Guidance for Potential Collaborators on Evaluating the 1115(a) Demonstration Waiver - Healthcare Transformation Quality Improvement Program

Strategic Decision Support, Texas Health and Human Services Commission

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SUMMARY

The Texas Health and Human Services Commission (HHSC) is presenting an opportunity to experienced health program evaluators from research universities or organizations to design and implement an evaluation of specific Delivery System Reform Incentive Payment (DSRIP) *project area options* of the 1115(a) waiver - Texas Healthcare Transformation and Quality Improvement Program. Evaluation of the waiver is mandated by the federal government as a condition of funding.

This document was prepared by HHSC Strategic Decision Support (SDS) to guide researchers interested in contributing to the 1115(a) waiver evaluation and is not meant to be proscriptive in regards to evaluation study design. As proposals are submitted, HHSC and the federal Centers for Medicare and Medicaid Services (CMS) will decide whether to approve them as a supplement to the approved waiver evaluation.

Over 1,300 DSRIP projects were submitted by hospitals and other providers to HHSC and CMS covering 33 project areas (with 10 project areas devoted specifically to behavioral health). The purpose of DSRIP projects is to develop programs or strategies to enhance access to health care, increase the quality of care, and improve the cost-effectiveness of care provided in order to improve the health of all Texans – with a focus on Medicaid and indigent patients.

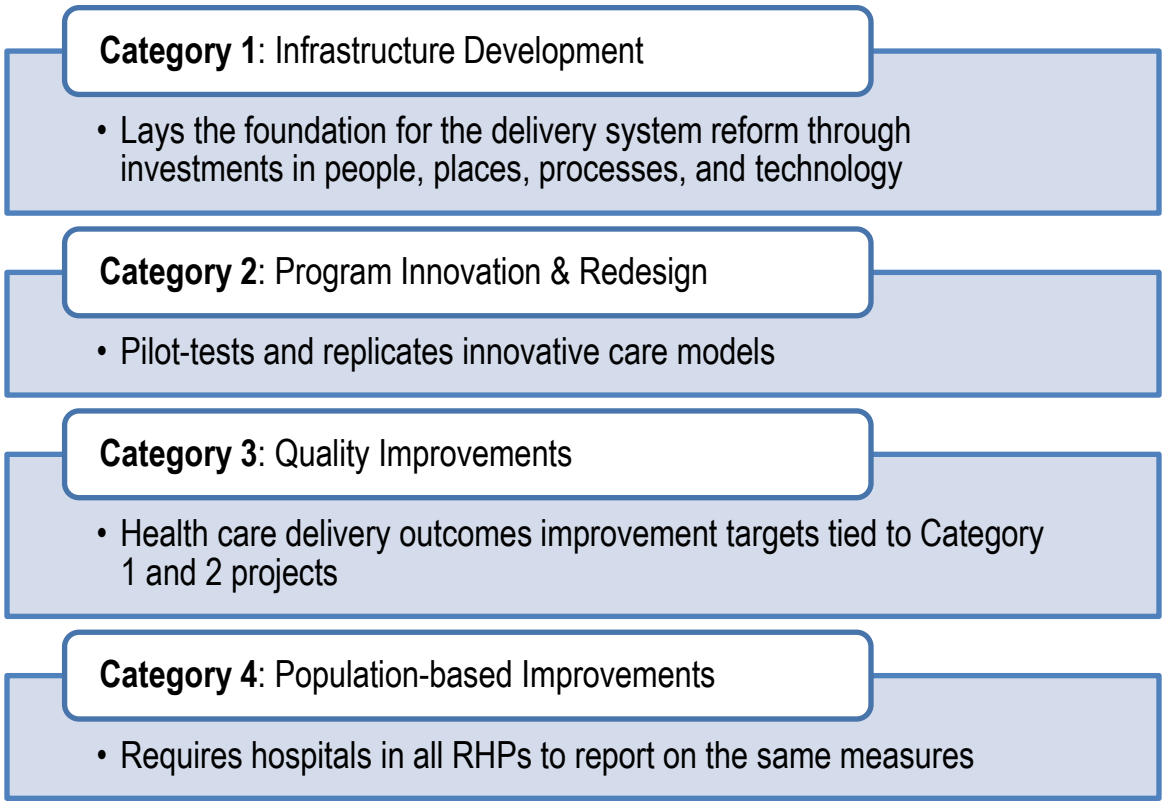
The results of these project-level evaluations (by project area option) will provide HHSC and CMS additional information on how projects impacted access to care, quality of care, and cost-effectiveness of care.

1115(a) WAIVER

The Texas Healthcare Transformation and Quality Improvement Program (Program) is a Section 1115(a) waiver demonstration approved by the U. S. Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS) on December 12, 2011. The Demonstration started December 12, 2011 and will end September 30, 2016. The Texas Health and Human Services Commission (HHSC) Medicaid/CHIP Division is managing the implementation and oversight of the Program.

The five-year waiver demonstration provides new mechanisms, through regional collaboration and coordination, for local entities to access additional federal match funds through the Delivery System Reform Incentive Payment (DSRIP) funding pool. The waiver supports the development and maintenance of a coordinated care delivery system through Regional Healthcare Partnerships (RHPs).

The DSRIP pool (of funds) is designed to incentivize activities that support a region's collaborative efforts to improve access to care, the quality of care, and the health of the patients and families they serve. To receive payments from the DSRIP pool, a provider (e.g., hospital, physician group, community mental health center, local health department) must meet specific metrics for each project and detailed in the project plan. Projects using funds from the DSRIP pool must be directed toward activities which are divided into four interrelated and complementary categories:



Providers interested in receiving DSRIP funding must first collaborate with their RHP to develop a regional community needs assessment (CNA). Proposed DSRIP projects must address the community needs identified in the CNA.

RHPs must select a minimum number of projects from Categories 1 and 2, depending on Tier classification. RHP Tiers categorizations are based on the proportion of statewide population fewer than 200 percent of federal poverty level (FPL) (i.e., Tier 1 has a greater proportion than Tier 3).

An RHP is classified as Tier 4 based on FPL limits *or* if the RHP does not have a public hospital *or* RHP public hospital provides less than one percent of region's uncompensated care (see Appendix J Special Terms and Conditions (STCs)).

RHP Tier	**Minimum of Category 1 and 2 projects combined**	**Minimum of Category 2 projects**
Tier 1	20	At least 10 of the 20 projects
Tier 2	12	At least 6 of the 12 projects
Tier 3	8	At least 4 of the 8 projects
Tier 4	4	At least 2 of the 4 projects

DSRIP projects were submitted to TX HHSC on December 31, 2012 for review and then submitted to CMS. Most Projects were approved for funding and implementation if they met the following criteria:

Approvable Project Criteria

- Project is in the RHP Planning Protocol/DSRIP menu (http://www.hhsc.state.tx.us/1115-docs/RHP/RHP-techcorrects.pdf)
- Project ties to RHP's community needs assessment (http://www.hhsc.state.tx.us/1115-RHP-Plans.shtml)
- All required core components are included, if applicable
- Project implementation begins by demonstration year (DY) 3
- Project benefits Medicaid/indigent population

1115(a) EVALUATION

The evaluation of the 1115(a) waiver is mandated by the approved CMS STCs 68 through 71 and a copy of the CMS approved evaluation plan can be found on the HHSC 1115(a) waiver website. (http://www.hhsc.state.tx.us/1115-docs/EvaluationPlan.pdf)

The evaluation plan specifies 11 evaluation goals based on 1115(a) waiver Program activities.

This guide requires that potential university collaborators focus their efforts on evaluation goals 6 – 8. These evaluation goals are:

- **Evaluation Goal 6:** Evaluate the extent to which, through the implementation of DSRIP projects, RHPs impacted the *quality of care*.
- **Evaluation Goal 7:** Evaluate the extent to which, through the implementation of DSRIP projects, RHPs impacted the *health of the population served*.
- **Evaluation Goal 8:** Evaluate the extent to which, through the implementation of DSRIP projects, RHPs impacted the *cost of care*.

The evaluation goals under this domain relate to the ability of the RHPs to show, through the utilization of DSRIP funds, quantifiable improvements relating to quality of care, population health, and cost of care.

1115(a) EVALUATION TYPES

The evaluation of DSRIP projects consists of applying methodologies to improve the effectiveness of public health programs and activities by determining which program activities work, and which program components work most effectively. The evaluation types listed below are given as examples and are not meant to be proscriptive.

A number of types of evaluations are possible:

- **Traditional evaluations** assess the impact of specific project activities (process and/or improvement milestones) on selected Category 3 outcomes
- **Economic evaluations** that combine project effectiveness information with economic resources (i.e., costs and benefits) in quantitative terms. Which projects, for example, are most effective in terms of the incentive payment per client?
- **Process evaluations** refer to evaluations that are focused on project activities. In these evaluations, a relationship is assumed between project activities and outcomes (presumably based on the literature)
- **Formative evaluations** identify the best uses of available resources, prior to traditional program evaluation. Formative evaluation may utilize qualitative methods such as focus groups, or structured interviews to understand a process or system and to identify barriers and opportunities for improvement
- **Empowerment evaluations** examine existing project strengths and weaknesses, focus on key goals and program improvements, develop strategies to achieve goals and document credible progress
- **Implementation evaluation** examine whether the project was implemented as planned and if/what changes were made

DRAFT EVALUATION PROPOSAL REQUIRED COMPONENTS

After the reading the HHSC SDS guidance document, interested evaluation teams are encouraged to develop a proposal that includes the required components listed below. Additionally, evaluation teams are expected to collaborate with HHSC SDS and other universities to share and integrate research findings of the statewide implementation of the DSRIP program projects.

Potential evaluation teams are encouraged to contact HHSC SDS to determine whether a project area option has been selected by another collaborator. Selected projects will be considered if they do not duplicate another on-going evaluation in order to reduce respondent burdens at various RHP levels (i.e., RHP anchor, Project managers, Providers, etc.)

Research findings may be included in reports that HHSC delivers to CMS (Interim report due October 1, 2015 and/or Final evaluation report due January 31, 2017).

1. Identify Project Area Option of interest
2. Clarify the Goals and Purposes of the Evaluation
    a. Describe the evaluation design to be used
3. Identify geographic scope of evaluation (which RHPs) and rationale for selection. HHSC RHPs and priority RHP aggregations can be found in the Appendix to this guide.
4. Identify data source(s) and any data collection tools (see below for more instructions)
    a. Identify the concepts to be measured (conceptualizing)
        i. Develop specific indicators for each concept (operationalizing)
        ii. Assess the performance of the proposed indicators with respect to validity, reliability, and sensitivity to change
    b. Identify potential data sources
    c. Describe data collection and ensuring data quality
    d. Describe data security and how raw data will be transferred to HHSC
5. Describe data analyses plan and deliverables
6. Provide timeline for proposed project (e.g., Gantt chart)
    a. Identify deliverable due dates and progress reporting to HHSC
    b. Include timeline for obtaining University Institutional Review Board approval
7. Provide detailed budget (see below for more instructions)
8. Describe the expertise of key researchers in relation to each phase of the proposed work that demonstrates their ability to successfully complete the project

Evaluation Considerations

Evaluations may include a single project (if of significant size or percent of population served) or multiple projects (within or across project categories or RHPs). HHSC recommends examining projects across RHP tiers. See the Appendix for more details on RHPs, RHP tiers, and project categories.

Data Sources and Data Collection

Sources of data in an evaluation refer to persons, documents, or observations that provide information for the evaluation. More than one source might be used to gather data for each indicator to be measured. Multiple data sources might provide an opportunity to include different perspectives regarding the DSRIP project(s) and may enhance the evaluation's credibility and provide a more comprehensive view of the DSRIP project(s). Potential data sources and

evaluation methods are listed in the tables below but are not limited to these suggestions.

It is recommended that data sources and the criteria used to select data should be stated clearly so that it may be assessed by HHSC, CMS, and other end-users.

Selected Sources of Evaluation Data Sources
Individuals
• Clients, program participants, non-participants • Staff, program managers, administrators • General public • Advocacy group representatives • Local health officials
Documents
• DSRIP project(s) (http://www.hhsc.state.tx.us/1115-docs/RHP/RHP-techcorrects.pdf) • RHP Community Needs Assessment (http://www.hhsc.state.tx.us/1115-RHP-Plans.shtml) • Graphs, maps, charts, photographs, videotapes
Observations
• Meetings, special events/activities, job performance • Service encounters

Evaluation Research Methods (Data collection)
• Written survey (depending on mode: paper/pencil, Internet, Phone) • Personal interview • Observation • Content analysis • Case study • Group assessment • Expert or peer review • Simulation, modeling • Spatial analysis • Social network analysis • Cost accounting • Photography, drawing art, videography • Logs, activity forms, registries

In evaluating proposed projects, HHSC will consider the extent to which an individual proposal and the proposals in aggregate increase the burden for various RHP participants (i.e., RHP anchor, project managers, providers, clients, etc.)

Ensuring Data Security and Data Sharing with HHSC

Interested research evaluation partners will be required to enter into a data sharing agreement. References to data sharing may also be appropriate in other sections of the proposal. A brief description of such an agreement should include:

- Criteria for deciding who can receive the data and whether or not any conditions will be placed on their use
- Format of the final dataset
- Documentation to be provided (e.g., data dictionary and/or analytic tools)
- The mode of data sharing (e.g., under its own auspices by mailing a disk or posting data on a secure institutional or through a data archive or enclave).
- Description of the expected schedule for data sharing

The precise content of the data sharing plan will vary, depending on the data being collected, and how the investigator is planning to share the data.

Detailed Budget

As with the inter-governmental transfer (IGT) requirement for DSRIP funding, interested research evaluation partners who are part of local government or state agency (public university) may transfer IGT funds if[1]:

- The funds are in the governmental entity's administrative control
- The funds are not federal funds
- There is no statutory or constitutional requirement that relates to the funds
- The funds are not impermissible provider-related donations

Evaluation project funding will be matched 1:1 between the university collaborator(s) general revenue (GR) or other public dollars, and CMS federal funds. Disproportionate Share Hospital (DSH) funds or other federal funds cannot be used for the IGT match (42 C.F.R. 433.51 – Public Funds as the State share of financial participation).

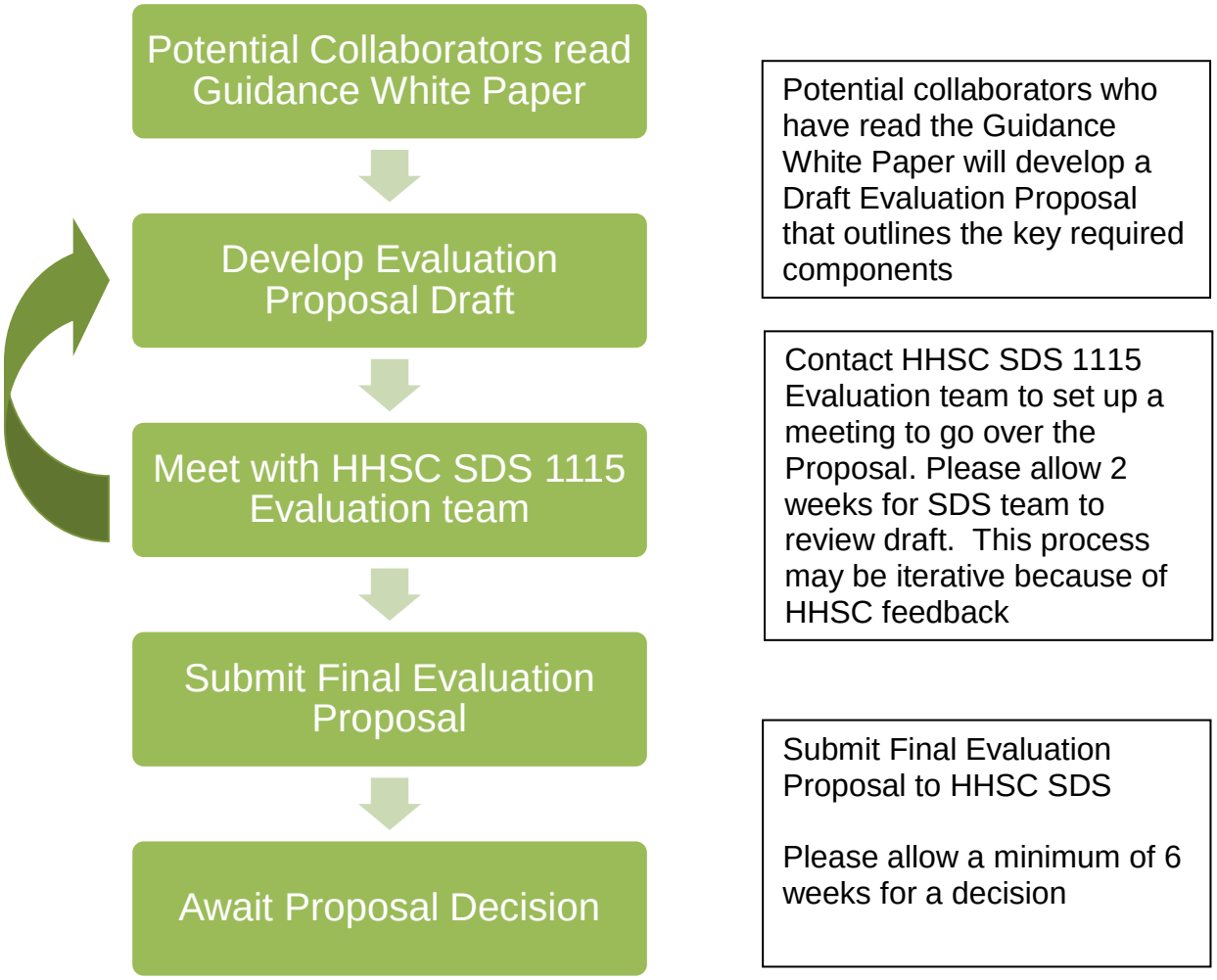
[1] See http://www.hhsc.state.tx.us/1115-docs/IGT-Principles.pdf for IGT guidelines.

A detailed budget must be applicable to the scope of work proposed and included with the proposal that outlines:

- Researcher(s) and percent of time on project
- Researchers(s) salary and benefits that are not already allocated by teaching activities
- Any researcher(s) travel, supplies, etc.

Funds that have already been allocated cannot be used as matching funds. For example, faculty salary cannot be matched if the salary has already been allocated.

TIMELINE FOR PROPOSED PROJECT REVIEW



Potential evaluation teams are encouraged to contact HHSC SDS before submitting a draft proposal to determine whether a project area option has been selected by another university collaborator. Selected projects will be considered if they do not duplicate another on-going evaluation in order to reduce respondent burdens at various RHP levels (i.e., RHP anchor, Project managers, Providers, etc.)

COMMUNICATION AND REPORTING

If the proposed evaluation gets approved by HHSC and CMS, then HHSC will contact RHP anchor(s) to inform them of their project participation in the evaluation.

After HHSC has contacted RHP anchor(s) and DSRIP performing provider(s), then the university collaborator may contact selected DSRIP provider(s).

DISSIMINATION

Approved evaluation projects may be included in HHSC reports including but not limited to the interim evaluation report due to CMS on October 1, 2015 and the final evaluation report due to CMS on January 31, 2017.

Lead evaluators may be required to present project activities and findings to stakeholders and interested parties, i.e., HHSC leadership, workgroup meetings, public forums, academic conferences, etc.

SCIENTIFIC/RESEARCH REVIEW CONTACT

Direct your questions and general issues to:

Sarah Roper-Coleman
Evaluation Team Lead - Strategic Decision Support
Brown Heatly Building
4900 North Lamar Blvd., MC-1950
Austin, TX 78751
Telephone (512) 487-3398
Fax (512) 424-6840
E-mail address: sarah.roper-coleman@hhsc.state.tx.us

APPENDIX

1115(a) WAIVER TERMINOLOGY

1115(a) Waiver - A waiver under section 1115(a) of the Social Security Act that allows CMS and states more flexibility in delivering Medicaid services. The Texas Healthcare Transformation and Quality Improvement Program Waiver is an 1115(a) waiver.

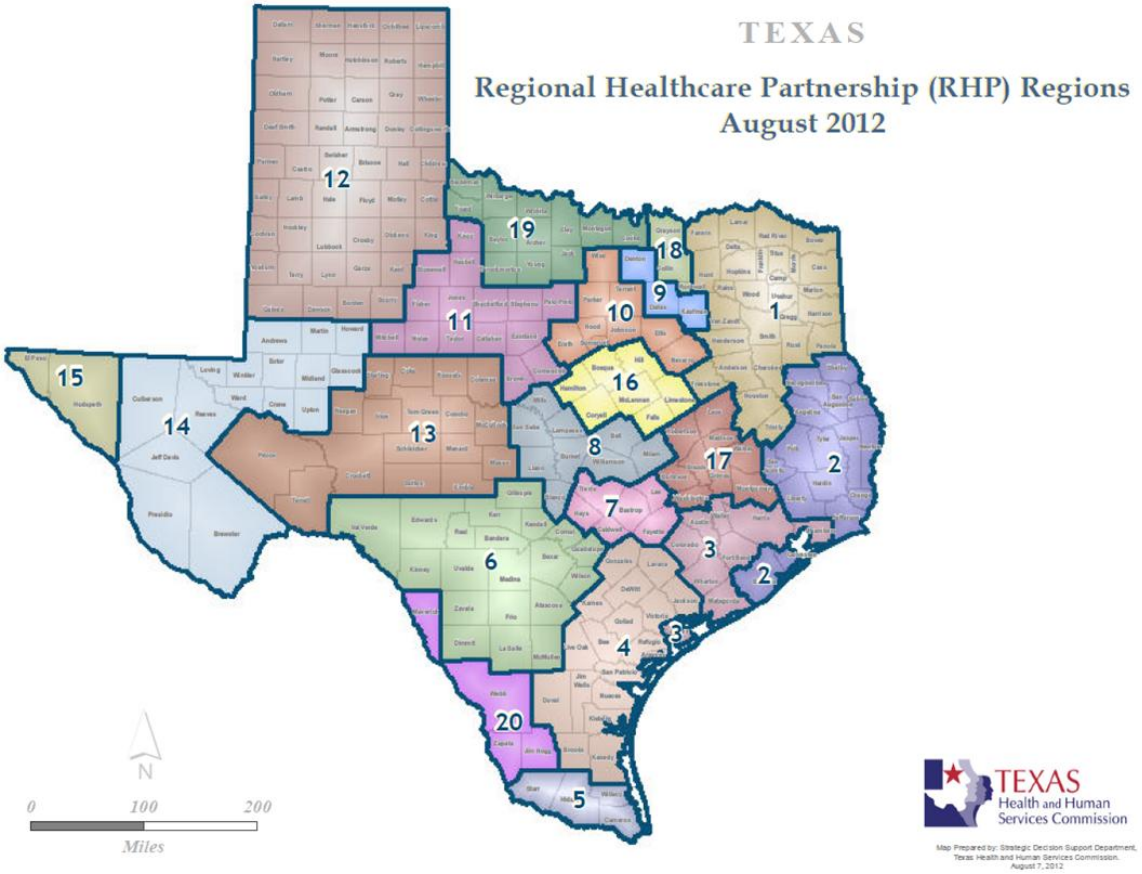
Anchoring entity (anchor) - The single entity in an RHP serving as the primary contact to HHSC. The anchor is responsible for providing opportunity for public input in the development of the RHP plan and coordinating discussion and review of the proposed plan prior to submission to the State.

Demonstration year (DY) - A 12-month period beginning October 1 and ending September 30. The 1115(a) Transformation waiver currently consists of five demonstration years from 2011 to 2016.

Intergovernmental Transfers (IGT) - State and local funds derived from taxes, assessments, levies, investments, and other public revenues within the sole and unrestricted control of a governmental entity and eligible for federal match under the 1115(a) Transformation waiver. This does not include gifts, grants, trusts, or donations, the use of which is conditioned on supplying a benefit solely to the donor or grantor of the funds.[2]

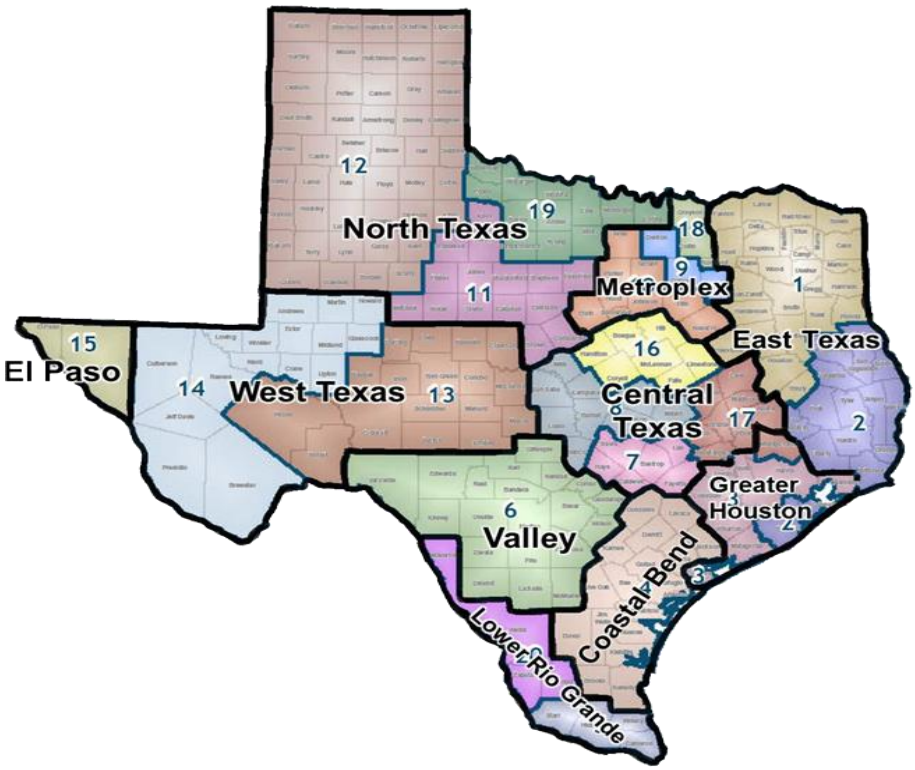
Regional Healthcare Partnership (RHP) - Regions developed throughout the State to more effectively and efficiently deliver care and provide increased access to care for low-income Texans under the 1115(a) Transformation waiver. Each RHP includes a variety of participants, such as hospitals, community mental health centers, local health departments, and academic health science centers (see map below).

[2] http://www.hhsc.state.tx.us/1115-docs/IGT-Principles.pdf



Performing Provider (performer) - A Medicaid provider participating in an RHP, who works with an IGT entity, and perhaps other participants, to implement a DSRIP project.

Priority Settings – aggregate RHP regions that reflect distinct social and economic contextual differences (see map below).



RHP	REGION
1, 2	East Texas
3, 2 (Brazoria & Galveston Co. only), 17 (Montgomery Co. only)	Greater Houston Area
4	Coastal Bend
5, 20	Lower Rio Grande
6	Valley
7, 8, 16, 17	Central Texas
9, 10, 18	Metroplex
11, 12, 19	North Texas
13, 14	West Texas
15	El Paso

Project Area – the overarching subject matter the project addresses. For example: Project Area 2.2 “Expand Chronic Care Management Models”.

Project Area Option – describes the comprehensive intervention. For example, Project Area Option 2.2.4 - “Develop a continuum of care in the community for persons with serious and persistent mental illness and co-occurring disorders”. This is the project is the fourth option listed under Project Area 2.2.

RHP TIERS

RHP #	RHP Tier	Anchor Organizational Name
RHP 1	3	The University of Texas Health Science Center at Tyler (UTHSCT)
RHP 2	3	University of Texas Medical Branch
RHP 3	1	Harris Health System
RHP 4	3	Nueces County Hospital District
RHP 5	4	Hidalgo County
RHP 6	2	University Health System
RHP 7	3	Travis County Healthcare District (dba Central Health)
RHP 8	4	Texas A&M Health Science Center
RHP 9	2	Dallas County Hospital District (dba Parkland Health & Hospital)
RHP 10	2	Tarrant County Hospital District (dba JPS Health Network)
RHP 11	4	Palo Pinto General Hospital District
RHP 12	3	Lubbock County Hospital District - University Medical Center
RHP 13	4	McCulloch County Hospital District
RHP 14	4	Ector County Hospital District (dba Medical Center Health System)
RHP 15	3	University Medical Center of El Paso (El Paso Hospital District)
RHP 16	4	Coryell County Memorial Hospital
RHP 17	4	Texas A&M Health Science Center
RHP 18	4	Collin County
RHP 19	4	Electra Hospital District (dba Electra Memorial Hospital)
RHP 20	4	Webb County

DSRIP PROJECT CATEGORIES

According to the DSRIP menu approved by CMS, there are 33 project areas. For each project area there might be multiple project area options (e.g., 1.1.1 or 1.1.2). Listed below are the 14

Category 1 Project Areas:

1.1	Expand Primary Care Capacity
1.2	Increase Training of Primary Care Workforce
1.3	Implement and Use a Chronic Disease Management Registry
1.4	Enhance Interpretation Services and Culturally Competent Care
1.5	Collect Accurate Race, Ethnicity, and Language (REAL) Data to Reduce Disparities
1.6	Expand Access to Urgent Care and Enhance Urgent Medical Advice
1.7	Introduce, Expand, or Enhance Telemedicine/Telehealth
1.8	Increase, Expand, and Enhance Dental Services
1.9	Expand Specialty Care Capacity
1.10	Enhance Performance Improvement and Reporting Capacity
Behavior Health Projects	
1.11	Implement technology-assisted services (telemedicine, telehealth and telemonitoring) to support, coordinate or deliver services
1.12	Enhance service availability to appropriate levels of care
1.13	Development of behavioral health crisis stabilization services as alternatives to hospitalization
1.14	Develop Workforce enhancement initiatives to support access to providers in underserved markets and areas.

Category 2 Project Areas:

2.1	Enhance/Expand Medical Homes
2.2	Expand Chronic Care Management Models
2.3	Redesign Primary Care
2.4	Redesign to Improve Patient Experience
2.5	Redesign for Cost Containment
2.6	Implement Evidence-based Health Promotion Programs
2.7	Implement Evidence-based Disease Prevention Programs
2.8	Apply Process Improvement Methodology to Improve Quality/Efficiency
2.9	Establish/Expand a Patient Care Navigation Program
2.10	Use of Palliative Care Programs
2.11	Conduct Medication Management
2.12	Implement/Expand Care Transitions Programs

Behavior Health Projects	
2.13	Provide an intervention for a targeted behavioral health population to prevent unnecessary use of services in a specified setting (i.e., the criminal justice system, ER, urgent care etc.)
2.14	Implement person-centered wellness self-management strategies and self directed financing models that empower consumers to take charge of their own health care.
2.15	Integrate Primary and Behavioral Health Care Services
2.16	Provide virtual psychiatric and clinical guidance to all participating primary care providers delivering services to behavioral patients regionally.
2.17	Establish improvements in care transition from the inpatient setting for individuals with mental health and / or substance abuse disorders
2.18	Recruit, train and support consumers of mental health services to provide peer support services
2.19	Develop Care Management Function that integrates primary and behavioral health needs of individuals

All **Category 1 & 2 projects** must have one or more associated **Category 3** outcomes. CMS defines outcomes as "*measures that assess the results of care experienced by patients,* including patients' clinical events, patients' recovery and health status, patients' experiences in the health system, and efficiency/costs."

Outcome(s) measures are based on a specific patient population served by the project.

Category 3 Project Areas:

Outcome Domains (OD)
The Category 3 project areas are targeted to be revised in 2014. After the Category 3 project areas are finalized they will be included for reference.