



DSRIP Transition Plan Milestone: Support Further Delivery System Reform

Overview

The Texas Health and Human Services Commission (HHSC) submits to the Centers for Medicare and Medicaid Services (CMS) this deliverable for the approved Delivery System Reform Incentive Payment (DSRIP) Transition Plan milestone to Support Further Delivery System Reform. The deliverable outlines new initiatives, largely legislatively-directed, to start in Federal Fiscal Year (FFY) 2023 or beyond.

The Texas Legislature passed bills during the Regular 87th Legislative Session, 2021, that will incorporate lessons learned from DSRIP into the Medicaid program. The legislation provides the opportunity to advance frequently implemented and best practices of DSRIP, such as enhanced care coordination, chronic care management, access to behavioral health, and maternal health. Other legislation makes permanent certain teleservices and new benefits that proved effective at improving access to care and health outcomes when implemented in DSRIP. This deliverable summarizes key legislation that HHSC will be working to implement to sustain best practices and further delivery system reform.

HHSC also explored changes to Medicaid benefits policies based on effective activities in DSRIP and identified potential options to improve care transitions and help empower patients with self-management education and training. HHSC will use its existing process for reviewing medical benefits policy changes to determine the clinical- and cost-effectiveness of these services.

In December 2020, HHSC submitted to CMS a deliverable outlining options that HHSC assessed for potential new programs for demonstration year (DY) 11 (FFY 2022) of the current waiver. The options integrate DSRIP successes in the Texas Medicaid managed care model primarily through four new Directed Payment Programs (DPPs). CMS has not approved these DPPs at this time. HHSC is committed to working with CMS to achieve approval of each of the proposed DPPs.

The proposals address the Focus Areas identified in the DSRIP Transition Plan:

- Sustain access to critical health care services;
- Behavioral health;

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- Primary care;
 - Patient navigation, care coordination, and care transitions, especially for patients with complex conditions that have high costs and high utilization;
 - Chronic care management;
 - Health promotion and disease prevention;
 - Maternal health and birth outcomes, including in rural areas of the state;
 - Pediatric care;
 - Rural health care;
 - Integration of public health with Medicaid;
 - Telemedicine and telehealth; and
 - Social drivers of health (SDOH).

Legislative Direction to Advance Best Practices

During the Regular 87th Legislative Session, 2021, bills were passed and subsequently became law that continue healthcare delivery system reform after the DSRIP program ends. HHSC is currently working to implement these bills while incorporating lessons learned and best practices achieved from DSRIP. These bills advance through the Medicaid program key goals of DSRIP and DSRIP transition, including:

- Improving patient navigation, care coordination, and care transitions;
- Chronic care management;
- Standardizing the use of SDOH;
- Integration of public health with Medicaid;
- Advancing behavioral health services (including both mental health and substance use disorder);
- Telemedicine and telehealth;
- Rural health care; and
- Improving maternal health outcomes.

House Bill 4, 87th Legislature, Regular Session, 2021

DSRIP Target Areas: Telemedicine and telehealth; Rural health care

House Bill (H.B.) 4 makes permanent many teleservices flexibilities provided by Texas Medicaid and other health and human services programs during the COVID-19 public health emergency. The bill requires HHSC to implement policies to improve access to care through telehealth, telemedicine, telemonitoring, and other telecommunications solutions.

Telehealth services are already reimbursed for the following programs: Medicaid, Children's Health Insurance Program (CHIP), Children with Special Health Care Needs (CSHCN), Primary Health Care (PHC), Children's Autism Program (CAP), Title

V Maternal and Child Health (MCH) Fee for Service (FFS), Family Planning Program (FPP), and Breast and Cervical Cancer Services (BCCS) as outlined in this bill. Implementing H.B. 4 will make reimbursement for these telehealth services permanent for those that are not already and require consideration for making the audio-only benefits permanent. HHSC will also review relevant services for appropriate areas to expand telehealth and telemedicine services.

H.B. 4 also requires HHSC to implement, to the extent permitted by federal law, reimbursement for cost-effective and clinically effective telemedicine and telehealth services in the following programs, services, and benefits:

- Preventative Health and Wellness Services,
- Case Management, including targeted case management,
- Behavioral Health Services,
- Nutritional Counseling Services,
- Assessment Services, including nursing assessments under the following 1915(c) waivers:
 - ▶ Community Living Assistance and Support Services (CLASS)
 - ▶ Deaf-Blind with Multiple Disabilities (DBMD)
 - ▶ Home and Community-based Services (HCS)
 - ▶ Texas Home Living (TxHmL)

In addition to these requirements, H.B. 4:

- Requires HHSC to develop and implement a system allowing the use of the audio-only platform for behavioral health services, to the extent that it is cost-effective and clinically effective.
- Allows managed care organizations (MCOs) to reimburse for home telemonitoring services beyond services currently allowed if the MCO determines it to be cost-effective and clinically effective.
- Requires HHSC to ensure reimbursement for rural health clinics (RHCs) for covered telemedicine or telehealth services for Medicaid recipients.

The importance of teleservices to enhance access to care has been recognized throughout DSRIP, and the DSRIP program provided an opportunity to expand its use. For example, of the 1,340 DSRIP projects implemented by participating providers during DSRIP demonstration years (DYs) 2-6 (October 1, 2012 – September 30, 2017), approximately 6 percent (77 projects) had a teleservices component. By November 2019, 39 percent of providers reported implementing at

least one of four teleservices Related Strategies¹ to some extent (101 of 256 providers). Based on the most recent DSRIP reporting in April 2021, 72 percent of providers reported implementing at least one of these teleservices Related Strategies to some extent (183 of 254 providers).

Additionally, the significance of these teleservices initiatives was highlighted by the Best Practices Workgroup (BPW), a group of 84 DSRIP participating providers, anchors, and Executive Waiver Committee members convened to identify key measures and key practices that impacted the health status of clients served in DSRIP. The third top-rated key practice identified by the BPW was “Telehealth to provide virtual medical appointments and/or consultations with a psychiatrist.”

In part because of DSRIP, the use of teleservices—for instance, to provide specialty care in remote areas—has been slowly increasing over the years, including in the Texas Medicaid program.² The COVID-19 Public Health Emergency (PHE), however, significantly accelerated this upward trend in utilization. HHSC will implement H.B. 4 to maximize the use of teleservices beyond the COVID-19 PHE.

House Bill 133, 87th Legislature, Regular Session, 2021

DSRIP Target Areas: Improving maternal health outcomes; Improving patient navigation, care coordination, and care transitions

H.B. 133 continues to enhance benefits and coordination of services for women in Medicaid. H.B. 133 requires HHSC to:

- Continue to provide Medicaid coverage to women who were eligible for Medicaid for pregnant women for at least six months after delivery or an involuntary miscarriage.
- Transition the Healthy Texas Women program and the Case Management for Children and Pregnant Women benefit into Medicaid managed care.
- Identify barriers preventing pregnant women from obtaining Healthy Texas Women program services and seek opportunities to mitigate those barriers,

¹ DSRIP Related Strategies related to teleservices include: 1) Telehealth to provide virtual medical appointments and/or consultations with a primary care provider; 2) Telehealth to provide virtual medical appointments and/or consultations with a specialty care physician (physical health only); 3) Telehealth to provide virtual medical appointments and/or consultations with a psychiatrist; and 4) Telehealth to provide virtual appointments and/or consultations with a dentist.

² Texas Health and Human Services Commission. (2020 December). *Telemedicine, Telehealth, and Home Telemonitoring Services in Texas Medicaid*. <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2020/sb-789-telemedicine-telehealth-hts-medicare-dec-2020.pdf>.

and to assess the possibility of automatic enrollment into Medicaid managed care for women who get pregnant while in Healthy Texas Women.

Maternal care was a significant focus area for DSRIP providers and numerous DSRIP measures addressed maternal health. H.B. 133 also aligns with the DSRIP focus area of care coordination and care transitions, as implementation will improve the continuation of care for women through pregnancy and post-partum care. The DSRIP Best Practices Workgroup chose several measures related to maternal health as key measures and selected several practices related to improving care coordination and care transitions as key measures and practices for driving improvements in the health status of clients. Several proposals in this deliverable include improving maternal health outcomes and enhancing care coordination as intended goals.

House Bill 2658, 87th Legislature, Regular Session, 2021

DSRIP Target Areas: Improving patient navigation, care coordination, and care transitions; Chronic care management; Integration of public health with Medicaid

Many of the best practices in DSRIP focused on improving care coordination and chronic disease management. H.B. 2658 aligns with these focus areas by strengthening MCO disease management programs and potentially adding new benefits for Medicaid beneficiaries that could reduce complications from chronic diseases if cost effective.

H.B. 2658 requires:

- MCOs to identify reasons for low active participation rates in MCOs' disease management programs, and to develop approaches to increase active participation for high-risk participants.
- HHSC to study the cost-effectiveness of providing diabetes self-management education and medical nutrition therapy services to people with diabetes and providing those benefits if cost-effective. These evidence-based services empower members with diabetes to self-manage their condition to prevent or delay diabetes complications.
- HHSC to collaborate with Medicaid MCOs to implement medication therapy management services to improve quality outcomes for recipients by reducing adverse drug events, if it would also lower costs. Medication therapy management services include medication therapy review, a personal medication record, a medication-related action plan, intervention or referral, and documentation and follow-up. According to the Centers for Disease Control and Prevention (CDC), medication therapy management is especially effective for patients with multiple chronic conditions, complex medication

therapies, and multiple prescribers.³ This service was selected by DSRIP providers as one of the most effective services for their clients that was not already covered by Medicaid.

Implementation of the bill will capitalize on the best practices of the DSRIP program and research conducted in the development of DSRIP Transition program options into targeted enhanced benefits for the Medicaid population.

Senate Bill 73, 87th Legislature, Regular Session, 2021

DSRIP Target Areas: Integration of Public Health with Medicaid

Senate Bill (S.B.) 73 requires HHSC to add a new provider type and provider specialty for the enrollment of local public health entities in Medicaid. Currently, local health departments can and do enroll as Medicaid providers, including as MCO in-network providers. However, they enroll under various provider types, such as a clinic/group practice, tuberculosis clinic, or Texas HealthSteps provider. The variation across the provider type enrollment has created challenges in billing and joining MCO networks, as the provider type, billing authority, and services provided may differ from one public health entity to another.

The enactment of this legislation will facilitate better integration of public health entities in the Medicaid program. A focus area of DSRIP transition was to better integrate public health with the Medicaid program, as DSRIP highlighted and the public health emergency accentuated the crucial role public health entities play in providing primary and preventive care and other essential services for the Medicaid and low-income and uninsured populations.

Senate Bill 454, 87th Legislature, Regular Session, 2021

DSRIP Target Areas: Advancing behavioral health services (including both mental health and substance use disorder); Rural health care

All Texas Access is an initiative mandated by S.B. 454 to increase access to mental health services in rural Texas communities. S.B. 454 is a continuation of the *All Texas Access* initiative established by S.B. 633, 86th Legislature, Regular Session, 2019.

For the *All Texas Access* initiative, regional groups of rural-serving local mental health authorities (LMHAs) and behavioral health authorities (LBHAs) collaborate

³ <https://www.cdc.gov/dhbsp/pubs/guides/best-practices/pharmacist-mtm.htm>

and develop regional plans which could be implemented with federal funds to decrease the:

- Cost to local governments of providing services to people experiencing a mental health crisis;
- Transportation of people served by an LMHA/LBHA in the regional group to mental health facilities;
- Incarceration of people with mental illness in county jails; and
- Hospital emergency room visits by people with mental illness.

Beginning December 1, 2022, HHSC is required to annually publish updated LMHA/LBHA regional plans for each regional group. For the 2022 All Texas Access Report, HHSC will work with rural-serving LMHA/LBHAs to develop one strategy that focuses on diverting people with a mental health conditions from county jails and into treatment and community integration in their local services areas.

Senate Bill 640, 87th Legislature, Regular Session, 2021

DSRIP Target Areas: Advancing behavioral health services; Standardizing the use of SDOH

S.B. 640 requires HHSC to conduct a study on the interoperability needs and technology readiness of behavioral health service providers and submit a report on the results. The report includes a state plan and a proposed timeline for aligning the interoperability needs and technology readiness of behavioral health service providers.

HHSC is currently working with advisory committees and stakeholders to identify strategies for implementing the bill. Through the DSRIP experience, it is clear that furthering data exchange also is instrumental to advance care coordination and the continuum of care. Additionally, the report will include recommendations for standardizing the use of SDOH.

Senate Bill 672, 87th Legislature, Regular Session, 2021

DSRIP Target Areas: Advancing behavioral health services; Improving patient navigation, care coordination, and care transitions

S.B. 672 requires HHSC to provide Medicaid reimbursement for the provision of behavioral health services that are classified as collaborative care management services. Collaborative care management services are provided by a collaborative team led by a primary care provider and can include behavioral health care managers, psychiatrists, and other mental health professionals. These services include care plans developed and driven by evidence-based practice guidelines and are focused on improving outcomes.

The collaborative care management services benefit was also chosen by DSRIP providers in a survey as one of the most effective interventions for positively impacting their clients' health. The addition of this benefit to the Medicaid program will ensure the continuation of this best practice.

Senate Bill 1136, 87th Legislature, Regular Session, 2021

DSRIP Target Areas: Improving patient navigation, care coordination, and care transitions; Standardizing the use of SDOH

S.B. 1136 requires HHSC to encourage Medicaid providers to continue implementing effective interventions and best practices associated with improvements in the health outcomes of Medicaid recipients that were accomplished under DSRIP. The bill directs HHSC to encourage these best practices through existing provider incentive programs, the creation of new programs, the terms of contracts with MCOs, use of alternative payment models (APMs), and other cost-effective measures.

S.B. 1136 also requires HHSC to coordinate with providers that receive uncompensated care (UC) pool payments to identify and implement initiatives based on best practices and models designed to reduce Medicaid recipients' use of hospital emergency room (ER) services as a primary means of receiving health care benefits. Some providers sought to reduce ER utilization through their DSRIP interventions, such as strengthening patient navigation and providing enhanced access to primary and preventive care by expanding clinic hours and offering same-day, walk-in appointments. HHSC will draw on these experiences, as appropriate, in the legislative implementation plans.

This bill ensures efforts to advance APMs and other quality improvements for Texans will continue to align with interventions and best practices identified through the DSRIP Transition work.

Senate Bill 1648, 87th Legislature, Regular Session, 2021

DSRIP Target Areas: Improving patient navigation, care coordination, and care transitions; Chronic care management

S.B. 1648 requires HHSC to collaborate with the STAR Kids Managed Care Advisory Committee, Medicaid recipients, Medicaid MCOs, and other stakeholders to develop and implement a pilot program to provide coordinated care through a health home to children with complex medical conditions that is substantially similar to the Advancing Care for Exceptional Kids (ACE Kids) program. It requires HHSC to seek guidance from CMS and the U.S. Department of Health and Human Services (HHS) regarding the program's design and to actively seek and apply for federal funding for the program.

Other DSRIP Best Practices

As part of this deliverable, HHSC explored potential changes to Medicaid benefits policies based on effective activities in DSRIP. To prioritize this analysis, HHSC surveyed DSRIP providers about services with the strongest impacts on their clients' health.

Based on results of these surveys, data on DSRIP projects, and strategic alignment with agency initiatives, HHSC could evaluate Medicaid benefits to improve care transitions and help empower patients with self-management education and training. These benefits and their Current Procedural Terminology (CPT) codes are:

- **Transitional Care Management Services** (99495-99496): Communication with the patient and/or caregiver within 2 business days of discharge for medical decision making of moderate or high complexity during the service period within 7 or 14 days of discharge (depending on code).
- **Education and training for patient self-management, small groups** (98961-98962): Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients or 5-8 patients (depending on code).
- **Lactation classes** (S9443): Lactation classes, non-physician provider, per session.

HHSC could also explore revising the policy limitations on **“Education and training for patient self-management, individual”** services (CPT code 98960). It is currently only payable for respiratory therapists. DSRIP providers suggested also covering diabetic education and training.

These services were part of system transformation in DSRIP. In DSRIP 1.0, 33 projects out of 1,451 were focused on implementing or expanding care transition programs. Another 26 projects focused improvements to existing care transition processes. DSRIP providers established 27 projects that included self-management programs and wellness based on evidence-based designs. Seven DSRIP projects implemented lactation classes or educational sessions.

These services support HHSC's Strategic Plan Objectives, Quality Strategy Goals, and the DSRIP Transition Plan key focus areas. Table 1 shows the Objectives, Goals, or Focus Areas with which these services align.

HHSC will use its existing process for reviewing medical benefits policy changes to determine the clinical and cost-effectiveness of these services.

Table 1: Alignment of Proposed Benefits with HHSC Priorities

HHSC Strategic Plan Objectives	HHSC Quality Strategy Goals	DSRIP Transition Plan Key Focus Areas
<ul style="list-style-type: none"> • Objective 3.2: Enhance Behavioral Health Outcomes • Objective 3.4: Independence and Well-Being for Older Adults and Their Families • Objective 3.5: Women and Children 	<ul style="list-style-type: none"> • Promoting optimal health for Texans at every stage of life through prevention and by engaging individuals, families, communities, and the healthcare system to address root causes of poor health • Keeping patients free from harm by contributing to a safer delivery system that limits human error • Providing the right care in the right place at the right time to ensure people can easily navigate the health system to receive timely services in the least intensive or restrictive setting appropriate • Promoting effective practices for people with chronic, complex, and serious conditions to improve people’s quality of life and independence, reduce mortality rates, and better manage the leading drivers of health care costs • Strengthening person and family engagement as partners in their care to enhance respect for individual’s values, preferences, and expressed needs • Attracting and retaining high-performing Medicaid providers, including medical, behavioral health, dental, and long-term services and supports providers to participate in team based, collaborative, and high value care 	<ul style="list-style-type: none"> • Sustain access to critical health care services • Behavioral health • Primary care • Patient navigation, care coordination, and care transitions, especially for patients with complex conditions that have high costs and high utilization • Chronic care management • Health promotion and disease prevention • Maternal health and birth outcomes, including in rural areas of the state • Integration of public health with Medicaid • Social drivers of health

Next Steps for Directed Payment Programs (DPPs)

As part of DSRIP Transition, HHSC proposed four new directed payment programs (DPPs) to the CMS with a proposed effective date of September 1, 2021:

- Comprehensive Hospital Increased Reimbursement Program (CHIRP)
- Directed Payment Program for Behavioral Health Services (DPP BHS)
- Rural Access to Primary and Preventive Services Program (RAPPS)
- Texas Incentives for Physicians and Professional Services (TIPPS)

As shown in Table 2, the DPPs as proposed are designed to advance the goals and objectives of the Medicaid Managed Care Quality Strategy⁴, which include promoting optimal health, providing the right care at the right time, and promoting effective practices for people with chronic, complex, and serious conditions.

CMS has not approved these DPPs at this time. HHSC is committed to working with CMS to achieve approval of each of the proposed DPPs.

Table 2. Medicaid Managed Care Quality Strategy Goals and Objectives for new DPPs beginning in DY 11.

Goal	Objective	CHIRP	TIPPS	DPP BHS	RAPPS
Promoting optimal health for Texans at every stage of life through prevention and by engaging individuals, families, communities, and the healthcare system to address root causes of poor health	Individuals practicing healthy behaviors yield reduced rates of tobacco use, obesity, and substance use	✓	✓		
	Individuals access timely and routine preventive and primary care		✓		✓
	Increased rate of preconception, early prenatal, and postpartum care and other preventive health utilization to reduce rates of infant and maternal morbidity and mortality		✓		

⁴ <https://www.hhs.texas.gov/sites/default/files/documents/about-hhs/process-improvement/quality-efficiency-improvement/tx-managed-care-quality-strategy-july-2021.pdf>

Goal	Objective	CHIRP	TIPPS	DPP BHS	RAPPS
Providing the right care in the right place at the right time to ensure people can easily navigate the health system to receive timely services in the least intensive or restrictive setting appropriate	Reduced rate of avoidable hospital admissions and readmissions	✓	✓	✓	✓
	Reduced rate of avoidable emergency department visits		✓	✓	✓
Promoting effective practices for people with chronic, complex, and serious conditions to improve people’s quality of life and independence, reduce mortality rates, and better manage the leading drivers of health care costs	Reduced rate of avoidable complications or adverse healthcare events in all care settings	✓			
Promoting effective practices for people with chronic, complex, and serious conditions to improve people’s quality of life and independence, reduce mortality rates, and better manage the leading drivers of health care costs	Slower progression of chronic disease and improved management of complex conditions		✓		
	Reduced rate of avoidable hospital and emergency department visits for individuals with medical complexity, including with co-occurring behavioral health diagnoses	✓		✓	
	Effective medication management			✓	
	Increased prevention, identification, treatment, and management of behavioral and mental health		✓		
	Earlier identification and successful treatment of substance use disorders including opioid use disorders			✓	✓

Goal	Objective	CHIRP	TIPPS	DPP BHS	RAPPS
Attracting and retaining high-performing Medicaid providers, including medical, behavioral health, dental, and long-term services and supports providers to participate in team based, collaborative, and coordinated care	Increased number of individuals, particularly individuals with complex medical needs, served in integrated and/or accountable care models			✓	
	Reduced proportion of population reporting difficulties accessing care	✓	✓	✓	✓
	Providers actively monitor patient outcomes and perspectives to address their needs and improve healthcare delivery			✓	✓
	Providers participate in learning collaboratives, sharing and applying best practices to deliver high-value care	✓			
	Timely and efficient exchange of health information and increased interoperability	✓		✓	