



HHS Vision

Making a positive difference in the lives of the people we serve.

HHS Mission

Improving the health, safety and well-being of Texans with good stewardship of public resources.



Table of Contents

Message from the Executive Commissioner.....	3
Executive Summary.....	5
Texas HHS Overview.....	7
2020 Initiatives.....	9
Behavioral Health: Enhance Behavioral Health Care Outcomes.....	9
Disabilities: Increase Independence and Positive Outcomes for People with Disabilities.....	15
Health & Safety: Improve Regulatory Processes that Protect Texans.....	19
Medicaid Managed Care: Improve Quality and Strengthen Accountability.....	22
Services & Supports: Connect People with Resources Effectively.....	27
Strengthening Advocacy: Increase Long-Term Care Ombudsman Capacity.....	31
Supplemental and Directed Payment Programs: Improve Accountability and Sustainability of Supplemental and Directed Payment Programs to Achieve Positive Outcomes.....	33
Women & Children: Improve Health Outcomes for Women, Mothers and Children.....	35
Team Texas HHS: Improve Our Culture, Recruitment and Retention.....	42
Purchasing: Improve Procurement and Contracting Processes.....	46
Quality Control: Identify and Mitigate HHS System Risks Through Effective Audit Activities.....	51
Technology & Innovation: Leverage Technology and Process Improvement.....	54
Looking Forward to FY 2021.....	58

2020





"We're here because we want to make a positive difference in the lives of the people we serve. Our plan provides a transparent framework for how we will move forward and improve services to Texans."

*Dr. Courtney N. Phillips
Executive Commissioner
Texas Health and Human Services*



Message from the Executive Commissioner



Dr. Courtney N. Phillips

October marks the one-year anniversary of my appointment as executive commissioner for the Texas Health and Human Services (HHS) system.

A year ago, I walked into an organization still adjusting from significant structural changes that decommissioned two agencies and transferred more than 28,000 team members and 220 programs to HHS. I observed HHS team members working day and night to address challenges ranging from procurement processes to oversight of managed care. Their dedication and tenacity revealed the heart behind Team Texas HHS.

I've spent my entire career in health and human services. Every role has offered a unique experience with different opportunities and challenges. But what has never changed is the commitment of the people I've worked alongside: At our very core, we want to help people.

But that motivation is not enough — not when we have more than 7 million Texans relying on the services we provide each month. We must continually ask ourselves and those who have a part in what we do, “Is there a better way?”

We are proud to issue this inaugural business plan, Blueprint for a Healthy Texas. The 12 initiatives and 72 goals outlined in this plan align the many aspects of HHS to ensure the delivery of high-quality services to Texans. The pages that follow detail what we need to accomplish over the next year, how we plan to carry out those initiatives and how our progress will be measured.

As one team, we will focus on achieving better outcomes, refining our operations and improving the quality of our services, which will ultimately change lives.

Thanks to Governor Greg Abbott and the Texas Legislature, we have been entrusted with \$78.5 billion to continue carrying out our mission in the 2020-21 biennium. This annual plan will guide us forward and hold us accountable to policymakers, stakeholders, the public and ourselves. The people of Texas deserve no less.

We're not perfect, and there will be opportunities for improvement along the way. But our team's commitment to “making a positive difference in the lives of the people we serve” is unwavering.

Every day, we strive to provide excellent service and foster a culture that is open to change and encourages ongoing improvement. On behalf of Team Texas HHS, thank you for the opportunity and privilege to serve the people of Texas.

We look forward to partnering with you in achieving the initiatives outlined in this business plan. I am honored and proud to be part of Team Texas HHS.

With appreciation,

Dr. Courtney N. Phillips

Dr. Courtney N. Phillips
HHS Executive Commissioner

#TeamTexasHHS #TexasHHS Proud



Making a positive difference in the lives of the people we serve by improving their health, safety and well-being with good stewardship of public resources.

Executive Summary

Blueprint for a Healthy Texas, our inaugural business plan, lays a foundation for the Texas Health and Human Services (HHS) system's progression into the 2020 fiscal year and beyond. Its purpose is to transparently share with our HHS team members, legislators, people receiving services and external partners where we have been, where we are and where we are going, as well as to transform us into a more efficient, effective and responsive system for all Texans.

This plan also keeps us aligned with the heart of our vision and mission: Making a positive difference in the lives of the people we serve by improving their health, safety and well-being with good stewardship of public resources.

HHS will provide an annual external business plan progress report to ensure that our work is meaningful, impactful, focused on clients and driven by performance and outcomes.

Our Commitments

HHS has identified a framework of five commitments that serve as the foundation for this plan's content. Each initiative, goal, measure and deliverable focuses on one or more of the following:

- ▶ **Efficiency, effectiveness and process improvement**
- ▶ **Protecting vulnerable Texans**
- ▶ **Improving the health and well-being of Texans**
- ▶ **Integrity, transparency and accountability**
- ▶ **Customer service and dynamic relationships**

The 12 initiatives in this plan were identified through feedback received from service recipients, legislators, providers, HHS team members and partners during our day-to-day business over the past year. Rather than structure the plan along HHS organizational lines, we based it on priorities that reach across organizational divisions to address systemwide areas for improvement and transformational growth.

Efficiency, Effectiveness and Process Improvement

HHS is committed to achieving operational excellence by enacting efficient and effective business practices and processes. We will simplify systems and processes to create a leaner organization that complies with laws and statutes, makes the best use of taxpayer dollars and maximizes outcomes for people. Initiatives in this category include:

- **Purchasing:** Improve Procurement and Contracting Processes
- **Team Texas HHS:** Improve Our Culture, Recruitment and Retention
- **Technology & Innovation:** Leverage Technology and Process Improvement

Protecting Vulnerable Texans

HHS protects the health and safety of millions of Texans accessing health and child care each year by licensing, regulating and investigating a wide range of providers and professionals. HHS is committed to strengthening protections for Texans and preventing instances of child and adult abuse, neglect and exploitation in regulated programs. The following initiatives fit this category:

- **Health & Safety:** Improve Regulatory Processes that Protect Texans
- **Strengthening Advocacy:** Increase Long-Term Care Ombudsman Capacity

Improving the Health and Well-Being of Texans

Through the administration and oversight of Medicaid, CHIP and other programs that provide access to necessary services and supports, HHS strives to improve the overall health, safety and well-being of Texans. This category includes the following three initiatives:

- **Behavioral Health:** Enhance Behavioral Health Care Outcomes



- **Disabilities:** Increase Independence and Positive Outcomes for People with Disabilities
- **Women & Children:** Improve Health Outcomes for Women, Mothers and Children

Integrity, Transparency and Accountability

HHS is entrusted with the oversight and distribution of billions of taxpayer dollars annually. It is critical that the allocation and use of these dollars be transparent to the taxpayer, Legislature, people receiving services and HHS partners. This category includes the following three initiatives:

- **Medicaid Managed Care:** Improve Quality and Strengthen Accountability
- **Quality Control:** Identify and Mitigate HHS System Risks Through Effective Audit Activities
- **Supplemental and Directed Payment Programs:** Improve Accountability and Sustainability of Supplemental and Directed Payment Programs to Achieve Positive Outcomes

Customer Service and Dynamic Relationships

HHS is committed to providing a positive client experience by improving accessibility, making useful information easy to find, and getting people connected quickly with the services and supports they need. This category includes the following initiative:

- **Services & Supports:** Connect People with Resources Effectively

Plan Accountability and Reporting

Our plan is more than a framework that prioritizes and guides our work in the coming fiscal year. Beyond outlining key initiatives and goals, it sets forth strategies for how our agencies and divisions will accomplish each initiative's respective goals. The plan also identifies the measures we will use to determine whether each initiative improved HHS and the lives of Texans.

In short, this plan is both a blueprint and a yardstick. Throughout FY 2020, each division within HHS will conduct internal plan reviews, and we will conduct systemwide reviews. These reviews will allow us to strategically manage implementation of the plan by confirming our progress and identifying approaches to address unforeseen challenges based on emerging situations and the most current data.

This inaugural plan is just the beginning. Next year's plan will report how HHS measured on all FY 2020 initiatives and goals.



Texas HHS Overview

Introduction

At the direction of the Texas Legislature, the state's health and human services agencies began a massive reorganization in 2015 to produce a more efficient, effective and responsive system for the people we serve. The transformation effort sought to improve client services, increase accountability, reduce fragmentation, and streamline operations by consolidating like functions from five agencies into a two-agency system — the Texas Department of State Health Services (DSHS) and the Texas Health and Human Services Commission (HHSC).

Organizational Structure & Services

The Texas Health and Human Services (HHS) system comprises more than 41,000 public servants under these two agencies. These agencies serve more than 7 million people each month and affect the lives of all Texans, from the food they eat to the health care they receive.

The client-focused HHSC delivers hundreds of programs and services. It provides for those who need assistance to buy necessities, eat nutritious foods and pay for health care costs by administering programs such as TANF, SNAP food benefits, WIC, Medicaid and CHIP.

The agency operates 13 state supported living centers, which provide direct services and supports to people with intellectual and developmental disabilities, and 10 state hospitals, which serve people who need inpatient psychiatric care. All 23 of these facilities are operated 24 hours a day, seven days a week.

HHSC also provides a multitude of other mental health and substance use services, regulation of child care and nursing facilities, help for people with special health care needs, community supports and services for older Texans, disaster relief assistance and resources to fight human trafficking.

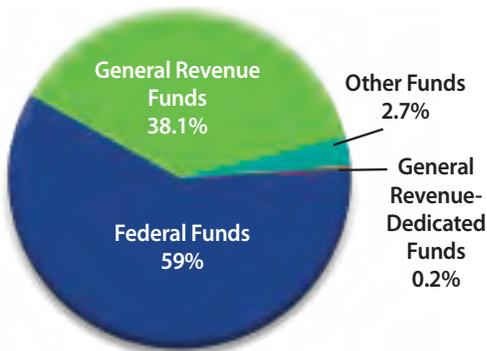
DSHS is charged with promoting and protecting public health through prevention, intervention and effective partnerships with communities across the state. The agency helps prevent the spread of communicable diseases, tracks public health data and protects consumers by licensing retail food establishments and stores.

DSHS also works with local health departments to deliver public health services to communities and identify how to improve the health outcomes of populations in a state as big and diverse as Texas. The agency also responds to disasters, disease threats and outbreaks, and maintains one of the largest public health laboratories in the nation.

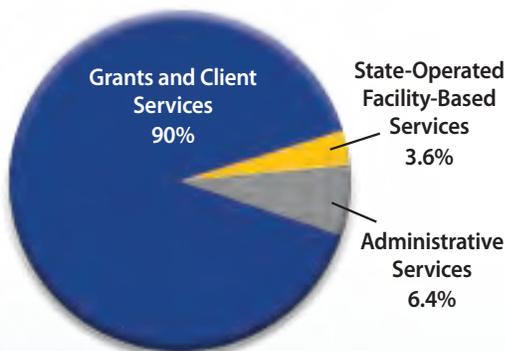
Budget: Appropriations and Expenditures

The Texas Legislature has appropriated \$78.5 billion to the HHS system for the 2020–21 biennium. HHSC will receive the bulk of these funds, \$76.8 billion, while \$1.7 billion will go toward DSHS.

Appropriations to HHSC for FY 2020 totaled \$38 billion from four sources: federal funds (59 percent), general revenue funds (38.1 percent), other funds (2.7 percent) and general revenue–dedicated funds (0.2 percent).*

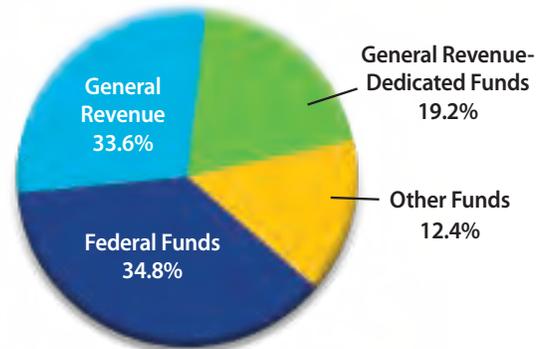


In FY 2020, 90 percent of HHSC appropriations are used for grants and client services, 3.6 percent are for state-operated, facility-based services and 6.4 percent are for administrative services, including the functions of eligibility determination services, contract management, financial services, information technology, regulatory services and oversight.*

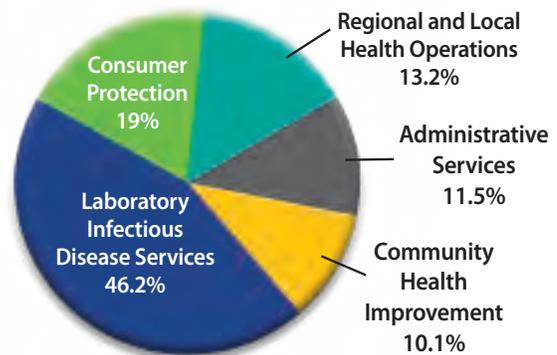


*This amount does not include contingency items or funds outside the agency's bill pattern.

Appropriations to DSHS for FY 2020 totaled \$843.2 million. The funds come from four sources: federal funds (34.8 percent), general revenue funds (33.6 percent), general revenue–dedicated funds (19.2 percent) and other funds (12.4 percent).



In FY 2020, 46.2 percent of DSHS appropriations are for laboratory infectious disease services, 19 percent are for consumer protection, 13.2 percent are for regional and local health operations, 11.5 percent are for administrative services, and 10.1 percent are for community health improvement.



Legislative Session Overview

Governor Greg Abbott and members of the 86th Texas Legislature played a key role in helping HHS further its goals to effectively and efficiently deliver services to Texans. Legislators filed 7,541 bills and joint resolutions. Of these, HHS team members monitored more than 1,700 bills that would have directly affected HHS operations or services. Throughout session, HHS team members served as expert witnesses, participated in hearings and provided testimony on many of these bills, all of which gave Texas lawmakers critical information and context for their proposed legislation.

HHS is committed to working with the Legislature to implement more than 200 legislative bills and riders that passed this year.



2020 Initiatives

Initiative 1: Behavioral Health: Enhance Behavioral Health Care Outcomes

Background

Untreated behavioral health needs can affect all aspects of life, including economic productivity, student success, criminal justice interactions, and public health and safety. Effective behavioral health continuity of care and access ensure each person receives optimal supports and services when they need them. Whether by improving access to inpatient psychiatric care, increasing capacity for community-based services or addressing substance use disorders through prevention, intervention and treatment services, HHS strives to provide a coordinated service delivery approach across all populations. These efforts will allow us to address the gaps identified in the Statewide Behavioral Health Strategic Plan.

The behavioral health continuum of care model includes an array of services designed to meet the mental health and substance use treatment needs of Texans at the right time and right place. The HHS focus is to provide:

- A service array that matches intensity of support with a person's evolving needs.
- Seamless transitions between outpatient, crisis, inpatient and substance use treatment.

This approach allows HHS to effectively meet a person's behavioral health service needs in the most integrated settings. Creating more capacity to treat people in the community improves the transition for people moving from facilities to the next steps of their care while reducing the wait for people who need inpatient care.

Legislative Spotlight

HHS is implementing direction from the 86th Texas Legislature to expand access to behavioral health services. This includes expending additional funds to enhance inpatient and outpatient mental health capacity and enhance data tracking of people interacting with behavioral health and law enforcement systems. We are also implementing Senate Bill 633, which assists local mental health authorities (LMHAs) in providing access to mental health services in rural areas. Additionally, to help support the mental health needs of students, House Bill 18 calls for public school employee training on Mental Health First Aid, counseling and educational programs.

Over the next year, HHS will pursue four overarching goals in support of this initiative.

Goal 1: Expand Capacity for Community-Based Behavioral Health Services

Promote recovery and engagement in the community by expanding behavioral health services to a target of 197,082 people in FY 2020. This is an increase of 4.4 percent, or an additional 8,226 people, from 188,856 served in FY 2019.

Strategy

HHS data show Local Mental Health Authority and Local Behavioral Health Authority (LMHA/LBHA) community-based mental health services are effective. In FY 2019 among children, adolescents and adults in Texas who received community-based mental health services:

- 99 percent avoided hospitalization.
- 60 percent showed acceptable or improved employment.
- 70 percent showed acceptable or improved school performance.
- 86 percent of adults showed acceptable or improved living situations.
- 81 percent of children and adolescents showed acceptable or improved family situations.

To expand these positive outcomes, HHS is increasing access to community-based behavioral health services across the continuum.

Over the next year HHS will:

- Increase outpatient mental health service capacity by 3.4 percent. This is an increase from 179,541 people in FY 2019 to 185,631 people in FY 2020. This will result in 6,090 additional children, adolescents and adults having access to evidence-based mental health services.
- Increase coordinated specialty care service capacity by 39 percent. This is an increase from 701 people in FY 2019 to a target of 974 people in FY 2020. This will focus on people living in rural counties and dramatically accelerate use of a proven model to help 273 additional teenagers and young adults experiencing psychosis avoid inpatient hospitalization, stay in school, keep jobs and experience long-term recovery.
- Increase residential treatment center (RTC) services by 61 percent for children and adolescents with severe emotional disturbance and at risk of their parents relinquishing custody to the state. This is an increase from 31 children and adolescents in FY 2019 to 50 children and adolescents in FY 2020. This will provide cost-effective residential supports for an additional 19 children and adolescents.

- Expand and coordinate care for pregnant women, postpartum women and women with dependent children with substance use disorders as required by Rider 64. This will increase:
 - ◆ Substance use intervention services to high-risk pregnant and postpartum women by 40 percent. This is an increase from 4,173 pregnant and postpartum women in FY 2019 to 5,843 pregnant and postpartum women in FY 2020.
 - ◆ Availability of substance use treatment services to pregnant women and women with dependent children by 10 percent. This is an increase from 747 pregnant women and women with dependent children in FY 2019 to 822 in FY 2020.
 - ◆ Access to substance use recovery support services for women and their families by 3 percent. This is an increase from 3,663 in FY 2019 to 3,763 women and their families in FY 2020. This will increase access to care for 100 women with substance use disorders who are pregnant or have dependent children.

Certified Community Behavioral Health Clinics (CCBHCs) are a national service delivery model that integrates acute and behavioral health care to improve overall health outcomes. To increase the quality of services LMHAs/LBHAs provide, HHS is increasing the number of CCBHCs from 12 in FY 2019 to 19 in FY 2020.

Additionally, HHS is evaluating Medicaid managed care organization (MCO) delivery of services to people with serious mental illness (SMI) or emotional disturbance and developing recommendations to improve quality of care. We published a November 2018 report about ways to improve services for people with SMI in Medicaid managed care. Performance metrics included integrated care, jail and emergency department diversion, supportive housing and medication adherence. In FY 2020, we will evaluate service variations among MCOs to compare service delivery against standards of care and develop recommendations to improve quality care for people with SMI.

Deliverables

Deliverable	Target Completion
Submit Medicaid State Plan amendments to Centers for Medicare and Medicaid Services (CMS) allowing a pharmacist to administer long-acting injectable antipsychotics.	September 2019
Implement monthly data reviews, technical assistance calls and on-site visits to coordinated specialty care contractors.	September 2019
Provide training to coordinated specialty care contractors.	December 2019
Publish eligibility criteria and standards for CCBHC certification.	December 2019
Gather data about standards of care and service delivery for people with SMI in Medicaid managed care.	December 2019
Implement approved Medicaid benefits and issue notices to providers about availability.	December 2019
Increase RTC bed availability through open enrollment for RTC providers.	January 2020
Implement education campaign with external partners to inform the public, providers and pharmacists of the availability of long-acting injectable antipsychotics in Medicaid.	January 2020
Amend provider contracts to increase funding for substance use intervention, treatment and recovery support services.	February 2020
Amend LMHA/LBHA contracts to increase funding for outpatient capacity for mental health services.	February 2020

Deliverable	Target Completion
Perform quarterly oversight and monitoring of substance use prevention, treatment and recovery support contractors to ensure effective utilization of capacity.	February 2020 and ongoing
Provide quarterly technical assistance to substance use prevention, treatment and recovery support contractors on service coordination; receive feedback on issues requiring mitigation.	February 2020 and ongoing
Provide quarterly training on substance use prevention, treatment and recovery support to ensure "Seeking Safety" curriculum is delivered effectively.	February 2020 and ongoing
Provide training and technical assistance to RTCs to enhance access.	March 2020
Educate community partners about RTCs to provide seamless access for families.	March 2020
Evaluate Medicaid managed care SMI service delivery patterns and variations.	May 2020
Implement performance tracking process for coordinated specialty care.	June 2020
Complete site visits to expanding CCBHC sites.	July 2020
Develop recommendations to improve Medicaid managed care service delivery.	August 2020
Conduct technical assistance and readiness reviews with CCBHC expansion sites.	August 2020
Certify seven new CCBHC expansion sites.	August 2020

HHS Spotlight



State Hospital Construction

Through appropriations from the Texas Legislature, HHS is building capacity at the Kerrville and San Antonio state hospitals and through the new UTHealth Continuum of Care Campus in Houston. We are also initiating significant construction at Austin, Rusk and San Antonio state hospitals to preserve capacity and transform state hospital buildings into modern health care facilities. Construction will last into future years, and we will need additional investments from the 87th Texas Legislature to complete the Austin and San Antonio state hospital projects.

FY 2020 is a landmark year, holding the promise of better access for people needing inpatient psychiatric services.

Goal 2: Reduce Negative Health Outcomes Associated with Opioid Use

Reduce negative health outcomes associated with opioid use through:

- Increasing the number of people receiving state-funded treatment for an opioid use disorder who receive medication-assisted treatment (MAT) from 53 percent in FY 2019 to 59 percent in FY 2020. In FY 2019, Texas served 9,560 people with opioid use disorder; 5,023 of them received MAT.
- Increasing the number of successful opioid overdose reversals reported by 10 percent in FY 2020. This is an increase from 998 reported opioid overdose reversals in FY 2019 to 1,098 in FY 2020. Research indicates the actual number of reversals could be up to 16 times higher¹.

¹Siegler, A., Huxley-Reicher, Z., Maldjian, L., Jordan, R., Oliver, C., Jakubowski, A., & Kunins, H. V. (2017). Naloxone use among overdose prevention trainees in New York City: A longitudinal cohort study. *Drug and Alcohol Dependence*, 179, 124–130. doi: 10.1016/j.drugalcdep.2017.06.029

Strategy

Texas is committed to preventing opioid misuse, treating opioid use disorder and supporting people in recovery.

In May 2017, Texas was awarded the second highest federal opioid response grant in the nation. Award amounts were based on two factors: unmet treatment need (NSDUH, 2011-2014) and overdose death rates (CDC Surveillance System). HHS will promote safe prescribing practices, reduce overdose deaths, increase access to treatment, improve client quality of life through the provision of recovery support services and ultimately reduce costs associated with non-medical use of opioids.

Increasing the use of MAT is the cornerstone of a successful approach to addressing opioid use disorder. People receiving medications as part of their treatment are 75 percent less likely to die because of addiction than those receiving treatment without medication. Additionally, for every \$1 invested, addiction treatment yields a \$12 savings in associated health care and criminal justice costs².

Despite research clearly showing MAT is the only evidenced-based treatment for opioid use disorder, national statistics indicate only a small proportion of people receiving treatment for opioid use disorder are receiving MAT. In 2017, MAT was planned for only 39 percent of primary opioid use disorder admissions nationally (TEDS 2017). A significant factor contributing to this problem is the stigma associated with the misconception that treatment with medications replaces one drug with another. Other barriers include geographic coverage, limited insurance coverage, requirements that certain medications be accessed daily, prescriber patient limits and other payer policies and practices. These misconceptions and barriers are not unique to Texas and represent a larger national struggle to mitigate the impact of the opioid crisis.

The HHS Texas Targeted Opioid Response (TTOR) team shifted the national paradigm by increasing the proportion of people receiving MAT for opioid use disorder to 53 percent in FY 2019 through public awareness, workforce development and increasing access to MAT and recovery support.

²National Institute on Drug Abuse. (2016, February). 6: Cost effectiveness of drug treatment. Retrieved from <https://www.drugabuse.gov/publications/teaching-packets/understanding-drug-abuse-addiction/section-iv/6-cost-effectiveness-drug-treatment>.

Building on this momentum, in FY 2020 HHS seeks to be a leader in mitigating the impact of the opioid crisis by implementing and expanding strategies that span the behavioral health continuum to increase the proportion of people receiving MAT and concurrently increase the availability of tools proven to save people experiencing an overdose.

Providing overdose prevention training and rapid access to overdose reversal medications to both traditional and non-traditional first responders is an effective tool in mitigating the negative health outcomes associated with opioid overdose. Over the next year, HHS will implement multiple strategies to increase access to overdose reversal medication, which will increase the number of opioid overdose reversals in Texas. Additionally, our opioid misuse prevention, treatment and recovery support efforts will drive down the overall number of people at risk of overdose.

Deliverables

Deliverable	Target Completion
Submit Medicaid State Plan amendments to CMS allowing a pharmacist to administer FDA-approved medications to treat opioid use disorder.	September 2019
Begin providing targeted overdose reversal and reporting procedures trainings.	September 2019
Disseminate 60,000 overdose reversal medication kits statewide and to non-traditional first responders.	September 2019 and ongoing
Provide take-back and drop-box focused technical assistance to coalitions.	September 2019 and ongoing
Execute contract with an intergovernmental agency to improve overdose reversal reporting.	October 2019
Conduct baseline surveys with existing prevention programs.	October 2019

Deliverable	Target Completion
Evaluate contractor efforts to disseminate safe disposal pouches statewide.	October 2019 and ongoing
Develop a plan to incentivize provision of evidence-based treatment.	November 2019
Amend Medicaid medical benefits to increase access to MAT.	November 2019
Implement approved Medicaid benefits and issue notices to providers about availability.	December 2019
Develop education campaign with external partners to inform the public, providers and pharmacists about MAT availability in Medicaid.	January 2020
Finalize data-tracking tool for overdose reversal reporting to be implemented in FY 2021.	August 2020
Evaluate prescribing practices in Medicaid to inform strategies to improve safe prescribing.	August 2020
Complete distribution of 100,000 safe disposal pouches statewide.	August 2020
Implement network adequacy standards for residential and outpatient substance use disorder treatment in Medicaid.	August 2020

Goal 3: Increase Access to State Psychiatric Hospitals

Serve a target of 7,484 people at state psychiatric hospitals through improved services and operations in FY 2020. This is an increase of 5.5 percent, or 390 people, from 7,094 served in FY 2019.

Strategy

The state psychiatric hospital network is a critical component of the behavioral health continuum of care. The network primarily serves Texans for inpatient psychiatric treatment due to forensic or civil commitment.

In FY 2020, the state hospital network is increasing its capacity to serve Texans needing inpatient care by 5.5 percent (390 patients) through a coordinated effort to improve services, operations and discharges.

Specifically, HHS is adding beds, reorganizing central administration team members and working with our LMHA/LBHA partners. We are also implementing standardized policies, procedures and tools for forensic evaluations, transition reviews and coordination with jails.

Deliverables

Deliverable	Target Completion
Open a specialty unit at Terrell State Hospital to serve about 55 more veterans each year.	September 2019
Establish transition review teams.	September 2019
Establish a furlough pilot for state hospital patients ready for community living.	October 2019
Implement revised forensic policies and procedures for state hospitals.	October 2019
Make recommendations regarding a FY 2019 jail-based mental health interventions pilot.	November 2019
Establish the state hospital forensic assessment and consultation team.	November 2019
Implement shared assessment tool used by state hospitals and LMHAs/LBHAs.	January 2020
Expand review of people in jail to determine restoration to competency through jail-based mental health interventions.	August 2020
Establish full-time continuity of care team members at each LMHA/LBHA.	August 2020

Goal 4: Transition to Step-Down Options

Identify, assess and facilitate a successful transition of 20 psychiatrically and/or medically fragile patients who are challenging to place in traditional settings, but are clinically appropriate for transitioning with proper supports.

Strategy

State hospital team members and LMHAs/LBHAs begin working on discharge plans for a person the moment that person enters the hospital. Through collaboration with LMHAs/LBHAs and state hospital clinicians, HHS will focus on matching and transitioning state hospital patients ready for transition using step-down alternatives.

HHS' Intellectual and Developmental Disabilities and Behavioral Health Services (IDD-BHS) and Health and Specialty Care System (HSCS) will determine:

- Appropriately structured services and supports based on the person's physical and psychiatric needs.
- Skills needed for the most independent living possible.
- Social interactions and meaningful activities.

HHS believes additional step-down options will help people successfully transition to appropriate care settings once hospitalization is no longer clinically necessary.

Deliverables

Deliverable	Target Completion
Identify effective models, costs and possible funding sources.	November 2019
Select LMHAs/LBHAs for interest and capacity.	February 2020
Assess patients for level of need and match to service model.	March 2020
Start transitioning patients to step-down alternatives.	March 2020
Develop a funding proposal based on a needs analysis.	August 2020



Initiative 2: Disabilities

Disabilities: Increase Independence and Positive Outcomes for People with Disabilities

Background

People with physical, intellectual and developmental disabilities face unique challenges throughout their lives and may have a combination of complex medical, behavioral, physical and social needs. When health and community services are coordinated in a seamless continuum, people with disabilities can more easily live, work and participate fully in their communities.

Through the Texas Promoting Independence initiative, HHS helps people with disabilities live productive, meaningful lives in the most integrated setting possible. Our programs support people with disabilities in many ways — from administering home and community-based long-term services and supports, to regulating providers, to operating 13 state supported living centers (SSLCs) for nearly 3,000 residents.

HHS is leveraging state and federal funds to transition and divert people from institutions into the community. We are moving people off interest lists and into home and community-based services, using attrition from programs to help people in crisis and assisting people in exiting foster care or institutions. Newly available resources from the federal Money Follows the Person (MFP) Demonstration are allowing us to move people

who want to reside in the community out of an institution and provide training to partners on how to help them succeed in their new environment. These efforts will result in additional Texans receiving services in the community in FY 2020.

Given the complexity of individual needs and the broad array of HHS programs, we recognize the benefit of a more cohesive system for people receiving services, providers and other partners. While some immediate changes can improve service delivery, we must take a comprehensive approach to meet the long-term needs of people with disabilities and ensure they can live as independently as possible in the setting of their choice.

Legislative Spotlight

HHS continues to implement direction from the 86th Texas Legislature to increase independence of and positive outcomes for people with disabilities. This includes additional funding to reduce interest lists through the release of IDD waiver slots (Exceptional Item 3) and the implementation of Rider 42, a study of interest lists for long-term services and supports (LTSS) waiver programs, including strategies Texas could implement to eliminate interest lists.

Over the next year, HHS will pursue two overarching goals in support of this initiative.

Goal 1: Develop a Disability Services Action Plan

Develop an action plan to evaluate delivery of services to people with disabilities and identify initiatives to improve outcomes and experiences.

Strategy

HHS operates many interconnected programs serving people with disabilities, including Medicaid programs such as Community Attendant Services, Home and Community-based Services (HCS), intermediate care and nursing facilities, as well as non-Medicaid programs such as Family Care, Consumer Managed Personal Attendant Services and local intellectual and developmental disability authority (LIDDA) services. We are taking steps to improve the delivery of these services and ensure more seamless access to them.

This year, HHS is developing an action plan to:

- Evaluate challenges to timely, appropriate service delivery.
- Review internal agency and external factors affecting service delivery.
- Assess the current structure supporting disability services.

To inform this plan, HHS will seek input from partners across the state. The plan will drive initiatives over the next several years to improve and better coordinate disability services while maximizing state and federal dollars.

HHS is also coordinating related agency reports, evaluating the system of disability services and developing recommendations. While each of these reports will affect aspects of the disability services continuum, their respective findings will inform initiatives in the final action plan. These reports include:

- A strategic plan to address community attendant workforce issues (Rider 157).
- The Intellectual and Developmental Disabilities (IDD) Strategic Plan.

- A review of interest lists maintained for Medicaid 1915(c) Home and Community-Based Services (HCBS) waiver programs serving people with disabilities (Rider 42).
- A long-range plan to address the needs of people receiving services at SSLCs, as well as other people with IDD or behavioral health needs, including an assessment of repurposing vacant or unused SSLC buildings and other resources to support SSLC residents (Rider 110).
- A waiver slot enrollment plan detailing HHS efforts to enroll people into Medicaid waiver programs as directed by the 86th Texas Legislature (Rider 20).

Deliverables

Deliverable	Target Completion
Conduct system improvement survey to obtain insight on disability services and experiences with navigating the system.	September 2019
Establish quarterly workgroup meetings to support development of action plan, providing ongoing feedback and ideas for program improvement.	October 2019
Hold six partner listening sessions in rotating locations around the state.	October – December 2019
Publish inventory of programs and services for people with disabilities on HHS website.	March 2020
Share draft plan with partners based on agency evaluation of listening sessions, survey results and internal review.	June 2020
Publish final action plan, including recommendations and future initiatives.	August 2020

Goal 2: Provide Immediate Enhancements to Agency Disability Services Policy and Process

Promote independence and improve access to services and supports for people with disabilities to live in the most integrated setting by:

- Providing Medicaid home and community-based waiver services to an additional 1,241 people with disabilities using appropriated funds. This is an increase from 98,863 people in FY 2019 to 100,104 by the end of FY 2020.
- Moving at least 285 people from nursing facilities to the community using MFP Demonstration funding.
- Increasing engagement with SSLC residents' families and legally authorized representatives to better understand services and supports for people to live in the most integrated settings possible. This will result in 13 additional meetings with residents' families and representatives, an increase from 65 meetings in FY 2019 to 78 in FY 2020.
- Releasing 1,140 slots in FY 2020 to serve people in the HCS program who are aging out of the foster care system, experiencing a crisis or are leaving or being diverted from institutions.

Strategy

While evaluating programs and developing a long-term plan to improve disability services, HHS also must seize immediate opportunities to improve client experiences and outcomes. In addition to major agency initiatives such as IDD system redesign and advancing person-centered practices, we are taking the following steps in FY 2020:

- Moving more people on an interest list into the HCS, Community Living Assistance and Support Services (CLASS), Medically Dependent Children Program (MDCP), or Deaf-Blind with Multiple Disabilities (DBMD) programs.
- Leveraging local partnerships and recently approved MFP Demonstration funding to transition 285 people who want to reside in the community, but are facing barriers, out of nursing facilities and into the STAR+PLUS HCBS waiver program.

- Improving internal HHS coordination to reduce barriers for people exiting institutions so they can successfully live in the community.
- Increasing training for contractors and community partners to help people access the services and local resources they need to succeed in the community.
- Inviting all SSLC residents' families and legally authorized representatives to meet with campus leadership. This will allow families and representatives to better advocate for their loved ones and ensure they can reside in the most integrated setting according to their needs.
- Establishing a framework for a pilot to deliver outpatient mental health services for people with IDD to increase community capacity and ensure they receive the services they need.

Deliverables

Deliverable	Target Completion
Begin enrolling people from interest lists into the HCS, MDCP, CLASS and DBMD programs.	September 2019
Use MFP Demonstration funding to begin enrolling older adults or people with disabilities who reside in nursing facilities into the STAR+PLUS HCBS program.	September 2019
Leverage internal HHS workgroups and start evaluation of barriers to people with IDD living successfully in the community after transitioning from an institution.	September 2019
Begin to host meetings for all SSLC families and legally authorized representatives.	October 2019
Provide the Texas Legislature a plan for enrolling people from the interest lists into the HCS, MDCP, CLASS and DBMD programs.	October 2019

Initiative 2: Disabilities

Deliverable	Target Completion
Assess needs and capacity statewide for outpatient mental health services for people with IDD.	January 2020
Conduct ongoing evaluation of barriers to enrollment in HCS, MDCP, CLASS and DBMD and develop strategies to overcome barriers.	March 2020
Identify and implement policy changes and training for SSLC staff, nursing facilities, local IDD authorities and community providers to address common barriers to living in community-based settings.	March 2020
Hold or attend at least 35 meetings with SSLC families and legally authorized representatives.	March 2020
Receive input from partners on the revised Promoting Independence Plan.	April 2020
Collaborate with community centers to define barriers, best practices, available tools and outcome measures for providing mental health services to people with IDD.	May 2020
Help people transitioning into the community access all appropriate resources to assist with the transition and all necessary reasonable accommodations.	July 2020
Conduct at least three trainings for community partners to reduce the stigma and barriers related to substance use for people transitioning to the community.	August 2020

Deliverable	Target Completion
Train at least 250 long-term care providers on identification, treatment and referral options for people with mental health and substance use challenges.	August 2020
Serve at least 1,241 more people in the CLASS, DBMD, HCS, MDCP and STAR+PLUS HCBS programs.	August 2020
Serve at least 1,140 more people who are exiting foster care, in crisis or are exiting or being diverted from institutions in HCS.	August 2020
Serve at least 285 people through MFP Demonstration funding.	August 2020
Lay groundwork for a pilot for outpatient mental health services for people with IDD.	August 2020
Draft the Promoting Independence Plan for stakeholder input.	August 2020



Initiative 3: Health & Safety

Health & Safety: Improve Regulatory Processes that Protect Texans

Background

HHS protects the health and safety of millions of Texans who use health and child care each year by licensing, regulating and investigating a wide range of providers and professionals. We also oversee the people and entities that provide consumer health goods and services to ensure compliance with Texas public health laws and rules.

To reduce unnecessary burdens for Texas businesses and strengthen health and safety protections for Texans, HHS is working with partners, providers and other stakeholders on projects that will improve regulatory functions and capabilities. We will promote consistency, reduce timeframes, streamline processes, and improve the overall health and well-being of Texans in the care of regulated providers.

Legislative Spotlight

In addition to items described in this initiative, HHS is working to implement direction from the 86th Texas Legislature to improve HHS regulatory processes. This includes using additional funding to bolster regulatory efforts in long-term care and child care licensing.

Over the next year, HHS will pursue four overarching goals in support of this initiative.

Goal 1: Implement Fingerprint-Based Background Checks for CNAs and MAs

Decrease abuse, neglect and exploitation by at least 10 percent, or 41 incidents, by implementing fingerprint-based criminal background checks for certified nurse aides

(CNAs) and medication aides (MAs). This is a decrease from an average of 409 incidents per year over fiscal years 2017-19 to fewer than 368 incidents in FY 2020.

Strategy

CNAs and MAs provide direct care to some of the most vulnerable Texans. While federal and state standards requiring name-based criminal background checks for long-term care provider employees are currently in place, stronger requirements will enhance health and safety protections for nursing facility residents. To reduce confirmed instances of abuse, neglect and exploitation in these facilities, we will hire and train new team members to conduct fingerprint-based criminal background checks for CNAs and MAs before issuing certifications.

Deliverables

Deliverable	Target Completion
Inform providers about new background check process.	January 2020
Enhance electronic system for verification and tracking.	March 2020
Develop training materials and communicate changes to HHS team members.	March 2020
Begin monitoring compliance with new background check requirements.	March 2020

Goal 2: Expand Monitoring and Enforcement of Unregulated Day Care Operations

Improve the safety of children by establishing an Unregulated Day Care Operations unit within the Child Care Licensing program. This new unit will help expand the identification and enforcement rate of unregulated day cares by 20 percent, or 645 operations. This is an increase from an average of 3,227 unregulated operations identified per year over fiscal years 2015-17 to at least 3,872 to be identified in FY 2020.

Strategy

HHS ensures child safety through regulation and oversight of licensed and registered day cares. Because of the known risk to children in unregulated facilities, we will increase monitoring and enforcement of non-exempt day cares operating without a license or permit so children in day care across the state are ensured basic health and safety protections. We will reach out to communities to increase public awareness of the risks of using unregulated day care. Additionally, we will provide educational resources to encourage families to choose regulated facilities.

HHS will also hire and train more team members to identify unlicensed and unregistered day care operations. Unregulated operations will be forced to come into compliance or close.

Deliverables

Deliverable	Target Completion
Identify regions with greatest need.	October 2019
Begin community engagement and outreach.	October 2019
Hire HHS team members.	January 2020
Complete HHS team member training and implement monitoring and enforcement.	March 2020

Goal 3: Streamline Regulatory Services

Improve consistency and efficiency in communication, training, licensing, survey and enforcement to reduce repeated instances of serious violations by:

- 5 percent, or 37 fewer instances, in nursing facilities. This is a reduction in repeated serious violations from an average of 738 instances per year over fiscal years 2017-19 to fewer than 701 instances in FY 2020.
- 10 percent, or 60 fewer instances, in Child Care Licensing programs. This is a reduction in repeated serious deficiencies from an average of 604 instances per year over fiscal years 2017-19 to fewer than 544 in FY 2020.

Strategy

The HHS Regulatory Services division works to obtain better outcomes for people receiving services by:

- Clearly communicating standards to licensed providers.
- Continually evaluating provider compliance with those standards.
- Taking enforcement action to stop provider violations and prevent recurrences.

The number of recurring serious violations in licensed facilities is a key measure of the effectiveness of our efforts. HHS aims to foster an environment where enforcement standards and processes are easy to follow and understand by improving consistency and efficiency. To achieve this, we will use policy communication, provider training, licensing, and survey and enforcement activities to guide licensed providers and reduce administrative burdens for both providers and HHS team members. These changes will also ensure more open and transparent communication with providers, which will lead to improved compliance, reduced backlogs and fewer instances of repeated serious violations across provider types.

With the goal of improving outcomes for people served in regulated programs, HHS is striving to increase Nursing Facility and Child Care Licensing programs' efficiency and effectiveness. This will begin with an assessment and recommendations for improvements to licensing, surveys, inspections, enforcement and architectural reviews. Based on this assessment, we will implement recommended process and organizational changes and work with external partners to communicate these changes to providers.

Deliverables

Deliverable	Target Completion
Recommend and implement process improvements.	February 2020
Train team members on process changes.	February 2020
Develop and implement organizational structure changes.	May 2020
Engage with external partners to communicate changes.	May 2020

Goal 4: Implement Standardized Penalty Matrices for DSHS Consumer Protection Programs

Promote expediency, consistency and transparency in compliance work with licensees by reducing the Department of State Health Services (DSHS) Consumer Protection program's compliance and enforcement timelines by 15 days. This reflects a 9 percent decrease from an average of 160 days over fiscal years 2017-19 to an average of 145 days in FY 2020. Promoting consistency and transparency through penalty matrices will encourage greater voluntary licensee compliance with rules and regulations and protect public health.

Strategy

DSHS ensures compliance with Texas public health laws and regulations through the oversight of licensees that provide certain health goods and services. Over fiscal years 2017-19, the average processing time for DSHS enforcement actions was 160 days from when a violation was identified to final disposition of the case. Enforcement actions, including penalties, are based on the threat to public health and safety, severity of violations, history of previous violations, efforts made to gain compliance and other mitigating factors.

A penalty matrix is a table of specific violations by licensees and associated penalty amounts. These matrices provide more transparent and predictable penalty calculations for HHS team members and licensees. It is anticipated that these matrices will decrease the need for planning, scheduling and holding informal conferences

with licensees as the need to negotiate penalty amounts is lessened. This should reduce enforcement processing time and administrative burdens for team members and licensees.

DSHS is standardizing certain Consumer Protection program penalty matrices to reduce that time, on average, by 15 days in FY 2020. DSHS will release penalty matrices on a quarterly basis in FY 2020 and expects to reduce the average processing time by an additional 15 days, for a total of 19 percent in FY 2021, as all new enforcement cases are managed through the matrices.

Developing and communicating a standardized approach to enforcing penalties will reduce variables in the enforcement process. Licensees and HHS team members will spend less time and effort on compliance and enforcement activities because they will know what to expect. Promoting consistency and transparency through penalty matrices will also encourage greater voluntary compliance with rules and regulations.

Deliverables

Deliverable	Target Completion
Convene workgroups to develop plan for updates.	September 2019
Update matrix for Meat Safety Assurance Unit.	October 2019
Begin outreach to team members, licensees and other regulated entities as matrices are implemented.	October 2019
Communicate changes, train team members and complete public release of penalty matrices as they are implemented.	December 2019 and ongoing
Update matrix for Emergency Medical Services.	January 2020
Update matrix for Asbestos Program.	April 2020
Update matrix for Abusable Volatile Chemicals Program.	July 2020



Initiative 4: Medicaid Managed Care

Medicaid Managed Care: Improve Quality and Strengthen Accountability

Background

Over the past two decades, HHS has gradually shifted how services are delivered in the Texas Medicaid program. In 2019, 95 percent of Medicaid enrollees receive services through managed care. Because of the size, scope and complexity of the managed care delivery system, our oversight of Medicaid managed care organizations (MCOs) has grown increasingly more sophisticated.

The program must be able to meet future demands and respond to the changing health care landscape. HHS is committed to evolving business practices and oversight to ensure MCOs are delivering the services members need in cost-effective ways, are responsive to providers and are accountable to taxpayers.

Based on partner feedback, legislative direction and internal review, HHS is focusing on four overarching goals in FY 2020 to improve Medicaid managed care service oversight and quality. Partner engagement is essential to achieving these goals. We are using advisory committees and partner workgroups to inform these efforts and develop ideas to improve MCO oversight. Over the next year, we will focus on ensuring members have access to the providers and services they need at the right place and time.

Legislative Spotlight

In addition to the items described in this initiative, HHS is working to implement direction from the 86th Texas Legislature to improve oversight and accountability in Medicaid managed care. This includes, but is not limited to: Senate Bill 1207, changing processes in Medicaid managed care, including adding external medical reviews; Senate Bill 1096, instituting additional requirements for managed care as well as assessing improvements to STAR Kids and conducting sample utilization reviews; House Bill 4533, implementing complaint processes, health plan accreditation and system redesign for delivery of Medicaid acute care services and long-term services and supports; House Bill 3041, instituting a preauthorization renewal process; House Bill 3345, providing coverage for telemedicine and telehealth services; and Rider 43, ensuring automatic enrollment to a managed care plan based on MCO quality, efficiency and effectiveness.

Over the next year, HHS will pursue four overarching goals in support of this initiative.

Goal 1: Ensure Access to Providers

Improve access to providers at the right time and place by:

- Improving the accuracy of provider directories by reviewing 25 percent more elements, or 1,750, through “secret shopper calls.” This is an increase from reviewing

7,000 elements in FY 2019 to a target of reviewing 8,750 elements in FY 2020. Elements include provider name, specialty, address, phone number and ability to accept new patients from the MCO.

- Increasing the number of provider types monitored for network adequacy by 9 percent. This is an increase from a total of 32 provider types in FY 2019 to 35 in FY 2020.

Strategy

Ensuring members have access to providers at the right time and place is essential to meeting the needs of Texans who have Medicaid. MCOs must maintain provider networks that meet member needs, and providers must be able to sustain participation in the Medicaid program. This year, HHS is implementing several strategies to ensure timely member access to appropriate care.

HHS is improving MCO provider network monitoring by:

- Increasing efforts to confirm the accuracy of MCO provider directory information through “secret shopper” calls.
- Referring incorrect information for MCO correction.
- Adding three provider types to be regularly monitored for network adequacy.

While HHS network adequacy monitoring is already more rigorous than federal requirements, further improvements will be made by adding new provider types important to Medicaid members — such as personal care services and residential and outpatient substance use disorder treatment — in FY 2020. If an MCO is unable to meet standards, such as time and distance to a provider, we will place the MCO on a corrective action plan (CAP). Through CAPs, MCOs provide details about how they ensure a member has access to a provider type through other means, such as assistance getting to a provider that is farther away or through telemedicine. We are working with advisory committees and partner workgroups to create new network adequacy measures and implement corresponding contract changes.

Deliverables

Deliverable	Target Completion
Define procedures for confirming the accuracy of provider directory information and draft contract changes and policy guidance for MCOs.	December 2019
Begin providing appointment availability findings to MCOs on an ongoing basis.	December 2019
Create new network adequacy measures.	December 2019
Implement changes to provider directory validation procedures.	January 2020
Execute a memorandum of understanding with the Texas Department of Insurance.	May 2020
Link member complaints data system with network adequacy.	July 2020

Goal 2: Ensure Members Receive Services

Develop more tools that can identify barriers to receiving medically necessary services for people in Medicaid managed care. “Medically necessary services” are health care services or supplies needed to diagnose or treat a medical condition, meet the accepted standards of medicine, and are not mainly used for the convenience of the patient or doctor, according to the Centers for Medicare and Medicaid Services (CMS). Efforts include:

- Establishing consistent baseline data about prior authorization processes to identify trends and variations.
- Enhancing oversight of MCO service coordination through biennial reviews and implementing an external medical review of MCO medical necessity determinations.
- Overhauling the complaints process to streamline intake, address systemic issues and improve quality of services.

Initiative 4: Medicaid Managed Care

- Increasing utilization reviews for vulnerable child populations by 1,927 additional reviews, from the initial 50 in FY 2019 to 1,977 in FY 2020.

Strategy

Ensuring that members receive the services they need is the cornerstone of Medicaid managed care oversight. The strategies for this goal include:

- Overhauling key processes and functions to ensure the Medicaid program operates effectively for clients, providers and HHS.
- Reducing preventable service denials or delays for members by increasing transparency and efficiency of prior authorization processes.
- Strengthening on-site reviews of each MCO to ensure they meet requirements for services, including care coordination.

By enhancing oversight of complaint data and aligning complaint categories and definitions across HHS and MCOs, we will be able to better identify issues across Medicaid managed care programs. We will have a streamlined complaints process that ensures effective and consistent identification, tracking and resolution of all complaints. With these improvements, we will analyze complaint data from MCOs to improve service delivery.

HHS will enhance clinical oversight in managed care monitoring by implementing an external medical review process in FY 2020. This process allows for independent review of MCO medical necessity determinations.

HHS is expanding the utilization review process for some of the most vulnerable children enrolled in Medicaid to ensure they receive appropriate assessments, service planning and services. Based on findings from a pilot utilization review of children in the Medically Dependent Children Program, we are expanding the pilot to ensure MCOs are properly documenting identified needs, developing service plans and delivering services to address those needs.

Combined, these processes will avoid unnecessary service denials or delays and help ensure members receive services to meet their needs. This strategy also creates opportunities for HHS to identify and evaluate MCO process issues and take prompt action to address them.

Deliverables

Deliverable	Target Completion
Require MCOs to post easily searchable lists of services that need prior authorization on their websites.	September 2019
Start procurement for an external medical review organization.	October 2019
Centralize all complaints for consistent resolution.	October 2019
Inform public and partners about new Medicaid complaint process.	October 2019
Revise complaint definitions and categories.	December 2019
Begin ongoing validation of MCO service coordination during on-site reviews.	January 2020
Work with stakeholders to standardize a process and timeline for MCOs when reconsidering prior authorization requests with insufficient information.	January 2020
Develop educational materials about the external medical review process.	January 2020
Post rules for external medical review process.	March 2020
Implement external medical review process and provide education.	August 2020
Amend MCO contracts to require the new process timeline for prior authorizations.	August 2020
Begin collecting baseline prior authorization data from MCOs.	August 2020

Goal 3: Strengthen Oversight of MCOs

Strengthen oversight and accountability of MCO operations by:

- Improving MCO operational review processes and expanding HHS oversight of MCO-affiliate relationships.
- Ensuring accurate reporting by enhancing validation of encounter data for at least 40 percent of MCOs.
- Increasing timely payment by reducing MCO claims projects for nursing facility providers by half. This is a decrease from 64 claims projects as of June 2019 to 32 claims projects in FY 2020.

Strategy

HHS must have sufficient tools and accurate reporting to ensure MCOs meet expectations. We will bolster oversight tools related to comprehensive on-site reviews, financial transparency and reporting efficiency and accuracy. This includes expanding biennial MCO on-site reviews to include finance and reporting, quality, and pharmacy benefit administration to better identify issues that need correction or policy clarification.

HHS is enhancing financial oversight by creating a team within Medicaid and CHIP Services to review MCO-affiliate relationships. This team will apply expertise in financial, clinical and operational issues to identify and take action on any improper financial relationships.

We are also improving the accuracy and transparency of data related to MCO-submitted records, including data on payments for services, which are called “encounters.” This year, we will review at least 40 percent of MCOs to validate claim and encounter data. Accurate information is essential to informed decision-making about managed care functions, including service delivery and utilization trends.

HHS is increasing oversight of timely and accurate payments to nursing facility providers to address administrative issues. Residents’ needs and financial situations can change daily, making filing and processing of nursing facility claims complicated. Delays in payment from an MCO can significantly affect a provider’s business operations.



HHS is increasing enforcement to ensure MCOs adhere to payment timeliness standards of 98 percent within 10 days for a clean claim (a claim submitted by a provider for health care services provided to a member with the data needed for the MCO to process, pay and accurately report the claim) for nursing facility services. We assist nursing facilities in increasing accuracy of initial claims submissions. Through provider support, tightening requirements and enforcement of MCO requirements, we will increase timely payment to providers by reducing the number of claims projects MCOs undertake to address payment adjustments for nursing facilities.

Deliverables

Deliverable	Target Completion
Begin overseeing MCO-affiliate relationship reporting.	September 2019
Issue guidance to MCOs on payment timeliness standards enforcement.	September 2019
Implement expanded MCO operational reviews.	January 2020
Analyze results of FY 2020 affiliate reviews.	March 2020
Distribute provider support tools for nursing facilities.	August 2020
Amend MCO contracts to enhance reporting requirements, as appropriate.	August 2020



Goal 4: Strengthen Fair Hearings Process

Strengthen the fair hearings process in FY 2020 by:

- Bringing additional clinical perspective to critical Medicaid cases to ensure a more thorough understanding of clinical issues, evidence and testimony.
- Starting to systematically identify critical Medicaid cases, measure the average length of time needed to issue fair hearings decisions in those cases and implement steps to reduce that baseline.
- Starting to track and trend the number of Medicaid fair hearings decisions reversed on administrative review or judicial review, establishing a quarterly baseline average of overturned decisions and implementing process changes to reduce that baseline.

Strategy

HHS is implementing a comprehensive plan to improve accuracy, quality and consistency of Medicaid fair hearings decisions. Projects include:

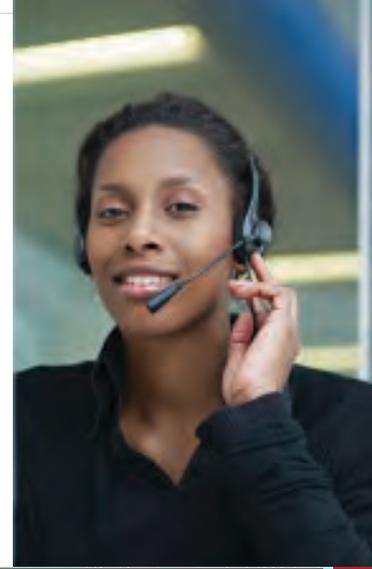
- Completing a new decision-writing guide for fair hearings officers.
- Creating a process to identify, prioritize and track critical cases.
- Identifying a baseline for the average time required to issue decisions in critical cases.
- Identifying a baseline for the average number of Medicaid fair hearings decisions reversed on administrative or judicial review.

- Reducing the time between the hearing request and issuance of final decisions in critical cases.
- Assessing quality of Medicaid fair hearings decisions.
- Allocating more clinical resources to hear and review Medicaid fair hearings decisions.

At the end of FY 2020, HHS will evaluate the success of these efforts and make any necessary modifications for FY 2021. Medicaid clients and families will experience faster resolution of appeals, better written decisions, increased application of medical expertise in the process and more consistent application of Medicaid policy by fair hearings officers.

Deliverables

Deliverable	Target Completion
Complete decision-writing guide.	November 2019
Complete categorization model for Medicaid cases and start tracking critical cases.	November 2019
Hire one nurse case reader to review hearings decisions.	November 2019
Complete hiring and training of two nurse hearings officers.	June 2020
Evaluate project status and implement needed changes.	August 2020



Initiative 5: Services & Supports

Services & Supports: Connect People with Resources Effectively

Background

Given the number and complexity of HHS programs, strong access points and navigation processes are crucial to raising program awareness and helping Texans connect to available services. By helping people find appropriate services and secure timely access to them, we create a continuum of care that enhances outcomes.

HHS is committed to connecting people to the services and supports they need. This commitment includes addressing barriers that prevent Texans from being self-sufficient, providing practical ways to use food benefits, and initiatives that promote healthier eating habits.

Working with community partners, we are creating a scalable model program to reduce the impact of situational and generational poverty and reliance on public assistance programs for participants. This model will be known as the Texas Works Path to Success.

Legislative Spotlight

In addition to this initiative, HHS is implementing direction from the 86th Texas Legislature to improve connection and access to services. This includes using additional funds to educate people about using consumer-directed services options and to promote online applications for benefits and services, and House Bill 72, which provides care continuity and choice for children adopted through the Texas Department of Family and Protective Services.

Over the next year, HHS will pursue four overarching goals in support of this initiative.

Goal 1: Develop and Implement the Texas Works Path to Success Program

Develop and implement a pilot program to reduce the impact of situational and generational poverty on up to 100 people, as demonstrated by increasing economic self-reliance, housing stability, educational advancement and/or improved quality of life. This pilot will use education, training, employment opportunities, case management supports and social interventions to achieve these outcomes.

Strategy

Poverty has far-reaching and often situational and generational impacts on individuals and families, which can result in housing instability, food insecurity, poor educational or employment outcomes and reliance on public assistance programs. These cyclical impacts can be broken.

Over the next year, HHS will develop a pilot program to improve a person's ability to:

- Obtain or sustain stable housing.
- Achieve educational or training goals.

Initiative 5: Services & Supports

- Attain new or improved employment opportunities, which may include an increase in earnings or benefits or an improved work-life balance.
- Increase financial self-reliance.

In partnership with the U.S. Department of Agriculture Food and Nutrition Service (USDA-FNS) and Goodwill Industries of Houston, HHS will develop and implement the Texas Works Path to Success program. This effort is geared toward reducing the impact of poverty on high school seniors and able-bodied adults in an impoverished area of Harris County, as defined by federal poverty standards.

Year one of the project will focus on increasing participants' economic self-reliance by creating sustainable employment opportunities using a multi-pronged approach that includes:

- Targeted skill assessments and training.
- Individualized case management services.
- Job market assessments.
- Job placement.

We will work with our partners to monitor implementation efforts, establish baselines related to the four measures above, review initial pilot outcomes and explore possible expansion of the project to other areas of Texas.

Deliverables

Deliverable	Target Completion
Hold project development sessions with USDA-FNS and Goodwill Industries of Houston.	September 2019
Develop system to capture baselines on four key measures that impact situational and generational poverty.	October 2019
Receive approval of project statement of work.	November 2019
Hold informational meeting with partners to inform future pilot program expansion.	January 2020
Develop marketing strategy for pilot program.	February 2020

Deliverable	Target Completion
Execute project agreement.	March 2020
Release marketing information to the public and media outlets.	April 2020
Complete program implementation.	May 2020
Initiate quarterly governance meetings with partners.	July 2020

HHS Spotlight



Health Equity

Minority groups in Texas lag behind their non-Hispanic white peers on many measures of health access, outcomes and overall quality of life. For example, the maternal mortality rate for black women is more than two times higher than that of non-Hispanic white women. Researchers estimate that over a three-year period, health disparities for people of color in the United States cost families, employers, insurers and taxpayers an estimated \$230 billion in excess medical care costs and more than \$1 trillion in indirect costs due to excess morbidity and mortality.³

Texas is the second most ethnically and racially diverse state in the nation, and HHS must do more to acknowledge and address the complex factors that affect health disparities. As we develop programs and policies to connect people with appropriate services and supports, we must be more mindful of their impact on minority groups.

We will form partnerships with experts in other states, local governments, non-profits, universities and in the private sector to learn more about how we can mitigate these disparities. With this research, our team members will address the health disparity gap at the start of program and policy development. We are committed to achieving the transformation that all Texans deserve.

³ Thornton, R. L. J., Glover, C. M., Cené, C. W., Glik, D. C., Henderson, J. A., & Williams, D. R. (2016). Evaluating Strategies For Reducing Health Disparities By Addressing The Social Determinants Of Health. *Health Affairs*, 35(8), 1416–1423. doi: 10.1377/hlthaff.2015.1357

Goal 2: Improve HHS Website User Experience

Simplify access to SNAP food benefits, TANF, Medicaid and CHIP benefits by providing a prominent, direct link to YourTexasBenefits.com on the HHS website homepage and every page where a benefit is described.

Strategy

A positive experience for those searching the HHS website, hhs.texas.gov, requires accurate, easy-to-understand information for our programs and services. Whether it is a family member in search of services for a child, a client checking on eligibility status, or a provider looking for training, information must be organized to allow people to find what they need quickly.

HHS is reviewing webpages for accuracy and clarity, eliminating those that are unnecessary and consolidating those hosting similar information. The information currently on the “How to Get Help” website will be consolidated with the HHS website. We are also hosting focus groups to collect user feedback to improve web content and usability.

By simplifying and consolidating benefits and service information on the HHS website — including ensuring that people who want to apply for benefits can directly link to the account creation and login portion of YourTexasBenefits.com — we will incorporate user feedback to enhance the experience for people who visit our website.

To help achieve this, an “Apply for Benefits” link and promotional tile will be added to the top text menu across the HHS website, driving traffic directly to the account creation and login page on YourTexasBenefits.com. Additionally, an “Apply for Benefits” promotional tile will be added to the HHS homepage.

HHS is also reviewing keywords and phrases throughout the website to improve search functions. To further alleviate confusion, we will ensure anyone seeking SNAP, TANF, Medicaid or CHIP is provided an option to link to the account creation or account login page on YourTexasBenefits.com. This will be accomplished through eye-catching, promotional graphics placed on service pages.

Deliverables

Deliverable	Target Completion
Complete keyword and phrase analysis.	November 2019
Solicit user feedback on web search result quality by embedding a survey widget on all search result pages.	November 2019
Host focus groups on current website experience.	December 2019
Create direct links to account login pages.	March 2020
Migrate website content from “How to Get Help” webpages to HHS, and decommission the website.	July 2020
Conduct post-enhancement focus group testing.	August 2020

Goal 3: Enhance the Application Experience for Families Applying for Services

Reduce the time required to provide families appropriate services by:

- Decreasing the average time families making inbound calls to the agency wait to complete a telephone interview from 26 to 16 minutes.
- Expediting eligibility determinations by using the Proactive Outreach Manager (POM) pilot program to increase the capacity for call agents making outbound calls by 18 percent. This is an increase from an average of 1,808 dispositions per day between January and June in FY 2019 to a target average of 2,133 dispositions per day.
- Increasing overall use of self-service options for people seeking assistance from 76 to 80 percent. In FY 2019, 2.9 million people sought assistance from our Access and Eligibility Services (AES) division. Of those people, 2.2 million used a self-service option.

Strategy

Eligibility determination is a key HHS function, and the application process is often the first time a person interacts with us. We determine eligibility for approximately 600,000 applications on average every month. This process includes a client interview. Most eligibility offices have a virtual interviewing function, but it is often overseen by the same team member helping people who apply in person, increasing wait times. By implementing a centralized, virtual interview center (VIC) for statewide inbound calls, call center team members can focus solely on eligibility determination tasks.

HHS will implement the POM pilot to reduce the time previously required for team members making outbound calls to accomplish these tasks. Together with the centralized VIC, this will help expand call capacity and reduce the time families wait to complete telephone interviews, as well as reduce the number of abandoned calls.

Deliverables

Deliverable	Target Completion
Implement the POM pilot.	September 2019
Evaluate POM pilot data.	November 2019
Begin statewide implementation of POM.	January 2020
Complete team member trainings for VIC.	February 2020
Launch centralized VIC.	April 2020
Complete statewide implementation of POM.	August 2020

Goal 4: Establish Quality Assurance Standards for Evaluating Client Interactions

Improve call interactions to ensure Office of the Ombudsman team members provide excellent customer service by:

- Developing and implementing quality standards, including complaint handling and a process to train team members on those standards.
- Establishing a customer survey to rate caller experience, using quality measures to establish baselines.

Strategy

The Office of the Ombudsman provides dispute resolution services for HHS.

Answering an average of 79,000 calls per year, team members collect information about people’s complaints regarding all HHS programs and make recommendations to agency leadership to address systemic concerns. By the time people call the ombudsman, they have often tried unsuccessfully to find resolutions elsewhere.

This project establishes quality assurance standards to improve and evaluate consumer interactions with the Office of the Ombudsman and ensure excellent customer service.

Deliverables

Deliverable	Target Completion
Establish call interaction quality standards.	December 2019
Implement an automated phone survey system.	December 2019
Provide training to ombudsman team members.	February 2020
Roll out new standards.	March 2020
Evaluate project and finalize report.	August 2020



Initiative 6: Strengthening Advocacy

Strengthening Advocacy: Increase Long-Term Care Ombudsman Capacity

Background

The Texas Long-Term Care (LTC) Ombudsman program advocates for the health, safety, welfare and rights of nursing facility and assisted living facility residents through contracts with local agencies and oversight by the ombudsman. The program works with certified volunteer ombudsmen who enhance these protection efforts by:

- Reviewing and referring complaints of possible abuse and neglect.
- Improving response time to and resolution of complaints.
- Giving ombudsman team members the ability to focus on time-consuming complaints.

Over the past several years, changing federal regulations, an aging core of volunteers and other challenges have made it difficult to recruit and retain people to serve in this critical role. In FY 2019, the program reported 386 active volunteer ombudsmen compared to 540 volunteers in 2015, a 28.5 percent decrease.

HHS will pursue two overarching goals to stabilize the volunteer force and improve the LTC Ombudsman program's ability to protect vulnerable Texans.

Over the next year, HHS will pursue two overarching goals in support of this initiative.

Goal 1: Enhance Statewide Recruitment by Directly Coordinating Volunteer Recruitment and Training

Recruit 174 potential volunteer ombudsmen in FY 2020. This would represent a 10 percent increase from the 158 ombudsmen recruited in FY 2019.

Strategy

Historically, the Texas LTC Ombudsman program has mostly recruited retirement-aged people who potentially have more time to volunteer. Over the past few years, federal requirements of minimum standards have changed. These changes might be impacting the number of people who enter the program. In FY 2020, HHS will address this challenge by improving the processes used to recruit new volunteers and by providing more recruitment support to our local service areas.

Over the next year, HHS will share best practice recruiting strategies across the state for all 28 ombudsman service areas. Additionally, we will work with four ombudsman service areas to develop a recruiting strategy tailored to the specific needs of the service areas.

Deliverables

Deliverable	Target Completion
Identify best practices for volunteer recruitment by researching other programs.	October 2019
Evaluate Texas data on volunteer ombudsman recruitment efforts of the 28 ombudsman service areas.	October 2019
Provide four service areas with individualized volunteer recruitment strategies.	December 2019
Analyze existing volunteer response processes.	January 2020
Implement a volunteer response process improvement plan.	February 2020

Deliverables

Deliverable	Target Completion
Identify best practices for volunteer retention by researching other programs.	October 2019
Establish an advisory group of team members to advise on effective volunteer retention methods.	November 2019
Issue quarterly communications to all volunteers from HHS.	November 2019
Request reasons for resignation from all volunteers who leave the program.	November 2019 and ongoing
Coordinate development of training plans to improve retention for eight local service areas.	December 2019
Visit six service areas to show volunteers their impact using data.	May 2020
Provide a statewide volunteer training webinar on ombudsman casework.	May 2020
Collect information from volunteer ombudsmen to help with future efforts to improve retention.	May 2020



Goal 2: Address Causes for Attrition

Certify 72 percent of new volunteer ombudsmen recruits in FY 2020. This would represent an increase from the 67 percent certification rate in FY 2019.

Strategy

In FY 2019, at least 44 volunteer recruits who started the program did not get certified. To address this challenge, HHS will determine how to improve training efforts and make needed changes. For example, we will implement a more structured schedule to provide trainings to recruits more quickly and efficiently. Service areas will train in groups whenever possible, allowing recruits to work together and feel supported. Additionally, the group trainings will make more efficient use of team member time.



Initiative 7: Supplemental and Directed Payment Programs

Supplemental and Directed Payment Programs: Improve Accountability and Sustainability of Supplemental and Directed Payment Programs to Achieve Positive Outcomes

Background

Each fiscal year, HHS oversees billions of Medicaid dollars distributed to providers through supplemental and directed payment programs. This work includes implementation and oversight of many programs intended to address quality improvements and funding shortfalls for services provided to Medicaid recipients and those who cannot afford the full cost of care.

HHS works closely with the Centers for Medicare and Medicaid Services (CMS) and the Texas Legislature to reimburse providers through approved payment programs. Additionally, we collaborate with local partners to finance, develop and implement these payment models. Through redesign of several payment programs, we are strengthening accountability, improving quality of care and supporting positive outcomes.

HHS must also develop and submit a transition plan to CMS describing how the state will continue to develop delivery reform efforts to improve health care access and outcomes without Delivery System Reform Incentive Payment (DSRIP) funding when the pool ends Oct. 1, 2021. To help sustain delivery system reform, we will implement the next phase of supplemental and directed payment programs, which includes developing a transition plan and achieving its key milestones.

Legislative Spotlight

In addition to projects outlined in this initiative, HHS is implementing Rider 26 to increase transparency, accountability and oversight in supplemental funding programs.

Over the next year, HHS will pursue two overarching goals in support of this initiative.

Goal 1: Increase Oversight and Monitoring of Local Funding Structures

Improve accountability over the transfer of locally derived government funds by increasing oversight and monitoring of local funding structures.

Strategy

In FY 2020, more than \$10 billion in Medicaid payments will be made in Texas through supplemental and directed payment programs. To receive federal reimbursements for Medicaid services, public dollars from local governments are used as matching funds. HHS supports implementation and provides oversight of local fund transfers, including those of governmental agencies that operate Local Provider Participation Funds (LPPFs).

The federal government restricts the types of funds that can be used for the matching share of a Medicaid payment and requires HHS to ensure those conditions are met.

To improve oversight of local fund transfers, HHS is developing reporting mechanisms and implementing enhanced monitoring strategies.

HHS will also develop rules and an online reporting portal for governmental entities that operate LPPFs. We will assess how ongoing monitoring should occur for all other sources of the non-federal share of supplemental and directed payment programs.

Deliverables

Deliverable	Target Completion
Implement reporting rules for governmental entities that operate LPPFs.	November 2019
Review and validate information reported to HHS by governmental entities that operate LPPFs quarterly.	January 2020 and ongoing
Develop and implement reporting portal for governmental entities that operate LPPFs.	January 2020
Complete data assessment for enhanced reporting and monitoring of additional local funding structures.	April 2020
Develop accountability monitoring plan for additional local funding structures.	August 2020

Goal 2: Sustain Delivery System Reform and Charity Care Efforts to Improve Outcomes of Health Care Services

Plan and implement the next phases of supplemental and directed payment programs to sustain delivery system reform, ensuring greater value and promoting better outcomes for people receiving health care services.

Strategy

The DSRIP pool in the Texas Healthcare Transformation and Quality Improvement Program Medicaid Section 1115 Demonstration Waiver helps the Texas health care delivery system and the people it serves. Texas providers earned more than \$16.3 billion in DSRIP funds from December 2011 to April 2019. DSRIP is based on community-identified need and supports increased innovation and better health outcomes. We served 11.7 million people through DSRIP from October 2013 to September 2017. The program's focus areas include behavioral health, primary care, patient navigation, chronic care management and health promotion and disease prevention.

The DSRIP pool is decreasing over the next two years before it ends on Oct. 1, 2021. HHS and CMS must agree on a transition plan to decide what is next for previous DSRIP activities. The draft transition plan includes milestones that we must meet to show how we will operate without DSRIP funding. After submitting the draft on Oct. 1, 2019, we will continue to work with partners throughout the year to develop and propose new programs, policies and strategies to build on DSRIP successes of the past seven years. The transition plan will be finalized by April 1, 2020.

The 1115 waiver extension significantly changes the Uncompensated Care (UC) program to a charity care focus in federal FY 2020. It also changes the amount available in the UC pool for the final three years of the waiver.

Over the past two years, partners participated in a robust, transparent feedback process to help us develop new policies for the updated program. As this next phase in supplemental payments is implemented, HHS will ensure accurate payments are provided and identify needed policy or process adjustments.

Deliverables

Deliverable	Target Completion
Hold statewide learning collaborative.	September 2019
Submit draft DSRIP transition plan to CMS.	October 2019
Develop partner engagement plan to help achieve DSRIP transition plan milestones.	December 2019
Make timely initial charity care payment to providers in the UC program.	March 2020
Work with CMS to finalize DSRIP transition plan.	April 2020



Initiative 8: Women & Children

Women & Children: Improve Health Outcomes for Women, Mothers and Children

Background

Improving the health of women, mothers and children is critical to the future of Texas. Through an array of programs and services, HHS supports a continuum of care across a woman's life. Benefit packages — including Medicaid, Healthy Texas Women (HTW) and the Family Planning Program (FPP) — broadly cover acute and chronic health needs along with family planning services.

HTW and FPP offer women's health and family planning services at no cost to eligible, low-income women in Texas.

Through the Healthy Texas Mothers and Babies program, we lead public health initiatives to improve the health and well-being of women and infants.

Recognizing fundamental health connections, HHS is committed to improving the health of Texas women, mothers and children through coordinated efforts across programs. This includes efforts to improve quality care for women and mothers and ensure programs reach families with important health information and services to give infants and children the healthiest start possible.

Over the next year, HHS will pursue seven overarching goals in support of this initiative.

Goal 1: Increase Long-Acting Reversible Contraception Utilization

Increase accessibility to long-acting reversible contraception (LARC) through outreach, enhanced partnerships and reduced administrative burdens. These efforts will result in a 10 percent increase in LARC use in FY 2020. This is an increase from:

- 55,346 clients in FY 2018 to 60,881 clients in FY 2020 for the Medicaid and HTW programs.
- 8,128 clients in FY 2018 to 8,941 in FY 2020 in FPP.

Verified LARC utilization data for FY 2020 will be available in May 2021.

Legislative Spotlight

In addition to items described in this initiative, HHS is implementing direction from the 86th Texas Legislature to improve the health of Texas women, mothers and children. For example, the Legislature appropriated nearly \$60 million, with a potential for an additional \$20 million in fiscal years 2020-21, for the Alternatives to Abortion program to promote childbirth and provide support services to pregnant women and adoptive parents. We are using additional funding appropriated for current women's health program services as well as public awareness and prevention activities related to maternal health and safety, mortality and morbidity. We are implementing Senate Bill 750 and Rider 176 to expand women's health activities, programs and reporting requirements and Senate Bill 2132 to improve processes for enrollment and utilization between Medicaid and the Healthy Texas Women program. Through Rider 77, we are creating a long-acting reversible contraception (LARC) pilot program to improve access in underserved areas.

Strategy

The American College of Obstetricians and Gynecologists identifies LARCs, including intrauterine devices and subdermal contraceptive devices, as the most effective reversible contraceptive method. Requiring no action on the part of the person after the device is in place, LARCs have high rates of user satisfaction and method continuation. HHS has made improving access to LARCs a priority; however, known challenges to access exist.

To address barriers to LARC use, such as high stock-related costs for providers and access delays for clients, HHS is partnering with a health-related institution of higher education to establish a mobile LARC provider program in targeted areas of the state. The provider will offer contraceptive counseling, and if desired by the client, same-day insertion services. Other actions to expand LARC access include:

- Increasing outreach and education to providers and women about LARCs.
- Exploring a partnership with the Texas Department of Criminal Justice (TDCJ) to enroll eligible women exiting TDCJ custody into HTW or FPP.
- Reducing administrative burdens that may affect LARC availability.

Deliverables

Deliverable	Target Completion
Identify institutional partners for the mobile LARC provider program.	September 2019
Execute interagency contracts with institutions in select regions.	December 2019
Develop informational materials.	December 2019
Send LARC informational materials to providers.	January 2020
Evaluate project results to inform future initiatives.	August 2020

HHS Spotlight



Early Childhood Intervention

Investing in infants and toddlers with developmental delays, disabilities or certain medical diagnoses that might affect development is critical for ensuring a better Texas tomorrow. The Early Childhood Intervention (ECI) program provides services to support families as they learn how to help their children grow and learn.

In addition to releasing the \$48 million in additional funding appropriated for ECI by the 86th Texas Legislature, HHS is addressing program sustainability over the year by:

- Initiating a statewide re-procurement for ECI services.
- Developing a plan to maximize funding available to ECI providers in accordance with Article II, Rider 98 of the 2020-21 General Appropriations Act, including reviewing Medicaid rates and coverage of ECI services, restructuring provider contracts and identifying other opportunities for additional funding.
- Continuing to increase administrative efficiencies and provide training and technical assistance to contractors around topics such as productivity metrics, data-informed decision-making and local program administration.

Child Find is a component of the Individuals with Disabilities Education Act (IDEA) requiring states to identify, locate and evaluate children with disabilities who may need special education and related services. HHS is planning targeted Child Find efforts in the coming year, including a self-assessment of Child Find activities to identify opportunities for enhancements.

Goal 2: Increase the Rate of Women Accessing Prenatal Care

Evaluate pay-for-quality strategies and implement best practices to increase recommended prenatal visits received by women enrolled in Medicaid in selected sites. We expect these efforts to result in an increase of 10 percent. This is an increase from 68,538 visits in FY 2018 to a target of 75,392 visits in FY 2020. Verified data for receipt of prenatal care will be available in June 2021.⁴

Strategy

Prenatal care is important for birth outcomes for both a woman and her baby. HHS is striving to improve timely prenatal care for women in Medicaid in the two areas of the state with the greatest disparities among women accessing recommended prenatal visits — rural West Texas and the Panhandle.

Over the next year, HHS will evaluate results of previous work, sharing and implementing best practices and coordinating with community partners to help people apply for Medicaid in targeted geographic areas. We are also conducting studies to ensure prenatal appointments are available, so women have access to timely prenatal care.

Deliverables

Deliverable	Target Completion
Require Alternatives to Abortion contractors to make and report on referrals resulting in successful enrollment.	September 2019
Evaluate results of previous work to determine best practices to increase prenatal visits.	December 2019
Develop action plan to reduce barriers to prenatal visits.	February 2020
Share evaluation results with MCOs to implement best practices.	February 2020
Conduct prenatal appointment availability studies.	August 2020

Goal 3: Increase Pregnancy Medical Home Sites

In FY 2020, evaluate, select and begin implementing four additional pregnancy medical home (PMH) sites, increasing the total number of these sites to five in Texas Medicaid.

Strategy

HHS is implementing additional PMH sites. PMH has significantly improved outcomes for mothers and babies compared to a control group, including:⁵

- A 19 percent difference in cesarean delivery and an 87 percent difference in postpartum anemia.
- A 24 percent difference in admission to a neonatal intensive care unit (NICU).
- Nearly three times the rate of breast pump distribution and a nearly 60 percent difference in the use of LARCs.

Due to the success of the PMH pilot, HHS will continue to increase the number of these sites in FY 2020.

Deliverables

Deliverable	Target Completion
Develop mechanism to select PMH sites.	November 2019
Publish request for application and receive applications.	January 2020
Select pregnancy medical home sites.	March 2020
Begin implementation of pregnancy medical home sites.	April 2020

⁴ Data used to verify service delivery are based on claims and encounters. A provider has 95 days to file a claim after delivering a service, and MCOs have 30 days to pay the claim. If there are issues, there can be added delays. The data from a claim are submitted to the state in a specific format, called an encounter. If any information is missing or does not match, the encounter can be rejected and must be re-submitted. Eligibility changes for clients also happen retroactively. HHS can report preliminary information up to six months after it happens. However, it can take up to eight months to ensure all encounters are in and eligibility is correct.

⁵ Texas Health and Human Services. (2017). Pregnancy Medical Home Pilot Program Final Evaluation Report. Retrieved from <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2017/pregnancy-medical-home-pilot-final-eval-sept-6-2017.pdf>

Goal 4: Address Breastfeeding Barriers and Disparities

Address disparities in and barriers to breastfeeding by increasing breastfeeding initiation from 78.6 percent to 80.6 percent among black, non-Hispanic infants enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).⁶

Strategy

While overall breastfeeding rates in Texas align with national averages, many women in Texas report they are unable to meet their personal breastfeeding goals. Like disparities seen nationwide, breastfeeding rates among black women in Texas are lower than the rest of the population. In 2017, initiation rates in Texas WIC were 85.3 percent overall, with Hispanic infants initiating at 87.7 percent, other ethnicities at 84.6 percent, white infants initiating at 81.4 percent, and black, non-Hispanic infants at 78.6 percent. This year, HHS is using a comprehensive array of lactation support programs and initiatives to improve breastfeeding outcomes and address disparities by enhancing evidence-based practices, including:

- Training and professional education.
- Promotion and awareness activities.
- Community partner engagement.
- Quality improvement initiatives.

HHS is improving breastfeeding initiation rates among black mothers with infants enrolled in the WIC program by expanding WIC provider training and resources and increasing outreach and marketing campaigns in targeted regions. We are providing focused outreach and support to birthing facilities to increase the number that are designated as Texas Ten Step. This is an important first step toward increasing the number of facilities that receive the Baby-Friendly Hospital designation, which is an effective model for increasing in-hospital breastfeeding and addressing disparities.

Issues related to mothers returning to work are frequently cited barriers to breastfeeding initiation, continuation and exclusivity. These problems have a disproportionate impact on black mothers and babies because black mothers are more likely to return to work in the first year after delivery;

they also return to work earlier than mothers of other races/ethnicities do. To reduce barriers to breastfeeding for mothers returning to work, HHS is increasing access to worksite lactation support through education and informational outreach from the DSHS Texas Mother-Friendly Worksite Program.

Deliverables

Deliverable	Target Completion
Begin Every Ounce Counts media campaign.	September 2019
Provide information to partners about obtaining breast pumps through Medicaid.	September 2019
Exhibit at the Texas Pediatric Society’s annual meeting.	September 2019
Provide education and training to worksites that do not hold the Mother-Friendly Worksite designation.	October 2019 and ongoing
Exhibit at the American Academy of Pediatrics National Conference.	October 2019
Publish “Where You’re Born Matters: Using an Equity Lens to Elevate Breastfeeding Support and Care” on the WIC website.	December 2019
Complete data analysis to determine regions in the state where breastfeeding initiation and duration among black mothers who participate in WIC are lowest.	January 2020
Develop community-specific intervention plans to improve local support of breastfeeding initiation.	March 2020
Publish training on implicit bias and breastfeeding counseling.	March 2020
Work with targeted community partners to complete an action plan with WIC agencies to improve local support of breastfeeding initiation.	March 2020
Complete 13 Lactation Principles and Advanced Lactation Management trainings.	August 2020

⁶HHS implemented a data management system for WIC in FY 2018 and is in the process of enhancing the speed and reliability of WIC data reporting in that system. With these improvements FY 2020 data will be available by the end of this fiscal year.

Deliverable	Target Completion
Provide support to birthing facilities on Texas Ten Step principles.	August 2020
Provide breastfeeding information to hospitals through Right from the Start campaign.	August 2020
Implement plans to provide additional support to communities (including WIC offices and hospitals) where breastfeeding initiation and duration among black participants are lowest.	August 2020

Goal 5: Implement Pilot Initiatives to Establish Baselines for Future Efforts to Address Disparities in Breast Cancer Mortality Rates

Implement pilot initiatives in the Breast and Cervical Cancer Services (BCCS) program using evidence-based interventions (EBIs) and mobile mammography. These will establish baselines and best practices for developing future initiatives to address disparities.

Strategy

For Texas women, breast cancer is the most commonly diagnosed cancer and the third-highest cause of cancer death. Women diagnosed earlier have much better chances of survival than those diagnosed at later stages. According to Texas Cancer Registry data, white women and black, non-Hispanic women experience breast cancer at similar rates, which are higher than their Hispanic and other counterparts. However, the mortality⁷ and late-stage incidence⁸ rates for black, non-Hispanic women are higher than all other races.

HHS can reduce late-stage female breast cancer diagnoses by increasing age-appropriate screening rates and ensuring timely, thorough follow-ups on abnormal screening results.

⁷The mortality rate for non-Hispanic black women in Texas as of 2015 — the latest year of complete data available — was 30.1 per 100,000, compared to 20.4, 15.5, and 9.8 for white, Hispanic, and other women, respectively.

⁸The late-stage incidence rate for non-Hispanic black women in Texas as of 2015 — the latest year of complete data available — was 48.1 per 100,000, compared to 37.6, 33.2, and 23.4 for white, Hispanic, and other women, respectively.

HHS is partnering with two providers to implement initiatives to increase breast cancer screening among uninsured and underinsured women.

We are working on a pilot with a BCCS contractor in Harris County to observe and map processes and survey contractor staff to understand breast cancer screening barriers and facilitators. Based on results of this review, the BCCS site will implement EBIs to improve processes. We will analyze and share pilot project results with all BCCS providers to improve service delivery and identify areas of the state to target with future initiatives to address disparities.

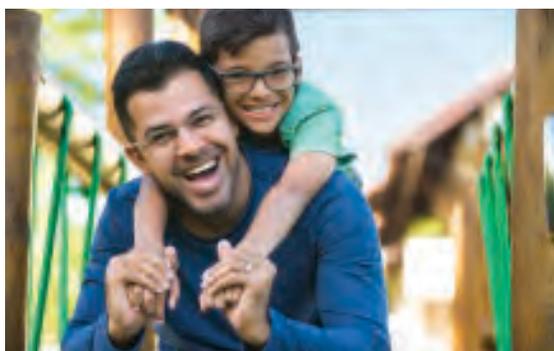
In addition, HHS is partnering with another provider to implement a mobile mammography unit to provide breast cancer screenings to women in Central Texas. The Interstate 35 corridor between Temple and San Marcos lacks a BCCS provider. We will identify target counties and area health-related institutional partners, and work with community organizations to determine locations and target populations for mobile mammography screenings. In partnership with the institution chosen to operate the mobile mammography initiative, we will evaluate project results to inform continuation of services and future initiatives, with a focus on addressing disparities.

Deliverables

Deliverable	Target Completion
Identify institutional partners to implement mobile mammography unit.	September 2019
Conduct BCCS site visit.	September 2019
Implement selected EBIs at BCCS site.	December 2019
Execute contract for mobile mammography initiative.	January 2020
Conduct mobile mammography provider training and education.	January 2020
Implement mobile mammography initiative and share educational materials.	February 2020

Deliverable	Target Completion
Conduct interviews and surveys with BCCS project partners.	March 2020
Evaluate and disseminate mobile mammography project findings and impacts.	August 2020
Evaluate and disseminate BCCS project findings and impacts.	August 2020

HHS Spotlight



Father Engagement

While this initiative focuses on healthy women, mothers and children, an important component of achieving healthy families is to involve fathers. HHS will make involving fathers a priority, beginning with an inventory of programs with a focus on fathers to inform creation of an interagency workgroup. This workgroup will bring together members of other state agencies and the public — from public policy leaders to fathers with experience receiving services from workgroup agencies — to advise agency leadership on opportunities and areas for improvement across the state.

Additionally, we will build on existing partner engagement programs to better engage fathers in their children’s lives.

Goal 6: Increase the Rate of Children Getting Well-Child Visits

Evaluate and implement best practices to increase the number of children under 15 months in Medicaid receiving the recommended number of well-child visits. We expect these efforts to result in an increase to 70 percent from 64 percent in FY 2017. Verified data for well-child visits will be available in December 2021.⁹

Strategy

Well-child visits help keep children healthy and identify warning signs related to illness, growth and development, ensuring that problems can be addressed as early as possible.

Medicaid MCOs have increased the rate of children receiving recommended well-child visits, but a lag remains for children under 15 months. Currently, 64 percent of children under age 15 months receive all recommended well-child visits.

HHS is evaluating practices from recent incentive programs to increase well-child visits for this population. This evaluation will result in implementation of best practices.

Deliverables

Deliverable	Target Completion
Evaluate results of previous work to determine best practices to increase well-child visits.	December 2019
Develop action plan to reduce barriers to well-child visits.	February 2020
Share evaluation results with MCOs to implement best practices.	February 2020

⁹Data are based on a HEDIS measure. HHS contracts with an external quality review organization to calculate HEDIS measures, which are based on encounters in a calendar year. After encounter data are verified, the measure takes several months to calculate, review for consistency and methodology and to ensure the underlying data are correct. HEDIS measures are usually available in December of the next calendar year. If there are any issues with the data, like a change in billing codes that was not accounted for in the original analysis, it can delay verifying the data.

Goal 7: Improve Health Outcomes for Children with Chronic Asthma

Enhance review of MCO reporting for people with special health care needs to reduce the number of children with chronic asthma visiting an emergency department (ED) more than once. We expect these efforts to result in a reduction of 15 percent. This is a decrease from 5,016 children with multiple ED visits in FY 2018 to a target of 4,264 children in FY 2020. Verified data for ED use will be available in June 2021.

Strategy

In Texas, children in Medicaid with special health care needs, such as chronic asthma or diabetes, receive service management — including assessment, care planning and coordination — from their MCO. Studies show factors such as education and care coordination help people adhere to their medication, which is critical for people with chronic asthma to achieve better health outcomes. In conjunction with initiatives to improve oversight of managed care (see the initiative on Medicaid Managed Care: Improve Quality and Strengthen Accountability), HHS is ensuring accountability in how MCOs assess and coordinate care for members with special health care needs. This includes developing technical assistance and oversight tools to help MCOs provide care coordination to children who need it. Through these efforts, 752 fewer children will have repeated asthma-related ED visits.

Deliverables

Deliverable	Target Completion
Begin service management technical assistance webinar series.	September 2019
Develop service management oversight tool for MCO on-site reviews to verify reporting.	September 2019
Develop service management oversight tool for readiness reviews of new MCOs.	May 2020
Evaluate reports and take appropriate action.	June 2020

HHS Spotlight

Congenital Syphilis

The transmission of syphilis from mother to child can have devastating effects on a baby, including bone abnormalities, neurological problems and stillbirth. Nationally, there has been a sharp increase in reported congenital syphilis cases in recent years, with Texas cases increasing from 71 in 2016 to 367 in 2018. In addition, Texas is experiencing an increase in syphilis among women of childbearing age.

DSHS has strengthened its efforts to identify, track and reduce congenital syphilis infections in several ways:

- Hiring a congenital syphilis epidemiologist and congenital syphilis coordinator to lead state efforts to understand the context and causes of maternal and fetal infections.
- Supporting the creation of community-based teams that review congenital syphilis cases to identify systemic barriers to care and mechanisms to reduce those barriers.
- Following up with pregnant women who have had a previous syphilis infection and do not have a record of receiving adequate treatment.
- Using birth records to find cases that may have been missed before or at delivery to ensure public health entities can verify treatment or work with doctors to evaluate and test the infant.

A Texas law that took effect this year mandates an additional syphilis test at delivery to those already required at the first prenatal visit and in the third trimester. This additional test will detect syphilis in women who had no prenatal care or acquired an infection during pregnancy so that babies can be treated appropriately.



Initiative 9: Team Texas HHS

Team Texas HHS: Improve Our Culture, Recruitment and Retention

Background

A strong, positive workplace culture has far-reaching impacts on team member performance and retention, as well as on HHS' ability to attract talent to serve the millions of Texans who rely on us.

Research shows organizations that place a strong emphasis on workplace culture demonstrate higher levels of performance, happier workforces and dynamic talent pools.¹⁰

HHS is improving systemwide recruitment and retention activities, enhancing hiring processes and recognizing team member contributions to promote a workplace culture that empowers and attracts people who are committed to improving the lives of Texans.

While HHS is focused on overall recruitment and retention, 86 percent of turnover occurs in our Health and Specialty Care System (HSCS) and Access and Eligibility Services (AES) divisions, both of which have critical frontline and clinical staff. We are implementing specific division and position initiatives to address the unique retention challenges these areas face. The goal is to make us the employer of choice for people seeking careers where they can make a positive difference.

¹⁰Deloitte. (2012). Core beliefs and culture: Chairman's survey findings. Retrieved from <https://www2.deloitte.com/content/dam/Deloitte/global/Documents/About-Deloitte/gx-core-beliefs-and-culture.pdf>

Legislative Spotlight

HHS is implementing direction from the 86th Texas Legislature to improve culture, recruitment and retention efforts. This includes, but is not limited to, using additional funding (Exceptional Item 16) aimed at reducing turnover and vacancy rates at state hospitals and state supported living centers by increasing direct care pay rates for targeted positions.

Over the next year, HHS will pursue three overarching goals in support of this initiative.

Goal 1: Develop and Implement an Agencywide Recruitment and Retention Plan

Implement agencywide and position-specific retention activities to decrease turnover by 4 percentage points from 30 percent in FY 2019 to 26 percent in FY 2020. In FY 2019, HHSC experienced turnover in 11,579 of its 38,671 full-time equivalent positions.

Strategy

To improve organizational culture, HHS is using feedback from team members at every level of our organization and from partners to implement an agencywide recruitment and retention plan. The plan will include effective

performance management, feedback processes and strategies to:

- Support managers in recruiting and retaining team members.
- Staff and deploy a centralized recruitment and hiring team to support talent acquisition initiatives for hard-to-fill positions in critical support areas, including Internal Audit, Procurement and Contracting Services (PCS), Legal Services, and Financial Services.
- Monitor vacancy and turnover trends to identify other areas of concern or program areas facing unique challenges in attracting team members.
- Allow for the creation of employee performance and development plans that address issues and maximize career potential.

HHS will complete a comprehensive training needs assessment by reviewing documents and holding interviews with leadership, training experts, training recipients and other partners to enhance trainings across the organization.

We will also establish a talent acquisition office within the System Support Services (SSS) division that will provide a full range of services, including job posting, recruitment and hiring. We will collaborate with program leadership to determine the best recruitment and retention strategies for their respective areas. These strategies will be based on industry standards, best practices and data-driven decisions. On a monthly basis, this office will:

- Evaluate trends in staffing and employee engagement.
- Develop training, tools and initiatives to build positive momentum and address identified issues.

HHS is developing and maintaining a positive organizational culture, as we realize the beneficial outcomes it has for team members and those we serve. Maintaining a positive organizational culture has been proven to reduce stress, raise morale, increase productivity and enhance job satisfaction. By creating a positive, meaningful work environment, we will support greater recruitment and improve the retention of team members.

In FY 2020, HHS will pursue multiple efforts, including recognizing employee success and

building relationships, empowering team members through enhanced communication, and fostering an environment that supports continual learning and team member development.

To enhance team morale, we will implement the following employee engagement initiatives:

- Develop a team member recognition program.
- Establish stronger relationships among team members through improved leadership engagement and volunteer opportunities.
- Implement a “Walk in My Shoes” job shadowing model to help leadership understand the challenges faced by frontline team members.

Effective communication enhances engagement, improves trust and job satisfaction and leads team members to encourage others to join HHS. Over the next year, we will develop internal communications strategies to:

- Develop platforms to give a voice to team members across the state.
- Improve agencywide communication, focusing on our mission, vision and values.

HHS will further engage our Employee Advisory Committee to share ideas, promote team member involvement and improve the workplace.

Continuous learning is crucial to cultivating and maintaining a strong level of employee engagement and retention. HHS views its workforce as its greatest asset, and as such is committed to instilling a culture of learning that begins on our team members’ first day and lasts throughout their career. Over the next year, we will foster this type of environment by:

- Creating a new employee orientation to prepare team members for their roles.
- Examining the HHS training system to identify gaps and make recommendations for improvement.
- Identifying opportunities for team members to share best practices, leverage talent and expand their abilities.

Deliverables

Deliverable	Target Completion
Complete an agencywide analysis of turnover and retention data.	November 2019
Establish the HHS Talent Acquisition Office.	November 2019
Publish an annual calendar of HHS events, highlighting team member successes and key services.	November 2019
Develop and implement an agencywide recruitment and retention program.	December 2019
Implement a communication plan to attract new employees.	December 2019
Develop and publish a recruitment toolkit for hiring managers.	December 2019
Deploy recruitment teams statewide to job fairs and local events to promote HHS employment opportunities.	February 2020
Develop a comprehensive internal communication strategy focused on engagement and industry best practices.	February 2020
Streamline hiring processes, help documents and training for hiring managers.	March 2020
Implement a new performance management process to maximize future performance and team member career potential.	March 2020
Implement the "Walk in My Shoes" model.	March 2020
Develop an agencywide new employee orientation.	April 2020
Complete a comprehensive training needs assessment.	May 2020

Deliverable	Target Completion
Implement an employee engagement improvement initiative.	August 2020
Develop a plan to align training resources.	August 2020

Goal 2: Address High-Turnover or Difficult-to-Fill Positions

Reduce the number of team members who leave HHSC within the first year of employment by 10 percent (426 separations) through implementation of division-specific efforts that address unique challenges in high-turnover or difficult-to-fill positions. This would represent a decrease in the number of first-year separations from 4,261 in FY 2019 to a target of 3,835 or fewer.

Strategy

As HHS focuses on overall recruitment and retention efforts, this fiscal year we are placing special emphasis on efforts to attract and better prepare prospective hires. Targeted initiatives will address unique recruitment challenges and high turnover in areas with critical frontline and clinical functions.

HHS is soliciting and using feedback from team members in our AES, HSCS, and Regulatory Services divisions. We will also evaluate hiring processes in program areas outside of frontline and clinical programs, which will include a comprehensive analysis of turnover and recruitment challenges. These areas include PCS, Financial Services, Internal Audit, and Legal Services. As additional areas of concern are identified, we will monitor and respond to trends related to vacancies, turnover and recruitment challenges.

As noted, in FY 2019, areas with critical frontline and clinical team members contributed to approximately 86 percent of the turnover across the system. In these areas, approximately 36 percent of those who left were within their first year of employment.

Many of these former team members left because they did not fully understand or were not fully equipped to manage the unique challenges of their positions. To address this concern, HHS will revise recruitment materials and enhance job-specific training, mentoring and other supports team members receive in their first year. Additionally, we will:

- Align job postings, descriptions and hiring materials for critical positions to accurately explain the expectations, responsibilities and work environment, which will help prospective employees better understand their roles.
- Develop strategic plans for hard-to-fill and retain positions.
- Deploy recruitment teams to job fairs and local events to promote HHS employment opportunities.
- Create career pathways to encourage team members to advance.

Deliverables

Deliverable	Target Completion
Host HSCS leadership learning collaborative.	September 2019
Revise job postings, descriptions and hiring materials for critical positions.	February 2020
Implement roundtable meetings and train AES team members on a 360-feedback model.	February 2020
Update trainings for state hospitals and state supported living centers.	March 2020
Redesign the HSCS recruiting website.	March 2020
Implement training for complex procurements.	April 2020



Goal 3: Implement a Streamlined Hiring Process

Reduce the time from posting to hiring a position by 31 percent. This is a decrease from an average of 87 days in FY 2019 to an average of 60 days in FY 2020.

Strategy

The average time to fill vacant HHS positions is calculated from initial posting date to the time an offer is submitted in the state's online accounting, payroll and personnel system. The length of our hiring process hinders our ability to hire top talent, and selected candidates are often lost as a result. Streamlining this process will allow us to:

- Reduce time from posting to filling.
- Fill vacant positions in a more timely manner.
- Enhance talent at HHS.
- Reduce team member workload.

Deliverables

Deliverable	Target Completion
Map out current processes for filling vacant positions.	December 2019
Define potential efficiencies and barriers that may delay filling vacant positions.	February 2020
Develop a process to improve timeliness and efficiency of filling vacant positions.	May 2020
Work with subject matter experts to develop training.	June 2020
Implement training.	August 2020



Initiative 10: Purchasing

Purchasing: Improve Procurement and Contracting Processes

Background

The State of Texas relies heavily on vendors and grantees to deliver quality care and services to Texans. Over the past decade, HHS procurement and contracting functions grew significantly in number and complexity. But a lack of clear processes and effective measures to support this expansion led to systemic issues that forced us to cancel and reissue multiple complex, high-dollar procurements in the spring of 2018.

To address issues identified by internal and external reviews, reports and audits, HHS took immediate actions to strengthen procurement and contracting practices. We have:

- Improved our organizational structure, developed new compliance tools and enhanced policies and procedures.
- Addressed the process failures that resulted in 2018 audit findings.
- Engaged an external entity to independently review agency procurement practices and developed a 15-point plan to guide long-term reform.
- Established the Compliance and Quality Control (CQC) division to perform compliance reviews on all complex solicitations before issuance and score evaluations.
- Strengthened scoring and evaluation processes used to determine contract and grant awards, which reduced the number of solicitations canceled due to scoring issues by 100 percent. This is a decrease from 9 cancellations in FY 2018 to zero cancellations in FY 2019.

- Implemented other reforms, including comprehensive checklists to confirm all requirements for a complete solicitation are met.

HHS continues to improve procurement and contracting processes, so funds are spent effectively and better health outcomes for Texans are achieved.

Legislative Spotlight

HHS will integrate the requirements of Senate Bill 65 and many new provisions in the 86th Legislature General Appropriations Act, designed to improve accountability in the contracting process, into this plan.

Over the next year, HHS will pursue five overarching goals in support of this initiative.

Goal 1: Improve Quality by Implementing Procurement and Contracting Reform

Improve the quality of outcomes for complex procurements by balancing and reducing the workload for our purchasers by an average of 35 percent (six complex procurements per purchaser), ensuring they have sufficient time to thoroughly review procurements. This reflects a decrease from an average of 17 complex procurements per purchaser in FY 2019 to 11 in FY 2020.

Strategy

In FY 2020, HHS will evolve processes from a patchwork of temporary fixes to a comprehensive approach that is responsive, transparent, efficient and fully compliant with statutes and rules.

HHS will analyze team member workloads to ensure they have time for training, mentoring and additional quality assurance practices.

Other areas of reform include implementing:

- A redesigned procurement process that maximizes efficiency and accountability from planning to contract closeout.
- Training for team members on policies and procedures that were updated in response to the HHS July 2018 audit, as well as on revised procedures for Historically Underutilized Business (HUB) program purchases.
- A manager-level review to identify technical deficiencies in high-risk solicitations earlier in the procurement process.

These improvements will enhance the HHS procurement process by ensuring more consistent training and improved quality control earlier in the procurement process.

Deliverables

Deliverable	Target Completion
Complete workload study and update PCS manager-to-staff ratios.	September 2019
Train all purchasing staff on updated policies and procedures related to the July 2018 audit.	December 2019
Train all team members with purchasing responsibilities on HUB policies, including the HUB Reform Plan.	May 2020
Implement a redesigned procurement process.	June 2020

Goal 2: Improve Compliance of Procurement and Contracting Operations

Improve procurement and contract compliance by:

- Ensuring no complex solicitations are canceled because of internal compliance errors. Nine solicitations were canceled because of internal errors in FY 2018, and one was canceled in FY 2019.
- Reducing the number of fatal flaws that would result in the cancellation of a complex solicitation by 100 percent. This is a decrease from 65 fatal flaws identified in FY 2019 to zero fatal flaws identified in FY 2020.
- Implementing training for:
 - ◆ Initiating and entering requisitions.
 - ◆ Procurement processes and procedures.
 - ◆ Evaluation checklists and scoring procedures for procurement evaluators.
- Ensuring procedures, templates, forms and manuals are updated biennially, and as needed, with applicable laws and best practices. Non-compliant procedures, forms and templates were updated in the spring of 2019, and all policies affected by the 86th Texas Legislature have been updated. HHS also published an updated Contract Management Guide at the end of August 2019, and a combined Procurement and Contract Management Manual will be published by March 2020.

Strategy

HHS will revise and finalize an official HHS Procurement and Contract Manual to fully align with procurement statutes, regulations and the State of Texas Procurement and Contract Management Guide.

HHS will also implement more effective training to update team members on procurement procedures and provide checklists, so they have the most recent, accurate information. These efforts will ensure that we keep up with new statutory requirements and best practices.

We will also improve and update standards, policies and procedures for developing effective, compliant scoring and evaluation practices. Improvements will include updated checklists and training materials, so team members can meaningfully evaluate competitive procurements. All of these initiatives will improve compliance with procurement and contracting operations, ensure accountability and reduce the likelihood of internal errors resulting in solicitation cancellations or service interruptions.

Deliverables

Deliverable	Target Completion
Develop improved process and resource material to update team members about procurement requirements and changes.	December 2019
Implement requisition entry training for team members.	December 2019
Update policies and procedures for developing criteria used for procurement scoring and evaluations.	February 2020
Publish official HHS Procurement and Contract Manual.	March 2020
Implement procurement process training for team members.	April 2020
Implement checklist and training for evaluators of procurement bids.	May 2020
Complete HHS procurement-related rule revisions.	August 2020



Goal 3: Increase HUB Compliance and Awards

Increase HUB utilization and expenditures. The table below shows HHS’ total expenditures for FY 2018, how much was spent on HUB in that year and the amount we will increase HUB expenditures in FY 2020.

Category	FY 2018 Total Expenditures	FY 2018 HUB Expenditures	FY 2020 HUB Projected Expenditures	Projected Percent of Total FY 2020 HUB Expenditures
Building Construction	\$601,035	\$56,983* (9.5%)	\$90,155	15%
Special Trade	\$33,975,809	\$9,631,809 (28.4%)	\$11,212,016	33%
Professional Services	\$43,523,362	\$1,585,686 (3.6%)	\$3,325,184	7.6%
Other Services	\$868,415,065	\$143,609,751 (16.5%)	\$178,372,454	20.5%
Commodities	\$161,065,635	\$24,256,930 (15.1%)	\$33,984,848	21.1%

*These numbers reflect a correction of miscoding in reported HUB numbers for FY 2018 that included Building Construction expenditures in the Heavy Construction category. The coding will be addressed when reporting expenditures for Building Construction projects that start in FY 2020.

Strategy

The state's HUB program supports and promotes procurement opportunities for small businesses owned by minorities, women and service-disabled veterans. In FY 2018, HHS spent \$179.1 million with HUBs through its procurement process. While we have consistently met the program's requirements, HUB participation rates have decreased.

HHS has developed a multi-year HUB Reform Plan to increase HUB participation by:

- Improving communication to and support of HUB vendors.
- Evaluating internal processes to improve vendor and HHS team member compliance with HUB contracting requirements and increase HUB awareness and participation.
- Identifying increased opportunities for use of HUBs for spot purchases and other small agency purchases.
- Strengthening enforcement of HUB requirements.

In FY 2020, HHS will begin expanding outreach and redesigning information and requirements used in procurements to simplify HUB compliance for team members and vendors. The outreach includes:

- Developing a step-by-step HUB toolkit, which will be posted on our website to promote vendor and subcontractor success.
- Implementing mandatory HUB trainings for significant procurements to reduce HUB-related vendor disqualifications and procurement cancellations.
- Conducting studies to determine how to improve opportunities for HUB vendors and subcontractors for small purchases.

We expect these efforts to increase systemwide HUB expenditures in FY 2020, with even greater impact in FY 2021 and beyond.

Deliverables

Deliverable	Target Completion
Implement annual HUB outreach plan.	October 2019
Incorporate updated HUB solicitation language in HHS procurements.	January 2020
Implement new processes to increase HUB utilization for spot purchases of less than \$5,000.	March 2020
Develop and publish HUB toolkit on our website.	March 2020
Mandate pre-bid HUB trainings for significant HUB-related procurements.	March 2020
Provide 38 new HUB-related training events with local business partners.	August 2020

Goal 4: Ensure the Timely Execution of Procurements

Ensure all procurements are executed in a timely manner and in compliance with the law, with the goal of eliminating bridge extensions required annually in FY 2020. Fifty-nine bridge extensions were required in FY 2019.

Strategy

HHS is instituting a new approach to procurement planning and timeline development to better predict contracting demand, allocate resources appropriately and ensure the best value for all procurements.

While we implemented a new procurement tracker in FY 2019, the tracking process will be fully integrated into planning procedures for our team members in FY 2020 to meet procurement timelines in FY 2021.

This strategy includes:

- Ongoing communication between procurement staff and contract managers to eliminate bridge extensions,

Initiative 10: Purchasing

ensuring all procurements comply with the law and meet the needs of Texans receiving HHS services.

- Implementing a communication plan that will inform HHS divisions of timelines needed to develop their procurement schedules. This process will help ensure our procurements are timely.

Deliverables

Deliverable	Target Completion
Establish a procurement project management office.	January 2020
Implement a new procurements tracking process.	March 2020
Start training on the new procurement tracking and planning process.	March 2020
Establish and meet procurement timeframes.	August 2020

Goal 5: Increase Transparency of the Procurement and Contracting Process

Increase transparency of procurement and contracting functions for vendors and HHS partners by providing more information and improved guidance on our website about every stage of doing business with us.

Strategy

HHS team members have heard concerns from vendors and other partners about a lack of transparency related to timing and other procurement requirements.

To address these concerns, we are developing and posting to the website for complex procurements:

- Our contracts and solicitations.
- Procurement process steps.
- Frequently asked questions.
- Information about doing business with us.
- Schedules for upcoming solicitations.
- Timelines.

HHS is also developing and posting a webinar series for vendors aimed at providing information about:

- Response submission methods.
- Submitting compliant HUB subcontracting plans.
- Other details relevant to the vendor community.

Deliverables

Deliverable	Target Completion
Post flowchart outlining the procurement process steps on the PCS SharePoint website.	December 2019
Post a calendar of upcoming solicitations on the PCS SharePoint website.	January 2020
Post "How to Do Business with HHS" webinar for vendors.	June 2020
Publish HHS system contracts and solicitations.	August 2020
Publish timelines with target dates for completion of complex procurements.	August 2020
Improve content on the HHS website.	August 2020

HHS Spotlight



Vendor Interaction Policy

HHS will update the Vendor Interaction Policy, conduct team member trainings, provide improved guidance and facilitate appropriate communication between HHS team members and vendors on procurements and contracts. We will also create a separate Grantee Interaction Policy to govern similar communications between our team members and grantees.



Initiative 11: Quality Control

Quality Control: Identify and Mitigate HHS System Risks Through Effective Audit Activities

Background

State and federal officials routinely audit HHS programs to maintain oversight and transparency in program operations. Audits act as a quality assurance check for compliance with statutes, rules, policies and best practices. When an audit finds issues that need correcting, we develop responses and institute corrective action plans (CAPs) to address recommendations. We are committed to good stewardship of taxpayer dollars by fostering an environment of continuous improvement and ensuring programs are operating effectively.

In FY 2020, HHS will create a Compliance division within the Office of Audit and Compliance, formerly Internal Audit, and develop a comprehensive process to:

- Track audit trends.
- Reduce repeat findings and disallowed costs.
- Monitor CAP implementation of audit recommendations.

Through these coordinated activities, we will strengthen our ability to identify and address repeat issues and improve compliance across our programs.

Over the next year, HHS will pursue four overarching goals in support of this initiative.

Goal 1: Establish a Compliance Division

Consolidate oversight of audit and compliance activities and ensure more timely, appropriate and complete responses to audit findings.

Strategy

Our newly formed Office of Audit and Compliance will serve as the central point for long-term operational improvements to increase the efficiency and effectiveness of programs and services across HHS.

We are establishing a Compliance division to coordinate external audits and management responses and to monitor audit progress and CAP implementation. This division will work with program liaisons throughout the audit process to ensure compliance and identify patterns to avoid repeat audit findings.

Legislative Spotlight

In addition to the items in this initiative, HHS is implementing Senate Bill 65, which requires Internal Audit to include audits of agency processes to ensure compliance with contract procedures, controls and monitoring of agency contracts.

Deliverables

Deliverable	Target Completion
Develop a plan for creating the Compliance division.	September 2019
Consolidate federal and state audit coordination functions.	September 2019
Implement a process to evaluate and improve HHS compliance with audit recommendations.	December 2019
Develop key performance measures, policies and procedures.	December 2019
Implement quarterly reports tracking the progress of outstanding audit recommendations.	December 2019
Develop a process to analyze and report on repeat findings to implement systemwide improvements.	January 2020

Goal 2: Ensure All Audit Recommendations Are Implemented on Time

Ensure all audit recommendations are implemented within established timeframes.

Strategy

HHS is implementing a process to track and monitor the progress of all audit findings and hold divisions accountable for timelines and completion of corrections.

We will coordinate monthly with program liaisons responsible for submitting information on the implementation status of recommendations. The division will offer guidance and assistance as needed. We will also analyze audit recommendation compliance data monthly to inform executive management of compliance status. This effort will facilitate the timely implementation of audit recommendations.

Additionally, we will develop a quarterly report that tracks the number and duration of extension requests per HHS division. This information will be reviewed with executive leadership quarterly.

Deliverables

Deliverable	Target Completion
Develop a tracking system for all audit findings.	December 2019
Implement a monthly report that tracks the number of recommendations not completed on time.	December 2019
Implement a quarterly report that tracks the number and duration of extension requests per HHS division.	December 2019

Goal 3: Analyze and Report on Recommendation Compliance and Trends to Decrease Repeat Findings

Decrease the number of repeat audit findings by 20 percent, or 33 repeat findings. This is a decrease from 164 repeat findings in FY 2019 to 131 repeat findings in FY 2020.

Strategy

The Compliance division will analyze and categorize data on audit recommendations to monitor compliance and identify trends that indicate systemic issues throughout HHS. By tracking and reporting implementation status quarterly, we will mitigate risk of repeat audit findings. Members of the HHS Executive Audit Steering Committee will review audit trends and implement strategies to reduce risks and increase efficiency.

Deliverables

Deliverable	Target Completion
Deliver a quarterly report on the status of audit recommendations.	December 2019 and ongoing
Deliver a quarterly report on trends and repeat audit findings.	December 2019 and ongoing



Goal 4: Enhance Coordination with Program Liaisons to Decrease Disallowed Costs

Decrease the disallowed federal cost after audit resolution in FY 2020 by at least 5 percent by providing additional information to resolve questioned costs. This is an improvement from 0.8 percent (\$802,917) in FY 2019. Disallowed costs are charges to a federal award that the federal awarding agency or pass-through entity determines to be unallowable, in accordance with the applicable federal statutes, regulations, or the terms and conditions of the federal award.

Strategy

The Compliance division will minimize disallowed federal costs by ensuring programs provide sufficient documentation to federal auditors in response to questioned costs. This will be accomplished through enhanced coordination between program liaisons and Compliance division team members.

Deliverables

Deliverable	Target Completion
Develop and implement program liaison coordination processes.	December 2019
Monitor and report quarterly on the decrease in federal disallowed costs.	December 2019 and ongoing



Initiative 12: Technology & Innovation

Technology & Innovation: Leverage Technology and Process Improvement

Background

With countless challenges and demands facing state agencies, especially in a rapidly changing health and human services environment, HHS is focused on streamlining practices, limiting unnecessary expenditures and using technology and innovation wherever possible to maximize efficiencies.

Legislative Spotlight

Over the next year, HHS will leverage funding provided by the 86th Texas Legislature to begin developing a shared HHS business enablement platform and a performance management and data analytics solution. Once fully implemented, these projects will enhance efficiency and effectiveness in program operations and better position us to use data-driven decision-making to leverage opportunities within a wide variety of our programs and systems.

Over the next year, HHS will pursue five overarching goals in support of this initiative.

Goal 1: Enhance Vital Statistics Customer Service

Enhance customer service in the Department of State Health Services (DSHS) Vital Statistics Section (VSS) by implementing projects in FY 2020 that will reduce:

- The number of business days to fulfill online orders for certified copies and verifications of birth records from an average of 31 to 21.

- The number of business days to fulfill online orders for certified copies and verifications of death records from an average of 34 to 21. (This excludes first-time orders made by funeral directors through the Death Certificate Online Application.)
- The number of business days to fulfill mail-in applications for issuance of certified copies and verifications of birth and death records from an average of 49 to 30.
- The number of business days to fulfill mail-in applications for amendments to birth and death records from an average of 48 to 30.

Strategy

VSS receives, sorts, examines and processes more than 2 million vital records requests annually. Over the past several years, an increasing volume of records and customer applications has lengthened processing times to unacceptable levels.

In FY 2020, HHS is reducing processing times and enhancing customer service experience by streamlining VSS processes, adding team members to improve order processing and partnering with the Department of Information Resources (DIR) to expand self-service opportunities as part of the contract with DSHS for Texas.gov, an online application resource. Self-service will allow people who apply for a birth or death certificate to track their order status on Texas.gov.

HHS will reduce average fulfillment times for vital records orders by:

- Performing additional reviews, including a process evaluation to identify and implement efficiencies.

- Improving messaging on the DSHS website and Texas.gov to redirect customers from mail-in applications to online services.
- Implementing self-service order tracking so customers can see the status of their orders.

Deliverables

Deliverable	Target Completion
Conduct initial interviews with VSS staff to assess current workflow.	October 2019
Identify improvements to eliminate inefficiencies and improve workflows.	November 2019
Implement improvements to reduce processing times and educate VSS staff and partners about these changes.	January 2020
Update language on the DSHS public website, including messaging related to processing times for online orders.	February 2020
Update marketing messages about processing times to promote online ordering.	February 2020
Develop marketing and communication strategy for self-service order tracking for both dshs.texas.gov and Texas.gov.	May 2020
Launch marketing strategy for self-service functions.	June 2020
Expand customer self-service functions to support vital records requests.	August 2020

Goal 2: Improve Project Outcomes by Refining the HHS Project Management Framework

Sound oversight and execution of information resources projects help agencies successfully deliver quality projects in scope, on budget and on schedule. The monthly status of a project reflects its overall health status. If a project is in

scope, on budget and on schedule, it is deemed healthy, or low risk. The Information Technology (IT) division is improving the execution of information resources projects to:

- Increase the percentage of major information resources projects (MIRPs), or projects with development costs greater than \$5 million, with a healthy project status by 20.1 percentage points. This reflects an increase from an average of 69.9 percent of projects with this status in FY 2019 to 90 percent in FY 2020.
- Increase the percentage of information resources projects, or projects with development costs of less than \$5 million, with a healthy project status by 3.5 percentage points. This reflects an increase from an average of 94.5 percent of projects with this status in FY 2019 to 98 percent in FY 2020.

Strategy

For fiscal years 2020-21, HHS has 21 MIRPs identified in our biennial operating plan with development costs of more than \$5 million. The State of Texas Quality Assurance Team provides oversight of technology projects and is made up of members from the Legislative Budget Board, DIR, the Comptroller of Public Accounts and the State Auditor’s Office. Projects are periodically assessed to increase the likelihood they will deliver a valued solution based on the scope, quality, cost and schedule commitments made to state leadership. In addition to MIRPs, we will be implementing information resources projects that are smaller in scope and have development costs of less than \$5 million. These projects are assessed internally every month.

HHS recognizes that good, consistent project management is key to maintaining healthy projects. Over the next fiscal year, we will improve project outcomes by refining the IT project management framework, standardizing templates, policies, processes and procedures and expanding our project manager training program. These enhancements will help our information resources projects and MIRPs maintain a healthy status for a greater portion of their project life cycles.

Deliverables

Deliverable	Target Completion
Initiate post-project customer satisfaction survey.	September 2019
Create and implement additional IT foundational project management templates to supplement DIR templates.	December 2019
Create, submit, approve and publish IT foundational project management policies, procedures and processes.	January 2020
Develop and implement a project management training program.	February 2020

Goal 3: Enhance Customer Service for Medicaid Provider Enrollment

Enhance customer service for HHS partners by reducing the time it takes to process complete Medicaid provider enrollment and re-enrollment applications from an average of 54 business days to 15 business days.

Strategy

To deliver and be reimbursed for Medicaid or CHIP services, a provider must enroll with the state and meet additional federal re-enrollment requirements. Initial enrollment can take more than 80 days for paper enrollments with deficiencies and can be burdensome.

To address these challenges, HHS is developing a modernized, streamlined provider screening, enrollment and data management system. Provider use of online enrollment will be a key element of this system.

- In FY 2018, paper enrollment took an average of 54 business days to complete.
- Over the same time, electronic applications, including those with missing information, were processed in 35 business days, or 19 business days faster.

HHS is working with providers to encourage online applications and reduce errors by pre-populating re-enrollment applications. Through these efforts, we anticipate clean online application forms will be processed 72 percent faster, or within an average of 15 business days.

Deliverables

Deliverable	Target Completion
Promote online submissions through provider notifications.	December 2019
Complete outreach to providers about online enrollment application.	March 2020
Establish quarterly provider notification schedules.	June 2020
Evaluate opportunities to improve provider experience in Medicaid and CHIP self-service portals.	July 2020
Develop recommendations to improve provider experience in Medicaid and CHIP self-service portals.	August 2020

Goal 4: Enhance Customer Service for Nursing Facility Licensing and Contracting

Enhance customer service provided to HHS partners by reducing the time it takes to process change-of-ownership requests for nursing facility providers from an average of 175 business days to 103 business days.

Strategy

Texas nursing facilities provide 24-hour nursing care to some of the state’s most vulnerable citizens. Today, the process for nursing facility providers to obtain required licenses and contracts is cumbersome and time-consuming, which has a negative impact on both providers and people who receive nursing facility services.

HHS is reviewing and improving efficiency of change-of-ownership processes to expedite timelines and enhance provider experiences. We expect to process these requests 41 percent (approximately 71 business days) faster than the estimated FY 2019 baseline of 175 business days.

Deliverables

Deliverable	Target Completion
Conduct listening sessions with providers.	October 2019

Deliverable	Target Completion
Complete process evaluation.	February 2020
Deliver targeted training to team members.	June 2020
Implement process improvements.	June 2020
Conduct outreach to providers on process improvements.	June 2020
Initiate monthly process improvement evaluation.	June 2020

Goal 5: Implement the HHS Operational Excellence Process Improvement Plan

Create an HHS-wide culture of continuous improvement and operational excellence by:

- Further developing expertise, with the Office of Transformation and Innovation serving as the system hub for process improvement.
- Establishing a training program to disseminate process improvement expertise across HHS.
- Completing at least 28 process improvement projects in FY 2020.

Strategy

As demands on our system grow, HHS must search for better, more efficient ways to operate and deliver services through ongoing evaluation and improvement. In FY 2020, we are strengthening the expertise of our team members to support a systemwide emphasis on efficiency and excellence. Specifically, our Operational Excellence Process Improvement plan will:

- Provide the Office of Transformation and Innovation team members with Lean Six Sigma or Agile Project Management training and certification.
- Establish a training program, knowledge bank and consultation to support process improvement activities across the HHS system.
- Apply the Office of Transformation and Innovation’s expertise in process improvement, change management and project management to effectively prioritize and complete high-value process improvement projects determined to be critical to HHS.

Deliverables

Deliverable	Target Completion
Complete a review of HHS process improvement needs.	December 2019
Implement a system for accepting, prioritizing and tracking our process improvement project needs.	January 2020
Implement at least quarterly a project need evaluation and project health tracking processes.	February 2020
Provide advanced process improvement training and associated certifications for team members.	March 2020
Establish process improvement training program, toolkit and knowledge bank.	May 2020
Evaluate plan impact and adjust as necessary.	June 2020

HHS Spotlight



Emergency Preparedness

HHS has a continual improvement approach to emergency response. We are implementing legislation including Texas House Bill 6, Senate Bill 6 and laws that focus on improving communications during emergency events (House Bill 2325), improving partnerships between state and local governments and communities (Senate Bill 285 and House Bill 2325), assessing and improving the case management process and improving timely access to critical services during an emergency (House Bill 2330).



Conclusion

Looking Forward to FY 2021

“Making a positive difference in the lives of the people we serve” is not just a statement. It is our vision, and it truly informs the values that guide each and every HHS team member day in and day out.

Blueprint for a Healthy Texas recognizes the pathway to success includes not only HHS team members throughout the state, but also legislators, other state and federal agencies and an array of clients, advocates, providers and vendors.

The communication, focus and accountability this business plan provides will better enable each member of #TeamTexasHHS to work as one in a coordinated effort to improve our operations, enhance the quality of our services, achieve better outcomes and ultimately change lives.

The FY 2020 initiatives, goals and deliverables will be reported on in the next business plan. Input from our internal and external partners will be used to inform the initiatives, goals, strategies and deliverables that HHS pursues in the FY 2021 plan and beyond. For HHS, this business plan is a great start, and we will continue to make progress because this is only the beginning. Over the next fiscal year, we will develop and improve the ways that internal and external partners contribute to the plan.

Your partnership is critical to our effectiveness and accomplishments, and we will keep you apprised of how we are progressing. We look forward to working with you to improve the lives of the people we serve.

