. We need an equitable and sustainable approach to finance transformation and Medicaid. Waiver and related protocols should ensure larger inter-related Medicaid financing. Today financing is all mixed up and interdependent. IGT provides more than half of all Medicaid financing. IGT funds 98.6 percent of the state match for UC and DSRIP. In DSRIP, hospitals that put up IGT only have 60 percent of their project valuation to pay for DSRIP costs and overhead – they receive only about 60% of the value of the money they provide. Financing needs to be equitable. We support continuation of the waiver, especially the increased UC funding.

Greg Hansch, Public Policy Director, National Alliance on Mental Illness (NAMI)	<b>Primary Message:</b> DSRIP is very important for supporting improvements in mental health treatment and funding. We support continuation of the waiver and also health coverage expansion.
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Purpose of NAMI is to improve the lives of people affected by mental illness through education, support and advocacy. NAMI wants to underscore the importance of the waiver for behavioral health care services. Mental health funding has historically been insufficient. DSRIP has provided unprecedented influx of dollars and solutions for Behavioral Health system which has serious consequences in health care systems regarding wait lists for mental health care, fragmentation of services, criminalization of mental illness, mental health provider shortages. Of more than 1,300 4 year DSRIP projects, 395 are Behavioral Health related. In region 7, about 65-70 (more than 50%) of the 4 year projects are Behavioral Health related. Texas has ranked low in amount spent on mental health services per capita. We are only above Idaho and Puerto Rico. Legislature has made some recent important investments, but we are just beginning to get out of the cellar. DSRIP provides critical funding for important services to relieve mental health crisis. In Region 7, projects include jail/hospital diversion, crisis stabilization, respite care, housing support, diseases management, peer support and integrated care. Losing DSRIP would be a huge blow. Waiver provides targeted interventions for emerging evidence based practices. However, we are concerned about threats to waiver continuation. Texas’ refusal to expand coverage puts DSRIP at risk. Federal government has warned us, and the Texas House Appropriations Committee had a hearing about this. But a discussion regarding Medicaid expansion among state leaders is conspicuously missing. Florida is an example of what we can expect in Texas. About 293,000 people in the coverage gap have co-occurring mental health problems and many are being treated by DSRIP programs. This as a conversation about access to care. Loss of DSRIP for these projects would be devastating to people with mental health issues. In the renewal application, we are asking the state to use every available resource to prevent loss of available resources for Behavioral Health population. If that includes Medicaid expansion, then that’s what needs to happen. We need coverage expansion. We urge HHSC to do whatever it takes to keep what we have and maximize system opportunities through the renewal application.

Laura Guerra-Cardus, Children’s Defense Fund	<b>Primary Message:</b> Support waiver renewal as well as Medicaid coverage expansion. Expansion is critical to taking care of children.
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CDF advocates for coverage for children and supports waiver renewal. We are also here to ask the State to include coverage expansion in the waiver discussion. After hearing clear signals from CMS, unless we address uninsured, we should expect a significant reduction to UC funds. But it goes beyond that; if we’re committed to transformation and providing health care services and helping our children, coverage expansion must be a part of the renewal. As long as families continue to remain financially

<p>vulnerable, we can't address their health needs as people delay and avoid care due to their inability to pay for services. Expanding coverage to low income adults is a children's issue because it exposes the child to financial risk as part of the family. Over one third of uninsured parents are in the coverage gap. Uninsured parents who can't get medical care are often depressed, which leaves children at risk. We support expansion, as does the Texas business community and the majority of Texans. We ask that expansion support be included in application and that HHSC convey the risks of losing this money to the Governor and legislators if we don't find a way to expand coverage.</p>	
<p>Bee Moorhead, Executive Director, Texas Impact</p>	<p><b>Primary Message:</b> We support Medicaid expansion. HHSC should convey in communication that waiver is not a replacement for expansion, and include a discussion about expansion.</p>
<p>In addition to Texas Impact, I'm also representing the support of faith communities who want expansion. As part of the waiver conversation, we would like to see a focus on Medicaid expansion. Resisting expansion means we aren't taking full advantage of waiver to transform care. We're only filling gaps. Many Texans, including some legislators, believe the waiver is in lieu of expansion or instead of expansion. Important that HHSC needs to convey in all of its communications that waiver is not a replacement for expansion. Should include information on the loss of expansion and what it means. To ensure waiver achieves true transformation, you must include a discussion about expansion of coverage.</p>	
<p>Anne Dunkelberg, Assoc. Director, Center for Public Policy Priorities</p>	<p><b>Primary Message:</b> Recommends that the waiver renewal include Medicaid expansion. Very happy with good work that is occurring under the waiver.</p>
<p>Last week we posted a brief on the connection between the coverage gap and waiver renewal, which is related to CMS's principles regarding UC pools and their decision in Florida. We will submit the brief and written comments later. Thanks to HHSC for all of your work on this waiver. You are some of the smartest and hardest working people in Texas government. Most of us are big fans of waiver, even though we are focused more on expansion. We are very excited that best practices will be further aligned with managed care and extended to other coverage models as a result of waiver. Bringing other programs into these reforms is very important and exciting. But we are concerned that the best outcome for our health is to move forward with renewal of waiver that is accompanied by coverage expansion. We aren't criticizing staff's work on the document for renewal; we understand the decisions regarding pursuing coverage are made at the legislative/top levels of government. But this is a public forum for comments and it is still our recommendation to move forward with expansion. In the great waiver renewal draft document, on page 9 you talk about strategies, and one is to serve the newly insured population, but we're missing a huge opportunity to improve the health of Texans and our health system by not marrying the waiver to expansion as originally intended. We support the principles the federal government has laid out for looking at UC pools that suggests they'd rather see more adequate reimbursement rates rather than piecemeal safety-net programs and after-the-fact payments to compensate for insufficient Medicaid payments. The complexity of the waiver makes it difficult to identify funding inequities, such as largest IGT donors not getting the full benefits as well as the small hospitals who don't have any IGT and get minimal or no benefit from the waiver. They aren't being supported by the cuts to Medicaid payments. There is an entire range of equity issues and this is a great opportunity to look at those. Finally, the potential health benefits of DSRIP could be enhanced by expanding coverage – the benefits are huge. The “welcome mat benefit” of getting more kids in Medicaid by offering expansion for parents would be significant. It's a clinical and fiscal win-win for Texas. We are concerned about CMS' recent decision in Florida. If we experience what Florida has, we are looking at a 50% or greater reduction in UC coverage for the uninsured and losing billions of dollars. Instead, we could come out ahead 5-10 billion dollars per year with expansion and keeping the waiver.</p>	
<p>Susan Murphree, Sr. Policy</p>	<p><b>Primary Message:</b> Supports waiver but also wants to see</p>

Specialist, Disability Rights of Texas	Medicaid expansion included in application. Recommends expanding consumer assistance through independent ombudsman and creating a risk group for individual with complex medical needs to improve health outcomes in the most integrated setting and maximize federal contributions. Need to be sure we can serve people's needs as we expand managed care.
<p>Disability Rights Texas' goal is to advance the rights of people with disabilities. We support DSRIP waiver renewal but have a couple of suggestions. First, consistent with the waiver goals related to health outcomes and maximizing federal participation, we believe you should expand consumer assistance to individuals who should be receiving services under DSRIP. Suggest creating an ombudsman program for ensuring people get services under waiver. Second, there are multiple avenues to support people with complex needs. One way is through the 1115 waiver by identifying a new risk group for serving those individuals. This would be beneficial to health outcomes and federal participation because some people qualify for both Medicaid and state funding. These benefits are critical to keeping people out of long term facilities, which saves a lot of money. While we are pursuing other strategies such as HCBS waiver, we need parallel strategies with STAR Plus and the waiver – should be more care coordination. As we transition people out of institutions, we must have sufficient services to meet their needs in the community. Generally, as Medicaid managed care expands, we need to maintain expertise for all new populations added to managed care. We also support providing the assistance to ensure we provide not only acute care services, but the supports needed to maintain quality of life and ability to live independently in the community.</p>	
Eric Kunish, National Alliance for Mental Illness and National Education Alliance for Borderline Personality Disorder	<b>Primary Message:</b> Waiver is good but we also need Medicaid expansion. Would like to see more care for people with mental health needs. Supports waiver renewal.
<p>Waiver is good overall but we also need Medicaid expansion. We especially support STAR PLUS program and uncompensated care funding for EMS Provider groups. Has a Daughter who has benefited from services. Texas has highest number of uninsured, about 24%. Behavioral health funding per capita is dead last. Lack of behavioral health support has pushed people into homelessness and the criminal justice system, where it is almost impossible to get help. Waiver helps providers take care of people who are uninsured. My daughter has been helped by DSRIP providers when she was uninsured; would be horrible if she had not received care. It would be a big loss if the waiver isn't renewed.</p>	
Chris Yanis, Methodist Healthcare Ministries of South Texas (also testified in Edinberg	<b>Primary Message:</b> Supports waiver renewal and DSRIP program, but wants state to add Medicaid expansion using flexibility and approaches similar to those in Arkansas, Iowa, Michigan. Also concerned that CMS will take action similar to what occurred in Florida.
<p>Created in 1995, we are a private, faith-based non-profit organization. We provide dental and health care services in 74 counties for uninsured/low income individuals. Since 1995, we've provided more than \$600 million in services through our community clinics and partnerships. In 2014, we provided services totaling \$22.3 million, including \$7.1 million for mental health, \$6.7 for access to care, \$3.7 million in dental services; and \$2.3 million for health care professional funding. Our programs are closely aligned with DSRIP projects – mental health, access to care, dental and oral care, health care professional workforce shortages. We support waiver renewal. However, using flexibility in 1115, we recommend you develop a proposal for extending coverage to uninsured, similar to other conservative states such as Arkansas, Indiana, Iowa, and Michigan. Texas providers are meeting the challenge by implementing DSRIP projects and they deserve the opportunity to improve success by helping individuals below 100%</p>	

of poverty who are in the coverage gap. As demonstrated in Florida, Texas will undoubtedly face the same outcomes related to UC funding cuts. We need a real solution. Don't just check the box through these hearings, but also think outside the box. The waiver successes are compromised due to lack of expansion. Community health centers also should be at the table to negotiate future options for care and programs. We thank you for your work and offer our assistance to help negotiate coverage for Texas' neediest families. As a faith based non-profit provider, our ministry supports negotiating coverage for our neediest families.

**Texas HHSC 1115 Transformation Waiver Renewal Extension Application  
Public Stakeholder Meeting – July 21, 2015  
Dallas, Texas**

1. Presentation by HHSC
2. Public Testimony

Christina Mintner—VP, Waiver Operation at Parkland Health and Hospital System; RHP 9 Anchor	<b>Primary Message:</b> Supports DSRIP Waiver renewal and programs. Supports increasing UC funding as well as expanding the DSRIP database and improving the structure for MCO participation.
Serves as the anchor of RHP 9 and supports the waiver renewal. RHP 9 is the second largest region in the state. There are 3.1 million people with a population that is 40% low income and they expect these numbers to grow. The flexibility of the program leads to improvement. 130 projects with 26 providers will provide an estimated 2.8 million patient impact by DY5 through increasing access to care, care coordination and system redesign and integration. Improvements have included early diagnosis, treatment of chronic disease, reduced emergency department use, and improved mental health issues. Funding is critical for the health of their region and state. We must continue the waiver to allow the projects to complete their work and continue supporting innovation. She supports the reductions of administrative burden especially for providers in multiple regions, payment for partial completion of QPI, elimination of the mid-point assessment with a focus only on compliance monitoring. Supports keeping the Learning Collaborative structure with flexibility for local needs. The Learning Collaborative has created new relationships and will result in long-term collaboration and innovation to strengthen safety net. She also supports new projects including multi-provider collaboration and cross regional projects, increasing UC funding, the development of a state-wide database, better alignment of category 3 outcomes with projects, possible redirection of category 4 funds to support system-wide improvements and the structure for MCO participation. Supports HHSC waiver extension, continued DSRIP funding and increased UC funding.	
Chad Brands, MD—VP Clinical Integration at Children’s Health System Dallas	<b>Primary Message:</b> Supports continuation of waiver. Believes that children’s health offers the unique opportunity to positively affect the health outcomes of individuals in the state. The waiver is integral for the steps that they’ve taken towards quality transformation.
Pediatrics has the ability to transform health from the beginning because it starts early in the life cycle. He would like for the program to continue. The greatest return on investment will be through these kids as we see the origins of adult diseases. Texas has population growth and every 1 in 9 kids in the US lives in Texas. DSRIP is the fuel to sustain innovations and improve quality. DSRIP has let them increase access to primary care, integrate behavioral and physical health, manage chronic disease, improve community health and wellness initiatives, as well as transition those with complex diseases to adult care. He is grateful to participate and believes this program is integral for the steps they’ve taken towards quality transformation. Specific suggestions included in written comments.	
Leslie Pierce—VP Revenue Cycle, Methodist health System; Methodist Charlton, Methodist Richardson, and Methodist Mansfield	<b>Primary Message:</b> Supports waiver renewal. The waiver is essential to efforts to improve and transform healthcare.
Support of the waiver is integral for transformation. The waiver has had an overwhelmingly positive impact at the Methodist Health System. It has allowed them to innovate and provide quality	

healthcare to North Texas. The challenge remains how to provide care to a growing population of uninsured and low income Texans who are in the Emergency Room seeking care for non-emergency needs. This leads to over utilized ERs. Four of their health systems and nine waiver projects focus on this issue. They've begun using patient navigators to lead patient to doctors. Navigators also teach them how to take care of complex diseases and discuss other issues like transitional housing. Since implementing this program, they have provided navigation services to 25,000 patients and have shown a 47% decrease in Emergency Department use in patients who use navigators. They had one patient who had 4 ED visits per month. This patient has diabetes and didn't understand how to administer their insulin. The patient was assigned a nurse navigator to show the proper way to administer insulin and had a doctor visit. The patient now manages diabetes and no longer goes to the Emergency Department to manage diabetes. The waiver also increases communication with local healthcare providers because they all know each other through the RHP. Methodist believes the waiver is essential to their effort to improve and transform healthcare.

Lynn Scharoun—Retired; Current member of Texas Organizing Project	<b>Primary Message:</b> Texans need the waiver and state leadership needs to close the coverage gap.
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For three years, Lynn didn't have insurance until she got Medicare. It was a scary and uncertain time for her and her family. She's here to support 1115 waiver for those Texans she can identify with who have no ability to go to the doctor if Texas doesn't apply for the waiver. We need the waiver and state leadership to close the coverage gap so that roughly 145,000 Dallas county residents can have the peace of mind that if they get sick, like she did, they can go to the doctor. Access to healthcare is a life or death decision. It will take all of us, especially our state leadership, to work to make Texas healthy again.

Paul R. Hoffmann—Healthcare Administration at Texas A&M University; Baylor College of Dentistry	<b>Primary Message:</b> Supports waiver renewal. DSRIP projects enhance access to care for low-income, uninsured, enhances care coordination, enhances inter-professional education, enables them to offer patient-centered care, and results in a multi-disciplinary approach.
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Supports waiver renewal and would like to emphasize the importance of oral health. The importance of oral health is often overlooked but is one of the most critical services for underserved populations. He would like to make five points:

1. Medicaid waiver renewal enhances access of low-income, uninsured
2. Enhances care coordination
3. Enhances inter-professional education
4. Enables them to offer patient-centered, patient value care, and
5. Results in multi-disciplinary approach.

The way they deliver care has been transformed because of the waiver. Prior to the waiver, they provided care at one main campus which had access issues because people couldn't get there. Now they have 4 projects in the community. They offer sealants to children in schools and to 8-9 year olds who have their permanent molars and identify kids who need immediate treatment. They have opened community-based clinics by working with other existing clinics and DSRIP providers. They've also opened new clinics, including the North Dallas Shared Ministries where they are working with UT Southwestern faculty, students, and residents to focus on Vital Sign 6. The clinic focuses on integration of medical and dental, behavioral health and social services. Since they began working with the Healing Hands Clinic, the clinic has increased care tenfold and they are working to integrate dental services with medical care. In Irving, we saw inappropriate utilization of the ED; about 10% of ED services were due to oral health issues. Began working with medical, social services and pharmacy to reduce the utilization. We've been able to educate students in a new way to emphasize importance of oral health and person-centered care. This approach is necessary to meet the total needs of the

patient and to meet the needs of the vulnerable and underserved population that they're serving.	
Madukar H. Trivedi, MD—UT Southwestern Medical Center	<b>Primary Message:</b> Supports waiver renewal and emphasizes importance of mental health treatment and screening as part of primary care. Outcome data is still early but shows significant improvement.
<p>Dr. Trivedi is a professor of psychiatry at UT Southwestern Medical Center and supports waiver extension and overall agrees with the other comments already made. He would like to speak to the innovations of the projects. Because of the waiver, they have begun a program, Vital Signs 6, to screen and treat anxiety and depression in primary care. Typically in routine primary care, depression is not identified or treated. In addition, being sick increases your risk of depression. Depression screening is occurring in 11 clinics and is part of primary care. Have screened 10,000 patients and identified 1,000 patients with depression who would not have gotten care before.</p> <p>Once these patients are identified they get appropriate care. 25% of the patients have significant improvement—the difference between not being able to go to work and being able to go to work. 23% are enrolled in Medicaid and about 60% are low-income and uninsured. They use a state of the art electronic system that would not be possible without DSRIP. DSRIP is needed to expand this project and bring behavioral health care to more people in this region and beyond. He would like to bring mental health screening into parity with general medical care. 1 in 5 people have depression. What if 1 in 5 people had pneumonia but no one asked them about those symptoms or scanned their lungs?</p> <p>Outcome data to support importance of this integration is only beginning to be available and already they are seeing significant improvements. We need to implement benchmarking and quality reporting with depression as a chronic disease. Data-driven population management through primary care will help treat patients with multiple co-morbidities. This project will help patients who have co-morbidities and will also make it easier for physicians to identify and treat depression and to sustain a new normal where mental health is treated the same way as medical diseases.</p> <p>Mental health is a real medical issue. People with depression live 13 years less than other people without the illness. Texas needs to address this issue.</p>	
Kate Clark—Director of Delivery System Improvement at UT Southwestern Medical Center	<b>Primary Message:</b> Supports waiver renewal. Without the waiver they would scale back or end many initiatives.
<p>Supports waiver renewal. Currently have 20 DSRIP projects including projects focused on areas of critical need: behavioral health, access to PCP, chronic disease management and workforce training. They have increased ambulatory access and PCP relationships. DSRIP has let them better manage patients in ambulatory settings. There is now better transition care and they are closing the gap for high risk patients.</p> <p>The waiver has helped them train new workforce and fuels development of population health management capabilities. They would like to see the waiver renewed. It helps promote one standard of care across all populations. Without the waiver they would have to scale back or shutter many initiatives.</p>	
Zac Thompson—Director of Dallas County Health and Human Services	<b>Primary Message:</b> Supports waiver. The services and infusion of money provided by the waiver are critical for low-income, uninsured and minority residents in Dallas county.
<p>Due to time, he won't repeat what previous speakers have stated. The waiver is critical to Dallas county. The waiver has been an important infusion of dollars. Public health education is critical and is funded through 1115 waiver.</p>	

<p>While North Texas has been destination of major corporations, Dallas county continues to be the destination for low-income people who relocate here. These dollars are critical for these residents who don't have a medical home to connect with healthcare resources. Also, when you look south of Dallas, it is a heavily minority community and we still have challenges there. He hopes 1115 waiver will continue as it is critical to Dallas county and its residents.</p>	
<p>Kelsey Morgan—Program Manager, Metrocare Services' Behavior Treatment Center (BTC)</p>	<p><b>Primary Message:</b> Supports waiver. Because of the waiver, clinic is able to provide services for individuals with developmental disabilities who would otherwise be relying on LTSS and state-supported living centers.</p>
<p>Supports the waiver. She is the program manager for Behavior Treatment Center. The center provides services to those with developmental disabilities and mental health disorders and who consistently demonstrate alarming behaviors that may result in hospitalization, arrest or placement in a residential facility. Their program projects to serve at least 40 individuals in year 5. Services include parent training, analysis, and oversight. This is about 290 hours over 3 months for each client. Without additional interventions, most, if not all, clients would need LTSS care in a state-supported center.</p> <p>DADS reported that in 2013 state-supported living center cost a little over an average of \$19,000 per individual each month. Having individuals in CHBS costs the state a little under \$4,000 per individual each month. That's a savings of \$15,000 per month per individual staying in community and \$184,000 per year that the state is saving. Prior to waiver no care like theirs existed. Clients' families relied on inpatient services (hospitalizations and jails) to save the lives of their family members, or moved them to state-supported living centers.</p> <p>One client was diagnosed with Autism Spectrum Disorder, Impulse Control Disorder, Attention Deficit-Hyperactivity Disorder, and Moderate Mental Retardation. He is non-verbal and engages in a variety of self-injurious/aggressive behaviors to communicate with the outside world. The family was at a loss. They were not making any progress with him and were looking into state-supported living centers. He would bang his head, slam the tops of his feet on the floor, disrobe, and scream. Over the last 2 months he has reduced from 45 minutes of self-harming per session to 30 minutes per month. He has made drastic improvements. The family is no longer looking at state-supported centers and this young man can communicate with the outside world. Program increased behavioral health by reducing out of home placement greater than 70 percent and lowering their Aberrant Behavioral Checklist scores from baseline to discharge.</p> <p>Caregivers are reporting more high-quality interactions, more ability to go in community and an increase in communication skills leading to a better understanding of their clients wants and their needs. This is information that is not often caught in the census or metrics. These small changes in the everyday clients changes the lives of the caregivers and all individuals in community by allowing them to have jobs and remain independent.</p>	
<p>Carol Dalton – Director of Program Management at Texas Children's Health</p>	<p><b>Primary Message:</b> Supports waiver renewal. Children's hospitals are uniquely positioned to provide support and innovations through DSRIP projects and they would like to see more money for children's hospitals in the future.</p>
<p>Children's Health supports the waiver renewal. They are a not-for-profit hospital system with 2 full services hospitals and have over 300 members of pediatricians and pediatric specialists. Texas Children's Health Care system includes a children's safety net hospital where two thirds of patients are on Medicaid, CHIP, or uninsured. DSRIP projects focus on access to primary care, telemedicine, disease management, integration of behavioral and physical health patient navigation, community based health and wellness initiatives, care transition as pediatric patients switch to adult health providers. They have projects in 10 different areas. The CHAT collaborative framework could be</p>	

expanded by using the 1115 waiver. We would like to see more DSRIP money to go towards supporting children’s hospitals.

Texas leads the nation with most active participation of children’s hospitals in 1115 DSRIP Waiver projects. Generally they focus on expanding access to primary care and specialty services to keep up with fast growing population of children. But this is not enough to move pediatrics to value-based care that ensure best possible care, reduces per capita health costs and improves healthcare outcomes. Children’s hospitals are uniquely positioned to lead transition of pediatric care to a value based system for the children in Medicaid. Children’s hospitals have close working relationships with many groups and have a special role in training future health care providers. We have measurable wins but more will come. Substantial ROI will be seen as these programs progress and the kids become healthy adults.

<p>Sherry Cusamano—Director of NAMI Dallas</p>	<p><b>Primary Message:</b> Supports the waiver renewal and believes it has created good programs but it is not a substitute for Medicaid expansion. What would most benefit individuals in the region is Medicaid expansion and DSRIP.</p>
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NAMI represents 400 individuals in Dallas including those living with mental illness and their family, caregivers, friends, and professionals. They supported North Star blended funding. They would like to participate in the 1115 waiver. They have numerous project in the North Star region, but not as many as they would have liked. There are many DSRIP programs in region that are highly valued by NAMI Dallas and where care was improved. For example, there’s a program for first episode psychosis program and early intervention. Their members value telemedicine for people with mental illness and also support IDD program. Funds for caring for uninsured are crucial for the community, and we must accept all available funds. However DSRIP funds are not a substitute for coverage. It is not a substitute for Medicaid expansion. What would most benefit people in the region would be both DSRIP and Medicaid expansion, especially because North Star will no longer be in place. This will also help to ensure that we can continue 1115 waiver.

<p>James “Jim” Walton—Physician; President of Dallas Medical Society</p>	<p><b>Primary Message:</b> Region 9 can do better. If the waiver is renewed, private physicians should be involved.</p>
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The Dallas Medical Society is the second largest medical society in the United States with over 7,000 physician members. Texas faces many challenges to provide medical care for most needy patients. The waiver provides critical funding for safety net. Physicians are on the frontline and want a modified waiver because people are masking existing programs as “new” waiver programs. These expanded programs have little community support and have shown no value. The waiver has not accomplished its goal despite the influx of money. The physician community has seen only a small amount of that money. Community needs assessment indicated a need for expanding safety net and that has not been adequately addressed. A patient from ER receives UC pool money but doesn’t always get necessary care.

Through an organization called Project Access we created a delivery system for needy people. It was successful and the waiver was blamed for the dissolution of this program. Region 9 can be better. A blanket waiver just like before won’t be effective. We need more value, a transparent model, and the renewal must have private sector physician involvement. It should require fair, transparent compensation for providers, physicians, hospital nurses, and post-acute care. It must have outcome based incentives.

<p>Fred Cerise—Director of Parkland Hospital</p>	<p><b>Primary Message:</b> Supports the waiver and recognizes the advances it has provided. HHSC should look at potential IGT solutions that would be more equitable. One potential</p>
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	<p>solution would be allowing all entities to put up own IGT through participation fee or something similar. HHSC should consider waiver funding for providers as incentives to establish system of care for the uninsured which could allow us to create a bridge to an insurance program in the future.</p>
<p>Parkland is the anchor RHP and an IGT entity. We support DSRIP and support increasing UC funding. Without Medicaid expansion, the waiver has been crucial to maintain access for people in region. Even with Medicaid expansion, there would still be a high number of people who would be uninsured and so there would still be a need for UC care.</p> <p>DSRIP and transformation takes time and we realize many projects have not fully matured and so they support the extension of most of the projects. Reduction in DSRIP valuations will be a problem for public IGT entities. All the large IGT entities are stressed and the IGT is becoming increasingly difficult. When we IGT for the DSRIP projects, the recipient hospital receives 100% of the valuation for the DSRIP programs. The public entities receive roughly 60% because we have to put up the IGT to make that happen. I would hope the agency would look at potential solutions that would be more equitable. One potential solution would be allowing all entities to put up own IGT through participation fee or something similar.</p> <p>We recognize the number of advances through DSRIP projects but there remains a sense that we still lack true systems of care for the uninsured. Recommend that HHSC consider waiver funding for providers as incentives to establish true systems of care for the uninsured which would include coordination of primary and preventive care, specialty care, inpatient services, post-acute services, ancillary services including pharmacy, imaging, labs. Establishing true systems of care would allow us to incorporate what we've learned from various DSRIP projects and partner with other entities to tie them all together in a system of care which could allow us to bridge to an insurance program in the future.</p>	
<p>Sara Loera—Manager at Metrocare Services</p>	<p><b>Primary Message:</b> Supports the waiver. DSRIP project has provided ABA therapy to individuals with Autism Spectrum Disorder, which isn't available under Medicaid. This care is both cost-effective for the state and extremely valuable and effective for the client and the client's family.</p>
<p>We oversee two 1115 waiver programs for individuals of all ages with behavior health care needs or IDD. She's a board certified Behavior Analyst. Without effective treatment, individuals with autism can incur lifetime cost of services of at least \$3.2 million. Autism cannot be cured but the symptoms can be treated. Applied Behavior Analysis has the highest scientific evidence as an effective treatment. Research has shown that 50% of children with intense ABA therapy before age of 4 will no longer meet Autism Spectrum Disorder definition.</p> <p>With the 1115 waiver we've addressed all aspects of behavior including toileting, food refusal, and tooth brushing. Through this project, each child and family's life has been improved. For example, one 2 year client with behavioral issues can now transition without hurting herself, can communicate with others, participates in learning life skills, and no longer has issues when transitioning. This outcome wouldn't be possible without the 1115 waiver.</p> <p>ABA has high initial cost but long-term costs can be reduced by an average of \$1 million-\$2 million per person with this intervention. Without treatment, these individuals will need long-term care. ABA for one year is less expensive than ongoing supported that would be required without therapy. Medicaid doesn't currently pay for ABA therapy. Our project serves 180 kids and will save significant money for the state while improving the lives of our patients and families.</p>	
<p>Eilene Rosenblum—President of the</p>	<p><b>Primary Message:</b> Supports the waiver and believes that</p>

League of Women Voters	Texas should pursue Medicaid expansion.
<p>Emphatically supports healthcare coverage for the poor. DSRP funding is critical for hospitals and Texas must accept all the available federal funds. Texas must negotiate with CMS to include Medicaid expansion and waiver extension. This combo will let Texas get better standing to get maximum ROI and get greatest possible funding for Texans. Uninsured individuals in Dallas fall in the coverage gap and could get care through Medicaid 1115 waiver request. Dallas could get \$580 million in new federal Healthcare funds if 1115 waiver included Medicaid expansion. This way federal tax dollars could come back to Dallas county.</p>	
Julie Adoilin-Fries—JPS Health Network	<p><b>Primary Message:</b> Supports the waiver and emphasizes important role inpatient discharge process plays in successful transition of care for their patients.</p>
<p>They have a program focused on partnership with long-term care and have established partnerships with local long-term care facilities. They have provided long-term care transitions and partnered with 7 local skilled nursing facilities. At the beginning of the partnerships, readmission was at 21%. Since then the readmission rate has gone down to 3.1%. The program has hired social workers and education coordinators to provide continued education and growth. These partnerships add incredible value not only for care at post-acute facilities but also for bringing to the forefront the important role that inpatient discharge process plays in successful transition of care for their patients.</p>	
Brianna Brown—Director of Dallas County Office of the Texas Organizing Project (TOP)	<p><b>Primary Message:</b> Supports the waiver program but it is just a band-aid for Texas' large uninsured population. Expect that, like Florida, Texas will not receive UC request. We need Medicaid expansion.</p>
<p>TOP has 60,000 supporters across the state Texas in the largest urban counties. They support 1115 waiver as they provide innovative ways to provide care, but it is not a substitute for real coverage through Medicaid expansion.</p> <p>It's impossible to have a conversation about the waiver without talking about the larger issue of Medicaid expansion. We have as an example Florida's 1115 negotiation. They didn't get all the funds they requested because they state didn't draw down from federal expansion dollars. Like Florida, Texas' 1115 waiver programs are also being used as band-aids for people who are uninsured. Texas continues to lead the nation in the number of uninsured and people who would benefit from Medicaid expansion. Texas has the largest population of uninsured and it's a major burden not only for the people who are uninsured, but for all individuals, all Texans, our families, our local economies. Texas will likely not to get all of the requested funds because state leaders won't negotiate for \$110 billion federal dollars for Medicaid expansion. It's tragic because the elected officials have unfettered access to healthcare that taxpayers pay for and we can't find a way to provide for the most vulnerable of our citizens.</p>	
DeShawn Bunton-Avery— West Dallas Branch Texas Organizing Project (TOP)	<p><b>Primary Message:</b> Supports waiver. Without the 1115 waiver, I will not be able to access healthcare at Parkland. We need a Texas solution to the problem of healthcare access.</p>
<p>She is in the coverage gap. For years she worked as an administrative assistant and healthcare provider and she relied on her partner for health insurance. Now she's on her own and she relies on Parkland for her healthcare. She is grateful to Parkland for their services but if Texas doesn't apply for the 1115 waiver, it won't be possible for her to access her healthcare. As a mother, grandmother, and a new great-grandmother, she wants to live a healthy life. She would like for all of her children, grandchildren, and great-grandchildren to also live a healthy life. In order for that to happen, we need to find a more permanent fix to the problem of access to healthcare. We need more than a band-aid.</p>	

We need to find a Texas solution to the problem of healthcare access.	
Gary Brown—JPS Health network; Dir. Special Projects	<b>Primary Message:</b> Supports waiver. Projects have been successful and have improved population health.
<p>Supports waiver renewal. We have a PCMH DSRIP project and chronic care DSRIP project. Waiver helps JPS deliver on the triple aim. We have reduced ED use for preventable conditions from a rate of 15 and above to 13 per 1,000 patients; increased colon cancer screenings from 39% to 55% and above. Increased shared-decision goal setting from 30% to 90%. They've been able to move the needle on A1C and blood pressure control beyond belief.</p> <p>A patient used to have to wait over 120 days to see a PCP prior to waiver. There are now some sites where a patients just has to wait 15 days. All sites have same day access for acute care needs. JPS serves the most vulnerable and under-resourced medically neglected population in Tarrant county—they are the county hospital.</p> <p>In May 2015, our 13 primary care sites earned NCQA patient-centered level 3 recognition—NCQA's highest distinction. The medical home model requires team-based care so they've created new positions to expand team over the past 2 years. The care team uses technology and new registry to close care gaps, increase number of touch points (for example, remind people to get labs, and reach out to folks who haven't been seen recently). The team includes clinical pharmacists, health coaches, social workers, and navigators.</p> <p>Round 1 helped create the platform and establish the trajectory to be a game-changer in the community they serve. Without waiver many of these changes would not be in place. It has allowed them to innovate and pilot small tests of change with a value based purchasing type payment model while remaining in a safe environment. They now have building blocks in place to mature their population health strategy.</p> <p>If not for all the concurrent, 23 plus DSRIP projects, the "big bang" and clashing of them wouldn't have occurred. This clashing was the cause for some ah-ha! moments and the identification of synergistic opportunities. There are different levels of change, from executive leadership on down to the front-line staff. We now have front-line staff asking about Lean 6 Sigma and quality improvement, and project managers asking about research methodology with hopes to publish research. It changes the narrative from care management to population health management and an infrastructure to support this change.</p> <p>They have a southeast medical home in Arlington where they've located many services and are talking about another project in Ft. Worth. Teams are now talking about understanding and addressing social determinants of health, which they weren't talking about before. Now we have building blocks to support population health strategy as a result of DSRIP.</p>	
Kevin Alexander—Dallas Area Interfaith	<b>Primary Message:</b> 1115 waiver has solutions that DAI supports but it is not a substitute for Medicaid expansion. We must have contingency plans if funding for 1115 waiver renewal is not available.
<p>Dallas Area Interfaith collectively represents over 90,000 congregants. In concept the 1115 waiver has solutions that the DAI supports. The 1115 waiver has had successes, challenges, and failures. It is essential to continue the health safety net but there are some improvements that can be made. Funding is inadequate by your own acknowledgement. It is not intended to be nor is it sufficient to replace expanded healthcare coverage by state of Texas.</p> <p>We must focus on projects to improve healthcare outcomes. We must have contingency funds if funding is withdrawn so programs that are working and transforming care can continue. RHPs and anchor hospitals need to include community stakeholders, not just hospitals. We must be better coordinated and improve access. MCOs must be required to participate in 1115 project relevant to the population that they serve. We must demonstrably state all lives matter and push for health care</p>	

expansion in state of Texas.	
Janie Metzinger—Policy Director for Mental Health	<b>Primary Message:</b> Supports the waiver but it is not a substitute for ACA expansion.
<p>North Texas Behavioral Health tried to get involved but met foot dragging and stonewalling with HHSC. As a result some counties were unable to benefit or get as many dollars for Behavioral Health as other parts of the state. At the time these counties provided care for almost 1/3 of all people receiving mental health care in Texas. Many North Star clients are uninsured. Sunset commission recommended dissolution of North Star largely because it impeded participation in 1115. The legislature approved HHSC's recommendations. They must now make sure that these areas get their share of more DSRIP funding. Recommend that as lessons are learned, gains and cost efficiencies are documented and incorporated in state health care system. 1115 waivers are not substitute for expansion of ACA though. Only half of Texas individuals covered by their employers. Medicaid expansion would have led to 50,000 jobs per year. In addition to 1115 waiver, Texas needs to expand Medicaid to make state healthier individually and economically.</p>	
Mariam Foschay—Dallas tax preparer	<b>Primary Message:</b> Supports the waiver and Medicaid expansion.
<p>Supports the renewal of the waiver and thinks the state should expand Medicaid as provided under the Affordable Care Act. When their income falls below the federal poverty line, individuals would get health insurance if they made \$100 more, but since they live in Texas, they get nothing. Getting free medical treatment is long arduous task and many of my clients have ill health and poverty has removed them from workforce. Texas should expand Medicaid.</p>	

**Texas HHSC 1115 Transformation Waiver Renewal Extension Application  
Public Stakeholder Meeting – July 15, 2015  
Edinburg, Texas**

3. Presentation by HHSC – Kim Tucker and Ella Schwartz
4. Public Testimony

Ann Williams Cass – Executive Director of Projecto Azteca/Equal Voice Network Health Working Group	<b>Primary Message:</b> Supports DSRIP Waiver renewal and programs but doesn't provide the coverage people need. Supports including Medicaid expansion as part of the waiver renewal.
<p>Our organization has struggled to keep programs operational. Funds are critical to keep hospitals open and keep services for the whole community. We support waiver renewal and also support Medicaid expansion. Waiver doesn't provide the same financial security as Medicaid expansion. Over 200,000 people in Hidalgo county would qualify for services. It would bring close to \$400 million per year.</p> <p>Most health care services (cancer, broken bones, etc...) are not an "emergency". I'm tired of hearing that people are having a BBQ fundraiser to pay for their cancer treatment. I'm tired of young people who are dying because they don't have insurance or access to health care because they are in the financial gap. It would be a win-win for Texas to negotiate for a waiver renewal that includes Medicaid expansion. We support including Medicaid expansion as part of the waiver renewal.</p>	
Viola Elizondo – Board Member of Nuestra Clinca del Valle (FQHC)	<b>Primary Message:</b> DSRIP has been a great benefit in the Valley, but does not meet the community's bigger needs. Supports waiver/DSRIP renewal but recommends including Medicaid expansion as part of the waiver renewal.
<p>Delivery system reform has been crucial to providing help in the valley, but the waiver doesn't go far enough. We have a patchwork of services that doesn't provide the ongoing services uninsured people need – only health insurance can do that. They need ongoing, reliable care that only health insurance can provide. Patients needing specialty services can't cobble together the money to pay for services or find the specialist who will treat them. We need more help than local clinics can provide; we need insurance. The waiver in its current form doesn't meet our community's needs. I've been totally uninsured most of my life and it took me 10 years to get dental care.</p> <p>I have worked for non-profits most of my life. Many nonprofits either don't or can't provide the benefits or insurance people need. I am lucky to now have a job with insurance and can get services I need, but people need a long-term solution – they need insurance. Please consider expanding Medicaid in the next waiver request. Vulnerable Texans need more coverage than is available under DSRIP.</p>	
Israel Rocha, CEO Doctors Hospital at Renaissance	<b>Primary Message:</b> Supports waiver extension and Medicaid Expansion. Is strongly in favor of expanding the UC pool to provide for high uncompensated care costs.
<p>On behalf of Doctors Hospital and others in the community, I am here today to support renewal of waiver. Hidalgo County and others in Rio Grande Valley have the largest uninsured population in country. Almost 40% of Hidalgo county residents are uninsured compared to 24% statewide. DSRIP has supported our ability to improve access to primary care and develop integrated models of care through our projects. We've improved access by expanding specialty services. Hope Clinic project expanded care through provider recruitment. We've improved the quality of care through our Med Reconciliation and Chronic Disease Registry projects. Care Link Clinic has implemented medication</p>	

therapy management to provide discharge care and eliminate medication errors. We've also decreased costs and identified cost savings through the medication therapy management program. Program also has reduced readmissions due to medication errors. Creation of the Local Provider Participation Fund in 2013 has enabled us to find a solution that allows us to access funding without increases in property taxes, additional costs to insured or uninsured patients, or requesting assistance from the State. One of the most critical elements of waiver is the preservation of the UC pool. A lot of our patients go in and out of Medicaid or lose their ACA subsidy, which increases even more the number of uninsured patients we serve. Safety net maintenance is critical to system sustainability. Even after receiving UC and DSH funds, hospitals are projected to have non reimbursed costs of over \$8 billion. I urge you to aggressively pursue not only an extension of the waiver but also the significant expansion of the UC pool.

Sonia Shafer – Project Azteca	<b>Primary Message:</b> Recently lost her sister to cancer because no one would provide treatment without insurance or Medicaid coverage. Supports Medicaid expansion.
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Waiver extension should include Medicaid expansion so women like my sister don't have to go through what she went through. Two months ago, my sister died of cervical cancer because she didn't have insurance or money to get services. She had doctor's orders to be submitted to a hospital but they either wanted a medical card or cash and we had neither. We tried everything – no one would help because she had no money and no insurance. I don't want people to go through what we are going through. Medicaid expansion would have saved my sister – everyone turned their backs on her. We need expansion.

Amber Ariago Salinas – Director of PR for Projecta Azteca and the Rio Grande Valley Equal Voice Network. Speaking on behalf of Michael Siefert	<b>Primary Message:</b> The waiver should include Medicaid expansion. People are going without necessary care and it's our responsibility to help take care of them.
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I work at the Rio Grande Valley Network, a collaboration of ten community based non-profit corporation. Texas is the 10<sup>th</sup> wealthiest economy in the world. As a long-time resident of the Rio Grande Valley and a community advocate, I'm familiar with the struggles of residents of this wealthy state. Some will dismiss their struggles as unfortunate. But when it comes to healthcare, there is no escape from public responsibility. We are all responsible for everyone's health. If a woman doesn't know how to care for her TB, that fact affects others because she can't take care of her family or may infect others. The man who has a diabetic incident while driving hurts others if he has an accident. It is our responsibility to take care of people without insurance because their health impacts the rest of us. Politicians have been irresponsible. This crisis in the Rio Grande Valley is critical which even as the poorest part of Texas, doesn't have a public hospital. Negotiations for the waiver renewal must be tied to Medicaid expansion. My wife is a pediatrician in an FQHC in Brownsville. She has created a "Fracture fund" in order to help moms put up the money they need to get treatment for their children when they have accidents or break arm and can't pay to get help for their kids. She had a mom who had to raise \$1,000 in order to get surgery for her child's broken arm. It is a shame that we can't take care of our children. Include expansion in the waiver negotiation.

Eduardo Olivarez – CMA of Hidalgo County Health and Human Services and anchor of Region 5.	<b>Primary Message:</b> Supports waiver renewal. DSRIP has been a great success for region and has led to significant improvements in region. Despite improvements, we still need support Medicaid expansion. Supports suggestions of other speakers.
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It's important and vital to continue waiver. We have 78 DSRIP projects with over 206 million dollars in projects. We have 12 providers. Some programs supported by waiver are in partnership with UT, which has been a great partnership. DSRIP has helped develop medical school and fund additional internal residency, surgical residency, OB/GYN residency, and preventive medicine education. These programs provide services to the uninsured and underinsured and others in need of assistance. DSRIP is long overdue and is helping people.

Our Region qualified for over \$800 million but didn't have the tax basis to qualify for the full value. During legislative session, the legislature approved ability of our region to put up additional match to receive more DSRIP funds, which would be very helpful during the expansion period.

We also need to look at DSRIP from a global perspective – expansion of Medicaid is critical to our community. However, the 1115 waiver is the pathway and has helped us start improving our system. We have the intellectual skills and commitment to deal with health care and mental health needs of our community. We need to continue to educate our residents to take responsibility for their health. Look at waiver from education and economic perspective and see how it has helped develop health policy in our community. Through all of our partners, the extension is vital and necessary, but we also need to consider adding additional components to the program as indicated by other speakers today.

Lynna Agado – Customer Relations Supervisor at Brownsville Community Health Center	<b>Primary Message:</b> Waiver is good, but we need Medicaid expansion. DSRIP is patchwork coverage but not a solution for the uninsured.
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While waiver has helped serve patients through specific projects, such as PCMH project, it leaves a large number of people without help. DSRIP is a patchwork program and only serves certain people but doesn't provide comprehensive services. Millions of people fall in coverage gap because of Texas' failure to expand Medicaid. Most of our patients fall below the poverty level and continue to be without coverage due to the state's decision not to expand Medicaid. My health center participates in DSRIP projects that help patients temporarily – it is not a long term solution.

Graciela Camarena – Program Manager, Children's Defense Fund of Texas	<b>Primary Message:</b> Supports waiver renewal but also wants Medicaid expansion included.
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Children's Defense Fund works with families to get their kids enrolled in CHIP and Medicaid. Most kids will qualify but their parents don't. Waiver doesn't provide access to services many adults need to avoid disability and costly hospitalizations. A woman who was supposed to be with me today couldn't come because she is now hospitalized with pancreatitis. It's the 4<sup>th</sup> time in the past 6 month she's been hospitalized. She has two children who qualify for Medicaid but she doesn't. She makes \$8,000 a year and is in the Medicaid ACA coverage gap. Texas needs a unique Medicaid expansion plan with our waiver renewal, which would garner \$5 billion in federal funds in 2016 alone. It would benefit DSRIP program as well. Texas needs a coverage gap plan along with waiver renewal.

Cheryl Sproles—Director of Outreach, Su Clinica	<b>Primary Message:</b> DSRIP is not a solution for the uninsured. Medicaid expansion should be included in the waiver renewal.
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Waiver is not a substitute for insurance as everyone has been saying. Provides some benefits for uninsured but doesn't resemble health coverage. Focusing our effort on waiver ignores that fact that a large percentage of people in Texas don't qualify for marketplace or can't afford it. They have no access to services beyond what clinics like Su Clinica provide.

Story of one family we are working with: family comes in to apply for subsidized coverage in marketplace. Mother is 41 years old and mother of two. One son qualifies for Medicaid (11 years old), but the other doesn't because he's too old (19 years old). The ineligible son was in an accident that caused permanent head trauma. He is going to be disabled for his entire life. He has no coverage.

She can't afford medicine he needs in order to help with his injuries. This is just one story. Medicaid should be viewed as an economic investment and workforce investment not as social welfare. The waiver was meant to prepare the state for the newly insured as part of the ACA. Without expanded coverage, many people in the community will continue to suffer and having the temporary DSRIP funding will not give our families the help they need. We need to expand Medicaid.

<p>Adela Villapondo—Parent of son with a mental disorder</p>	<p><b>Primary Message:</b> DSRIP has been a benefit for this family. Her son is a recipient of the care of Tropical and she has seen first-hand the positive results of their work with the police force and individuals with mental disorders and/or psychotic episodes. Her only complaint is that she would like more officers involved in the training. S</p>
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1115 waiver has helped my son, who has a mental disorder, and my family. Before, when my son had an episode, the sheriff would go out but they weren't trained in mental illness. There are 18 officers housed at Tropical MHMR and now every time a family calls because their son or daughter is having a psychotic episode, they will go out in unmarked cars and regular clothing, which makes it easier on the patient and the family. They go out and try to get the patient to go to the hospital without any handcuffing the patient or roughing him or her up. Only complaint is that we need more officers in the program because it makes it so much easier for patients to get help. When you see a sheriff driving up to your house, all the neighbors wonder what's going on, you and the patient get nervous. These officers know what to expect, what to say to the patients and the family and what services are available. I have sincere thanks for the waiver and really, really hope that it continues.

<p>Rafael Enoc Contreras—Student, on Board of Directors of NAMI and also a patient at Tropical MHMR</p>	<p><b>Primary Message:</b> Supports waiver renewal. He has personally experienced the benefits of services provided under DSRIP. Also would like to see the mental health officers task force used in other towns.</p>
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He has seen first-hand the benefits of getting transportation to the drop-in center for services through 1115 waiver. He can't drive and needs transportation assistance. It helps to get a ride there. The facilities are outstanding, provides place where you can play basketball, work together to cook food for patients, has a computer room, exercise room, TV room, etc... It helps him and other patients a lot. He wants to read what the president of NAMI (his mother) said as she is sick and could not attend the meeting:

Good afternoon, my name is Stephanie Contreras, I'm president of NAMI. I would like to share how the waiver is helping people in this area of mental health. None of the patients or family members have spoken about mental health services and the impact of these projects. Tropical received funding for 15 projects. The mobile clinics come to our schools, colonias, and HOPE clinic provides services for people who can't travel. By providing a primary care doctor at clinic, it reduces hospitalizations and prevents conflicts with hospitals and law enforcement. Three programs with the most impact:

- 1) Elimination of the children's waiting list – need more availability of services for kids.
- 2) For years patients have been sitting at home in isolation with mental illness, which can be devastating for someone with schizophrenia. Now they have a drop-in center which helps them socialize and gives them a reason to get up (which is what he talked about earlier).
- 3) Project with greatest impact is the mental health officer task force. All of the criminal justice authorities throughout the Valley have different processes for dealing with people with mental health issues. Some arrest the people, even when in their own home. In one example, officers arrested a woman who was having a psychotic episode in her own home – arrested her for public intoxication. In another town, officers refuse to honor emergency detention orders on a regular basis. The officers housed at the Tropical clinic are making a real clinic. We

<p>need more officers participating in the waiver program. They have the authority to treat people with kindness and understanding and help patients rather than just arrest them. I cannot stress what a difference they are making.</p>	
<p>Chris Ganas—Director of Governmental Affairs for Methodist Healthcare Ministries</p>	<p><b>Primary Message:</b> We support waiver extension but also want state to apply for Medicaid expansion. Concerned CMS will take action similar to what they did in Florida. Texas needs expansion to take care of our neediest families.</p>
<p>Methodist Healthcare Ministries appreciate the waiver and HHSC’s efforts. We are a non-profit providing medical and dental services and health related human services to low-income uninsured residents. We provide financial assistance for organizations throughout the valley. All these programs are part of our community programs throughout the valley. Since its inception, MHM has provided more than \$500 million in services – is the largest private funder of uninsured services in South Texas. Budget is now \$75 million for nearly 900,000 client encounters. Grants total more than \$20 million.</p> <p>Despite our mission and 20 year commitment, it is simply not enough. Millions of residents can’t afford insurance, obtain care or services. The waiver was approved to ensure hospitals continue to receive reimbursement for Medicaid recipients and uninsured care. When the MHM supports extension of waiver and suggests Texas use the 1115 waiver flexibility to negotiate with CMS to extend Medicaid for the uninsured. A number of conservative states have offered alternatives and received federal approval. It is a shame Texas has turned our back on that state’s poorest working families. Providers have met the challenge and have operationalized more than 1,458 DSRIP projects to tackle uninsured. Despite many changes in rules, providers experienced success and deserve an opportunity to use these tools for additional people who are uninsured and fall below the poverty level.</p> <p>In Florida, CMS has indicated they will no longer fund similar programs to care for people who could qualify for care under expansion. Texas will undoubtedly face the same outcome. Please don’t just check the box for waiver extension – we urge you to think outside the box. Expansion didn’t happen in Texas and the true purpose and goals of the waiver are no longer valid. Need to include workers and providers who are serving the uninsured in rural areas and provide additional solutions through expansion. We appreciate HHSC for staying the course. Methodist is here to help share our strategies with state and get coverage for our neediest families.</p>	
<p>Marlena Chavez —representing herself</p>	<p><b>Primary Message:</b> Would like to see Medicaid expansion added to waiver to address high rate of uninsured. DSRIP is not a health care coverage program.</p>
<p>Works as policy analyst for Rio Grande Legal Aid – speaking as a resident. Despite DSRIP program endeavors, it is not a true health care coverage program. Texas has highest rate of uninsured, highest rate of rural hospital closures. Hidalgo county has highest rate of uninsured among all urban counties.</p> <p>I recently participated in a fundraising walk to represent my mom’s friend with colon cancer who didn’t get the care he needed because he couldn’t afford it. As part of the waiver renewal, you must provide care to everyone who is uninsured. Texans shouldn’t be dying because they can’t afford health care.</p>	
<p>Sofia Hernandez, VP of Government Affairs at Doctors Renaissance Hospital</p>	<p><b>Primary Message:</b> Supports waiver, including an increase in UC funding to support hospital’s ability to serve uninsured Texans.</p>
<p>Our hospital is a 530 bed facility and our payer mix is about 70% Medicaid/Medicare. We have a high</p>	

rate of uninsured in this area, and it's a great burden on the local healthcare system and the uninsured. When looking at what DSRIP projects cover, we'd like to see improved access to primary care and particularly specialty providers. We need more providers in this region.

Our DSRIP projects bring maternal fetal medicine specialists to the region. Also have school based clinics, diabetes mental health support. We have a clinic that provides care for the uninsured that provides the only free clinic in the community. We've invested \$60 million to residency program and we are putting our money back into the community. The waiver support for graduate education is an excellent program and the extension would help support those efforts.

We know Medicaid isn't stable for many people as their income changes. There's a lot of unmet need as a result. As part of the extension, we support an increase in the UC pool funding so we can continue to serve uninsured Texans.

**Texas HHSC Transformation Waiver Renewal Extension Application  
Public Stakeholder Meeting – July 22, 2015  
El Paso, Texas**

1. HHSC intro and overview of waiver renewal
2. Stakeholder comments

<p>Jose Luna Centro San Vicente</p>	<p><b>Primary Message:</b> The 1115 waiver was not intended to be a substitute for expansion; it was meant to complement it. Texas leaders should not follow in the footsteps of Florida.</p>
<p>We serve approximately 15,000 patients and over 10,000 fall into the coverage gap created by Texas not expanding Medicaid. The majority are working poor – they don’t qualify for subsidies but also make too much to qualify for Medicaid. While the 1115 waiver is a boon to the working poor in our community, it is not a substitute or a replacement for expansion. The Medicaid waiver was designed to complement, not to replace access to care under the Affordable Care Act. The waiver benefits our community in two ways: first by uncompensated care costs and second by incentivizing the healthcare system with the DSRIP pool. What is most clear, however, is that no DSRIP project replaces coverage. The DSRIP projects were not envisioned as substitutes for coverage. They’re intended to build infrastructure to support increased demand for services from a population newly covered under the ACA. The current waiver was developed by HHSC and approved by CMS with the underlying assumption that Texans with poverty level wages would have access to care through Medicaid expansion and that hospitals that provide these services would have increases in revenues with decreases in uncompensated care costs and a reduction in the number of uninsured. This has not happened.</p> <p>By not expanding Medicaid, Texas leaders are putting federal funding for the 1115 waiver at risk. Let us not follow in the footsteps of Florida. Let me repeat that: let us not follow in the footsteps of Florida and risk federal funding to care for the poor of our state. Absent expansion, the state is at risk of losing funds for the uncompensated care pool and funds that would be used to subsidize care for those that would be covered under Medicaid expansion. To summarize, the current 1115 waiver serves an incredible and vital function in preserving uncompensated care funding for hospitals providing services to uninsured, low income Texans. Texas leaders and HHSC should make a realistic approach to negotiating with CMS to ensure the viability of community and safety net hospitals. The 1115 waiver is a great asset to our community but it was not intended to serve as a substitute to health coverage. Absent expansion, the viability of the 1115 waiver, hospital districts and safety net providers are placed on a precarious slope of losing uncompensated care dollars and ultimately their ability to care for Texas’ working poor.</p>	
<p>Enrique Martinez Sierra Providence Health Network</p>	<p><b>Primary Message:</b> Supports continuation of waiver and an increase in UC funds.</p>
<p>The waiver was designed as a system of local organizations with the mission of achieving large scale transformation by sharing, adapting and further developing comprehensive quality improvement strategies. To achieve a high quality healthcare community we also aim for better care at lower cost and improved health. These goals are aligned with the framework of the triple aim, which focuses on improving the patient experience, improving the health of populations, and reducing the per capita cost of health care.</p>	

The 1115 waiver program has supported approximately 177 total projects in our community that have a primary focus on health promotion, disease prevention, chronic care management, behavioral health and crisis intervention, primary care expansion, redesigns that result in increased access to care and care coordination, and care transitions. Significant payment and delivery system reform programs are needed to advance and achieve the triple aims and to continue the journey to transform our systems to more integrated, cost effective and patient centered systems. For this reason, to build upon the foundations set out and to maintain the momentum of the 1115 waiver program projects, CMS and HHSC should approve the renewal of waiver. The renewal should include increased uncompensated care funds to provide care for uninsured patients, which are in significant need in our state. CMS and HHSC should ensure the waiver moves forward to meet the needs and goals of the triple aim and to make healthcare reform a success for our El Paso community and for Texas.

Gilbert Handel  
El Paso County Medical Society

**Primary Message:** Support waiver but want physicians to have more active engagement in the next round.

Today I'm representing the El Paso County Medical Society. The society appreciates the economic support and resources provided by the waiver. The waiver investment has relieved some of the difficulties imposed on hospitals caring for uninsured/underinsured patients. We support the extension of the waiver as planned by HHSC. However many physicians in the community are frustrated at being left out of the process. Physicians in private practice are the backbone of health care (nearly 80%). We believe that any relevant and meaningful transformation of healthcare has to include actively practicing physicians. Give more relevance to the physicians in practice to develop real transformation and quality improvement programs.

We need UC for physicians as well. They're paid so poorly right now. We need to pay up providers properly. Physicians try to provide the best care they can. As it is, only 31% of physicians in Texas take Medicaid patients and that number is likely to keep dropping. We need to think about what the role of Medicaid is in providing care. Is there a role beyond supporting hospitals? Should we consider preventing individuals from getting to the hospital? Physicians were excluded from the first round of projects. Community docs, the system's backbone, need to be included moving forward. The Medical Society believes community physicians should have a say early on and as the process continues, for the system to truly be transformed. We support the waiver but want physicians to be more integrated into the program.

David Porras  
UT – El Paso Student Health Center

**Primary Message:** Favors expansion of the waiver, which has been an asset for the community's neediest members.

I am speaking in favor of expansion. I have over 35 years of experience, with 34 at Texas Tech and approximately 15 of those years were as the business manager. I'm currently the business manager for the UT El Paso Health Center. We see approximately 7,000 patient, or students, per year of which 80% of them are not covered by health insurance, despite the ACA. They just don't think healthcare is important. But we provide primary health care for them at a reasonable price. I experience firsthand the problems and the financial issues that our working poor have – not only if they have a hospitalization or need emergency care, but just with necessary primary health care. So I feel that the waiver is a great asset to our community, our hospitals and especially our hospital district. The absence of that extension would create a tremendous burden in providing health care to our working poor in our community. The loss of the uncompensated care pool for our hospital district would be detrimental – and – as far as the hospital district is concerned – may even increase our taxation for those of us that own houses. I think we need to send a strong message to the federal government to continue the 1115 waiver so we can continue this important endeavor of providing healthcare to the neediest in our region.

Shawn M. Petty EMT, SEIU Texas	<b>Primary Message:</b> Supports waiver, but CMS will not approve the waiver renewal without a clear policy purpose.
<p>The 1115 waiver is critical access, high quality care and transforming healthcare system to meet future needs. Annually, the Texas Medicaid program spends a total \$33 billion and \$5.8 billion (18%) is funding from the 1115 waiver. The waiver is even more important to household funding here in El Paso. We agree that Texas should ask for more money in the waiver renewal to support key safety net providers who care for the indigent. Even with the current waiver, there is still \$8 million of uncompensated care costs here in El Paso. Due to structural factors in Texas, the burden of uninsured is harder here than anywhere else in the nation. Texas would still have a substantial population of uninsured even if the state even if the state pursued a Medicaid expansion. Increases in the UC pool would help alleviate the burden of the uncompensated care. The current administration at CMS will not approve a waiver renewal for the money without a clear policy purpose. CMS has already communicated to Texas and similarly situated states such as FL, KS and TN that coverage is preferred to UC and that payment rates must be sufficient. CMS has increasingly asked for accountability for new moneys in other states. CMS's tentative approval of FL's waiver will reduce their LIP pool by 40% starting in 2016. We believe CMS will treat TX similarly. Unique policy solutions are needed for CMS to continue funding the waiver. Programs that provide increased coordination of care win-win for the uninsured Texans, providers, the state and CMS but any solutions should be Texas specific and includes provider input.</p>	
Michael Romano Texas Tech UHS	<b>Primary Message:</b> Support waiver, as we have seen great benefits in the area. Would like to address provider shortages under renewal.
<p>With the DSRIP portion of the waiver, Texas Tech has created series of projects focused on two things. The first was systems and processes that expand access to care for patients with diabetes. We're in a region with a huge burden of underserved patients and a large Hispanic population – both of which consistently demonstrate they suffer from a great health care disparity with diabetes. To that end, DSRIP has allowed us to develop a PCMH for primary care, create patient registries first for those with diabetes, establish a sustainable program and recruit providers to provide care for kids in the region with diabetes and increased access to eye care for patients with diabetes. The breadth of the project/program was made possible by the 1115 waiver.</p> <p>The second thing was to increase access to a number of critical shortage areas for our region, including areas which have traditionally been most difficult to recruit. In most cases we focused on situations where additional funding could help establish graduate medical education training as part of the infrastructure. We recognize that training is not a core function of the waiver, however in the context of building infrastructure in terms of long term needs, which includes access to Medicaid providers and access for the uninsured population, these dollars are very well spent. Our academic health centers, which are traditional providers and care for this population, are uniquely positioned to be entrusted with this opportunity. However, such programs are more likely to be sustainable if program startup costs are covered. We've recruited additional child psychology fellows to address the significant BH shortage in our area as well as expanded our neurology program. The program's comprehensiveness is – again – made possible only because of the 1115 waiver.</p> <p>With the waiver's continuation, I ask that it continue to address provider shortages. Despite all the projects for training and expanding access to care, the shortage continues to exist. Training your own is the single best investment of dollars. Certain projects across the state have had metrics to recruit providers and struggled with that recruitment. We ask that those projects be allowed to continue based on the current needs assessment, as those needs continue to persist. I also request the renewal</p>	

include latitude in expanding projects that reflect the fact that needs and resources have changed since the projects began, or that a project's focus may have been updated. The region's landscape has changed considerably in the last five years. As an example of BH, a project that was initially focused on child psychology should be allowed to expand to other areas. Finally, it would be ideal to create and/or streamline an MCO data share process in the next round. It is extraordinarily difficult to track these populations through the system; we spend a great deal of time tracking them and the MCOs have the information. If we had a way to real time track them that would help us provide better care as well.

<p>Vivak Singh Texas Tech Health Science Center</p>	<p><b>Primary Message:</b> Supports waiver renewal. Would like to see expansion of BH projects beyond child psychology.</p>
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I've been in El Paso for six weeks now. I have not been involved in the DSRIP projects but I do understand there is a tremendous shortage of psychiatry in El Paso. For us to think that a 5 years investment in our current training would be enough to take care of that shortage would be a mistake. It'd be the same thing as asking someone who has put on weight over the last 15 years to lose that weight in five days, or even five weeks. We need a sustained investment – in terms of providing the infrastructure to provide the best BH services in a community that has traditionally been deprived of health access.

I recently talked with our local judge in charge of a DWI program. He said there are about 2,500 DWI's tickets issued each year in El Paso. If that's the number of tickets issued, can you imagine the number of people who are driving drunk? What that means is there's a tremendous shortage of substance abuse access, as well as a shortage of substance abuse providers. I would like to have the resources to recruit someone to meet that community need but we cannot do that unless we have the expansion of the 1115 waiver into other areas of BH apart from child psychology (although that program has been great.) Another project has allowed us to hire a child psychologist intern to come on as faculty. This proves that the investments are already beginning to bear fruit but this is not the time to withdraw, this is the time to move forward. I'm in complete support of the extension of the 1115 waiver, with the request that this program be expanded into other areas of BH – into primary care clinics, as an example, to treat patients with diabetes, high blood pressure and depression.

<p>Stormee Williams Children's Health System of Texas</p>	<p><b>Primary Message:</b> Supports the waiver. Has been beneficial for the community, especially telemedicine program.</p>
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I am testifying in full support of the extension and expansion of the 1115 waiver. As a pediatrician and who has spent many years working with poverty stricken populations in Dallas, I have seen firsthand the medical needs of that very fragile patient population. Over use the emergency departments, inadequate transportation, and failure to maintain a relationship with medical homes are among the many problems facing the medical community in and around Dallas and other poor areas of the state. Funds from DSRIP and the 1115 waiver have helped to lessen the burden of these problems.

For example, consider a single mom of 3, one of whom has asthma. She's working two jobs. She's heard her son coughing late at night for the last few weeks but her boss tell her frequently that there are others who want her job. The school nurse sends home a note letting her know that the cough is bothering him at school too. The teacher says that he seems to not be able to run and play during recess. What does she do? The local center closes at 5, when she's usually starting her second shift. But the ED is open when she gets out, right?

With the help of DSRIP funds, Children's Health has expanded its mission of Making Life Better for Children by using the innovation of telemedicine to reach children just like this. Telemedicine allows

pediatric providers to partner with school nurses, parents and the patients right where they are for most of the day – at school. The above patient is one of mine. The school nurse presented him to me to be seen via telemedicine for a rash. However, during the visit, I noticed that his cough was much more worrisome than the rash. Through our telemedicine components, the school nurse then plugged in her stethoscope and I was able to hear his lung sounds as if he were right in my office. My suspicions were correct – he was in the middle of an acute asthma attack. With a few clicks of my mouse and a review of his medical history with his mom, prescriptions were e-prescribed to the pharmacy. Care management was also contacted to reach out to his mom to make sure there were no boundaries to her receiving his prescription and that he had access to a primary care provider. A follow up telemedicine consult the next day showed him smiling and able to breathe much better. That’s why I do what I do – to help that child and many others who can’t make it into my office but need help nonetheless. It is our hope that HHSC continues to support the expansion and extension of the 1115 waiver so that together we can continue to do just that.

<p>Carol Daulton Children’s Health System of Texas</p>	<p><b>Primary Message:</b> Supports waiver. Would like to see additional funding for pediatric transformation under the renewal.</p>
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Having already discussed our Children’s Health projects above, I’m going to focus on children’s hospitals and DSRIP. Texas leads the nation with the most active participation of children’s hospitals in DSRIP. There are 139 DSRIP projects underway at children’s hospitals accounting for about 10% of total projects. Generally, the projects have focused on expanding access to care and specialty care to keep up with our fast growing population but we recognize those aren’t enough move the system to a value based system that ensures the best possible care, reduces per capita costs and improves health outcomes.

Children’s hospitals are uniquely positioned to lead the transformation of pediatric health care delivery to a value based system for the more than 3 million children covered by Medicaid in TX. In 2013, 57% of the patient days at children’s hospitals were covered by Medicaid. As regional centers of excellence for pediatric care, children’s hospitals have close working relationships with health care providers, managed care organizations and communities across large geographic regions. Through DSRIP, we can increase the collaboration with HHSC and our community providers. Children’s hospitals play a major role training pediatricians, pediatric subspecialists, nurses and other health care professionals who will be needed to serve the booming child population in TX in a variety of practice settings. Children’s hospital systems operate Medicaid and CHIP managed care plans that create a natural platform for aligning DSRIP projects and managed care quality improvement strategies. CHAT hospitals have joined together to create a quality safety collaborative that has made substantial improvements in asthma care in the ED and inpatient settings using rapid cycle improvement techniques. The existing CHAT collaborative framework can be replicated to address additional diseases and conditions affecting the Medicaid child population with resources that could become available through the 1115 waiver extension.

Our recommendations for the waive include: that HHSC reserves a portion of DSRIP funding for transformational pediatric quality improvement projects on a larger scale than is in the current 1115 regional approach. Potential projects could include: development of a portfolio of protocols, best practices and intervention bundles for pediatric care; extension of the CHAT quality collaborative protocols, best practices and intervention bundles to non-hospital settings including primary care offices, schools and homes with the initial focus on asthma; and further refinement and development of meaningful pediatric-specific outcome measures.

In conclusion, with our current 1115 projects we can document some objective and measurable early wins but we know much more will be achieved in future years, particularly in the case of children’s health care. A substantial portion of the return on investment will be realized as these children gain access to services that allow them to group to become healthier adults.

Pat White League of Women Voters – El Paso	<b>Primary Message:</b> Support continuation of waiver. It has presented great opportunities for the community.
Barbara Montoya League of Women Voters – El Paso	

For decades, local and state league of Women Voters have lobbied for comprehensive healthcare reform at all of government. Throughout the health care debates of the past few decades, Leagues worked to provide millions of Americans across the country with objective information about the health care system and its significant reforms. This included organizing community education projects, holding public forums and debates, creating and distributing resource materials and engaging members of Congress and leading policy makers and analysts. We thank you for allowing us to make these comments today.

The League is dedicated to ensuring access to affordable, quality healthcare for all Americans. We believe that all Americans should have access to a basic level of care, including disease prevention, primary care (which includes prenatal and reproductive health), acute long term care, mental health care and health promotion and education. Over the past 20 years, we have lobbied at the national, state and local levels for health care policy solutions, including the ACA, to control costs and ensure a basic level of care for all. However, today we come before you to present our comments for the continued extension of the 1115 waiver program in TX. We, at the local level in El Paso, understand the seemingly intractable impasse between our leadership at the state level and the federal government, but today we leave to others the current discussion of policy differences. We will focus on the need for continuation of the 1115 waiver.

Specifically, the 1115 waiver has provided El Paso County through it hospital district (the flagship, UMC), the flexibility to create and continue health care innovations and improvements. A centerpiece of this approach is bringing health care closer to home with neighborhood healthcare centers strategically located throughout El Paso county. The El Paso County Hospital district provided approximately \$222.8 million of charity care in FY2013. El Paso County has used the flexibility and innovation provided through the 1115 waiver program to participate with Texas in moving the Medicaid program away from a labyrinth of intricate governmental regulations to a private market based voucher system where Medicaid recipients pick a private health plan. It has allowed for the enrollment of more Medicaid beneficiaries into managed care, the reimbursement of UMC for certain uncompensated care costs and the implementation of an innovative services delivery system that improves care, increases efficiency and reduces costs.

This fall, Texas has to reapply for the money. Before the five year agreement expires next September, we ask that the 1115 waiver be renewed, otherwise our hospital district will be at risk for the uncompensated care it provides. An additional burden on our county tax payers will follow. El Paso property owners and the poor will simply become hostages in a battle between the State and Washington. Please renew the 1115 waiver.

Bill Schlesinger Project Vida Health Center	<b>Primary Message:</b> Supports waiver renewal, however it is not a replacement for coverage expansion.
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We’re one of the 3 community health centers in El Paso. We cover most of the area north of the

freeway and we're the sole provider in Hudspeth county. I would like to echo the above. The waiver is helpful and I would like it to look into integrating psychology into primary care. The issue with it is it will only get us so far. We have an increase in compensated care, as a result of the ACA. We've gone from 80% uninsured to 65% but we're still at 65%. Unless we deal with long term access to compensated care, covering uncompensated care is a black hole and it's going to suck everything dry and we're not going to get anywhere any time soon. We've got people in our community who have access to healthcare and we try to do the best we can for the ones who don't. But when it comes to finding access to specialty providers for an uninsured patient...good luck. Everybody's backed up. We totally agree that we need more providers. We're trying to help recruit them. We need more Medicaid providers. The 1115 waiver is great but it's kind of like a dollar short and a day late. We absolutely don't see that it is a coverage replacement, as good as it is. It is meant to help the system get ready for more patients. We've got the patients, we just don't have the compensation. So we'd strongly encourage you all to think about how we deal with the fact that our Commissioner came to us 2 years ago and said we don't want to expand Medicaid. He wrote off funding for a million Texans.

Mary Gonzales State Representative	<b>Primary Message:</b> Waiver is a band aid and we need a long term solution but I'm grateful to RHP for what it does locally.
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I want to thank HHSC for coming to El Paso. Unfortunately, I'm sick so my comments will be brief. I think it's important for El Paso leaders to discuss the importance of 1115 waiver. The 1115 waiver, while it has brought transformation to the region, is a band aid to the problem that we need a long term solution for. I am grateful to the RHP partners for the amazing work they've done for El Paso. They've really transformed healthcare in our area and are very selfless in their work.

Carol Wallace League of Women Voters – El Paso	<b>Primary Message:</b> Supports the waiver and its extension but believes it is a band aid solution.
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I endorse what Pat said above. I would also like to say thank you to the community of health care providers in El Paso for doing an outstanding job with the limited resources they have. The waiver is an emergency band aid and we're about to need a tourniquet. I ask you extend the waiver and continue to work on healthcare reform.

Jim Paul Hospice El Paso	<b>Primary Message:</b> The waiver is great opportunity. Our hospice program is unique and a great benefit to community.
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We participate in the 1115 waiver with the region's anchor, UMC. The waiver is a blessing and includes great opportunities for cooperation with the hospital. We have a unique program, possibly the only one in the state. We allow all individuals in the community, if terminal, to participate in our hospice waiver project regardless of insurance status. This hospice care access is an advantage for the community. Individuals have the care, comfort and needs – the total hospice experience – that others receive. Without the waiver, they wouldn't have access to these services. With it, we are able to take them earlier and provide comprehensive care. The program provides dignity and comfort. We focus on both the patient and their family, with what to look for, etc. We're available 24 hours a day, seven days a week. Many of the individuals who enter our program were initially unaware of it, as is most of the community. We need to do more education in the community to make the program more visible.

**Texas HHSC 1115 Transformation Waiver Renewal Extension Application  
Public Stakeholder Meeting – July 13, 2015  
Houston, Texas**

1. Presentation by HHSC
2. Public Comments

<p>Freddy Warner, VP of Government Affairs, Memorial Hermann Health System</p>	<p><b>Primary Message:</b> Supports waiver, especially since Legislature has failed to expand Medicaid. UC funds are critical to region, Memorial Herman and safety net program.</p>
<p>Thank you for the opportunity to comment today. Memorial Hermann has 12 hospitals and 23,000 employees. They are the largest provider of Medicaid and care of uninsured in the region. The community they serve has the largest percentage of uninsured in the state. They also have busiest trauma center and busiest air ambulance system in region.</p> <p>Legislature has failed to expand Medicaid so the state must support continuation of waiver. They have used advocacy money to leverage lawmakers to support the waiver.</p> <p>UC dollars are critically important to the region and to this system, as well as to the safety net programs across the region and the state.</p> <p>Regarding DSRIP projects, the array of projects in Region 3 is comprehensive. Projects are expanding access to care pursuant to CNAs, and bringing down cost of care. We look at the many opportunities that have been made available – behavioral health, our school based health service centers which serve kids and their families, projects that redirect people out of ER to more appropriate locations - as indicators of success. Projects have been very important to success of programs. They will continue advocating with congressional delegation. He provided an overview to congressional dedication at request of Congressman Brady. They have asked them to advocate with CMS for continuation of waiver.</p>	
<p>Mendy Blank, Assistant Manager and DSRIP Program Operator, Texana Center, Therapy for Tots (T3) program</p>	<p><b>Primary Message:</b> DSRIP program is working based on success of Therapy for Tots program. Has provided early childhood intervention therapy to kids who would not otherwise be served. Supports continuation of waiver.</p>
<p>Texana focuses on services for the Medicaid, low income and uninsured population. DSRIP program provides therapeutic intervention to kids who aren't eligible for DARS' Early Childhood Intervention (ECI) program. These children range in age from birth to 36 months. Since the 2013 legislative session, ECI referral requirements have become more challenging and have excluded kids. The children who no longer qualify for ECI can now obtain therapy through T3.</p> <p>With this program, 1,118 unique kids have received developmental screening, evaluation, or intervention therapy. There have been 6,000 encounters and over 17,000 units of therapy services have been provided to date. Therapy is provided in both center and home/community settings and has a family-focused approach. T3 staff and clients' families work as a team to help kids reach established, maximum outcomes. Identifying and addressing problems earlier in a child's life improves chances of successful improvement for kids at risk for developmental or social delays. Early therapy increases likelihood of achieving age appropriate milestones and preparing kids for school. 79% children involved in T3 improve school from admission to program and testing. These kids are now functioning at same level as a normal child.</p> <p>One child was 26 months and she didn't qualify for ECI – had minor delays and adaptive social skills, was aggressive, hyperactive, and had a limited attention span. The child and mom participated in 1 hour sessions with a child development specialist 3 times a month. After 9 months in program she will be graduating from the T3 program. She has significantly improved developmental scores and she and</p>	

<p>her family have a better understanding of how to handle aggressive behavior. Supports continuation of waiver.</p>	
<p>Iris Figueroa, stay at home mother of child receiving care at Texana</p>	<p><b>Primary Message:</b> Supports waiver – has made a significant difference in her children’s lives and provided services they otherwise would not have received.</p>
<p>She had premature twins with multiple health and developmental issues. Her children received Medicaid while in the hospital because they were premature. The doctor recommended therapy services upon discharge such as occupational therapy, physical therapy, speech therapy, and child development therapy but the children lost Medicaid after their discharge. They had no money for therapy and didn’t qualify for ECI. Since they couldn’t afford therapy, she practiced what she learned from her earlier therapy.</p> <p>She was referred to T3 and will be forever grateful to T3 for their very professional, quick services. If not for the program, her kids wouldn’t have received therapy. Being able to get therapy at home was a blessing because they only have one car. Her daughter has respiratory issues, so travel was complicated.</p> <p>Now they have two very active, healthy kids who can express themselves well. Their developmental skills have improved significantly. Just recently her daughters were re-evaluated and neither qualified for additional services due to their impressive progress under the program.</p>	
<p>Bill Tauke, representing SEARCH housing program and integrated services for individuals who are homeless</p>	<p><b>Primary Message:</b> Supports continuation of waiver. DSRIP program for homeless has been very successful.</p>
<p>Their DSRIP project provides services for clients who are chronically homeless or have a history of using the Emergency Room four times or more within the last two years. They have a case manager, social worker, community health worker, and nurse at all four of their locations. They have an individual treatment plan for each of their clients.</p> <p>Improvements have included transition from ER to primary care treatment which has enabled clients to receive ongoing and preventive treatment. One client had over 100 ER visits over 2 years before he was in the program but since he’s been in the program, he has only had 8. On the mental health side, they’ve stabilized people by making sure they take psychiatric medications, maintain their healthcare and their mental health, and keep their housing. Some clients are now employed and some have gone back to school. They appreciate the support from DSRIP as it has helped a lot of people in the program turn their lives around.</p>	
<p>Timothy Ottinger, Catholic Health Initiatives</p>	<p><b>Primary Message:</b> Supports waiver renewal and DSRIP expansion to include more projects, increased funding, and increasing the UC pool funds.</p>
<p>Their system includes St. Luke’s hospitals and clinics. They have more than 2100 beds and employ 11,000 health care professionals. They are in 19 states and have 105 hospitals nationally. They support waiver and DSRIP expansion, increasing funding, and increasing funding for the UC pool. They have 5 active projects in regions 2, 3, and 17 that have resulted in a reduction in unnecessary admissions, reduction of ED use, improve access to care.</p> <p>They support DSRIP collaborations. They need more time to demonstrate outcomes – especially for projects focused on chronic diseases, which take longer to show improvements.</p> <p>Urge HHSC to considering allocating more funds to initiatives in rural counties that don’t have IGT fund access. Several projects were submitted but weren’t approved due to lack of IGT funding. Recommend looking at funding mechanisms for rural areas so that more individuals can benefit from innovations. They believe they can set up projects that cross both urban and rural areas with funding.</p>	

They support streamlining, and a reduction in administrative burdens on providers (especially around categories 3 and 4). Recommend considering a tiered system so projects with small valuation have more streamlined reporting requirements. With small projects, you can spend as much time reporting as learning. Also recommend not having an identification number for patients served because of the large administrative burden.

UC funding is also important to improve care delivery such as trauma expansion and delivery – it supports our extension of care in the community.

Jane Malin, Chair of Public Policy and Advocacy Committee, NAMI. Also Member of Board of Directors	<b>Primary Message:</b> Supports waiver renewal. Also supports Medicaid expansion. Desperate need for more UC funds to support uninsured services such as behavioral health.
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NAMI is largest grass roots mental health organization in country – provides free support for persons and families of and individuals with severe mental illness. We are a strong supporter of waiver renewal. DSRIP projects in RHP3 are supporting revolution in behavioral health care, especially around home and community based services. This has been an area where we’ve needed more support and DSRIP provides wrap around, housing, family support (very important to us), education, respite services that are very valuable.

It has improved transition to community based services. Improving services related to handling crisis and more community-based outreach service expansion is very important. There are a number of outreach programs here with police, which also has been very important.

Recovery and independence are also critical. We’ve seen improvements in our client’s self-management of healthcare and employability due to DSRIP projects. We also have a new clubhouse that provides evidence-based day programs for psycho-social rehab and peer support. Peer support also is a very important area for Behavioral Health improvement. Important to expand Medicaid to low income people with mental illness. Treating illness expands employability but people lose Medicaid coverage. We need more UC dollars – desperate need for behavioral services – public health capacity for behavioral health is only at 10% availability right now.

Ellen Cato, Texana Center	<b>Primary Message:</b> Support waiver renewal. DSRIP project to provide behavioral health services (specifically ABA therapy not currently covered by Medicaid) is cost effective and changes lives.
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Supports waiver renewal. Texana is a community center that provides behavioral health services in 6 counties to individuals of all ages. Oversees program for kids with autism and is certified ABA analyst. 1 in 68 children have Autism Spectrum Disorder diagnosis. Without effective treatment, the lifetime costs of caring for a person with Autism is over \$3 million (if left untreated). While there is no cure for Autism, there is effective treatment for its symptoms. Research shows that 50% of kids who receive one-on-one intensive ABA therapy before the age of 4 will no longer meet clinical diagnosis of Autism. Through this program, the quality of life of the child and their family are improved.

Average cost of one year of ABA is about \$65,000 due to one-on-one intensity. Long-term cost saved is \$1-2 million per individual with ABA therapy. Without treatment many individuals will need long-term care in state-supported living centers. This may seem like a lot of money but receiving 2 years of ABA treatment costs less than one year of institutionalizing the child. Most kids treated at Texana have Medicaid which doesn’t cover ABA treatment. They hope this program will pave the way for Medicaid to provide these services. Texana program is saving the state money and significantly improving lives of children and families. Continuation of program is critical.

Jeanne Wallace, MHMRA Harris County	<b>Primary Message:</b> Supports waiver renewal. Behavioral health projects have been very effective, reduced hospitalizations, and improved services for individuals with mental illness who
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	are served by the criminal justice system.
<p>Supports waiver extension. We have 27 DSRIP projects that work with the criminal justice system to reduce incarceration and improve services for mentally ill detainees in the criminal justice system. Crisis psychiatric partnership with law enforcement, interim care unit, post hospital telephonic case management. They currently have 5 mental health clinics and 4 mental health teams in schools. They have initiated integrated services in all clinics, 3 projects on IDD where they've expanded services for people with dual diagnoses of mental illness and Autism Spectrum Disorder. They are working with external organizations to improve services, have a clubhouse with psychiatric clinic model. Lighthouse for the Blind now has mental health team, and Harris County CPS is working on program for kids with mental illness aging out of foster care. There is also a clinic for women with children to detox and transition to housing.</p> <p>In DY 3, served 6,339 patients which is 30% more than they had targeted to serve. Q1 impact shows improvement for psych admission, criminal justice incarcerations. The cost avoidance of hospitalization treatment is estimated at over \$3,000 per individual.</p>	
Rosie Valdez McStay, Director of Government Relations, Texas Children's Hospital	<b>Primary Message:</b> Supports waiver renewal. DSRIP projects have yielded significant results. Would like to see more projects regarding improving pediatric care, rapid cycle improvement, more complex models of care, and state-wide disease registry.
<p>Her department provides planning and implementation of programs at Texas Children's Hospital. She appreciates HHSC leadership and staff for holding the hearings and all their work on this program. TCH is one of the top 5 children's hospitals in TX and one of largest in nation and is also a teaching hospital and integrated system with clinics, hospitals, and a health plan. Have main hospital, community hospitals, health plan covering children and pregnant women in Medicaid and CHIP. They have 17 Cat 1 and 2, 26 Cat 3 DSRIP projects.</p> <p>It's important to not just focus on QPIs—it's about the other offsets created by their collaborations. They have focused on access to care. Some benefits of projects include: hired 68 positions under DSRIP to improve access to services; have automated systems with EHR to pool data to optimize data and share info with 139 projects statewide in children's hospitals.</p> <p>All pediatric DSRIP projects valued at about \$500,000,000. They would like to see more projects related to improving pediatric care and rapid cycle improvement, more complex care models of care. Data drives everything and they would like to create a disease registry with state.</p>	
Scott Dickey, PhD, psychologist in public mental health. Vice Chair of Mental Health Needs Council of Harris County	<b>Primary Message:</b> Supports renewal of waiver. DSRIP programs have provided significant benefit to the mental health services community.
<p>In favor of continuation of waiver. Thanks to HHSC and RHP and community collaborators/partners. Mental Health Needs Council report includes recommendations for meeting unmet needs through public health service systems. The council is committed to expansion of services and supports continuation of program. We hope behavioral health carve-out will continue under renewal. Harris County is 3<sup>rd</sup> most populous county in country and has the highest rate of medically uninsured citizens with 25% who have no health insurance. 45% have serious mental illness and are medically uninsured. During the CHNA, their council formally supported extension of projects. Applaud value of services and measurable impact of these projects on community.</p>	
Nicole Lievsay, member of RHP 3 anchor team	<b>Primary Message:</b> Supports renewal of waiver and outlined funding levels for DSRIP and UC. Have specific recommendations for renewal/extension, collaboration and

	financing.
<p>We have 9 counties in region, which is the largest region in the state. In 2012, 1.2 million uninsured in region so waiver is critical to region and these numbers continue to grow. This area encompasses nearly 20% of the state’s population.</p> <p>On behalf of Harris Health System and RHP 3, we appreciate HHSC’s efforts. Support waiver extension request and overview of funding levels. Important details for HHSC to be mindful of: mechanics of renewal, financing and collaboration. We understand many details will be in the protocol. We ask HHSC to include stakeholders including anchors in protocol revisions. Please consider investment that has been made in continuation and the impact on a community of discontinuing a project. Many projects need additional time to demonstrate outcomes. Ask that you consider raising the \$5 million cap on projects. Some projects require significant investment and take a while to show improvement.</p> <p>Regarding Category 3 – we realize Category 3 may not well align with projects now, but changing the requirements will be significant, will cause difficulties and further delays in improvements. Learning Collaboratives should be further supported.</p> <p>There are some limitations in current structure that could impact IGT availability. Entities that put up IGT money for others is a problem - they are essentially penalized for doing so, and need assurance they won’t lose IGT in the future for doing so. We support the requested level of funding for DSRIP and UC as included in the draft application. Also understand the program is intended to serve Medicaid population, but remain mindful of the low income uninsured population when setting minimum population requirements and the types of providers participating in DSRIP projects. Also would like for HHSC to explain recommendation to provide Medicaid IDS for reporting.</p>	
Ope Badary, representing self	<b>Primary Message:</b> Supports waivers and especially TEXANA project that serves kids with autism. Remember the value of these projects when renewing waiver.
<p>Has 2 kids with autism and both receives services from TEXANA. When you receive an Autism diagnosis, it is very hard and when you fall within an income level that prohibits you from getting treatment for kids, it is especially difficult.</p> <p>Has seen her kids blossom while being treated by TEXANA and receiving therapy for autism. ABA is the gold standard therapy – teaches children behavior-including language and adaptive skills for life. Changes the trajectory of the child’s entire life. When her 6 year old daughter was first diagnosed, they had very low expectations but now she converses, is above grade level on academic scale, interacts at the same social level as other children her age, interacts with others, wants to be a chef and work at NASA. Progress is due entirely to ABA therapy and isn’t short of a miracle. Since 22 month old began receiving services at TEXANA, she has started talking and is coming out of her shell. It has changed their family’s life and life of the kids. Please consider the value of these services when renewing waiver.</p>	
Marilyn Brown, President and CEO, Coalition for the Homeless of Harris County	<b>Primary Message:</b> Supports waiver renewal. Continued services under DSRIP are crucial for her organization to provide supportive housing.
<p>Continuum of care system transformation for homeless helps individuals end homelessness—not just manage it. Waiver has allowed building of critical connections between primary, behavioral health care, hospitals, housing, FQHCs, and social care to enable them to successfully respond to provide appropriate treatment (e.g., decreasing inappropriate ED use).</p> <p>Serves 200 of the most chronic individuals, but also serves as a catalyst for housing system. Housing is the solution to homelessness, but continuing consistent supportive services is the key to keep housing successful. Waiver program has supported those services. Only 8% of individuals served</p>	

<p>under waiver have returned to homelessness. It has improved medical outcomes and led to more appropriate use of ER system, appropriate use of Medicaid/Medicare (80% qualify over time). CMS recently issued bulletin noting importance of supportive housing in certain populations. Medicaid is intended to pay for supportive housing. We are working with MCOs and LMHAs to notify providers of this project and how to participate and replicate its model. It is a cost-effective use of money and a model for others. Discussions have caught HHSC's attention. We support waiver renewal and particularly projects to address homelessness. Using this model in the VA world, they were able to announce the effective end to veteran homelessness in Houston in June.</p>	
<p>Leonard Kincaid, Director of Houston Recovery Center System</p>	<p><b>Primary Message:</b> Supports waiver renewal and especially behavioral health funding. More cost effective to provide treatment and support than to care for people in criminal justice system.</p>
<p>Supports behavioral health funding and waiver renewal. Houston Recovery is a local non-profit corporation created and funded by the city of Houston with goal of reducing jail population, preserving law enforcement and medical resources, serving people with behavioral health issues who are using criminal justice system.</p> <p>Services offered 24/7 and are in 3<sup>rd</sup> year of operations. They have received over 13,000 admissions in facility and more than 66% have addiction. Addiction is a disease and it can be successfully treated – recovery is life long journey, but very few public resources in Houston and across the state are available to support this population. This overwhelming need led to DSRIP project “partners in recovery”, an 18 month program that provides peer support, direction to appropriate services, and counseling. 239 individuals enrolled. 232 placed in safe recovery environments. 7 placed in recovery support services. 31 in treatment despite very few resources. Very few resources but DSRIP has made a big difference. 88% of their population is homeless, 78% has mental health diagnosis, 9 of 10 have a history with criminal justice system and many suffer from chronic diseases. Request continued funding to support these services, which go untreated until a crisis occurs, which costs taxpayers a lot more money than preventive treatment up front. They have begun talking with medical systems about referral systems in their facilities. They value having a resource like this available to this population.</p>	
<p>Judy Hicks Harris, City of Houston Health Department</p>	<p><b>Primary Message:</b> Supports waiver renewal. Has been beneficial for region and created new partnerships. Would like HHSC to allow expansion of successful projects under renewal and would like to be able to participate in changes to protocol document.</p>
<p>Supports waiver extension and applauds HHSC for public health 5% carve out. They have used that money to link disconnected people to services and reduce use of ER services.</p> <p>In our projects, have found that many people do have health insurance but don't know how to navigate the system. They need help understanding how to use it and would appreciate support for non-clinical navigation services. We have developed numerous partnerships (not typically considered public health) with TCHP, fire department and City of Houston to redirect people who do not have an emergency to primary care settings.</p> <p>Support any efforts to help facilitate forging partnerships with MCOs and other organizations, especially regarding information sharing. They have tried individually but could use some support in that area. Appreciate partial achievement of milestones allowance. Also would like to be able to participate in changes to protocol document. Would also help if the reviewers would consider expansion of projects showing success in renewal. Would like feedback on how systems actually work.</p>	
<p>Alitheia McFarland, Episcopal Health</p>	<p><b>Primary Message:</b> Supports waiver and its ability to launch</p>

Foundation	new initiatives, but need to include Medicaid expansion for long term sustainability of health systems.
<p>Thank you for opportunity to testify. As a philanthropy, they are able to partner with organizations and create programs can provide the launching pad for many new initiatives. Waiver provides great programs but systems are more important than programs. Coverage expansion brings people into systems of care. Failure to address expansion of coverage will be inefficient and is unsustainable. We know the cause of the problem—it's time to stop treating the symptoms.</p>	
Betty Gregory, Texas Organizing Project	<p><b>Primary Message:</b> Supports waiver renewal and the ways it has benefited her family and her community. Also supports Medicaid expansion.</p>
<p>Appreciate the waiver program. Everywhere I go there are new buildings and development. Hard to travel in Houston and not see that and there more people coming in every day. Isn't going to get any better – so I appreciate the DSRIP work.</p> <p>I've seen the improvements in my own family who have used the services offered under DSRIP – homelessness, Autism, drug use, no healthcare. Thankfully it's at a lower level than many families but I've seen the struggle. These services have been important to my family. While the waiver is great, it needs to continue and be even better. Texas Organizing Projects is waging a challenge with Governor Abbott for Medicaid expansion. Houston needs this money and these services. It's not just healthcare, it also represents job expansion and job improvement. We need these jobs in Texas as well as healthcare services. I could tell you many stories of people who have worked all their life to take care of their children and have disease/cancer and can't take care of their own health. Last year I had a stroke and was in the hospital for extended care but hadn't been without a job for 25 years and she is now between jobs. Now I don't work and do not have affordable health care. I rely on my son to take care of my medical costs. We need this program/the waiver and we need Medicare (sic: Medicaid) expansion.</p>	
Tiffany Hogue, Policy Director, Texas Organizing Project. Representing herself.	<p><b>Primary Message:</b> Support waiver renewal, but isn't substitute for Medicaid expansion. Need expansion to bring in funds we need to serve uninsured.</p>
<p>We support waiver renewal and the innovations it offers to expand coverage and care but it isn't a substitute for true health care expansion. We still have the highest rate of uninsured in the state, posing huge burden on families and local economy. The state's refusal to negotiate with CMS regarding expansion puts burdens on the counties, cities, providers. Florida is getting less money because they aren't expanding, and we fear the same thing will happen in Texas.</p> <p>This is just a band aid on a bigger problem – fixing symptoms instead of the problem. We can't separate this renewal from the need for Medicaid expansion and the much larger pool of money it brings.</p>	
Brennan Sanson, Harris County Public Health and Environmental Services	<p><b>Primary Message:</b> Supports the waiver renewal. Has observed the benefits of DSRIP. Allows them to provide assistance for people who otherwise would not be served.</p>
<p>Have 5 DSRIP projects and they have observed the impact on our health department. The obesity reduction program has helped us to work with youth to refocus the way they live, and help them break their addiction to technology. The waiver helps us to break that cycle which affects chronic disease.</p> <p>One third of youth in America are obese – which is an alarming figure. We use programs geared toward healthy eating, encouraging more physical activity, less time in front of computer and TV. We also provide tobacco cessation intervention with enrollees. Allows them to directly intervene with individuals. This addition cessation requires a lot of support and a lot of tools consistently. The</p>	

community needs a consistent provider in the community—not just someone there for one month and then gone for another 4 months. The tobacco cessation has had a tremendous impact. DSRIP provides these opportunities, provides consistency in providers/patient relationships which improves services. Has allowed us to make ourselves available to people. People visit our booths, kids bring their parents and it's amazing to see the level of cooperation and support we're getting. We screen thousands of patients for tobacco /obesity, but only hundreds have agreed to participate in programs and counseling. But awareness is the first step to cessation. The waiver allows us to continue making people more aware of these problems and the impact on their health.

**Texas HHSC 1115 Transformation Waiver Renewal Extension Application  
Public Stakeholder Meeting - July 20, 2015  
San Antonio, Texas**

1. HHSC intro and overview of waiver renewal
2. Stakeholder comments

<p>State Representative Trey Martinez Fischer – Mexican American Legislative Caucus</p>	<p><b>Primary Message:</b> Would like to see the waiver used as an opportunity to expand coverage. He and other members of the Legislature have advocated for expansion and participated in a legislative hearing on May 7<sup>th</sup>. Concerned that CMS’ response to Texas will be similar to their response to Florida’s request for UC funding. At the time of the hearing, legislators did not understand the implications of the Florida decision or the Supreme Court decision. Wants to be sure the fact that many legislators support Medicaid expansion doesn’t get lost in this public discussion. Suggests HHSC provide a summary of stakeholder meeting comments that is easy for legislators to review and grasp the implications. Offers his assistance to help staff develop a format that will be effective.</p>
<p>Thanks to HHSC staff. Appreciate your work and hope you take the feedback and comments I gave you to be sure all areas of the state have an opportunity to provide input. During these waiver discussions, it is important to think about coverage expansion, recognize the need to fill the coverage gap and talk about it. As a lawmaker for 8 terms and chair of the Latino Caucus, when we look at this issue, the Latinos represent about 68% of uninsured but only 38% of population. This isn’t just a healthcare issue but also a civil rights issue. When looking at health care disparities, decisions, and policy making, you see a big disparity in who makes decisions and who is affected by bad policy. The waiver is an opportunity to expand coverage in Texas. This district has the UT Health Science Center and I feel it’s important to be here. The record should reflect there is capacity to expand care from the public policy standpoint. The House of Representatives has looked at expansion. A group of legislators submitted a letter to the Speaker to say we need to talk about health care and we should have that dialogue. Numerous members from both sides participated in the May 7<sup>th</sup> hearing to discuss the waiver and the implications for health care in Texas. At that time, we still didn’t know what the Supreme Court would do, or what the implications of what was happening in Florida were and how it would affect Texas. Many of us now believe what happened in Florida to UC funding could happen in Texas. I want to point out there is a group of lawmakers who want to look at expansion. I didn’t want this to be lost in the public discussion since you sometimes see comments in the news that don’t reflect the broader perspective. As it relates to the amount of information lawmakers receive, it’s important for HHSC to come up with a clear communication strategy, one-step beyond posting on the public site, which also provides a consensus of what you are hearing across the state. I’m not suggesting a huge file or report, rather something that is easy for lawmakers to digest. I didn’t initially understand the ramifications of what happened in Florida and many lawmakers don’t have that information. To the extent you can synthesize these remarks, it will help lawmakers and the</p>	

people in positions to impact change. If you need more concrete examples of what would help you, I will be glad to provide assistance.

George Hernandez, University Health System, CEO

**Primary Message:** Supports DSRIP program and waiver renewal. Also concerned that CMS will take action in Texas similar to that in Florida, and we will not receive UC funds we need. Suggestions: 1) consider a Medicaid option similar to what other conservative states have done, with privatized option with personal responsibility. 2) If we don't get UC funds as requested, need to focus available funds on providing ambulatory care, which will avoid hospitalizations downstream and save hospitals money for uncompensated care. 3) DSRIP is great, but need more equitable funding process.

University Health System is anchor for RHP 6, also a public entity and significant IGT provider. Looking at HHSC data for 2013, 98.6% of state match came from public entities. I want to follow up on Representative Martinez-Fischer's comments. No program is perfect and things have changed within the past few months. We now have the benefit of CMS' Florida decision, what the Florida legislature did before the decision, and the impact of CMS' decision. Florida asked for a significant amount of money for UC payments – they only received a fourth of what they requested. 1) I think it's realistic to see the only way out of our shortfall on UC is to use the waiver as a glide path to expand coverage, but it doesn't have to just be traditional Medicaid. Other conservative states have taken other routes to implement alternative coverage programs– Iowa, Arkansas, Indiana, Michigan, New Hampshire and Pennsylvania, and Montana. They have found other ways to expand coverage beyond traditional Medicaid, and Texas should take a similar approach. Our first recommendation is that HHSC start the discussion for coverage gap solutions. Should be a limited-government coverage solution, private-market based, with a personal responsibility component that encourages the appropriate utilization of health care. Think we can do it and check off the biggest box we need to cover, which is to cover people below 100% of poverty. You don't want to disadvantage people just because they're poor. 2) If Florida is an indication of what CMS will do, we'll get very little UC money. Florida requested twice as much funds as their original waiver and received only half of what they requested. So we have to decide how to use UC funds in the future. If they shrink, what will we do? The best use is to use those funds for ambulatory, primary/ specialty care to keep people out of the hospital, which will help the hospitals downstream. This is where you get the best bang for your buck. It's a question of where do you want to focus your resources? A lot of people here today know that if you don't put money into primary care, you get higher costs at the hospitals. We need to keep people out of the hospital which will result in lower uncompensated care costs. 3) DSRIP is a great program. We have 23 projects, but we have one aspect that needs to be addressed. If you are a private hospital system, you get 100% of your incentive payment, less the cost of your implementation. However, if you're a public hospital and put up IGT, in effect, you get 60% of the value of the project to pay for all overhead and expenses required for implementation. If you're a teaching hospital like we are, we only get 40% because we have IGT costs for our self as well as other hospital systems. At the end of the day, if our DSRIP program pays amounts that vary based on type of hospital, you need to figure out a way that everyone gets the same amount if they meet their metrics. We are unable to sustain the current funding mechanism if the payments are inequitable. I hope you'll take these suggestions to heart as you look at ways to improve DSRIP.

Theresa Medina, San Antonio Metropolitan Health District, Local Health Dept.

**Primary Message:** Supports DSRIP program and the application is a great start. Two areas of concern: 1) need protocol to better align with reality of what is happening with

	<p>projects, and 2) when considering aligning projects with HMO value-based purchasing, consider role/value of public health providers for low income uninsured.</p>
<p>The Health Department works closely with staff for our 7 DSRIP projects. Thank you to HHSC for helping us bring meaningful progress to transformation. But we have much more work to do. The draft application is a great start. The shared bonus pool would be welcome in our region. This is where public health shines – collaboration to sustain projects. However, we have two areas of concern: 1) regarding your idea behind a more standardized protocol of projects and measures, please be sure it is better aligned with what is going on with projects. Local public health departments needs more flexibility, not less. 2) Sustainability – when pushing projects into MCO value-based purchasing models, please continue to realize public health’s role as a public health provider for low income uninsured. We hope to continue to provide these services going forward.</p>	
<p>Juan H. Flores, La Fe Policy Research and Education Center</p>	<p><b>Primary Message:</b> Appreciates efforts of people working on waiver, which we support, but what Texas needs most is to expand Medicaid. Hispanics represent a disproportionate number of uninsured, and lack of insurance contributes to poor health and ability to take care of families. Must improve health of families and provide financial security through insurance/health care coverage.</p>
<p>Texas should negotiate with CMS to expand Medicaid. Thank you to all staff and people working on waiver, but we must focus on reducing the number of uninsured. If we combine a coverage solution with waiver renewal, we can maximize our federal support for innovations, reduce need for uncompensated care and keep the largest possible funding. Hispanics are an important growing segment and part of the state’s future health and economic prosperity, and not having insurance jeopardizes their families and the state’s future. It reduces opportunities for Hispanics and for the state since the state’s economic growth is interconnected with the continued growth of the Hispanic population. Having insurance provides regular access to health care, which is an investment just as with education and housing. More than 3.9 million Hispanics in Texas are uninsured, which is 61% of the state’s total uninsured population. The ACA provides opportunity for 2.1 million Hispanics to get coverage through Medicaid or the Marketplace. By not accepting the Medicaid funding under the ACA, we are leaving Hispanics without opportunities to get insurance. Not having coverage means poor health, premature death, impacts education and employment possibilities, contributes to poverty and puts families at risk. For 3 decades, we’ve seen the number of uninsured grow. The fact that we are becoming the state’s majority labor force makes it more important to make insurance available. Even if Hispanics maintain the current rate of chronic illness, we will surpass all other groups due to our continued population growth. This is a costly, unsustainable situation. We are a low-wage state and although we also have a low cost of living, it doesn’t improve our financial security. We must improve the health of our workers and families. Only 48% of Hispanic employees have employer insurance and only 33% of their children have insurance. Financial security is hard to achieve. Any cost the state incurs from expanding coverage through acceptance of our tax dollars is something we need to take advantage of.</p>	
<p>Dr. Gijs Van Oort, PhD – Healthcare Access San Antonio, HASA and TAHIO (Texas Association of Healthcare Information Organizations)</p>	<p><b>Primary Message:</b> Supports waiver renewal. Consider value of HIE and how it will advance goals of waiver.</p>
<p>Represents healthcare information exchanges. We would like HHSC to consider the benefits of a</p>	

health information exchange and the importance of its advancement to provide great opportunity to capture goals of waiver. All information exchange organizations are interested in participating in DSRIP projects. HIE helps with transition of care upon discharge and how we care for people, reduces the cost of care and improves outcomes. Please consider value of HIE and how it will impact care of patients with fewer resources such as those served under the waiver.

David Williamson, Baptist Health System	<b>Primary Message:</b> Supports waiver renewal, which is critical to healthcare system/Baptist Health System (especially UC funding). DSRIP projects have all been successful and have exceeded expectation.
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I am the CFO of Baptist Health System, which has provided services in Texas for over 105 years. We have 2500 medical staff. Continuation of waiver, especially UC, is critical to our system’s ability to care for the uninsured. As part of waiver, we have numerous DSRIP projects and have implemented programs to reduce readmissions and improve access to primary care. We also have opened new primary care clinics. We have a quality improvement team that focuses on disease specific DRGs. Our projects have exceeded expectations and we anticipate continued success. We’ve met all of our metrics and look forward to working with our region’s partners and with HHSC. We strongly support the waiver renewal, including both DSRIP and UC.

Thomsas Schlenker, San Antonio Metro Health District	<b>Primary Message:</b> Supports waiver renewal on behalf of himself and local health department. But also believes we need to expand Medicaid in order to obtain CMS support. Suggests HHSC work directly with Governor to develop a plan. Local DSRIP projects have been very successful, especially in reducing number of teen pregnancies and high risk pregnancies. Also suggests HHSC develop statewide initiative to address diabetes management to achieve “collective impact.”
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This is an important issue and we need the entire state involved. We support extension of waiver – on behalf of myself and the local health dept. We have seen the benefit of the waiver for innovative prevention programs that save costs and improve care across the entire system. The bulk of the savings will come from creating the conditions for a healthier population. We also realize this is a negotiation with CMS and CMS isn’t happy that we haven’t expanded Medicaid as expected. We’ve seen they are serious about penalizing states via Florida decision. Hopefully we can convince CMS to not be so drastic with Texas. I agree that the best way to address this is to show CMS some good will in terms of coverage expansion. Representative Martinez Fischer talked about lack of success last session. Secretary Sebelius made the point that it doesn’t require the legislature to decide to expand. Expansion is up to the Governor, not the legislature. Governor could made decision to expand by executive order. I hope HHSC will prevail on Governor Abbot to begin discussing expansion. Doesn’t have to be a public debate, but needs to be with CMS through appropriate channels. We need to present a credible plan – maybe a glide path. Something that is believable that we’ll find some kind of solution to the coverage gap. Also, regarding value based proposition in renewal and direction you want to go, in terms of public health and upstream prevention activities, much of what we do fits into this proposition, especially anything related to pregnancy and birth. Births to teenage moms have declined by thousands in recent years. The decline saves about 23 million dollars a year. Can also calculate the savings that accrue for babies not born with birth defects, which we are also achieving through waiver. We also have extensive programs for high risk pregnancies to improve outcomes of babies. Need to emphasize with CMS the value of these programs. It is hard to calculate the benefits of our diabetes projects. It’s a big problem in Texas and fills our hospital beds, dialysis units, and has so many co-morbidity problems. Is a huge cost to the system. Difficult to calculate value but would

love to know what it would mean if we could reduce the 18 percent of people with diabetes down to only 17 or 16 percent. Bending that curve should be our goal, and we should put that effort into the waiver renewal as a proposal. It isn't a lack of resources why we have this problem. We are resource-rich and all have very good diabetes programs and lots of victories. But despite good work and outcomes, we're losing the war because the percentage of individuals with diabetes continues to grow. We have a diabetes collaborative in San Antonio – need to do that statewide. We are deciding on common goals, accepting a single common metric, pledging to work together over the next few years to achieve collective impact on public health. It isn't compensated by the waiver now, but I suggest we find a way to promote that idea across the state. Collective impact is how we'll achieve the biggest savings.

<p>Maureen Milligan, Teaching Hospitals of Texas</p>	<p><b>Primary Message:</b> 1) Support waiver renewal and continuation. 2) Renewal application should lay out a plan for statewide coverage and should provide incentives for care to sustain DSRIP continuation. 3) Waiver should include equitable and sustainable funding approach.</p>
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Three general comments: 1) We support waiver success and continuation of both DSRIP and UC. 2) Support leveraging information and transformation into broader initiatives to sustain continuation of projects. 3) We support more equitable financing. 1) For continued transformation, we need more time to demonstrate success. Waiver has had a real impact on individuals and has started the reshaping of our health system. Projects have created smarter innovative opportunities. We support both DSRIP and increase in UC funds. While current funding has offset some costs, hospitals still have significant uncompensated care expenses. Much of our care is for uninsured Texans and sufficient funding is vital to sustaining the healthcare system and continuing to provide care to uninsured individuals. 2) The waiver application should lay out a plan for a statewide coverage option and appropriate payments for hospitals and providers. Failing a statewide effort, transformation should drive statewide plans for creating vertically integrated systems of care. Should include incentives for outpatient, pharmacy, inpatient, etc. to sustain DSRP continuation. We also support virtual rural RHPs to complement, not replace, existing RHPs. 3) The waiver should drive continued, equitable financing. For essential safety net providers, continued access to UC funding is critical to continuing care for uninsured. Harris Health System is looking at a \$45 million loss next year. Funding approach in waiver and coordination with Medicaid financing ensures essential providers can continue to provide benefits and services. The waiver must support sustainability and transformation. IGT now provides more than half of the state's share of Medicaid funding, and the funding process is inequitable. Significant disparities in financial impact on private vs. public hospitals, and the extent to which they benefit financially. Need to address equitable funding in waiver renewal to support and reward innovation.

<p>Arliss Olsen, League of Women Voters</p>	<p><b>Primary Message:</b> Texas needs health coverage expansion. While waiver funds are helpful, they are not a replacement for coverage. Waiver renewal should include plan for Medicaid expansion.</p>
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This is an extremely important topic to league members. The League emphatically believes in Medicaid expansion of health coverage in TX. We know funding of uninsured is critical to keeping hospitals open and health care systems working. If we don't provide funds, communities will face local health care crisis. Imperative that Texas accept federal funds. While 1115 waiver funds are helpful, they are not a replacement for coverage. The waiver doesn't offer financial security or the preventive health care services that would be available if we were using tax dollars more wisely. In a recent editorial dated June 23<sup>rd</sup>, San Antonio express says, in Bexar county, University Health System serves thousands of people who would be covered if we had Medicaid expansion. We believe it

<p>would be a win-win for HHSC to negotiate with CMS to expand coverage to 1 million working Texans. If we combine expansion with the waiver request, we'll have better standing to return maximum dollars to state to improve innovations, provide responsible care, and bring needed services to more Texans.</p>	
<p>Dr. Barbara Turner, MD, Health Science Center in San Antonio</p>	<p><b>Primary Message:</b> Texas is ignoring its responsibility to care of the uninsured. DSRIP has been good, but we need to expand health care. Must support DSRIP practices and projects through expansion of health care coverage.</p>
<p>Professor of Medicine, an internist and health services researcher working on DSRIP projects. This has been a transformational process and opportunity for me to put into practice what I've researched for years. However, Texas is going to become a pariah for ignoring our responsibility to care for uninsured. In DSRIP, we're working with Hispanic patients and primary care providers and have improved diabetes outcomes, reduced hypertension. Also putting into practice a process to test every baby boomer for hepatitis C. Many don't even know they have the disease, which will ultimately cause death. This is just an example of what DSRIP is doing for us. Texas has the lowest ratio of PCPs in the country, which contributes to the huge gap in services. Many doctors can't afford to care for low income, uninsured populations. We must better support these practices through health coverage expansion. My last thought: I talk to medical students about US health care coverage and Texas is an embarrassment in how we compare to other states and the rest of the world. Our medical students aren't even aware of the shortcomings in Texas. We should use DSRIP to educate our community leaders and members of the legislature that this is the most important thing we need to fix in Texas to reduce healthcare disparities.</p>	
<p>Juan Antonio Chavira, Centro-Med</p>	<p><b>Primary Message:</b> Supports DSRIP and has several projects in which they participate. But Texas needs Medicaid expansion. Need a more stable, sustainable program; health care is necessary.</p>
<p>I am a Board member and dental patient at Centro-Med, which is an FQHC with 23 clinics. Serve about 70,000 patients a year, 60% are uninsured and 90% are below 100% FPL. The clinic has been around for 30 years. One of the DSRIP projects that we participate in is the Baby Café project. We also are working with our children's hospital to expand primary care. These projects allow us to expand new projects and services for the poorest and most vulnerable. The waiver is good –we'll take your money – but our job is to provide health care to the poor. It isn't an intellectual concept or political decision. It's a day to day task we provide throughout San Antonio. We also need to be competitive in hiring doctors. Delivering health care services is important and money is good but DSRIP is a patchwork solution. We need a more stable solution through an expansion of Medicaid program. We need to be able to assure people we will be there day in and day out, not reliant on the flow and ebb of financing and political decisions. It isn't good or bad – it's just necessary and our people deserve it.</p>	
<p>Dr. Charles Nolan, Guadalupe Regional Medical Center, Seguin</p>	<p><b>Primary Message:</b> Support the waiver. Would like to see more emphasis on palliative care. Need to follow the IOM recommendations regarding dying in America. Spend too much money on end-of-life care. Need to focus on outpatient palliative care.</p>
<p>We have heard several people who testified about care for moms with diabetes. I take care of patients who have a prevalence that is 5 times higher for diabetes. I'm a palliative care physician and glad DSRIP includes palliative care projects. I've been involved at both an academic level and at a local community regional hospital. While I think palliative care metrics are important, like other</p>	

DSRIP projects, the metrics focus on inpatient care. Would like to make a plea that, going forward, we focus on out-patient palliative care where we can make bigger impact to keep patients out of the hospital. I'm a transplant doctor and have taken care of the sickest patients requiring liver transplants. But some people don't benefit from this intervention and I got tired of seeing people who have a bad death where we bankrupt families and patients both financially and emotionally. So I set up a palliative care programs for our transplant patients. I know how vital this care is in the hospital but realized we should be doing so much more on an outpatient basis to save both money and suffering. Texas should follow the IOM recommendation and summary re dying in America. They recommend focusing on outpatient palliative care and advance planning. CMS is now discussing again opportunities to have end of life discussions with patients. Advance directives are not about paperwork. What we do in America is unhelpful. We treat it like a legal document and it doesn't impact patient care at the end of life. I can't remember a single time asking "I wonder what this patient's advance directive says?" It's about the conversation between the family, the patient and the provider. This would have been the model included in the ACA if Palin hadn't called it a death panel. There is a hospital that has a program called Respecting Choice, which is what the IOM recommends as well. I urge you to consider that we don't just focus on inpatient dying patients, but prevent that by delivering palliative care upstream in primary care. Dying in America also recommends medical orders for scope of treatment. Some states have legislation, we don't have that in Texas and probably never will. But it is possible to implement most of it. It's just a physician order that puts the end of life wishes in a document that's available and included in the patient's records – not locked away somewhere. I am delighted palliative care is part of the DSRIP waiver.

Amanda Mathias, doctor, Center for Healthcare Services

**Primary Message:** Would like State to consider allowing mental health treatment centers to receive UC payments for treating uninsured individuals since their services help divert patients from hospitals.

Is the clinical director for DSRIP high utilizer program. We are a mental health treatment center but we don't receive UC payments. The people we serve usually would go to hospitals, which would be eligible for payments for their uncompensated care. We've seen reductions in hospitalization of 40% and cost avoidance of over \$4 million dollars. We've also seen successes with the use of long acting injectables, and we absorb the costs of those injectables for our uninsured patients. We ask HHSC to please review eligibility for UC payments and to consider giving funds to organizations that help divert patients from hospitals to allow them to share in the costs of treating uninsured.

**Texas HHSC 1115 Transformation Waiver Renewal Extension Application  
Public Stakeholder Meeting – July 16, 2015  
Tyler, Texas**

1. HHSC intro and overview of waiver renewal
2. Stakeholder comments

Hilda Sallack—Senior Director of Population Health at Children’s Health	<b>Primary Message:</b> Supports DSRIP Waiver renewal and programs. Stresses the important role children’s hospitals play in the health of Texans.
Supports waiver renewal. It is important to maintain and expand the pediatric DSRIP projects. Texas leads the nation in children’s hospitals participating in the DSRIP program and she would like to see that continue. Children’s hospitals have desire to create new partnerships to share innovations regarding care for teenagers aging out of Medicaid. There is no greater investment you can make in Texas than to invest in the children of Texas.	
Daniel Deslatte—Vice President, UT Health Sciences Center at Tyler	<b>Primary Message:</b> Supports DSRIP Waiver renewal and programs. UC pool is critical to the hospitals in Northeast Texas because of the high rate of uninsured individuals. Projects are showing initial success but need more time to complete transformations.
<p>Northeast Texas has an older, poorer, and less educated population than the rest of Texas and also is at greater risk for an early death than the state’s average. The community needs assessment showed that the area also has severe provider shortages for mental health which resulted in low access to mental health care. When they do get access, it’s at a high cost. The RHP responds to those specific local needs. These projects aren’t easy. Its hard work for the providers but it is starting to be successful and they’re able to spread lessons learned through the learning collaboratives.</p> <p>The community needs assessment also identified that Northeast Texas has a 65% higher suicide rate than the rest of the state. How do we address this? A lot of what the learning collaborative is doing is focusing on this issue. There’s also chronic disease management. We’re focusing on smoking cessation; people and organizations that have been brought in to work on these are not your typical service providers such as pharmacies.</p> <p>The UC pool is critical to Northeast Texas because 54% of the population is uninsured or insured through a state program, meaning that hospitals are bearing a lot of the burden. The UC pool is critical to meet the need in this community. It’s easy to get lost in billions of dollars (in the UC pool) but these dollars aren’t nearly large enough to meet the entire need. The DSRIP and UC pool are both very important. Thank you for coming out to Tyler to hear our input. Transformation is happening and there needs to be more time to make it really happen. Projects are showing initial signs of success.</p>	
Michelle Carter—CEO, Community Health Service Agency, Inc. (FQHC)	<b>Primary Message:</b> Supports DSRIP Waiver renewal and programs but what patients really need is health care coverage.
Supports Daniel’s comments (above). Her agency serves five counties. They have 7 medical sites and 1 dental and have served more than 21,000 patients in the five counties. They have primary care access projects to improve outcomes and lower costs. Through the DSRIP, they focused on improving access to primary care. They have added after-hours appointments and weekend appointments. Individuals who went to the Emergency Department with non-emergency medical issues have been referred to	

<p>their primary care providers' offices for one free, initial appointment, resulting in decreased inappropriate ER use reductions in cost of care. In 2014, provided care for 5,400 patients through this project.</p> <p>DSRIP is not a replacement for health insurance. It provides access to care but what patients need is health care coverage. The clinic continues to serve 60% uninsured individuals. This number has decreased slightly since the Health Insurance Exchange was implemented. Most of the patients are below poverty level but in the coverage gap. Without expanded coverage, temporary DSRIP programs are necessary but temporary coverage will not suffice.</p>	
<p>Vik Verma—East Regional Lead, Organizing for Action—East Texas; Board Member, Special Health Resources of Texas (FQHC)</p>	<p><b>Primary Message:</b> Supports DSRIP Waiver renewal but believes it is a band-aid at best and what patients really need is Medicaid expansion.</p>
<p>Special Health Resource of Texas serves 23 Northeast Texas counties. While he supports the 1115 Waiver, it's a band-aid at best. We strongly supports Medicaid expansion. With 1115 we get 60% compensation but with Medicaid we would get 90%. We would also be able to give care to more people. It is also beneficial to our whole economy.</p> <p>We also have a Navigator grant and have to turn away about half the people because they are too poor. We support the waiver and thinks the federal government will withhold waiver funding unless we expand Medicaid.</p>	
<p>D. Karen Wilkerson—Community volunteer, Texas Democratic Party Official—SDEC</p>	<p><b>Primary Message:</b> Supports DSRIP Waiver renewal because we need more time to assess the programs in Texas and because the programs save money.</p>
<p>Not affiliated with a health care group but is a representative of the Texas Democratic Party. Believes that the renewal of the 1115 Waiver is of critical importance to low-income, disabled, and at-risk population in Texas. She is well-taken care of and fairly healthy, but after talking to people day in and day out, she realizes access to health care is a serious and enormous need.</p> <p>If the waiver isn't renewed, Smith county could lose to \$31-\$43 million per year. Without the waiver renewal, those services would either be unavailable or the costs passed on to local taxpayers. More time is needed to assess the programs in Texas and to continue implementation. Therefore, this 5-year extension will foster improvement of services and cost-effective healthcare delivery. Are there any representatives from the media? The public does not know what is going on and what the issues are. Thank you for coming out to East Texas.</p>	
<p>George T. Roberts, RN —CEO/Public Health Administrator, Northeast Texas Public Health District</p>	<p><b>Primary Message:</b> Supports DSRIP Waiver renewal and would like to see the Public Health carve out continued.</p>
<p>Because of the DSRIP program, they have been able to partner with the City of Tyler to open a community-based chronic disease prevention center in a low-income part of town which has served 900 individuals to date.</p> <p>The DRSIP has allowed public/private partnerships to develop which would not have otherwise formed. While it's only been open 18 months, they are seeing great success. They are able to see people who have not typically gone to the doctor or would have only gone to the emergency room. They serve many people whose medical needs wouldn't have been served otherwise. Would like to see the 5% public health carve out continued as well.</p>	
<p>Steve Crane—President, East Texas Disability Advocates (ETDA), LLC</p>	<p><b>Primary Message:</b> Supports DSRIP Waiver renewal and would like to see Medicaid expanded.</p>
<p>He helps people apply for social security disability and has many clients who need access to health care. It's the first thing people need when they need help. He has clients who need insurance to get</p>	

better so they can work. He is very frustrated. For example, he has a client who had a stroke in April who has since been released from the hospital twice. He is a diabetic with high blood pressure and no access to primary care.

He supports the continuation of the DSRIP waiver if only to have 5 more years to elect new politicians who will make changes, namely expanding Medicaid. They are playing politics with the lives of the people that he serves. Spoke with a board member of a hospital who supports expansion personally but who said that the hospital as a whole wouldn't support it. He asked who in the room did not support the waiver or Medicaid expansion so that he could talk to them to try and figure out why someone would oppose it. [No one raised their hand.]

Yasser Zeid, MD—Physician, Texas Medical Association and Zeid Women's Health Clinic

**Primary Message:** Supports DSRIP Waiver renewal and would like to see Medicaid expanded. Also supports increased payments to providers and increased UC funding.

Appreciates everyone for coming. Dr. Zeid is representing himself, the Texas Medical Association and most of all, his patients. He is a gynecologist in Longview and he has patients who can't afford care and who he can't get to a cancer specialist. He even has patients who have cancer who cannot get care even though they have Medicaid.

He is concerned Texas will receive reduced funding for UC similar to what happened in Florida. His particular concerns are in his written comments. He supports Medicaid expansion and believes increased coverage is the way to go. Access would make a huge difference; so would increased payments to providers. All four states around us have increased payment rates which has made a huge difference. Besides Medicaid expansion, he would like to see some the UC fund used to address the Medicaid burden. This would increase the access for patients.

Mary Elizabeth Jackson—Vice President, Trinity Mother Frances Hospitals and Clinics

**Primary Message:** Supports DSRIP Waiver renewal. The current Medicaid waiver is working in Texas. The growth in funding for DSRIP is necessary to sustain and grow both current and new projects. Funding of the UC Pool at the recommended levels should be a top priority.

Trinity Mother Frances Hospitals and Clinics includes the flagship hospital in Tyler, a long-term acute care hospital, 2 rural critical access hospitals in two different counties, and Trinity Clinic, a physician group practice of over 390 providers in family practice and internal medicine. Serves patients in a 22 county area. All of the facilities qualify for participation in the waiver and are fully participating in some way.

Have seen great success with waiver and believes that the impact is even greater than what is being currently measured. The aging population of providers in east Texas has complicated the efforts to grow the provider base because they have to replace the retiring providers and recruit above that number to increase the overall number. This was not taken into account when they projected the number of providers needed for projects.

Improving access to primary and specialty outpatient clinics is the best solution to slowing the current patient load at the emergency department and moving patients to a lower cost system. The projects are working across the metrics of their health system to improve care, lower costs, improve outcomes, and reduce readmissions by coordinating care with inpatient services before they are discharged, developing care teams so they do not return to the emergency department and, very importantly, connecting that patient and their family to a medical home.

UC Pool is critical to the ability of acute care providers to continue providing care and continue current services. The idea that our DSRIP projects will remove the need for a fully funded and expanded UC pool is not valid. The rate of growth from those who need financial assistance is growing faster than any expansion could cover and at a disproportionate amount in low-income households. Thus, the UC pool expansion and increased funding is essential and critical to the waiver renewal.



**Texas HHSC 1115 Transformation Waiver Renewal Extension Application  
Public Stakeholder Webinar – July 23, 2015**

- 3. HHSC intro and overview of waiver renewal
- 4. Stakeholder comments

Niki Shaw—Corporate Director, Care Redesign at Scott & Baylor Health	<b>Primary Message:</b> Supports DSRIP. The UC pool is essential to the care of North Dallas residents.
<p>Speaking on behalf of Dr.Zohar as well. Thank you for opportunity to provide testimony. Supports the waiver. Wants to stress the importance of UC, DSRIP and waiver. She oversees the projects and was involved in original formation and has been involved since the waiver began. She has seen it through all of the changes.</p> <p>In addition to success of waiver, the UC program is extremely important. Funded cap is more than they have received which means they bear the brunt of the costs. Supports current UC pool and the waiver. 53,000 primary and specialty care encounters. Creates opportunity for more integrated care for uninsured patients that is affordable, accountable and patient-centered. Because of it they created a PCMH in a historically underserved area. Without DSRIP, the care for uninsured will be drastically diminished or lost. Loss of momentum would also have a direct impact on their patients.</p> <p>Waiver supports the triple aim and has created a community of providers. Patient story (Chuck): He is an uninsured diabetic who is in a car accident and goes to ED. In the ED he is connected with nurses who teach him how to manage his diabetes. Afterwards, he gets care at home, then is integrated with PCMH, then a primary care doctor connects him with a chronic care clinic. There it is identified that Chuck is depressed and is directed to help for depression, afterwards he is directed to a doctor where he is taught how to manage his medications. While receiving training on his medication, they realize that he’s having trouble reading medication instructions and is directed to an optometrist. At the optometrist, it is discovered that he has cataracts that need to be treated. He is one example of a patient who has benefitted from the waiver program and UC funding.</p>	
Connie Almeda, MD—Director, Behavioral Health Services Fort Bend County	<b>Primary Message:</b> Supports the waiver and has seen first-hand the positive effects it has had on special populations (specifically through programs that focus on crisis intervention, programs for juveniles with complex needs in the justice system and a recovery and integration program for individuals with mental illness who end up in jail) and through her work on several boards.
<p>Presentation emphasizes how much we’ve done and how much change has happened in the system. It has been very reassuring and encouraging to see the change, which was a lot of work for many people. There were several challenges such as, talking about outcomes, transformations, category 3, and how to integrate into MCOs. What we talk about now versus what we talked about 4-5 years ago is amazing because we understand what we’re doing now which is an accomplishment in itself.</p> <p>She is a private sector psychologist. Background in systems of care, juvenile care, regardless of disability (developmental disability, substance abuse, criminal justice, and public community in general). The waiver provided opportunity to increase partnership in the region and develop 3 critical projects for Ft. Bend county. One program is the Crisis Intervention Project with an intervention team in the sheriff’s office. This has created many partnerships and they have met metrics in DY4. They</p>	

have had 160 jail diversions. It's meaningful because crisis intervention works closely with police, EMS, hospitals, etc... She has been tracking data and special populations but what she didn't track was the reduction in officer injury. The sheriff had been tracking this data and let her know that out of all of these interactions between clients and the police, there was a reduction in injury to patients/clients and police in these 2,000 contacts and only one use of a taser.

They have two other relatively small projects to fill gaps in the service delivery system. One focuses on intensive care for individuals in the juvenile justice system with complex needs. One such individual is a 16 year old who had baby with serious mental illness. She also has mental illness. After working with this client, they realize that this woman is living with her grandmother and 11 other children. They try to connect with this family and are given the opportunity to intervene with this 16 year old, her baby, and possibly all of the other children in the household.

The last program is the recovery and integration program for individuals with mental illness who end up in jail. People with mental illness end up in jail for 3 times as long. They have found that in this small, intensive program, 90% of females involved also have a history of domestic violence, trauma, possible involvement in sex trafficking. A young man in this system aged out of CPS system and was returned to non-abusing parent but was forced to live in same room where he was abused and he has PTSD. They're working very hard to keep him out of the system. Waiver has allowed them to implement these projects. She's on multiple advisory committees and says they are making the progress that they need. They are now focusing on outcomes and it is exciting to see what they will accomplish in the future. Thanks HHSC for leadership and support provided.

Mary Jackson—Trinity Mother Francis Hospital and Clinics	<b>Primary Message:</b> She has submitted written comment and has 3 questions about next steps and the future of the waiver for HHSC.
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She participated in the Tyler meeting and will be submitting written testimony has 3 questions:

1. When you talk about next phase of waiver and being able to continue current DSRIP projects, does that include expanding what we're doing? We see ways that we can expand these programs and to enlarge current boundaries.
2. At what point do you think the evaluation will be done? Seems the projects would more than likely continue unless the projects don't meet metrics. We'd like to say this project has met its purpose.
3. Do you have any information on CMS' attitude for continuing current funding mechanism?

Dr. Rick Jordan—Regional Dean of Texas Tech Health Science Center & Debra Cane (in office with him)	<b>Primary Message:</b> He has submitted written comment and has 3 questions about next steps and the future of the waiver for HHSC
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They've earned much from the DSRIP projects and are glad to extend these.

1. When will we find out that CMS would look favorably on your request?
2. In addition to expansion, will we know at any time soon if new projects will be considered?

Gary Vintellini—Texas Tech Permian Basin	<b>Primary Message:</b> Supports the waiver and has seen the waiver used to help patients in remote areas by providing telemedicine and also training residents in these rural communities.
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Waiver has helped them with patient care and telemedicine to provide care to patients in remote areas, start residency training in small areas where it is hard to hire physicians. Not just patient care but also has reach to other important areas for small communities and training future residents. As we know, when residents train in an area, they will stay there. The waiver is very important thank you

for supporting it	
Emily Farenthold—Attorney ; Center for Public Policy Priorities	<b>Primary Message:</b> Supports the waiver programs but believes the stat should seek all the available federal money to close the coverage gap by expanding Medicaid.
It is vital for Texas to pull down federal money that the state needs to close coverage gap for the uninsured. She supports waiver programs but seems doubtful that state will receive funding unless the state has plan for covering the uninsured.	
Stuart Greenfield—ACC	<b>Primary Message:</b> Supports the waiver but thinks that HHSC should ask CMS to move the ABD population that’s now in Medicaid to the health exchange and thus free up money to expand Medicaid to individuals currently in the coverage gap.
There are a bunch of smart people at HHSC however it appears that no one is thinking outside the box. Seems like Obama will not accept the proposal. Could we ask CMS to move ABD population now in Medicaid to the Health Exchange and then with savings from that, the state could increase coverage to people in the gap? With this plan, the state would save money and with the 60/40 split, the feds would also save money. It moves risk from “you guys” to the public. Reduces Medicaid enrollment and save the state money and increases coverage.	