



1115 Waiver Update

- HHSC plans to submit a request to extend and amend the Texas Healthcare Transformation Quality Improvement Program waiver under section 1115 of the Social Security Act to the Centers for Medicare and Medicaid Services. The extension reflects the same terms and conditions agreed to and approved by CMS on Jan. 15, 2021. The extension request is for 10 years, and allows the 1115 waiver authority to run through 2030.

Public notice was published in the May 28, 2021, issue of the [Texas Register](#). HHSC will also post the notice and draft application online. Opportunities for stakeholders to take part in public hearings on the waiver application are below:

- **Medical Care Advisory Committee**

June 10, 2021 at 9 am

[Virtual attendees register here.](#)

- **1115 Transformation Waiver: Extension Application Public Hearing**

June 15 at 10 am

Texas Health and Human Services Commission

Brown-Heatly Building

Public Hearing Room

4900 North Lamar Blvd., Austin Texas, 78751

[Virtual attendees register here.](#)

DSRIP Program Update

- The Healthcare Transformation Waiver (HTW) team is finalizing reporting review of Demonstration Year (DY) 10 Round 1 data. This will be followed by a period for Technical Assistance and NMI reporting for certain providers.

Partner Engagement

Quarterly Meetings

- The last Partner Engagement Quarterly Meeting webinar was held on March 26, 2021. The [recording](#) of the webinar is available for viewing.

- The next Partner Engagement Meeting will be combined with the Executive Waiver Committee meeting and held via webinar on June 22, 2021 from 2 to 3:30pm. Please register [here](#) and you will be sent the link to join the meeting.

DSRIP Transition Milestone Progress

- The HTW team continues to work on potential DY12 programs, including state-wide initiatives to address social determinants of health (SDOH) and improve regional population health, among other options. This deliverable is due to CMS by 9/30/21.
- The following deliverables are on track to be submitted to CMS by 6/30/21:
 - Assessment of Incentives for Alternative Payment Models report
 - Guidance for MCOs on Quality Improvement Cost Reporting
 - Assessment of Telemedicine and Telehealth report
 - Options for the RHP Structure Post-DSRIP report

Post-DSRIP Programs

- Directed Payment Programs (DPPs) for DY11 –
 - Pre-prints for DY11 proposed directed payment programs (CHIRP, TIPPS, RAPPs and DPP BHS) have been submitted to CMS. HHSC has received and is addressing questions on each program from CMS.
 - The applications period has ended for all four programs and providers were notified of eligibility status. The IGT calls for the four programs have been completed by PFD.
 - In addition to the existing HHSC webpages from the Provider Finance Department regarding financial aspects of the DPPs, Medicaid and CHIP Services has new [webpages](#) to provide information on quality requirements and reporting for each of the new DPPs.