



HHS Business Plan Outcomes

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2020



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

BLUEPRINT FOR A HEALTHY TEXAS



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TEXAS
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Introduction

In its inaugural business plan, Blueprint for a Healthy Texas, HHS set forth its priorities for fiscal year 2020 and beyond. These strategic initiatives, goals and objectives outline measurable enhancements in our efficiency, transparency and service delivery as we continue to make a positive difference in the lives of the people we serve.

As the COVID-19 pandemic significantly impacted what we consider “business as usual,” our team members have continued striving to meet the plan’s goals while diligently rising to the challenge of helping lead the state’s COVID-19 response by adapting, expanding and continuing essential services to Texans during a time of immense need.

This summary recounts the progress of all goals and deliverables established in Blueprint for a Healthy Texas. HHS’ rapid pivot to focus on the state’s COVID-19 response, while still moving forward on initiatives in the business plan, clearly shows a highly responsive and nimble organization that has harnessed our agencies’ dedicated leadership and workforce to re-envision the ways in which we achieve our mission and vision.

Summary

Goal status was determined by the progress made toward meeting the targeted metrics in the original Blueprint for a Healthy Texas goal statements, where applicable. Deliverable status was determined by the completion of milestone activities outlined for each goal in Blueprint for a Healthy Texas. Overall, we met or exceeded our targets for 32 goals in the business plan.

HHS' progress on meeting the objectives of the inaugural business plan was significantly impacted beginning in March 2020 by the global COVID-19 pandemic. Within the context of a full system response to the pandemic, HHS was also able to achieve positive outcomes for many initiatives, goals and objectives in the business plan.

Almost every goal was in some way directly impacted by our robust response to COVID-19, whether due to redirection of resources, personnel or the prioritization of duties to protect public health and safety.

Pandemic Response

While this report itemizes the results of every initiative, goal and objective, it is critical to view each outcome in the context of key actions taken by HHS in our response to this unprecedented public health emergency. Here are notable achievements related to HHS' COVID-19 response and the work we accomplished while striving to meet the goals outlined in Blueprint for a Healthy Texas:

- The Texas Department of State Health Services (DSHS) has been at the forefront of the pandemic, collecting, analyzing and reporting infection data, spearheading testing efforts, ensuring hospitals have resources to care for the sick and informing the public on health and safety best practices.
- DSHS coordinated local and state public health efforts and oversaw lab testing and the allocation of medications, medical supplies and personal protective equipment to health care providers statewide. DSHS also supported sending medical staff to hospitals and nursing facilities in hard-hit areas, provided public health guidance to local officials and businesses, and launched a public awareness campaign with key stakeholders distributed through numerous media outlets. DSHS is also quickly working to safely and appropriately distribute COVID-19 vaccines.
- The Health and Specialty Care System (HSCS) worked diligently to recruit and retain staff when many health care facilities experienced significant staffing shortages. HSCS quickly switched to virtual platforms for recruiting events, such as virtual job fairs and Facebook Live recruiting sessions, ran incentive programs for staff who reported to work (as long as they were healthy) and supported our health care heroes through signage and appreciation events. HSCS continues to receive a high volume of applications — about 11,860 applications a month in 2020.
- Several facilities began pen pal programs to lift the spirits of state supported living center residents and state hospital patients who couldn't see family and friends because of the pandemic. The facilities also increased the number of mobile devices available and trained family members on making video calls to make sure they could see their loved ones.
- HSCS began developing its infection control plans before the COVID-19 pandemic reached Texas and continued with staff reviewing medical literature updates daily and communicating best practices and new ideas continuously.
- In the first three weeks of May, HSCS conducted more than 20,000 COVID-19 tests. Facilities have continued testing regularly. HSCS began administering vaccines to staff in mid-December.

- HHSC saw a 263 percent increase in new Supplemental Nutrition Assistance Program (SNAP) applications in April 2020 compared to April 2019. To make sure eligible Texans had access to food during the pandemic, HHSC sought three SNAP waivers from the U.S. Department of Agriculture's Food and Nutrition Service. Additionally, HHSC Access and Eligibility Services (AES) utilized technology and telecommuting to avoid disruptions in providing services and worked with community partners to communicate eligibility changes to the public. AES was recognized by ADvancing States, a national advocacy group, for our handling of SNAP benefits for Texans during the pandemic.
- To help safeguard Texans, HHSC launched a statewide pilot program allowing SNAP recipients to choose the option of buying groceries online at participating stores for curbside pickup or delivery.
- AES issued over \$800 million in pandemic food benefits for almost 3 million children who lost access to free or reduced-priced lunch due to school closures during the 2019-2020 school year. Families already receiving SNAP benefits who had eligible children automatically received these P-EBT benefits (over \$380 million) on their Lone Star Cards. AES processed more than 1 million applications.
- To ensure no disruption of services and help team members telework seamlessly, the Information Technology department deployed laptops to employees and set up virtual private network access and GoToMyPC accounts. As of Sept. 30, 2020, IT issued 21,779 laptops with VPN access and 1,388 GoToMyPC accounts.
- Our Intellectual and Developmental Disability and Behavioral Health Services team helped launch the statewide COVID-19 Mental Health Support Line on March 31. Through December 2020, almost 10,000 Texans from 189 counties called the toll-free, 24/7 support line.
- From mid-March through November 2020, 2-1-1 call centers took more than 190,949 calls about COVID-19, providing Texans with information on everything from rent, utility and food assistance to information on testing.
- The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and its providers across the state responded to the pandemic by developing new and innovative service delivery models, including drive-thrus and curbside service, to reduce the need for in-person contact.
- Through Medicaid and CHIP Services, AES and Regulatory Services, HHSC put in place nearly 20 emergency rules, requested about 70 federal and state waivers and sent dozens of guidance documents to providers and facilities that we regulate. Every one of these COVID-19-related actions has an

essential purpose — to minimize the disruption caused by the pandemic and maximize the safety of our team members and everyone we serve.

- The Learning Resource Network revamped its operations to offer virtual instructor-led trainings to help HHSC and Department of Family and Protective Services employees hone their skills remotely or at their workplaces. To provide employees with convenient and quick training, LRN also developed 30-minute micro-learning sessions.
- Working with various organizational support departments and partner organizations, HHSC and DSHS programs hosted several conferences virtually this year so participants could continue to receive important updates and training.
- HHSC applied for and received more than \$20 million from the Federal Emergency Management Agency's Regular Services Crisis Counseling Program for disaster crisis counseling services for Texans affected by the pandemic. The grant allows HHSC to connect an additional 240,000 Texans with help.
- HHSC awarded almost \$125 million in substance use disorder treatment grants to 100 organizations, including governmental entities, local mental health authorities, nonprofit, for-profit and faith-based treatment providers. The grants provide prevention, intervention and treatment services for individuals at risk for substance use disorders.
- HHSC awarded \$45 million in grants through the Community Mental Health Grant Program to support mental health services and projects throughout Texas. The grants will be given out over two years and will support expanding outpatient care, crisis respite, crisis stabilization and extended observation services, all of which will promote recovery and improve patients' quality of life.
- HHSC programs have prepared materials for and hosted numerous COVID-19 webinars for providers and facilities, providing training — and answering live questions from participants — on a variety of emergent issues, such as emergency rules, PPE and infection prevention and control practices, emergency preparedness, maintaining mental health, managing volunteers, reporting guidance, regulatory issues and many other topics.
- HHSC Communications edited more than 400 COVID-19-related communications, many with urgent timelines, to ensure that providers and the public have clear, accurate and succinct information on issues relating to the pandemic. From January to December 2020, HHSC Communications completed 516 COVID-19-related translation requests totaling 191,985 words and answered 2,295 media inquiries related to COVID-19.

HHS has worked, and will continue to work, tirelessly with legislators and our provider and service partners to advance our shared priorities to make measurable improvements to the health and well-being of Texans in FY 2021 and beyond. We are proud of our team members for their tenacity and endurance during this challenging time, and we remain committed to making a positive difference in the lives of the people we serve.

2020 Initiatives

Initiative 1: Behavioral Health: Enhance Behavioral Health Care Outcomes

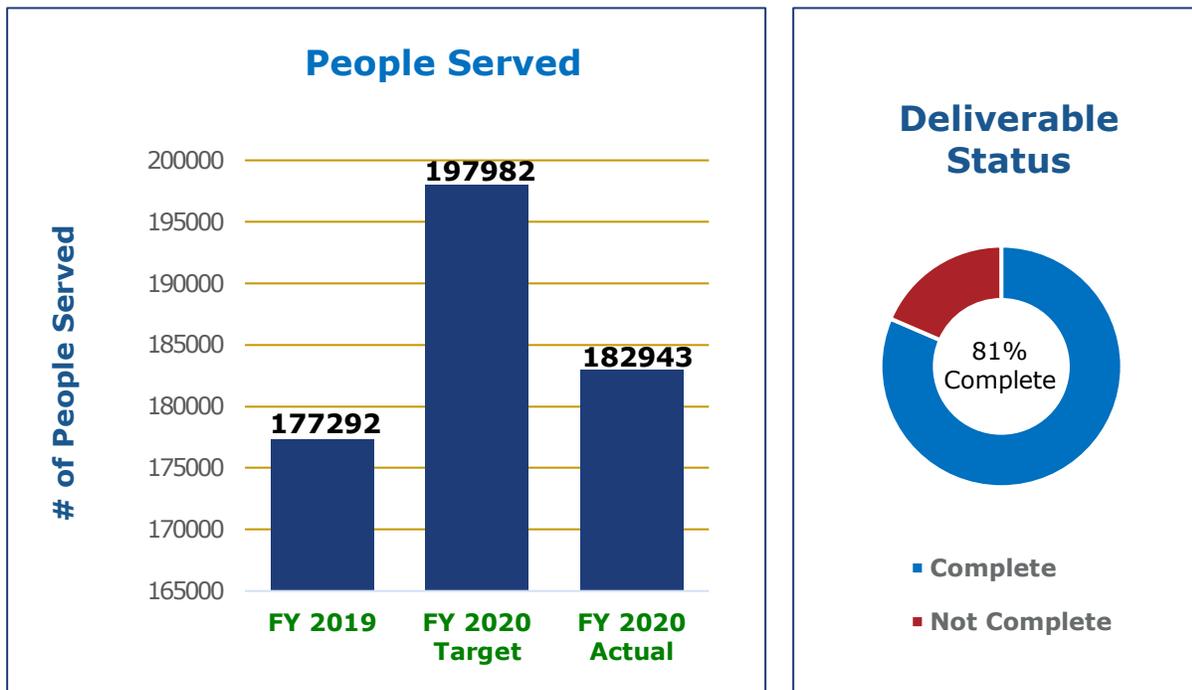
The Texas behavioral health continuum of care is an array of services designed to meet the mental health and substance use needs of Texans at the right time and place. Whether by improving access to inpatient psychiatric care, increasing capacity for community-based services, or addressing substance use disorders through prevention, intervention and treatment services, HHS strives to provide a coordinated response system of service delivery across all populations.

The Texas Legislature made a significant investment in community-based and inpatient mental health and substance use services, which has contributed to the advancement of strategies to address gaps outlined in the Statewide Behavioral Health Strategic Plan. This entailed the expansion of substance use treatments and enhanced capacity in community-based mental health outpatient services and inpatient services at state hospitals. Additionally, HHSC explored a step-up/step-down resource option pilot program to help reduce the need of inpatient care and provide viable community residential options for individuals discharged from inpatient care.

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

Goal Status: Not met

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. *Note: The originally published goal as stated above contains a discrepancy in the way the baseline numbers were calculated. Corrected baseline numbers as represented in the graph below were used for goal attainment reporting.*



Goal and Deliverable Overview

Despite setbacks related to COVID-19 and some challenges with the methodology used to calculate these measures and targets, HHS completed a majority of the deliverables and made positive progress toward the goal of expanding capacity of community-based behavioral health services. In FY 2021, we will continue to assess and address impacts of COVID-19 to ensure access to these important services.

Background

HHS is committed to providing access to an effective behavioral health system to ensure each person receives optimal supports and services when they need them. Historical service data shows community-based mental health services are effective and result in positive health outcomes, therefore HHS sought to increase access to these services across the continuum. The 86th Legislature provided additional funding for improvements to expand capacity in community-based mental health outpatient services and to reduce and eliminate waiting lists for mental health services. Strategies include the expansion of coordinated specialty care, residential treatment centers, substance use intervention services to high-risk pregnant and postpartum women, substance use treatment, and recovery services to women and their families.

Goal and Deliverable Summary

In FY 2020, HHS committed to increasing access to community-based mental health services across the continuum, which includes six distinct programs: three

mental health programs and three substance use disorder programs. To accomplish this goal, HHS sought to use additional funding to expand capacity in community-based mental health outpatient services and to reduce and eliminate waiting lists for mental health services. While the FY 2020 target was not met, the additional funds are expected to continually improve capacity of services. Several issues were encountered that impacted goal success, including:

1. Data methodology issues involving how original baselines and ongoing utilization were calculated were identified and resolved. It was discovered that the mental health programs identified increased capacity based on actual projections, while substance use disorder programs used contract targets. Measurement methodology for tracking ongoing utilization for FY 2020 was changed to capture an average of all months in the series. In addition to programmatic factors, both methodology issues contributed to the measure performing below projected targets.
2. Providers did not receive funds to increase capacity until April 2020, making it difficult to serve significantly more clients before the end of FY 2020.
3. The COVID-19 pandemic significantly affected the delivery of mental health and substance use services. Obtaining appropriate personal protective equipment caused delays in service delivery in some areas. Due to the impact of COVID-19 and potential of viral spread, providers made several adjustments to comply with state and federal guidelines, including:
 - ▶ Decreasing capacity at residential facilities to promote social distancing.
 - ▶ Adjusting office hours to allow for cleaning.
 - ▶ Limiting the number of staff and clients allowed in agency buildings to mitigate viral spread.
 - ▶ Setting up employees to work virtually by ensuring access to agency phones, computers and internet.
 - ▶ Shifting to the use of telephone and other virtual platforms to provide services; for some providers this involved obtaining necessary equipment to perform telehealth services.

In addition, COVID-19 impacted certain implementation deliverables, such as providing quarterly training to substance use intervention, treatment and recovery support to ensure that the "Seeking Safety" curriculum would be delivered effectively.

From a data perspective, mental health service encounters declined congruent with COVID-19 impact, but in the month of June, increases were seen in the number of services encounters, adults served in a full level of outpatient care and calls received by the crisis hotlines. Substance use disorder services have also been impacted by COVID-19. Substance use residential and outpatient service

encounters have declined by 12.8 percent and 19.8 percent respectively, but substance use assessments began to increase between the months of April and June. Staff will continue to assess the impact of COVID-19 for both mental health and substance use disorder providers.

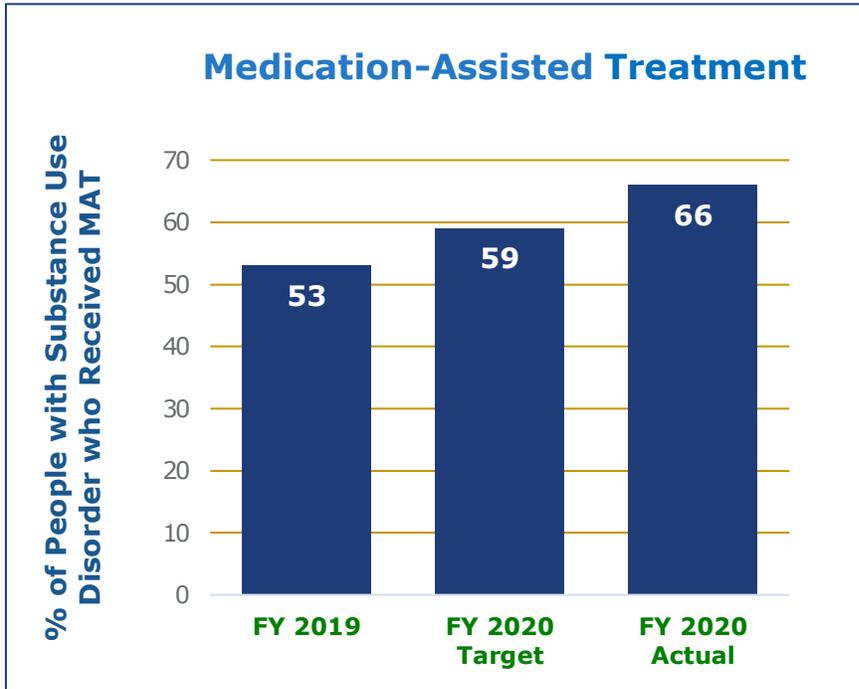
Evaluation of Medicaid managed care serious mental illness (SMI) service delivery patterns was completed; however, extension to the Rider 33 legislative report was requested to support variances between local mental health authorities and other service providers. The evaluation report was submitted in 2020.

For FY 2021, the FY 2020 measures for this goal will be modified to capture the cumulative year-to-date, unduplicated number served rather than the unduplicated average monthly number served. The modified measures will provide a more useful means to capture service delivery to persons in the community. Targets set for these measures will be adjusted accordingly. Staff do not anticipate difficulty meeting measures related to residential treatment centers (RTCs). Despite COVID-19, youth continue to be served in RTCs. Additionally, program services staff is working with RTCs to accept youth who are challenging to serve, which has been an issue in the past.

Goal 2.1: Reduce Negative Health Outcomes Associated with Opioid Use

Goal Status: Met

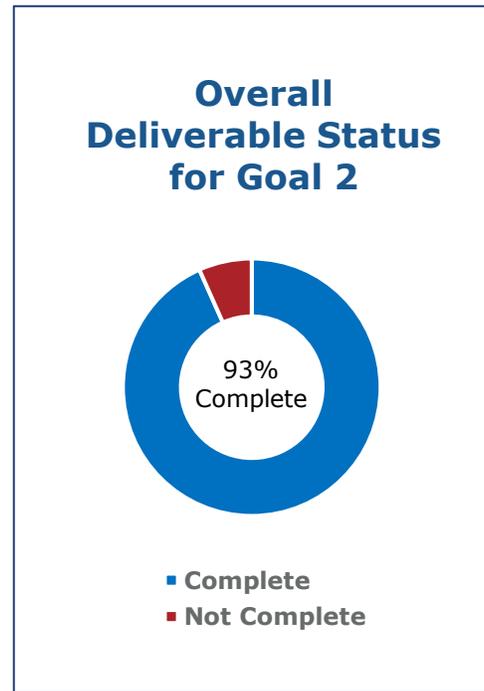
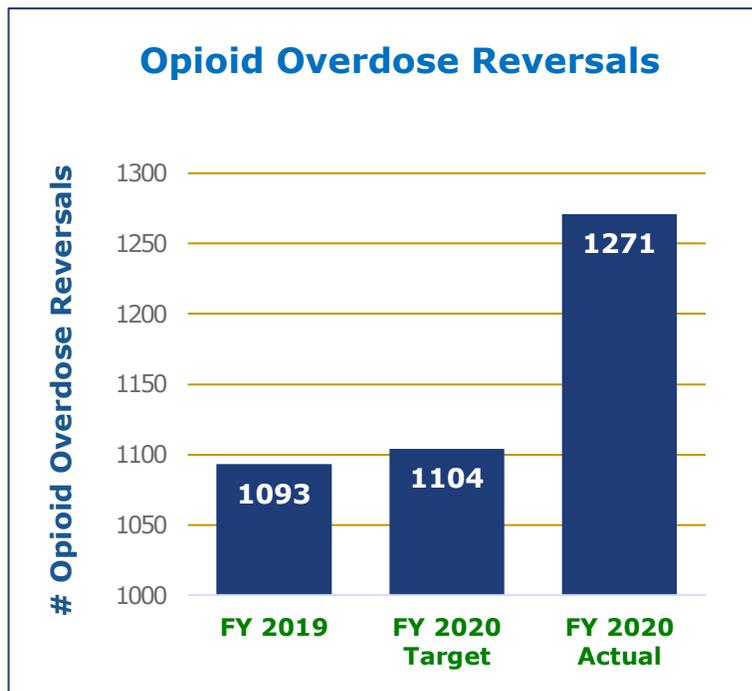
Reduce negative health outcomes associated with opioid use through increasing the number of people receiving state-funded treatment for an opioid use disorder who receive medication-assisted treatment (MAT) from 53 percent in FY 2019 to 59 percent in FY 2020. In FY 2019, Texas served 9,560 people with opioid use disorder; 5,023 of them received MAT.



Goal 2.2: Reduce Negative Health Outcomes Associated with Opioid Use

Goal Status: Met

Reduce negative health outcomes associated with opioid use through increasing the number of successful reported opioid overdose reversals 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 higher. *Note: Goal 2.2 FY 2019 data in the published plan was based on estimated times. Actual baseline data was determined to be 1,093 reported opioid overdose reversals and was used in subsequent tracking and reporting.*



Goal and Deliverable Overview

At the end of the fiscal year, HHS was successful in exceeding FY 2020 goal targets, increasing the use of both MAT and the number of overdose reversals in the community. Moving forward, HHS plans to continue to improve and implement targeted interventions to deliver these services to individuals with the highest need.

Background

The Texas behavioral health continuum of care is an array of services designed to meet the mental health and substance use needs of Texans at the right time and place. 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 response system of service delivery across all populations.

Over the last several biennia, the Texas Legislature made a significant investment in community-based and inpatient mental health and substance use services, which have contributed to the advancement of strategies to address gaps outlined in the Statewide Behavioral Health Strategic Plan. This entailed the expansion of substance use treatments and enhanced capacity in community-based mental health outpatient/inpatient services at state hospitals. Additionally, HHSC explored a step-up/step-down resource option pilot program to help avoid inpatient care and

provide viable community residential options for individuals discharged from inpatient care.

Goal and Deliverable Summary

From May 2017 to August 2020, Texas received more than \$280 million in federal funding awards to fight the opioid crisis. The funding helped address unmet treatment needs and overdose death rates in Texas. People have received prevention, treatment or recovery support services through treatment, peer coaching services, disposal of prescription drugs and overdose-related emergency response services.

For FY 2020, HHSC committed to reduce negative health outcomes associated with opioid use by focusing efforts on preventing, treating and recovering from opioid misuse. At the end of the fiscal year, HHSC was successful in exceeding FY 2019 numbers and its FY 2020 goal as evidenced by an increase in the use of MAT, along with an increase in the number of overdose reversals in the community. The effort was supported by 29 provider trainings on overdose reversal held across several Texas cities from September 2019 to June 2020, resulting in the training of over 1,000 providers. To date, 79,000 overdose reversal medication kits were distributed to traditional and non-traditional first responders, along with over 180,000 safe disposal pouches distributed to coalitions and consumers, exceeding established targets for FY 2020.

Continuing the momentum in FY 2021, HHSC plans to use a new methodology to identify people with opioid use disorder. The new approach will better identify a person's primary diagnosis associated with their reason for beginning treatment. This will ensure established measures target the proportion of people receiving evidence-based treatment out of the population for which this treatment is most clinically appropriate.

HHSC will continue monitoring and reporting on MAT use and progress on overdose reversals using higher updated targets based on FY 2020 progress. Programs with MAT induction components will focus on increasing the number of people entering long-term, evidence-based treatment from non-traditional settings. These settings include opioid drop-in centers, EMS and Mobile Crisis Outreach Team events, family planning clinics, prison and in-patient hospital services. Evaluations will be conducted of MAT induction programs and success in achieving long-term MAT treatment and recovery engagement. Overdose reversal training, naloxone distribution and medication disposal pouch distribution will also continue.

Impacts from the COVID-19 pandemic delayed finalization of a plan to incentivize provision of evidence-based treatment. Restrictions impeded developing the plan in accordance with the Centers for Disease Control and Prevention's comprehensive, multistep framework that relies on continuous stakeholder education and engagement. The plan is expected to be completed by the end of January 2021.

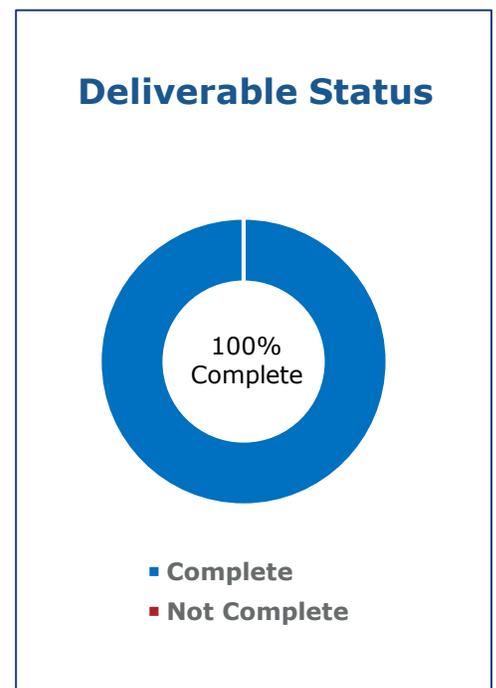
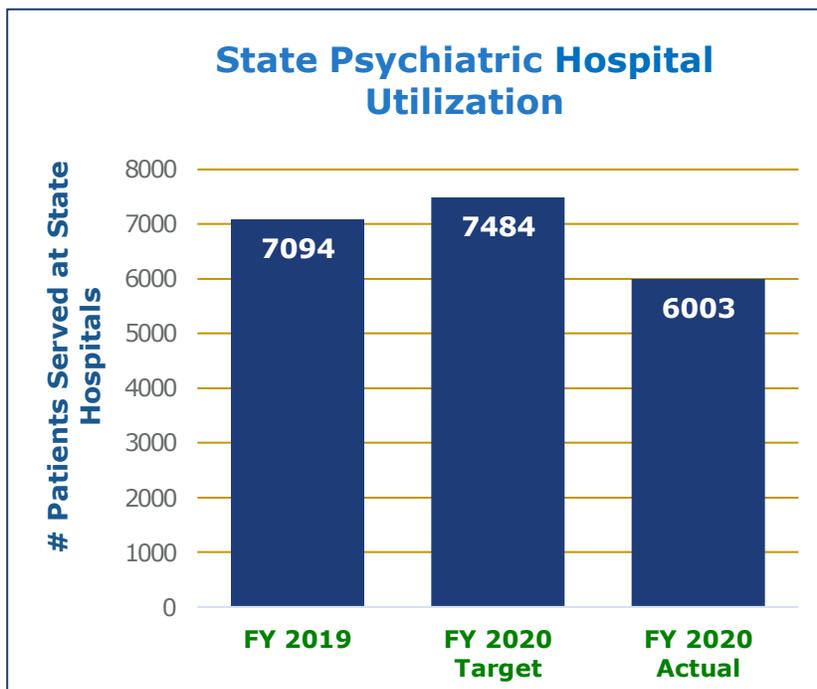
Submission of the Medicaid State Plan Amendment (SPA) to allow a pharmacist to administer long-acting injectable antipsychotics was delayed due to the complexity of the fiscal analysis. The Centers for Medicare and Medicaid Services (CMS) had various questions and suggested changes that extended the timeline, but the new benefit was announced via a provider notice on Aug. 27, 2020, and became effective Sept. 1, 2020. An education and outreach campaign on pharmacist administration of long-acting injectable antipsychotics began in April 2020, including website announcements, updates to provider procedure manuals and quarterly stakeholder meetings. For future pharmacy benefit expansions, HHSC Medicaid and CHIP Services (MCS) will consult with CMS in advance of the Medicaid SPA submission to help clarify the state’s request and any federal expectations with a goal of reducing the overall timeline to gain approval.

The education and outreach campaign on pharmacist administration of long-acting injectable antipsychotics will occur throughout FY 2021 to further promote the benefit. Activities include website reminders and quarterly stakeholder meetings.

Goal 3: Increase Access to State Psychiatric Hospitals

Goal Status: Not met

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.



Goal and Deliverable Overview

HHS completed all planned deliverables for this goal. However, due to spacing requirements related to COVID-19, state hospitals had to reduce capacity and therefore could not meet our targets related to increased utilization. Moving forward, HHS is dedicated to first ensuring the safety of patients and then will reevaluate its average daily census goals to meet those safety needs.

Background

Mental illness is a growing public health concern, and our state psychiatric hospitals play an important role in meeting the need for treatment of and services for people with serious mental illness — including children, adolescents, adults and patients admitted by forensic commitment. State hospitals provide treatment and services to individuals, with the goals of restoring them to competency so they can engage in judicial proceedings for criminal charges and supporting patients in their recovery to safely return them to treatment services available in their communities. HHS is committed to improving access to these services by increasing inpatient care capacity and improving clinical and administrative operations. Strategies include adding beds to increase access; working with university, local mental health authority (LMHA) and local behavioral health authority (LBHA) partners to implement transition review panels for complex discharges; and standardizing state hospital policies, procedures, tools and training for forensic evaluations.

Goal and Deliverable Summary

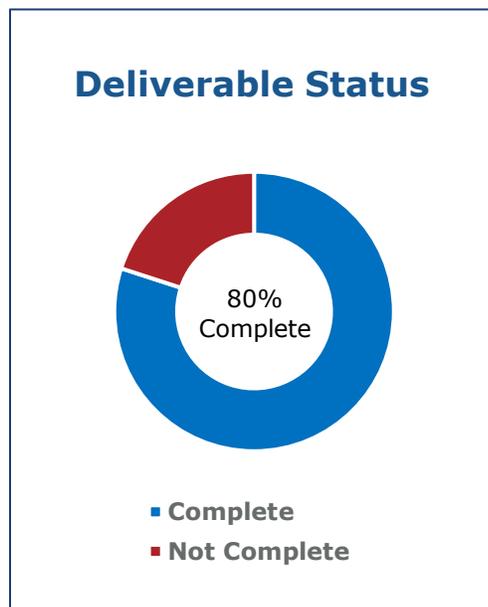
All administrative deliverables were completed, and the number of people served increased during the first portion of FY 2020. Through March 2020, the state hospitals served 5,088 people, which was more people than were served to that point in 2019. The numbers sharply declined beginning in April 2020 due to the hospitals' response to the pandemic.

The state hospitals' response to COVID-19 required changes that affected the census. The state hospitals reduced the number of people being served in each unit to allow for more social distancing and created isolation spaces to monitor and treat patients who have symptoms of or test positive for COVID-19. The changes made to comply with state and federal guidelines to prevent the spread of COVID-19 resulted in a lower average daily census for the latter portion of the fiscal year. In turn, the state hospitals have served fewer people than planned. Moving forward, the state hospitals will adjust unit spacing to best meet the needs of people served and will reevaluate operational needs for maintaining space for isolation and treatment units to ensure a safe environment for patients and will require evaluating changes to the average daily census goal.

Goal 4: Transition to Step-Down Options

Goal Status: Not met

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



Goal and Deliverable Overview

Despite challenges related to COVID-19, HHS successfully completed most of the deliverables for this goal. In FY 2021, HHS will evaluate the availability of funds and continue working on this goal by beginning the transition of patients, based on available funding.

Background

HHS is committed to providing appropriately structured supportive services in Texas based on the person's physical and psychiatric needs. This includes an evaluation of social interactions, meaningful activities and the skills needed for independent living and developing a discharge plan the moment a person enters a hospital. A primary function of state hospitals is to provide inpatient psychiatric treatment for psychiatric stabilization prior to transitioning to treatment services available in communities and coordinated through the LMHA and other service providers. Through interdepartmental collaboration between HHSC's Intellectual and Developmental Disability and Behavioral Health Services and its Health and Specialty Care System, HHSC is developing a pilot program for an alternative step-

down residential services option for people who can transition out of state hospitals and into a more appropriate care setting.

Goal and Deliverable Summary

HHSC successfully completed most of the deliverables for this goal, which included identifying effective transition models, selecting interested LMHAs and LBHAs, assessing patient need and matching them to the appropriate service model, and developing a funding proposal. The funds that were originally designated for implementing the step-down services were needed to meet the COVID-19 resource needs of the state hospitals. HHSC was able to identify other available funding to support the initial phase of the pilot project and has amended the contract for Bluebonnet Trails Community Services mental health authority to initiate activities at the first pilot site.

In FY 2021, HHSC will evaluate the availability of funds and continue working on this goal by beginning to transition patients, based on available funding. After a successful transition of 20 patients, HHSC expects to scale the model to serve the needs of more patients.

Initiative 2: Disabilities: Increase Independence and Positive Outcomes for People with Disabilities

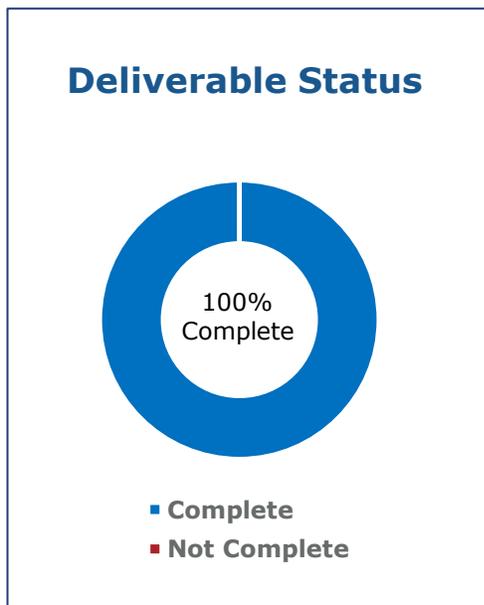
HHSC supports people with disabilities who face unique challenges throughout their lives and often have complex medical, behavioral, physical and social needs. Given the complexity of a person’s needs and the spectrum of HHS programs, it can be challenging to navigate the state agencies and local entities supporting the continuum of care. HHSC recognizes the benefit of a more cohesive system and continual efforts and strategies to implement a comprehensive approach to meet the long-term needs of people with disabilities.

Through efforts like the Texas Promoting Independence initiative, Money Follows the Person Demonstration, and leveraging state and federal funds to expand access to community-based services and transition and divert people from institutions, HHS helps people with disabilities live productive, meaningful lives in the most integrated settings possible.

Goal 1: Develop a Disability Services Action Plan

Goal Status: Met

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



Goal and Deliverable Overview

HHS successfully met the deliverables and developed the Disability Services Action Plan despite COVID-19 and the associated public health emergency.

Background

Goal 1 of Initiative 2 creates a path for continued system improvements for people with disabilities by incorporating feedback from clients, advocates and providers.

In this goal, HHS committed to develop, by Aug. 31, 2020, a Disability Services Action Plan with recommendations on how the agency would:

- 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 the plan, HHS committed to several deliverables aimed at incorporating stakeholder voices, particularly people with disabilities and their loved ones. The deliverables, as completed, include:

- Conduct a system improvement survey to obtain insight on disability services and experiences navigating the system.
- Establish quarterly work group meetings to support the development of an action plan, providing ongoing feedback and ideas for program improvement.
- Hold six partner listening sessions in rotating locations around the state.
- Publish an inventory of programs and services for people with disabilities on the HHS website.
- Share a draft plan with partners based on agency evaluation of listening sessions, survey results and internal review.
- Publish a final action plan, including recommendations and future initiatives.

Goal and Deliverable Summary

HHS staff hosted seven disability listening sessions across the state to gain insight from clients, providers and advocates about their experiences and challenges navigating HHS, as well as opportunities to improve.

Through the feedback received, and research and information from several other agency reports, HHS identified achievable opportunities to improve agency coordination to make it easier for individuals, families and providers to navigate the HHS system for disability services. In all, 27 recommendations across four

initiatives were found to be achievable within one to five fiscal years. The initiatives include:

- Training and support
- Communication
- Policy and rules
- System redesign

Beginning in FY 2021, phase two of the Disability Services Action Plan will undergo additional evaluation to determine when, over the next five years, implementation will occur. Each recommendation slated for implementation will have to meet the following criteria:

- Have a variety of ongoing projects across the disability continuum and across disability communities.
- Have general feasibility.
- Balance internal resources, such as fiscal impact and staff bandwidth.

Additionally, feedback from the Promoting Independence work group, attendees of the disability listening sessions and public comment will be taken into consideration when determining which recommendations to implement.

Status reports of each implemented project will be published on the HHS website.

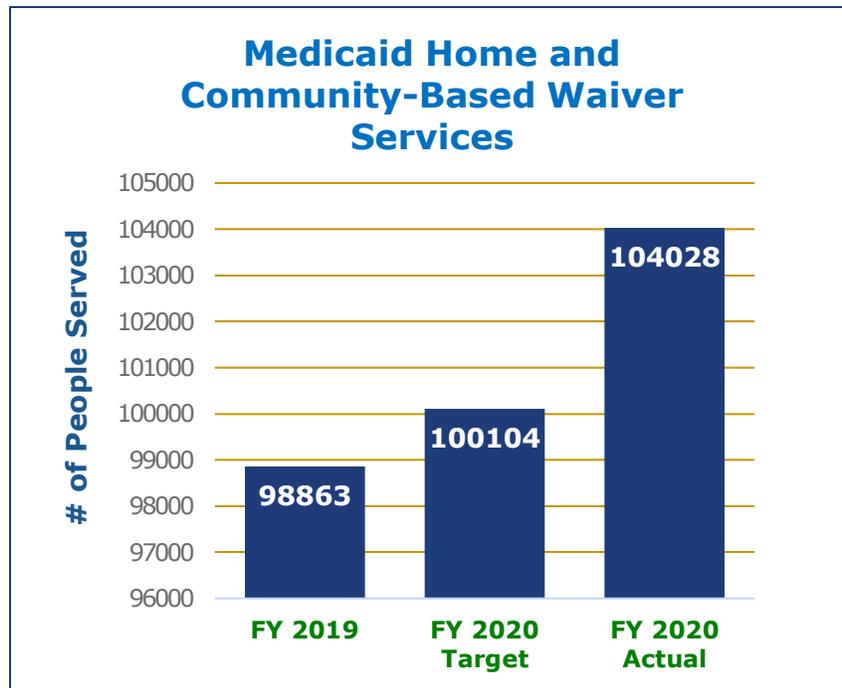
The chief program and services officer established a disability services coordinator position to oversee implementation of phase two of the plan. The coordinator will focus on achieving long-term system improvements and initiatives serving the disability community through programming, services provided and support. In addition, the coordinator will strengthen continued engagement with internal and external partners faced with new and ongoing critical issues related to disability services.

HHS successfully met the deliverables despite COVID-19 and the associated public health emergency.

Goal 2.1: Provide Immediate Enhancements to Agency Disability Services Policy and Process

Goal Status: Met

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.



Goal and Deliverable Overview

HHS successfully provided Medicaid home and community-based waiver services to an additional 5,165 people, well beyond the goal of 1,241.

Goal and Deliverable Summary

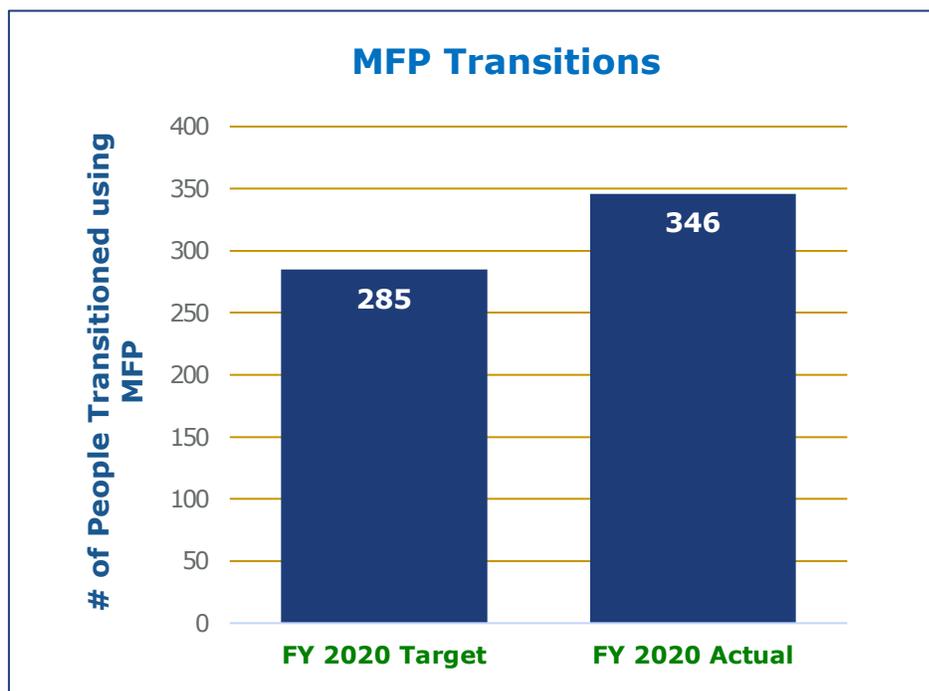
With the additional funding appropriated by the 86th Legislature, HHS was able to expand provision of home and community-based waiver services to more people than initially forecasted. HHS achieved the goal of enrolling 1,241 new slots to be filled during FY 2020 in November 2019. As of July 2020, HHSC served an additional 3,326 slots over and above the targeted 1,241 slots in FY 2020.

HHS will continue efforts to increase client access to waiver services aligned with funding availability in FY 2021. HHS waiver program areas will continue monthly meetings to discuss funding availability and solutions to waiver slot challenges.

Goal 2.2: Provide Immediate Enhancements to Agency Disability Services Policy and Process

Goal Status: Met

Promote independence and improve access to services and supports for people with disabilities to live in the most integrated settings by moving at least 285 people from nursing facilities to the community using Money Follows the Person (MFP) Demonstration funding. A total of 346 people transitioned in FY 2020, exceeding the targeted goal.



Goal and Deliverable Overview

HHS exceeded the goal by transitioning a total of 346 people from nursing facilities to the community during FY 2020.

Goal and Deliverable Summary

HHS completed all deliverables and exceeded the target measure by successfully transitioning 346 people from nursing facilities to the STAR+Plus Home and Community-Based Services (HCBS) waiver program. Despite challenges brought on by the COVID-19 pandemic that limited in-person interactions, HHS and external partners were successful in meeting this goal by continuing efforts through web-based means and implementation of flexibilities in the Medicaid program.

Lessons learned in FY 2020 include:

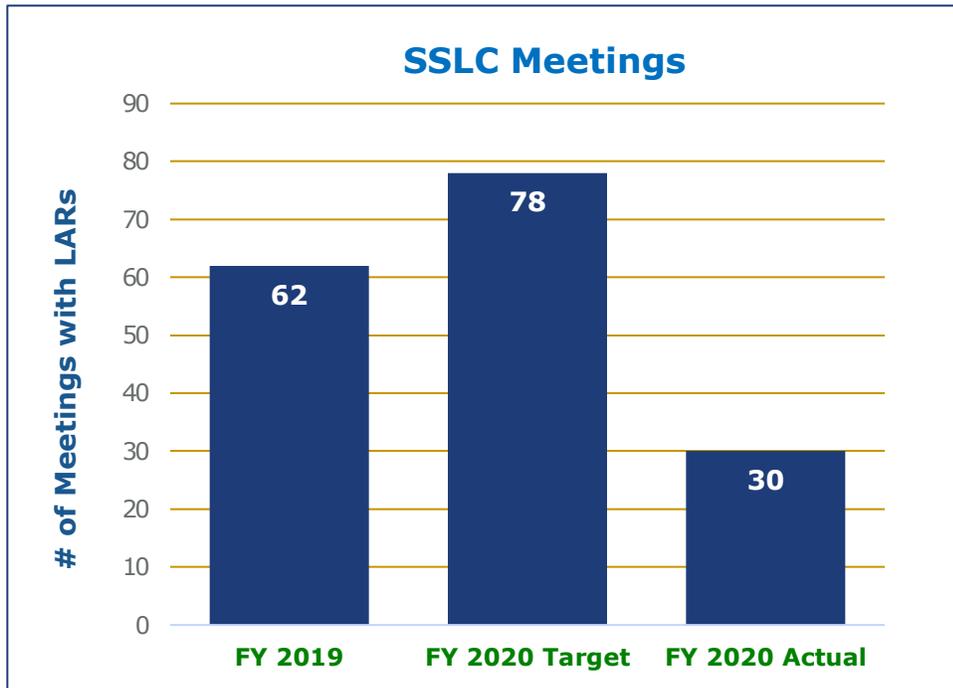
- Due to uncertainty of federal funding for MFP, HHS previously paused MFP Demonstration efforts. Educating all impacted entities was essential to success since we were reinitiating a process that had ended.
- Including both Promoting Independence and MFP Demonstration-related transitions and related supports, such as housing needs, shows HHS' commitment to the Promoting Independence Plan.
- Educating all impacted entities about the MCO's role related to durable medical equipment and relocation is critical.

In FY 2021, HHS will continue tracking transitions for both transition types as well as the related supports that make a transition most successful.

Goal 2.3: Provide Immediate Enhancements to Agency Disability Services Policy and Process

Goal Status: Not met

Promote independence and improve access to services and supports for people with disabilities to live in the most integrated setting by increasing engagement with state supported living center (SSLC) residents' families and legally authorized representatives (LARs). This will result in 16 additional meetings with residents' families and representatives, an increase from 65 meetings in FY 2019 to 78 in FY 2020. *Note: The FY 2019 baseline of 65 meetings was corrected to 62 for reporting and tracking, following publication of the plan. No adjustments were made to the target.*



Goal and Deliverable Overview

Most deliverables were met, and the SSLCs held 30 events to engage SSLC residents’ families and LARs. Changes were required to adapt to the COVID-19 pandemic. Some virtual events have still been held by the SSLCs, but with a focus on maintaining and building relationships while the campuses were closed to visitors. Once the pandemic has improved, the SSLCs will begin meeting with SSLC residents’ families and LARs in person.

Goal and Deliverable Summary

Most deliverables were met, and the SSLCs held 30 events to engage SSLC residents’ families and LARs. Changes were required to adapt to the COVID-19 pandemic. Some virtual events were still held by the SSLCs, but with a focus on maintaining and building relationships while the campuses were closed to visitors. Once the pandemic has improved, the SSLCs will begin meeting with SSLC residents’ families and LARs in person.

HHS staff collaborated with local IDD authorities (LIDDAs) and nursing facilities to address common barriers to living in community-based settings. Specifically, HHS collaborated with community centers to define barriers, best practices, available tools and outcome measures for providing mental health services to people with IDD. The learning collaborative identified state and national best practices to pilot in Texas for the next fiscal year. In the development of the pilot for mental health services for people with IDD, research and reporting on best practices took longer

than anticipated. In the future, additional time would be built into the timeline for these tasks.

In addition, in June 2020, HHS released Guidelines for Determining Less Restrictive Settings to LIDDAs and conducted trainings in August and September 2020 with a focus on barriers and how transition support teams can be utilized to address barriers to transition from an institutional setting. These trainings were scheduled late in the fiscal year due to competing priorities related to COVID-19.

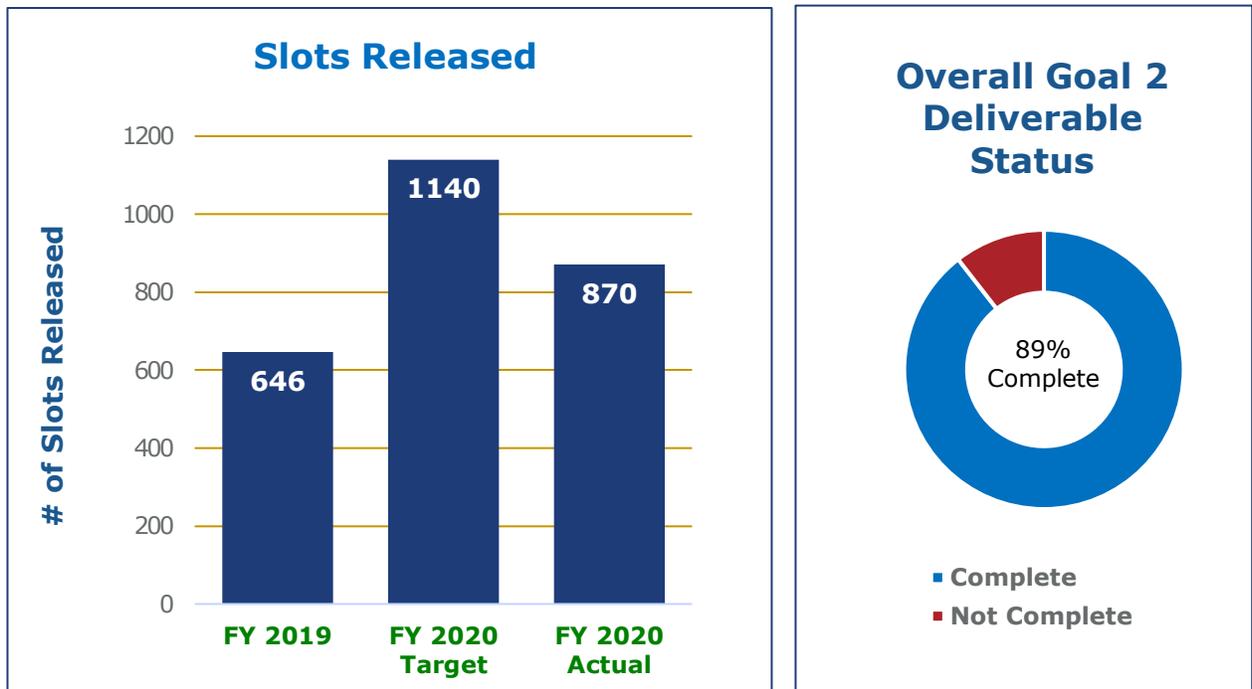
Staff will continue an internal continuity of care work group and collaboration with LIDDAs to address barriers and improve outcomes for individuals transitioning to the community. Through training and outreach, HHS has linked transition support teams to SSLC staff and will continue to promote and foster their collaborative relationship.

HHS also plans to continue a learning collaborative to implement the pilot funded by the 86th Legislature to provide outpatient mental health services to people with IDD in the upcoming year. HHS and the learning collaborative are working on product development and reporting for each specific service that will be offered.

Goal 2.4: Provide Immediate Enhancements to Agency Disability Services Policy and Process

Goal Status: Not met

Promote independence and improve access to services and supports for people with disabilities to live in the most integrated setting by releasing an additional 1,140 slots, a 76 percent increase from 646 slots in FY 2019, to serve people in the Home and Community-Based Services (HCS) program who are aging out of the foster care system, experiencing a crisis, or leaving or being diverted from institutions.



Goal and Deliverable Overview

Progress was made toward the goal; however, this goal was impacted by the COVID-19 public health emergency and a temporary pause on moving people from SSLCs and nursing facilities. Reaching the FY 2020 target was also affected by funding availability for release of slots.

Goal and Deliverable Summary

HHS has continued to release HCS slots for people who are aging out of the foster care system, experiencing a crisis, or leaving or being diverted from institutions. There was a slight drop in slot requests during April and May 2020, but requests began to pick up in June 2020. The reduction in requests is believed to be related to the COVID-19 public health emergency and a temporary pause on moving people from SSLCs and nursing facilities. In response to COVID-19, HHS also paused or delayed some waiver enrollments due to limitations for face-to-face interactions.

HHS will continue working with the 39 LIDDAs and other business partners to process requests for HCS, promoting independence slots. HHS will also provide reports to internal and external stakeholders regarding the status of HCS slots for people who are aging out of the foster care system, experiencing a crisis, or leaving or being diverted from institutions.

Initiative 3: Health & Safety: Improve Regulatory Processes that Protect Texans

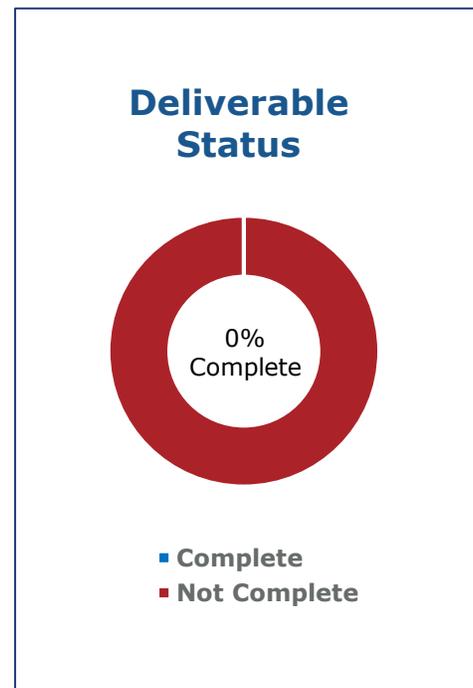
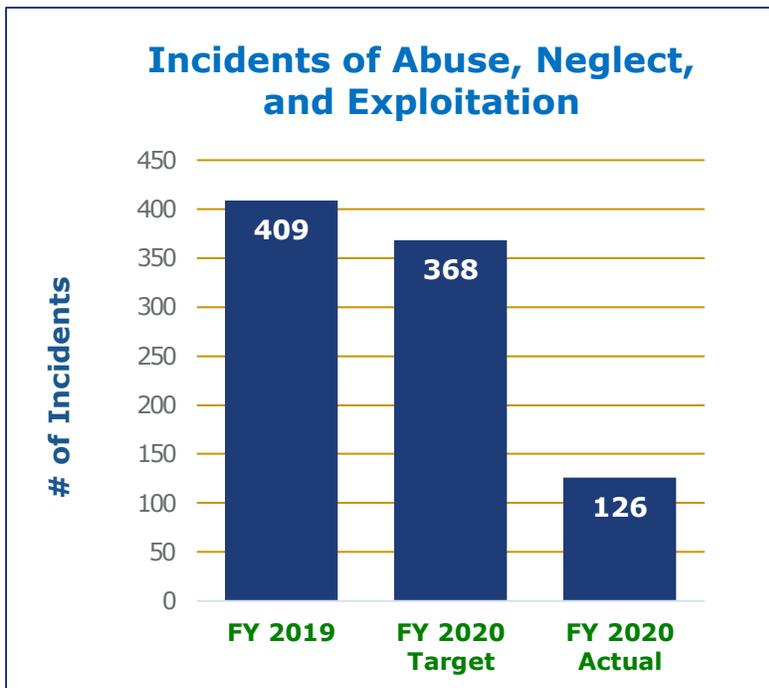
HHS protects the health and safety of millions of Texans who require long-term care, health care and child care each year by licensing, regulating and investigating a wide range of providers and professionals. HHS also oversees the people and entities that provide consumer health goods and services, ensuring compliance with Texas public health laws and rules.

To reduce unnecessary burdens for Texas businesses and strengthen health and safety protections for Texans, HHS Regulatory Services and Department of State Health Services (DSHS) Consumer Protection worked with partners, providers and other stakeholders on projects to improve regulatory functions and capabilities in FY 2020. They promoted consistency, reduced compliance time frames, streamlined processes, created a new investigative team, and improved the overall health and well-being of Texans in the care of regulated providers. Some of the program areas addressed by this initiative include nursing facilities, child care operations, emergency medical services and food safety.

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

Goal Status: Met

Decrease abuse, neglect, and exploitation (ANE) by at least 10 percent, or 35 incidents each month, 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 2017-2019 to fewer than 368 incidents in FY 2020.



Goal and Deliverable Overview

HHS has seen a reduction in incidents of ANE in nursing facilities even though fingerprint-based background checks have not been implemented. The COVID-19 response has required regulatory staff to be on-site in facilities significantly more often. This strengthened monitoring may have prevented incidents of ANE.

Background

CNAs and MAs provide direct care to some of the most vulnerable Texans — those receiving services in state-licensed nursing facilities. To enhance health and safety protections for these residents, HHS is seeking to implement FBI fingerprint-based background checks that extend beyond current federal and state requirements. In FY 2020, HHS endeavored to reduce confirmed instances of ANE in long-term care facilities by hiring additional regulatory services team members to institute the FBI’s fingerprint-based criminal background checks, which can assess whether an individual has committed a crime anywhere in the nation that would bar their employment in a Texas long-term care facility.

However, as described in further detail below, the FBI questioned whether HHS has the statutory authority to conduct such checks on MAs and CNAs. HHS Legal is working to resolve this concern, which might require changes to statute. Additionally, the COVID-19 pandemic has required regulatory surveyors to shift their focus to a facility’s infection control practices during their on-site investigations and surveys in nursing facilities. However, it should be noted they have continued to investigate all allegations of abuse or neglect against these

professionals and cite facilities as needed to bring them into compliance with all regulatory rules to protect resident health and safety.

Goal and Deliverable Summary

Number	Deliverable	Status
3.1.1	Inform providers about new background check process.	In progress
3.1.2	Enhance electronic system for verification and tracking.	In progress
3.1.3	Develop training materials and communicate changes to HHS team members.	In progress
3.1.4	Begin monitoring compliance with new background check requirements.	On hold for legislative direction

HHS has seen a reduction in incidents of ANE committed by CNAs, MAs, and nursing facility administrators (NFAs) that exceeded the FY 2020 goal. However, this data might reflect the fact that the pandemic has significantly changed the focus of regulatory investigations and surveys, beginning in March 2020, and required regulatory surveyors to be on-site in facilities significantly more often. While surveyors have been required to focus on infection control in facilities due to the virus, they have been able to monitor the actions of CNAs, MAs and NFAs as they work to lessen the COVID-19 impact in facilities.

As noted above, the HHS Regulatory Services Division (RSD) planned to augment the criminal background check process for these professionals by accessing and using the fingerprint database maintained by the FBI. In implementing this strategy, the FBI questioned whether HHSC has the statutory authority to conduct these checks on the professions outlined. After extensive discussion and a review of the statutes, the FBI determined we could implement for MAs but not CNAs. HHSC Legal and Regulatory Services proposed a statutory initiative to align the statutes for CNAs to clearly reflect the authority necessary. However, since this process requires legislative approval, completion of most deliverables is delayed into FY 2021.

Once this concern has been resolved, and HHSC receives final approval, RSD can begin implementation of staff training to ensure any changes in the background check process meet the approved requirements.

In the meantime, the current, name-based Department of Public Safety background checks will continue for CNAs until approval for fingerprint checks from external

agencies is completed. Work to finalize access for MAs is underway. Outstanding deliverables include:

- 3.1.1 — Once the agency has received approval to move forward, RSD will implement a communications strategy to inform providers. Since this change will go through the legislative process, there will likely be opportunities to discuss with provider associations ahead of time.
- 3.1.2 — Program is currently working on the modifications to the Texas Unified Licensure Information Portal (TULIP) required to implement the new process. Rollout of these modifications can occur separately for MAs and CNAs since the MAs are approved to use the FBI database.
- 3.1.3 — Training for background check staff. These materials have been developed in anticipation of the new process and will be implemented shortly after receiving approval for database access.
- 3.1.4 — The expected final implementation date is Oct. 1, 2021.

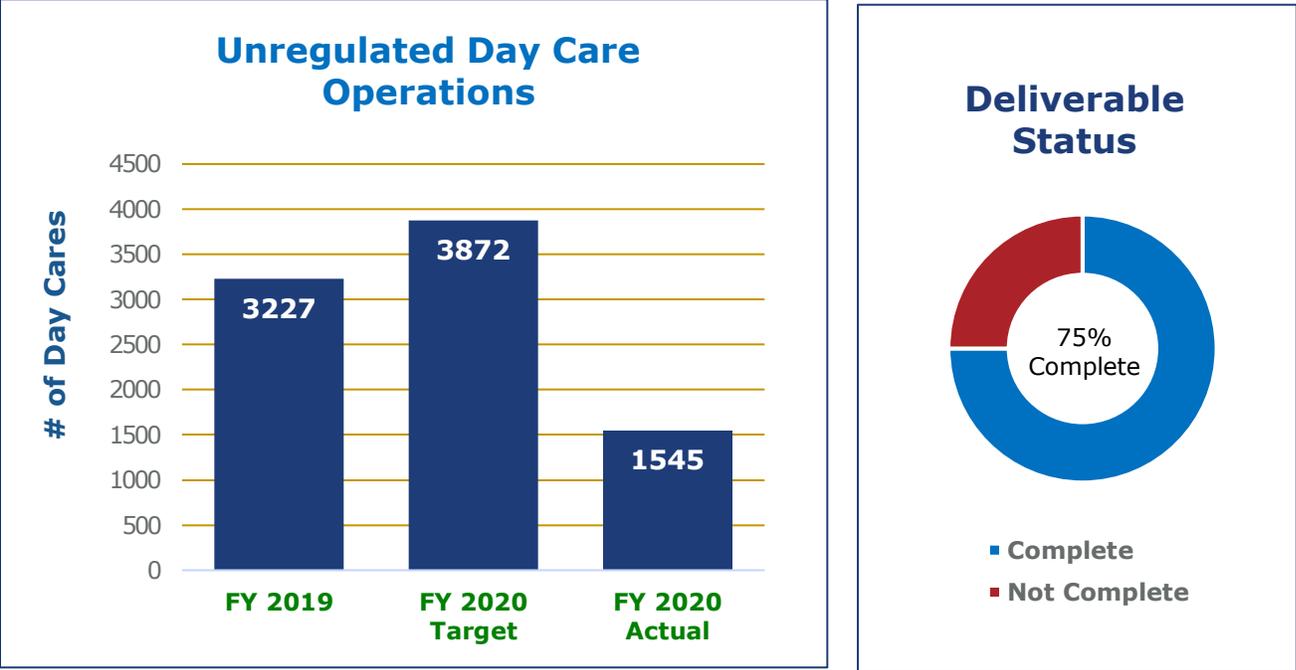
RSD also has implemented several other initiatives, including streamlining of division structures, procedures and enforcement actions that likely improved the agency's ability to meet this goal. One example is temporarily training and enlisting other RSD staff who have survey experience to conduct investigations and surveys in facilities in response to COVID-19. Surveyors have gone on-site in all 1,221 nursing facilities in Texas to conduct required infection control surveys while continuing to investigate potential abuse and neglect, and they have visited facilities experiencing outbreaks multiple times. This has resulted in more regulatory oversight of facilities and their employees to ensure the best care is provided to residents who are particularly at risk of COVID-19 and abuse and neglect.

In FY 2021, RSD will continue working to secure access to the fingerprint database for background check results to use this data source beginning Oct. 1, 2021. RSD also will continue to educate facilities and their employees through provider alerts and continually updated guidance. The level of regulatory oversight in these facilities also will continue to be higher as RSD conforms to the new norms of a COVID-19 environment. Once the fingerprint background checks are in place, HHS will be better able to ensure that CNAs, MAs and NFAs who have a criminal history that bars their employment in long-term care are unable to work in Texas facilities.

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

Goal Status: Not met

Improve the safety of children by establishing an Unregulated Day Care Operations unit within the Child Care Regulation program. This new unit will 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 2015-2017 to at least 3,872 to be identified in FY 2020.



Goal and Deliverable Overview

HHS worked to strengthen essential health and safety protections for children by establishing an Unregulated Day Care Operations unit to improve the identification and enforcement rate of unregulated day cares. Initial delays in hiring were compounded by COVID-19-related staff diversion and the closure of thousands of child care operations statewide. Despite these challenges, the unit is close to being fully staffed and has demonstrated an increased capacity to identify more unregulated operations.

Background

Due to a lack of oversight, unregulated child care operations pose significant risks to children and their families. Through licensure and other forms of regulatory

oversight of day care operations, HHS ensures children in care are receiving essential health and safety protections. In FY 2020, HHS sought to strengthen these protections by establishing a new investigative unit to focus exclusively on identifying unregulated day care operations and bringing them into compliance with state regulations. Additionally, this unit would work to strengthen public awareness of regulation and its importance, empowering Texas families to identify and choose safe day care options.

While this new unit is almost fully established, its work has been slowed by the need for staff to focus on issues related to the COVID-19 pandemic, which resulted in the closure of thousands of child care operations statewide and temporary delays in proactive searching for unregulated operations. Despite the virus, the unit was able to identify significantly more unregulated operations in June, July and August 2020 compared to previous months when searching resumed.

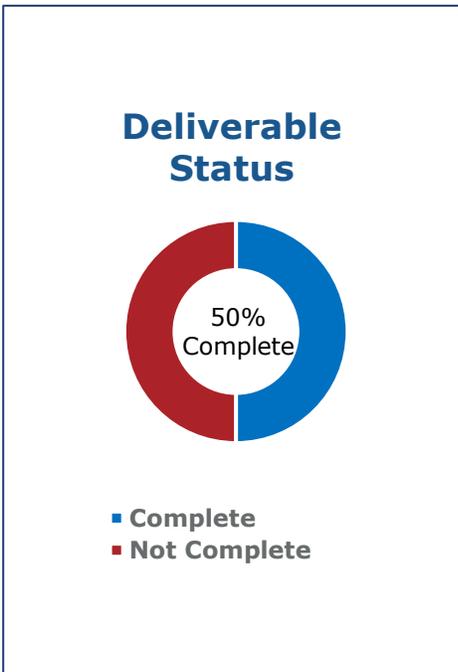
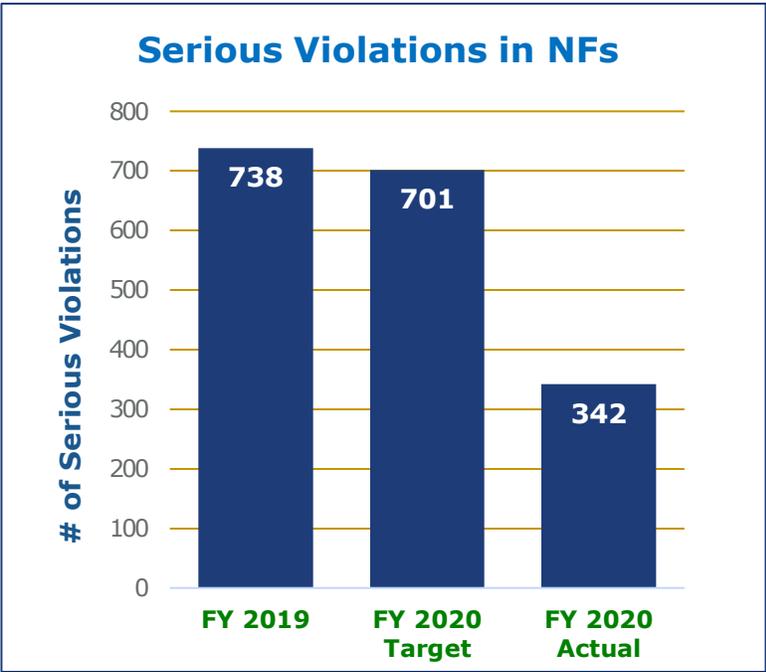
Goal and Deliverable Summary

Number	Deliverable	Status
3.2.1	Identify regions with greatest need and hire HHS team members.	Met
3.2.2	Begin community engagement outreach.	Met
3.2.3	Hire HHS team members.	Met
3.2.4	Complete HHS team member training and implement identification and enforcement.	In progress

The RSD successfully identified regions with a higher level of unregulated operations, engaged with those communities and hired nearly all staff for the new Unregulated Day Care Operations unit. Specifically, 33 of the intended 35 staff members have been hired, and training has concluded for all but two of the new team members, positioning the unit to operate at near-full capacity at the start of FY 2021. However, the outstanding deliverable is:

- 3.2.4 — Completing team member training and fully implementing the new unit was not completed in FY 2020. Initial delays in hiring and the need to divert staff to focus on COVID-19 concerns played a major role in the rollout of this goal.

As noted above, the number of operations identified and brought into compliance was also affected by the COVID-19 response, which limited and closed many day care facilities. This reduced the number in operation, and the need to practice



physical distancing diminished inspectors’ ability to visit day cares and proactively search for unregulated operations in the second half of FY 2020. These factors, in addition to the hiring delays, contributed to RSD’s inability to fully meet the performance goal, despite making progress in identifying more unregulated operations.

RSD’s plan for FY 2021 includes training the last of the newly hired staff and deploying them to the field as COVID-19 conditions allow. As virus-related restrictions are eased, inspectors will be going on-site more frequently, increasing proactive searches, resuming public awareness, guiding parents towards choosing regulated child care and building the provider community through education of regulatory requirements to protect child health and safety.

Goal 3.1: Streamline Regulatory Services

Goal Status: Met

Improve consistency and efficiency in communication, training, licensing, survey and enforcement to reduce repeated instances of serious violations by 5 percent, or 37 fewer monthly instances, in nursing facilities. This is a reduction in repeated serious violations from an average of 738 instances per year over fiscal years 2017-2019 to fewer than 701 instances in FY 2020.

Goal and Deliverable Overview

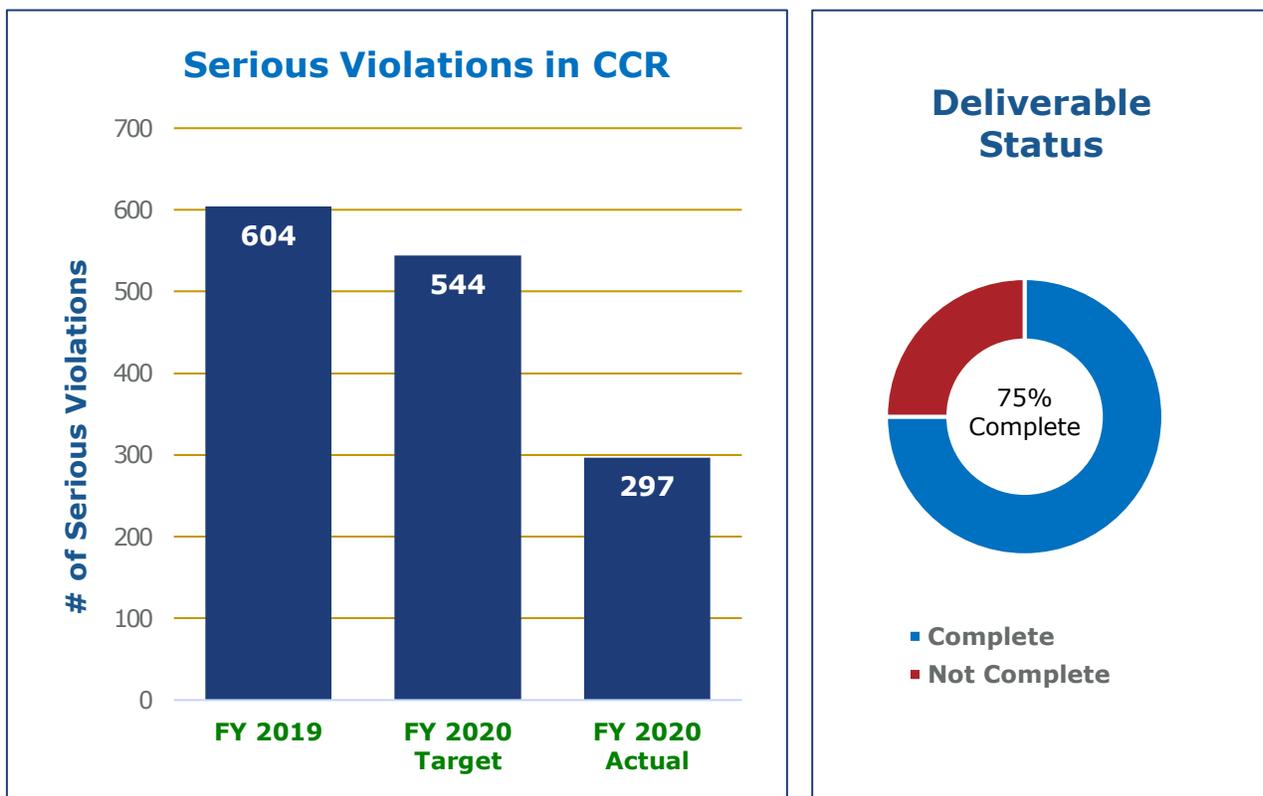
Although COVID-19-related staff diversion has delayed completion of some deliverables, HHS has implemented improvements to the enforcement process that address serious incidents for nursing facilities. Survey teams have been on-site in

every nursing facility at least once since the pandemic began and have provided ongoing technical assistance and guidance for COVID-19-related concerns. Serious violations in nursing facilities have decreased significantly, possibly due to strengthened provider education.

Goal 3.2: Streamline Regulatory Services

Goal Status: Met

Improve consistency and efficiency in communication, training, licensing, survey and enforcement to reduce repeated instances of serious violations by 10 percent, or 60 fewer monthly instances, in Child Care Regulation programs. This is a reduction in repeated serious deficiencies from an average of 604 instances per year over fiscal years 2017-2019 to fewer than 544 in FY 2020.



Goal and Deliverable Overview

Although COVID-19-related staff diversion has delayed completion of some deliverables, HHS has implemented improvements to the enforcement process that address serious incidents for child care facilities. Child care operations have seen significant reductions in serious violations, and HHS is conducting an analysis to determine how much of this decrease is due to pandemic-related closures.

Background

Protecting the health and well-being of Texans is the HHS mission, and the number of recurring serious violations in licensed facilities is a key measure of the agency’s effectiveness. With the goal of improving the outcomes for people served in nursing facilities and child care programs, in FY 2020 the RSD developed and implemented process improvements and organizational changes to reduce the recurrence of serious violations while streamlining licensure and regulatory work.

As the data reflects, RSD has made progress in reducing the number of serious incidents, even as it has needed to shift its focus in response to the unprecedented COVID-19 pandemic. Given that nursing facilities have been hit hard by the virus, RSD has been conducting investigations and surveys specific to infection control, providing ongoing technical assistance and guidance to these providers, and participating in rapid response teams to get facilities with an outbreak the resources they need immediately.

Child care operations also have seen significant impacts due to COVID-19, including required closures earlier in the pandemic of any operations not serving essential workers. The data reflects a decrease in the number of serious incidents; however, HHS is conducting an analysis to determine how much of this decrease is due to closures of operations. Throughout the pandemic, HHS has been working closely with these providers to ensure they are complying with infection control and other standards required to protect child health and safety.

Goal and Deliverable Summary

Number	Deliverable	Status
3.3.1.1	Recommend and implement process improvements.	Met
3.3.1.2	Train team members on process changes.	Met
3.3.1.3	Develop and implement organizational structures.	Partially met/in progress
3.3.1.4	Engage with external partners to communicate changes.	In progress
3.3.2.1	Recommend and implement process improvements.	Met
3.3.2.2	Train team members on process changes.	Met
3.3.2.3	Develop and implement organizational structures.	Partially met/in Progress

Number	Deliverable	Status
3.3.2.4	Engage with external partners to communicate changes.	Met

The two goals related to reducing serious violations encountered similar successes and shortfalls. Specifically, meeting deliverables 3.3.1.1, 3.3.1.2, 3.3.2.1 and 3.3.2.2 provided improvements to the enforcement process that address serious incidents for both child care facilities and nursing facilities.

Responding to COVID-19 has required RSD’s staff to shift focus to COVID-19-related regulation and guidance. As a result, outstanding deliverables include:

- 3.3.1.3 — Long-Term Care Regulatory (LTCR) was unable to fully implement organizational changes related to the new serious incident protocols due to COVID-19 workload but did implement the associate commissioner and deputy associate commissioner structures and an alignment of department structures.
- 3.3.1.4 — The effort to engage with external partners was paused until the division could commit the resources to proceed with these deliverables. However, through their COVID-19 response efforts, LTCR has been able to achieve the overall goal. While they do not have a specific campaign dedicated to this communication, LTCR does use every opportunity to pass along this information during current stakeholder meetings.
- 3.3.2.3 — CCR has been unable to fully implement the organizational structure changes originally planned. The impact of the COVID-19 pandemic required a shift in workload. However, CCR was able to implement the associate commissioner and deputy associate commissioner structure and align the department structure for consistency.

Despite the challenges, the overall performance for these two goals is ahead of the intended targets. This might be due to COVID-19-specific investigations and surveys providing the opportunity to identify serious violations. RSD survey teams have been on-site in every one of the state’s 1,221 nursing facilities at least once since the pandemic began, as well as on-site repeatedly in facilities facing outbreaks. While their focus is on COVID-19-related concerns, they have continued to address other serious health and safety issues, such as abuse and neglect. This effort includes citing a facility for any violations, requiring it to come into full compliance and taking any enforcement actions needed to hold the facility accountable. For CCR, the overall performance may have been due to the public communication they were able to do prior to the pandemic.

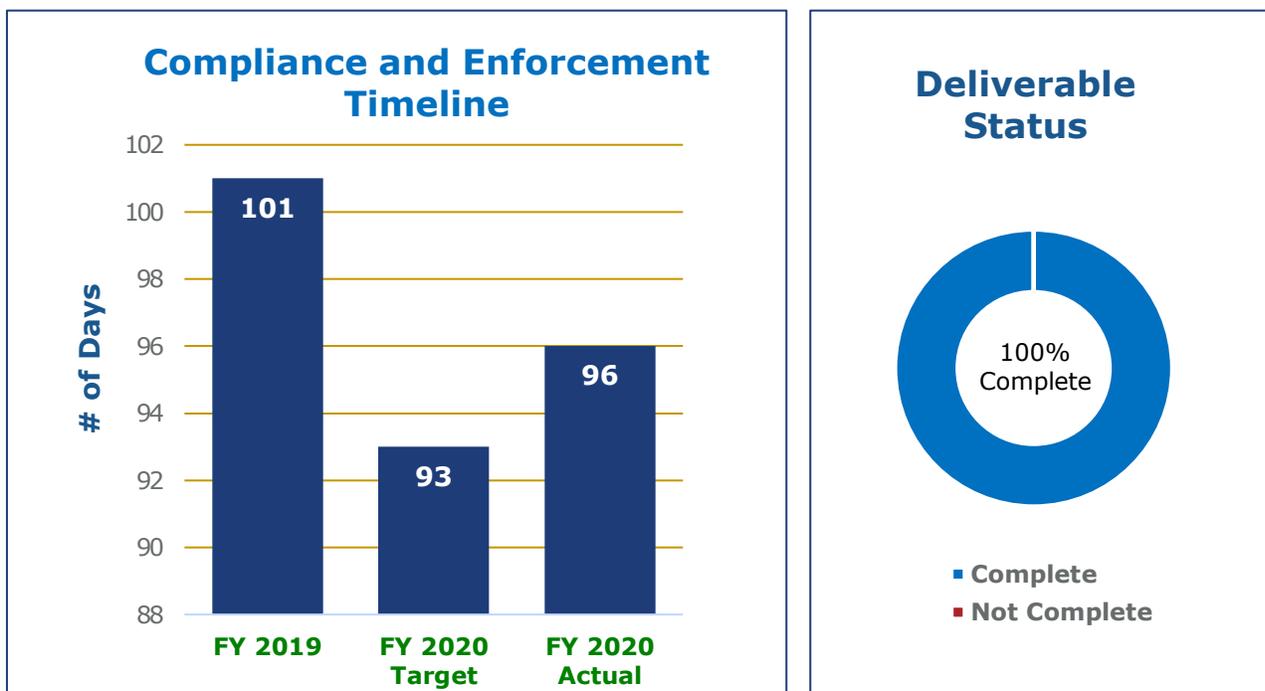
In FY 2021, RSD plans to continue as many investigations and surveys as possible,

even under COVID-19 restraints. Organizational structure changes will be complete by the end of March 2021. Training for employees and provider education under COVID-19 are being continually updated. Because of the focus on the pandemic and the increased presence of surveyors on-site in regulated facilities, HHS hopes to see a continued decline of serious violations despite the increase in investigations and surveys.

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

Goal Status: Not met

Promote expediency, consistency and transparency in compliance work with licensees by reducing the 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 2017-2019 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. *Note: The originally published goal as stated above contains a discrepancy in the way the baseline numbers were calculated. A 9 percent reduction in the corrected timelines as represented in the graph below was used for goal tracking and reporting.*



Goal and Deliverable Overview

The DSHS Consumer Protection compliance and enforcement process has been made more objective, transparent and consistent because of the successful development and implementation of penalty matrices. Although the target was not met, the simplified process has achieved a timelier result in enforcement action.

Background

DSHS safeguards Texans by ensuring licensees that provide certain health goods and services comply with state public health laws and regulations. Oversight has historically required informal conferences, negotiations over penalties and other resource-intensive activities for both providers and agency staff. To expedite the identification of violations and the consistency of their remediation, in FY 2020 DSHS published penalty matrices outlining specific violations and associated penalty amounts for four areas: meat safety assurance, emergency medical services, asbestos and abusable volatile chemicals. These matrices provide transparent guidelines, thereby reducing administrative burdens and increasing the timeliness of consumer protection.

Goal and Deliverable Summary

The implementation of the Standardized Penalty Matrices initiative for DSHS Consumer Protection programs was on time, and 100 percent of the deliverables were met. The compliance and enforcement process has been made more objective, transparent and consistent because of the penalty matrices. The simplified process has also achieved a timelier result in enforcement action. Deliverables for outreach via email and website communication to DSHS staff, licensees and other regulated entities on the development and implementation of the penalties matrices also were met.

The initiative goals and deliverables were not impacted by the emergence of COVID-19 in 2020. Well-organized, cross-functional project teams were assembled to execute each phase of the initiative. By the time COVID-19 emerged, development and execution processes were well-established, so no disruption occurred.

Several lessons were learned through the project, though none that had a significant impact on implementation. These included a focus on data-driven evaluation of program performance; looking at each infraction through a lens of food-safety risk (meat safety); and exploring more options to provide outreach to regulated entities quickly and at a lower cost.

For example, by focusing on established metrics, DSHS can quickly identify whether it is achieving the agency goal as it relates to compliance work. Also, looking at each infraction from a food-safety risk standpoint offered some parties additional clarity regarding appropriate enforcement actions for a given infraction. Additionally, approaching enforcement issues by giving establishments a “clean

slate” at the onset of the use of the penalty matrix increased consistency in implementation of enforcement actions. The program has also recently revised its Food Safety Assessment process to work in concert with the penalty matrix.

There may be additional lessons learned as initiative outcomes evolve and as more data is accumulated.

The Consumer Protection Division will continue to develop penalty matrices for select programs. The matrices are serving as a tool to gain voluntary compliance with regulatory requirements, which was the original impetus of the initiative, supporting the division’s belief that a well-informed regulated community, operating under consistent and transparent expectations, will more readily comply with established regulations. A byproduct of the initiative has been a reduced administrative burden for staff and licensees, which supports the state’s business-friendly environment.

While the matrices have had a positive reception by the regulated community to date, the division will continue to monitor the regulated community’s response to the compliance and enforcement process using the new penalty matrices.

The division will also pause to evaluate whether the tracking and reporting measures currently used are the correct ones to measure the success of the penalty matrices. Rather than measuring efficiency by tracking compliance and enforcement timelines, the division will explore alternate measures that might more accurately reflect regulatory compliance and might require a different tracking period.

Initiative 4: Medicaid Managed Care: Improve Quality and Strengthen Accountability

The number of people enrolled in a managed care model has increased in the past two decades. In 2019, 95 percent of Medicaid enrollees received 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 become increasingly more sophisticated.

In FY 2020, HHS sought to improve Medicaid managed care service oversight and quality by strengthening accountability to ensure MCOs are delivering the services members need in cost-effective ways, are responsive to providers and are accountable to taxpayers.

Goal 1.1: Ensure Access to Providers

Goal Status: Not met

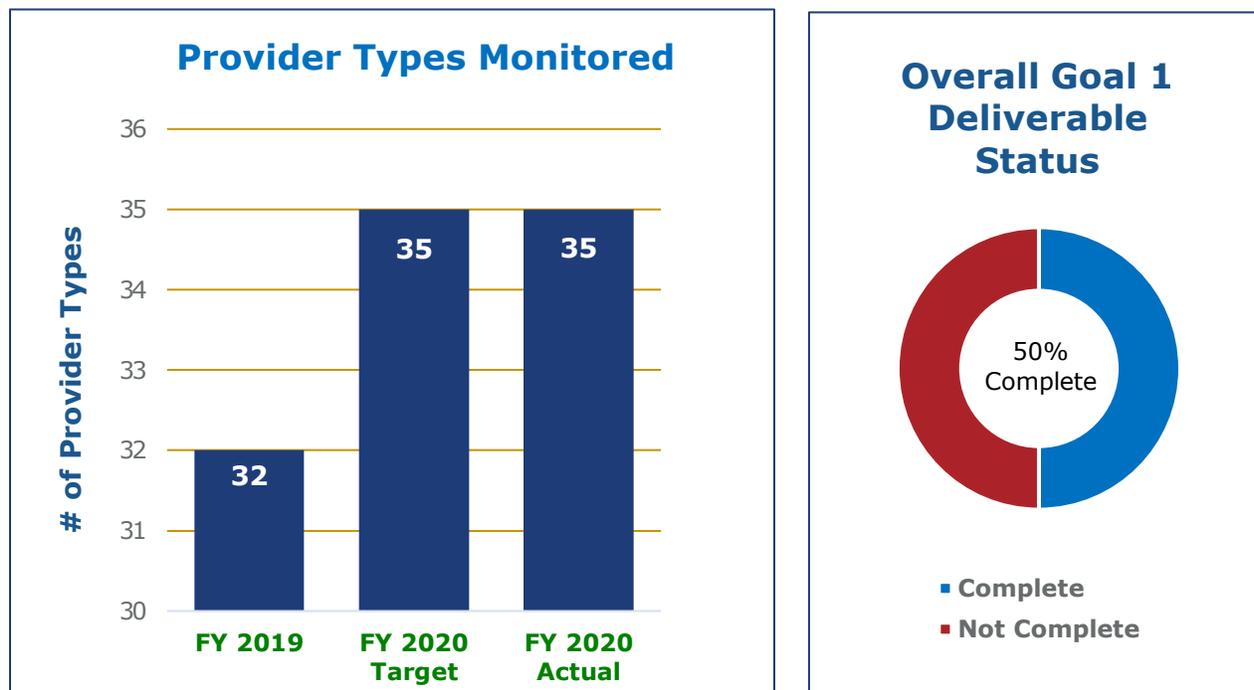
Improve access to providers at the right time and place by improving the accuracy of provider directories by reviewing 25 percent more elements, or 1,750, through “secret shopper calls.” This is an increase from reviewing 7,000 elements in FY 2019 to a target of reviewing 8,750 elements in FY 2020.



Goal 1.2: Ensure Access to Providers

Goal Status: Met

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



Goal and Deliverable Overview

While originally on track to be achieved, the goal to improve the accuracy of provider directories by reviewing 25 percent more elements in FY 2020 was not met due to a decision to pause the secret shopper calls in Quarter 3 and Quarter 4 due to COVID-19. HHS was able to continue efforts to increase the number of provider types monitored for network adequacy by 9 percent, meeting that target. While some deliverables were not achieved during FY 2020, HHSC continues to receive and review all required MCO deliverables in a timely manner. This supports the agency's ability to quickly address network adequacy concerns and the ongoing goal of ensuring access to care.

Background

Prompt access to providers is vital to ensuring members have access to the services they need. MCOs must maintain provider networks that meet member needs, and providers must be able to sustain participation in the Medicaid program.

In FY 2020, HHS focused on ensuring members have access to the providers and services they need. Targeted strategies were planned to strengthen monitoring of MCO provider networks through “secret shopper” calls and improve network adequacy by adding new provider types important to Medicaid members, including residential and outpatient substance use disorder treatment providers.

Goal and Deliverable Summary

HHSC improved access to providers by increasing the number of provider types monitored for network adequacy by 9 percent (from 32 to 35 provider types) through the implementation of new network adequacy measures. Outpatient substance use disorder service providers and residential substance use disorder service providers were added effective Sept. 1, 2020, to include three new provider types — chemical dependency treatment facilities, opioid treatment programs and residential substance use disorder (SUD) treatment providers.

The challenge in meeting this goal was changing how SUD was previously categorized. In the past, SUD time and distance measures were included in a broad category for outpatient behavioral health providers. It was a single, large category that included numerous outpatient behavioral health provider types, ranging from licensed professional counselors (LPCs) to SUD treatment facilities. This category required a minimum of two providers, and those two providers could be LPCs and still meet the minimum requirements for outpatient behavioral health. Per the new contract amendment, HHSC separated the outpatient mental health providers from the SUD providers. Now, HHSC requires a minimum of two outpatient mental health providers, two chemical dependency treatment facilities and two opioid treatment programs, respectively.

Determining the appropriate outcome measure for SUD residential providers was challenging. Chemical dependency treatment facilities are enrolled in Medicaid under one provider type, regardless of whether they provide outpatient services or residential services. This made identifying the SUD residential providers more difficult. After consulting with stakeholders, the agency determined the best way to monitor SUD residential treatment network adequacy would be to require out-of-network reports for this service.

The deliverable to execute a memorandum of understanding (MOU) with the Texas Department of Insurance (TDI) was not completed. In June 2020, HHSC learned TDI planned to propose rules to cease certain network adequacy reporting by MCOs participating in Medicaid and CHIP. To ensure the MOU addresses any data-sharing that might be required as a result of the rule change, HHSC paused the MOU effort. Efforts to coordinate with TDI for execution of the MOU will continue in FY 2021.

While originally on track to be achieved, the goal to review 25 percent more elements in FY 2020 was not met due to a decision to pause the secret shopper calls in Quarter 3 and Quarter 4 in response to the COVID-19 pandemic impact on providers that limited appointment availability. In assessing approaches and the various data sources tied to improving provider directory accuracy, Medicaid and CHIP Services (MCS) identified discrepancies in the quality of available provider data. MCS worked with the MCOs during FY 2020 to address these issues by requiring the plans to encourage their contracted providers to update through a specific system to allow more consistency for monitoring.

HHSC successfully incorporated routine provision of appointment availability study data to the MCOs and new complaint data categories around network adequacy during FY 2020. The first submission of the new complaint data by MCOs occurred in February 2020. HHSC continues to monitor this data to help inform MCO oversight.

While some deliverables were not achieved during FY 2020, the agency continues to receive and review all required MCO deliverables in a timely manner. This supports the agency's ability to quickly address network adequacy concerns and the ongoing goal of ensuring access to care.

Goal 2.1: Ensure Members Receive Services

Goal Status: Not met

Develop more tools that can identify barriers to receiving medically necessary services for people in Medicaid managed care by establishing consistent baseline data about prior authorization (PA) processes to identify trends and variations.

Background

Unnecessary service denials or delays are a barrier to receiving medically necessary services for people in Medicaid managed care. Our ability to reduce preventable service denials or delays for members requires increasing transparency and efficiency of MCO PA processes to ensure members receive services they need.

In FY 2020, HHS focused on developing more tools to prevent barriers for people receiving medically necessary services. Through this goal, HHS plans to improve oversight of MCO processes by collecting PA data and identifying trends and variations.

Through this goal, HHS plans to improve oversight of MCO processes by collecting PA data and identifying trends and variations. In FY 2020, HHS began a project that consists of a two-phase process for the development of MCO PA data analysis. The purpose of these deliverables is to help HHSC monitor Texas Medicaid MCO Utilization Management practices, specifically PA. Monitoring efforts are focused on contract compliance and identification of PA processing trends. The report may identify outlying data elements that indicate the need for further investigation by HHSC.

The first phase includes an aggregate PA deliverable. The report was implemented in January 2020 and summarizes PA requests by major service types requiring PA and by service lines: STAR, STAR Kids, STAR+PLUS, STAR Health and MMP. August 2020 marked the eighth consecutive month receiving the report. Due to MCO system limitations, the first three reports had inconsistent data, so the final five reports will be used for the initial trend analysis. The second phase is intended to collect member-level PA data for aggregation, analysis, comparison and trending by HHSC. The effort to develop a data mart to collect member-level information initiated in FY 2020 with completion planned by June 2021.

Goal 2.2: Ensure Members Receive Services

Goal Status: Not met

Develop more tools that can identify barriers to receiving medically necessary services for people in Medicaid managed care by enhancing oversight of MCO service coordination through biennial reviews and implementing an external medical review of MCO medical necessity determinations.

Background

Health care service denials or delays for supplies needed to diagnose or treat a medical condition is a barrier for people who need medically necessary services. Our ability to identify and evaluate issues and take prompt action to address them requires increasing clinical oversight and monitoring of MCO processes.

In FY 2020, HHS focused on ensuring access to medically necessary services for people in Medicaid managed care. Targeted strategies were planned to expand oversight of each MCO through biennial on-site reviews and improve clinical oversight in managed care monitoring by implementing an external medical review process to allow for independent reviews of MCO medical necessity determinations.

Goal 2.3: Ensure Members Receive Services

Goal Status: Met

Develop more tools that can identify barriers to receiving medically necessary services for people in Medicaid managed care by overhauling the complaints process to streamline intake, address systemic issues and improve quality of services.

Background

We are committed to improving service delivery for people in Medicaid managed care programs. Our ability to ensure their complaints are resolved effectively, reliably and consistently requires strengthening oversight of complaint data and aligning complaint categories and definitions across HHS and MCOs.

In FY 2020, HHS focused on ensuring the Medicaid program operates effectively for clients, providers and HHS. Through this goal, HHS planned to improve key business processes and functions across Medicaid managed care programs by overhauling the complaints process to ensure effective and consistent identification, tracking and resolution of all complaints. See Goal 2.4 for more on these efforts.

Goal 2.4: Ensure Members Receive Services

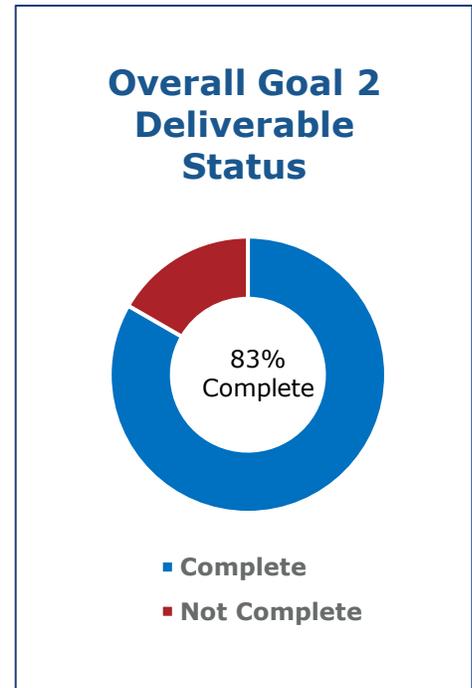
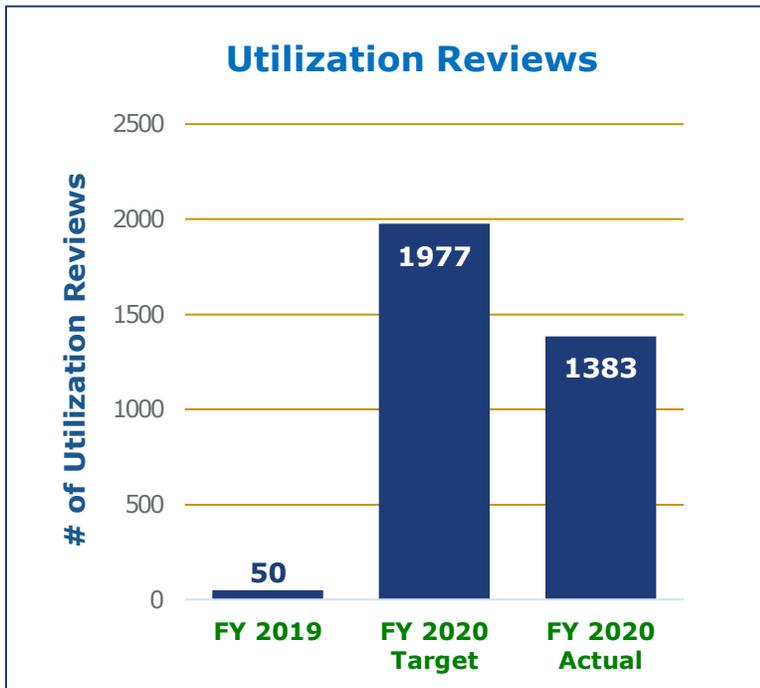
Goal Status: Not met

Develop more tools that can identify barriers to receiving medically necessary services for people in Medicaid managed care by 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.

Background

In 2019, HHS conducted a pilot utilization review of children in the Medically Dependent Children Program. Based on findings, HHS proposed to expand the pilot to ensure MCOs are properly documenting identified needs, developing service plans and delivering services to address those needs.

In FY 2020, HHS focused on ensuring that the most vulnerable children enrolled in Medicaid receive services they need. Through this goal, HHS planned to expand the utilization review process by increasing the number of utilization reviews of vulnerable child populations enrolled in Medicaid managed care programs.



Goal and Deliverable Overview

HHSC made progress with this initiative; however, some deliverables and goals were not achieved and will continue to be pursued in FY 2021. Staff and stakeholder focus shifted during the COVID-19 pandemic response to ensure Medicaid/CHIP clients and providers maintained access to and were able to continue delivering key services. Additionally, the COVID-19 response required staff to prioritize work related to adjusting program policies and operations to comply with federal and state safety guidelines.

Goal and Deliverable Summary

HHSC made progress with this initiative. However, some deliverables were not achieved and will continue to be pursued in FY 2021.

The effort to amend MCO contracts to standardize processes and timelines for how MCOs handle prior authorization requests with insufficient information was not completed, although extensive initial work with stakeholders was completed to inform these efforts. A revision of the initially proposed process was required due to a new interpretation of federal requirements and compliance expectations. MCOs provided almost 100 comments in response to the draft uniform managed care manual chapter outlining the new standardized process and timeline. The new chapter policy is complete and effective Dec. 1, 2020.

HHSC's implementation of external medical reviews (EMRs) to enable members to request an independent review of medical necessity is delayed. HHSC posted an open enrollment opportunity in July 2020; however, no vendors responded within FY 2020. To encourage responses, MCS is reaching out to potential vendors and will use any feedback received to inform changes that may be needed to the open enrollment. Other deliverables associated with implementation of EMR, such as rules implementation, were delayed due to staff capacity challenges associated with supporting a high volume of legislatively required projects and responding to COVID-19. Implementation efforts for EMR will continue in FY 2021 to ensure members have the ability to request an external medical review based on eligibility denials or reductions associated with certain services.

During FY 2020, HHS successfully implemented efforts to improve complaint data, including the creation of standardized complaint categories across the agency and MCOs. External stakeholders were informed of the new complaint processes, and a complaints data report will be posted to the HHS website in FY 2021.

To support identification of barriers to receiving services, a new tracking system and measures were implemented to improve utilization review reporting. MCS enhanced coordination and case review processes across the managed care utilization review teams and hired 18 new nurses to assist with the case reviews. The number of reviews conducted in the first quarter was lower than expected due to time needed to train new staff and develop new infrastructure to support the increased number of reviews.

A challenge impacting the number of reviews completed was reaching legally authorized representatives (LARs) to schedule home visits. As of December 2020, all cases have completed the entire UR process. Out of the 2,089 reviews completed, 1,868 (89 percent) members were successfully interviewed. The most common reasons for incomplete interviews include the member or LAR declining or the member not responding.

To improve the home visit process, utilization review staff enlisted the assistance of MCO service coordinators to educate their members/LARs on the intent of the interview. MCS found that conducting interviews by phone, which was implemented during the COVID-19 pandemic, reduced the interview time compared to in-person interviews.

Goal 3.1: Strengthen Oversight of MCOs

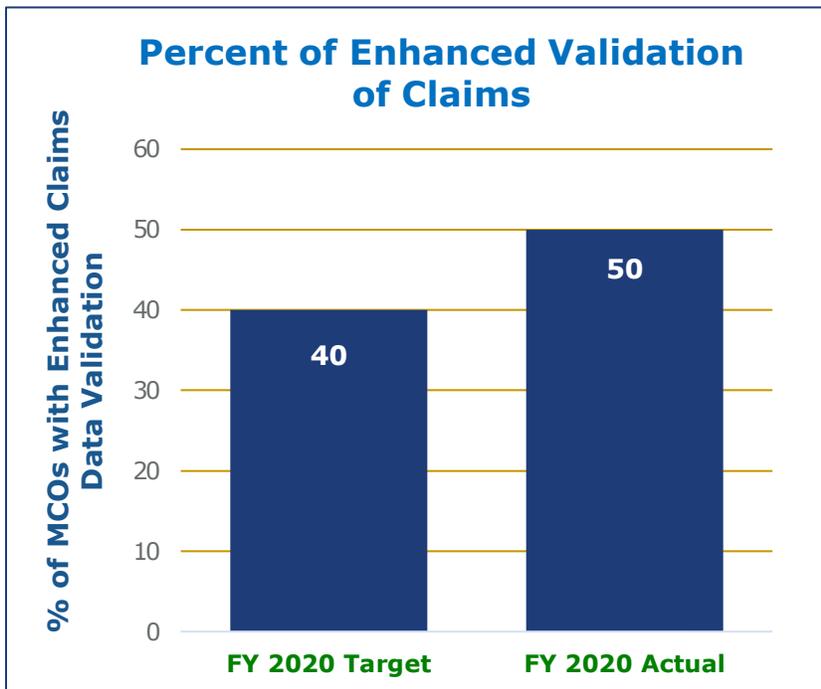
Goal Status: Not met

Strengthen oversight of MCOs by improving MCO operational review processes and expanding HHS oversight of MCO-affiliate relationships.

Goal 3.2: Strengthen Oversight of MCOs

Goal Status: Met

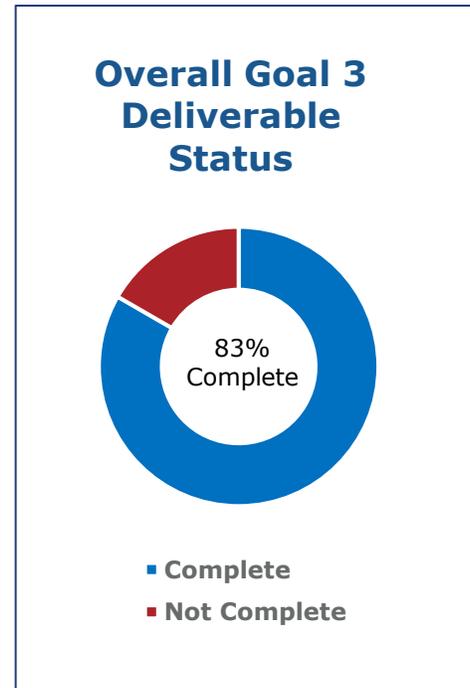
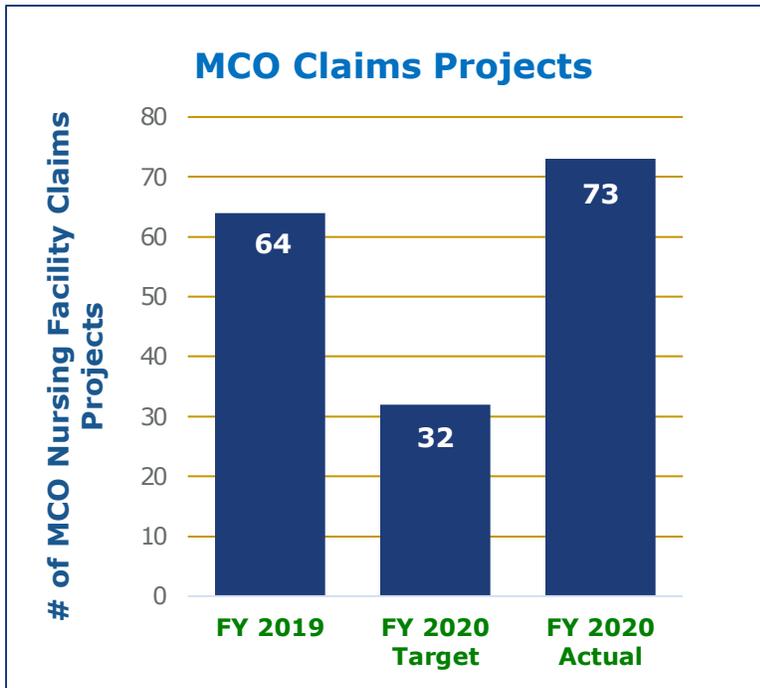
Strengthen oversight and accountability of MCO operations by ensuring accurate reporting by enhancing validation of encounter data for at least 40 percent of MCOs.



Goal 3.3: Strengthen Oversight of MCOs

Goal Status: Not met

Strengthen oversight and accountability of MCO operations by 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.



Goal and Deliverable Overview

HHS exceeded by 10 percent the goal for completing claims to encounter data comparisons by completing comparisons for nine of the 18 MCOs in FY 2020. In conducting the comparative analysis, MCS identified and made several improvements to the process as it relates to data-matching criteria. Despite not meeting the overall goal to reduce claims projects, there has been improvement with claims projects being initiated appropriately and at a lower rate for four of the five STAR+PLUS MCOs.

Background

Delays in payment from an MCO can significantly affect a provider’s business operations. Our ability to ensure timely and accurate payments to providers requires strengthening oversight and enforcement of MCO operations related to financial transparency and reporting efficiency and accuracy.

FY 2020 activities focused on tightening requirements and enforcement to ensure MCOs meet expectations. Targeted strategies were planned to expand oversight of MCO operations through financial review of MCO-affiliate relationships and improve MCO accuracy of reporting by reviewing at least 40 percent of MCOs to validate claim and encounter data. Additionally, HHS planned to increase oversight and enforcement of timely and accurate payments to providers by reducing the number of claims projects MCOs undertake to address payment adjustments for nursing facilities.

Goal and Deliverable Summary

During FY 2020, HHSC successfully developed new operational review modules that were originally planned to implement through readiness activities associated with new managed care plan transitions; however, that effort did not occur due to cancellation of the STAR+PLUS and STAR/CHIP procurements in early 2020. COVID-19 impacted efforts to implement the new modules in that the operational review modules were designed to include in-person components that had to be reconsidered because of the pandemic. While operational reviews did not initiate, existing managed care monitoring continued, and performance issues continued to be addressed with the plans. In FY 2021, MCS will launch operational reviews that utilize current monitoring information and leverage virtual engagements rather than in-person reviews to achieve the desired monitoring and oversight goals.

After reviewing MCO-affiliate relationships and identifying existing monitoring activities, MCS strengthened the oversight of MCO-affiliate relationship reporting through the implementation of a tracking database. The database centrally warehouses contract deliverables related to affiliates for each MCO, along with other relevant monitoring documentation. This will enable monitoring of discrepancies between reported documentation and facilitate comparative analysis. This tool will continue to evolve as new monitoring needs are identified in FY 2021.

MCS exceeded the goal for completing claims to encounter data comparisons by 10 percent by completing comparisons for nine of the 18 MCOs in FY 2020. In conducting the comparative analysis, MCS identified and made several improvements to the process as it relates to data-matching criteria.

Through the current comparative analysis process of matching a claim to an encounter, a trend of provider-related data issues was identified across all the MCOs. MCOs routinely submit rendering and billing provider data that does not match the corresponding claim. MCS is working with the MCOs to identify the root cause of this mismatch and taking data correction actions. MCS continues to refine the comparative process and has initiated research to identify and report when an MCO sends a claim record for which HHSC does not have a corresponding encounter on file, or when HHSC has an encounter, but the MCO does not send a claim. The missing data will be identified and factored into past and future comparative analyses.

HHSC established a goal to reduce the number of nursing facility claims projects in FY 2020 by 50 percent. While that reduction was not achieved, there has been improvement during FY 2020 in that claims projects are being initiated appropriately and at a lower rate for four of the five STAR+PLUS MCOs. This improvement is supported by a reduction in concerns raised by nursing facility providers regarding the timeliness of claims payments compared to prior years. Efforts will continue in FY 2021 to ensure all plans are appropriately initiating claims projects, which is anticipated to further reduce the number of claims projects going forward.

Goal 4.1: Strengthen Fair Hearings Process

Goal Status: Met

Strengthen 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. This was accomplished by adding an additional nurse case reader and two new nurse hearings officers.

Goal 4.2: Strengthen Fair Hearings Process

Goal Status: Met

Strengthen the fair hearings process in FY 2020 by systematically identifying critical Medicaid cases, measuring the average length of time needed to issue fair hearings decisions in those cases and implementing steps to reduce that baseline.

Goal 4.3: Strengthen Fair Hearings Process

Goal Status: Met

Strengthen the fair hearings process in FY 2020 by 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 required to reduce that baseline.



Goal and Deliverable Overview

In FY 2020, HHS successfully implemented a comprehensive plan to strengthen the fair hearings process, including investing in staffing specialized positions with clinical expertise and developing robust processes to assess, monitor and reduce the amount of time to hear and review Medicaid fair hearings decisions.

Background

HHS is committed to ensuring Medicaid clients and families experience faster resolution of appeals, clearly written decisions, better understanding of clinical issues and more consistent application of Medicaid policy by fair hearings officers. Our ability to improve the process requires implementing a comprehensive plan to strengthen accuracy, quality and consistency of Medicaid fair hearings decisions.

FY 2020 activities focused on strengthening the fair hearings decision process. Targeted strategies were planned to improve the review of critical cases by decreasing the length of the process and increasing clinical resources available to hear and review Medicaid fair hearings decisions. The intention was also to strengthen oversight by collecting data and identifying trends and variations related to critical cases and Medicaid fair hearings decisions reversed on administrative or judicial review.

Goal and Deliverable Summary

In FY 2020, HHS successfully implemented a comprehensive plan to strengthen the fair hearings process, including investing in staffing specialized positions with clinical expertise and developing robust processes to assess, monitor and reduce the amount of time to hear and review Medicaid fair hearings decisions.

Nurse case readers are utilized to review complex Medicaid cases prior to issuance for clarity, quality writing and the careful application of Medicaid policy. Prior to FY 2020, HHS employed one nurse case reader, but funds provided by the Legislature allowed HHS to hire a second in 2020. This addition of a second nurse case reviewer with expertise in Medicaid policy and editing provided a clear benefit to the agency's ability to review complex cases and underscored the value of these pre-decisional reviews.

The agency was also charged with hiring two nurse hearings officers in FY 2020. This proved challenging due to the specialized skill set requirements for the positions, including having a background with extensive Medicaid knowledge, nursing experience and significant writing ability. Although challenges existed with finding qualified candidates, two exceptional nurses have been hired and fully onboarded.

Due to the success of the initiative and the value that the clinical expertise has brought to the fair hearings process, the agency established a FY 2021 goal to hire two additional nurse hearings officers. This will allow HHS to utilize four nurse hearing officers that have clinical expertise in the process of hearing complex medical appeals.

To detect critical Medicaid cases and improve the time to issue case hearing decisions, HHS developed a categorization model which identified medical necessity and private-duty nursing cases for enhanced attention. These represent most of the medically complex and sensitive appeals in the Medicaid caseload. It was determined that the client was most at risk in these categories where they are not receiving continued benefits. The decisions in these cases will be expedited and heard by nurse hearings officers. This new process will enhance the hearing officers' ability to produce timely and quality decisions. The nurse case readers provide valuable feedback in individual cases and are training all the hearings officers that conduct these cases. This model will be evaluated in FY 2021 to determine if it needs to be revised or expanded.

The agency also implemented a process to track and evaluate administrative and judicial reviews for timeliness, accuracy of policy application and the number of substantive edits made to hearings decisions on review. Baseline data has been established and will be used to monitor performance to ensure case reviews continue to meet these quality standards.

Data from this process is also used to inform an expanded training program. One notable addition to the training program in FY 2020 is a new writing guide that was created to assist hearing officers with writing their decisions in plain language to promote clear and accessible communication with clients. In FY 2021, HHS plans to continue to explore additional ways to improve the fair hearings process, including by leveraging expertise from attorneys from other parts of the agency to encourage new perspectives on improvement opportunities.

Initiative 5: Services and Supports: Connect People with Resources Effectively

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. Additionally, HHS is in the unique position to collaborate with federal, state and local partners to develop responsive programs that work to address the impacts of situational and generational poverty.

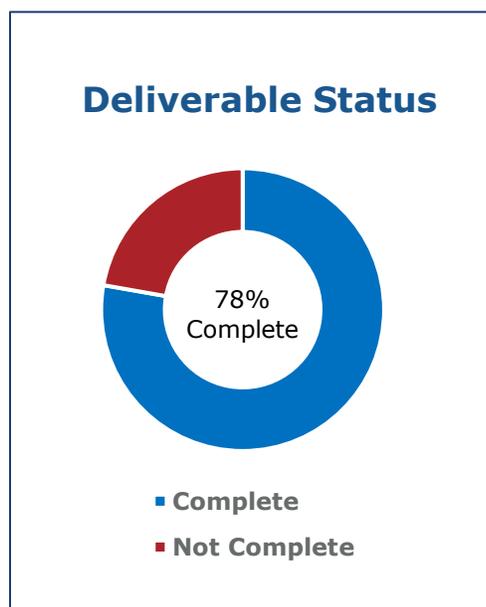
In FY 2020, HHS Communications added additional YourTexasBenefits.com links to the HHS website. Customers apply for and manage their benefits on YourTexasBenefits.com. The HHS Office of the Ombudsman developed approaches to gain feedback and continue to improve services offered to vulnerable Texans.

By launching new services and improving connections to the support Texans require, HHS is striving to develop a responsive continuum of care that enhances outcomes and diminishes need over time.

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

Goal Status: Met

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



Goal and Deliverable Overview

Despite setbacks and uncertainties related to COVID-19, HHS successfully implemented the Texas Works Path to Success pilot program. Two deliverables had to be deferred without negative impacts to the project outcomes.

Background

Poverty has far-reaching and often situational and generational impacts on individuals and families, which can jeopardize housing, food security, and educational and employment outcomes. Paired with a reliance on public assistance programs, these issues can become cyclical and exceedingly difficult to overcome.

In partnership with the U.S. Department of Agriculture Food and Nutrition Service (USDA-FNS), Goodwill Industries of Houston, and several Houston-based schools, HHS has developed and implemented the Texas Works Path to Success (TWPS) pilot program. Launched in FY 2020, this effort is designed to improve participants' outcomes by obtaining and sustaining stable housing, achieving educational or training goals, attaining new or improved employment opportunities and increasing financial self-reliance. The program provides job readiness training paired with case management and other supportive services to reduce barriers to independence for high school seniors and able-bodied adults in a particularly vulnerable area of Harris County.

Goal and Deliverable Summary

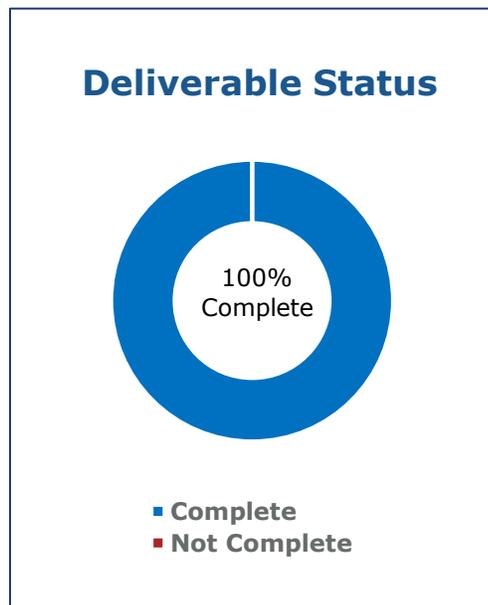
In partnership with USDA-FNS and Goodwill of Houston, HHS successfully accomplished 78 percent of deliverables (seven of nine) for the TWPS pilot project. With the emergence and prolonged effects of the COVID-19 pandemic, the two pending deliverables were deferred without negative impact to defined project outcomes. Despite uncertainties introduced by COVID-19, the team identified inventive ways to keep the project moving forward to start and complete an adult cohort eight-week training program on time. In August, the inaugural class of five adult students graduated, starting them on the path to increased economic self-reliance and improved quality of life with employment opportunities as Texas Works Advisors with HHSC Access and Eligibility Services. Based on this success, a second adult class was offered in September.

In October 2020, in continued collaboration with USDA-FNS, Goodwill of Houston, and Houston Independent School District, HHS launched a 25-week virtual training program for 60 high school seniors across three district schools — Sterling, Wheatley and Worthing. Successful program graduates are then expected to join the HHS workforce as Texas Works Advisors in summer 2021. All successful adult and high school student participants will receive case management advocacy support, such as monitoring, follow-up, linking and evaluation, for a period of up to 180 days following completion of the program.

Goal 2: Improve HHS Website User Experience

Goal Status: Met

Simplify access to SNAP food benefits, Temporary Assistance for Needy Families (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.



Goal and Deliverable Overview

HHS implemented several strategies to enhance users' HHS website experience. As a result of implementing additional links to the homepage, the HHS site saw a more than 50 percent increase in referrals from the homepage to YourTexasBenefits.com from FY 2019.

Background

Creating a positive and productive experience for those visiting the HHS and Your Texas Benefits websites in search of information and services requires accurate, easy-to-understand and easy-to-navigate content. In FY 2020, HHS improved the user experience by increasing visibility to YourTexasBenefits.com on the HHS site and promoting access on other digital platforms. This has improved access to the application for benefits and provided Texans critical information on programs.

In FY 2019, the HHS website referred 552,161 users to the Your Texas Benefits site. In FY 2020, as of Aug. 18, 2020, the HHS website referred 1,438,231 users to the Your Texas Benefits site — 873,041 were a direct result of the enhancements

HHS Communications implemented on Feb. 3, 2020. These website enhancements were especially timely as Texans soon felt the impacts of the COVID-19 pandemic and increasingly turned to HHS for assistance throughout FY 2020.

Goal and Deliverable Summary

HHS Communications implemented strategies to improve the HHS website user experience. These strategies included simplifying access to SNAP, TANF, Medicaid and CHIP benefits information and enrollment by providing a prominent, direct link to YourTexasBenefits.com in the quick-links menu at the top of the site; adding an apply-for-benefits promo tile on the homepage; updating the "How To Get Help" footer link to "Apply for Benefits" and including a YourTexasBenefits.com graphic promo tile on every webpage that identifies a benefit.

As a result of implementing these additional links, the HHS site produced an increase of over 50 percent in referrals to the Your Texas Benefits site from FY 2019. Other strategies included completion of a keyword and phrase analysis, embedding a survey widget on search result pages to solicit user feedback, hosting focus groups on current user experience, creating a post-enhancement website survey, migrating website content from the "How To Get Help" website to the HHS website and, finally, decommissioning the "How To Get Help" website on Aug. 26, 2020.

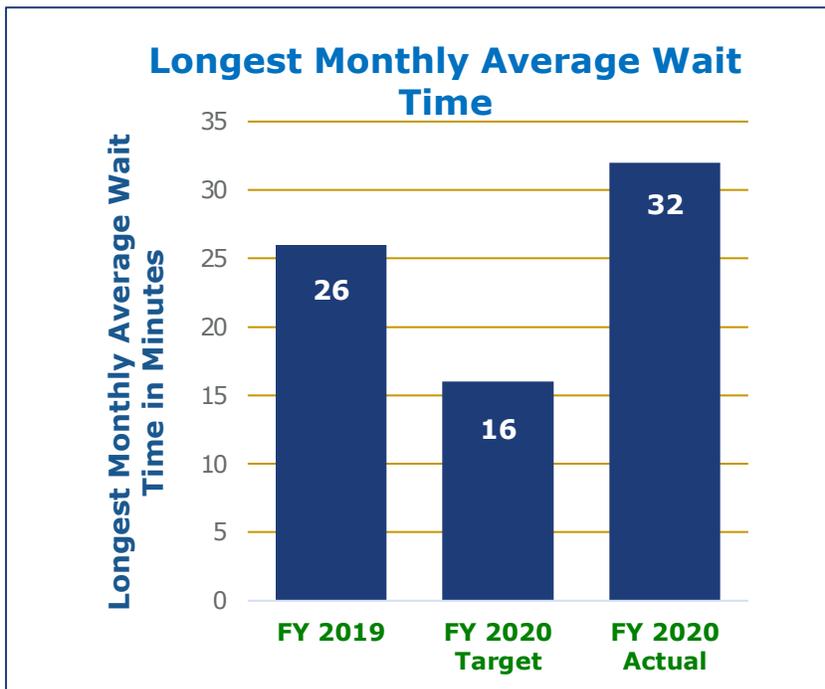
All deliverables were completed. This is especially important in the context of the state's response to the COVID-19 pandemic. Easy access to lifesaving and life-sustaining services is always critical to the Texans HHS serves, and never has it been more important than now. In a rapidly changing health and economic environment, Texans may unexpectedly find themselves in need of the services or benefits HHS administers at any time. It is vital HHS makes information available to anyone who needs it at any time, and the improvements to the agency's digital resources clearly demonstrate the positive impact of continuous assessment and improvement.

HHS employed focus groups to ensure stakeholder feedback was incorporated in the solutions developed as part of this initiative. Though the pandemic created unique challenges to our ability to utilize full-scale focus group activities post-enhancement, the agency was able to collect user feedback through a web survey. HHS will continue to identify other areas in need of enhancement to maximize the user experience for the clients we serve. User surveys will continue to be HHS' primary tool for collecting feedback and suggestions on improvements and enhancements to informational resources, especially digital communications, to ensure HHS is meeting the needs of Texans and employing best practices to inform, educate and assist the public. This is the fastest, most comprehensive and most cost-effective method to reach users of HHS resources.

Goal 3.1: Enhance the Application Experience for Families Applying for Services

Goal Status: Not met

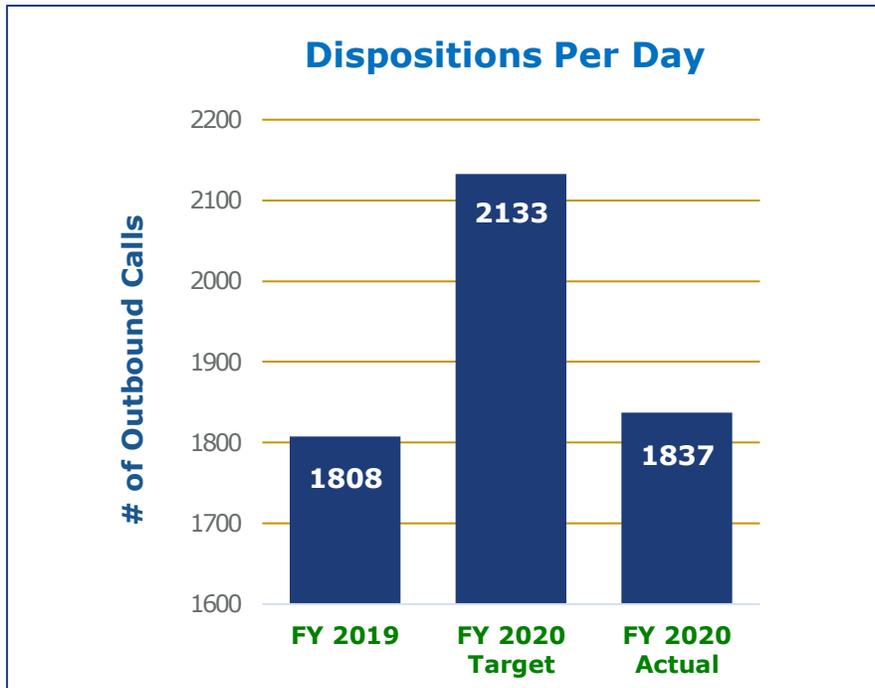
Reduce the time required to connect families to the appropriate services by decreasing the average wait time for inbound telephone eligibility interviews from 26 to 16 minutes. *Note: Average wait time measurement was calculated and tracked for each month.*



Goal 3.2: Enhance the Application Experience for Families Applying for Services

Goal Status: Not met

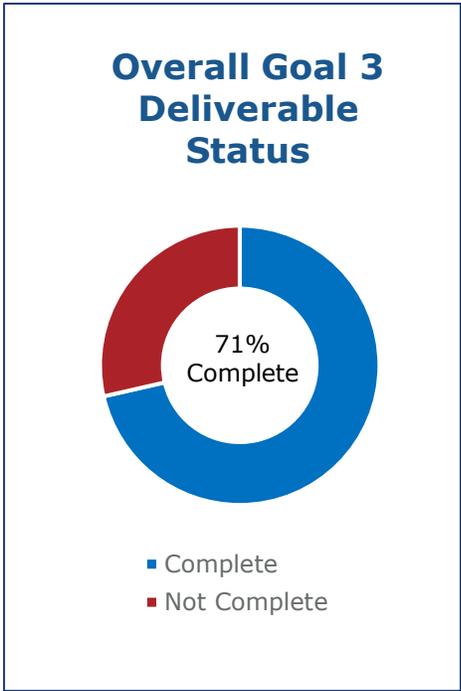
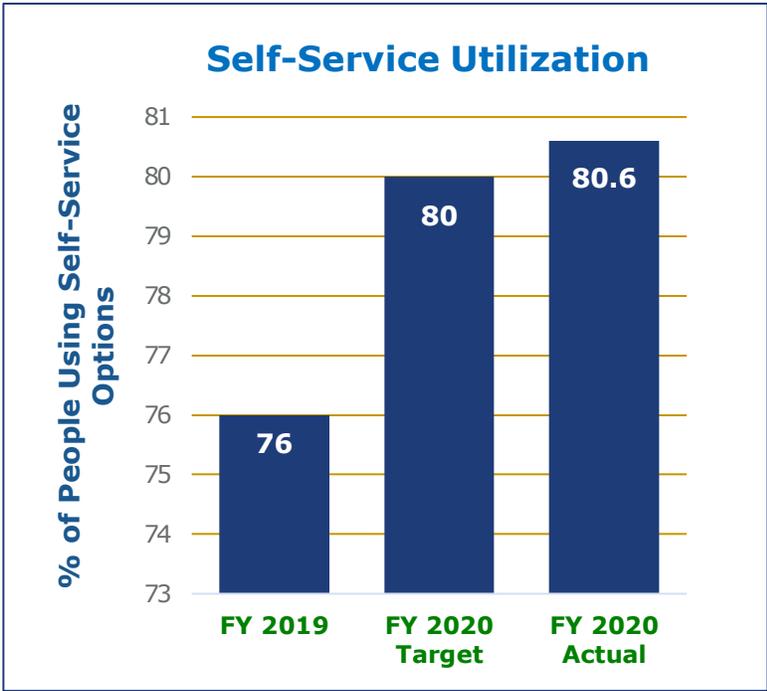
Reduce the time required to connect families to the appropriate services by expediting eligibility determinations through the launch of the Proactive Outreach Manager (POM) pilot, increasing outbound call capacity by 18 percent. This is an increase from an average of 1,808 dispositions per day between January and June 2019 to a target average of 2,133 dispositions per day.



Goal 3.3: Enhance the Application Experience for Families Applying for Services

Goal Status: Met

Reduce the time required to connect families to the appropriate services by 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 HHS Access and Eligibility Services (AES). Of those people, 2.2 million used a self-service option.



Goal and Deliverable Overview

Planned improvements to inbound and outbound call processes, including implementation of the POM pilot program and utilization of the statewide Virtual Interviewing Center (VIC) were impacted heavily by COVID-19. While goals for decreasing call wait times and expediting eligibility determinations were not met, we believe the improvements we did make will lead to improved outcomes once fully deployed. The goal to increase self-service utilization by 6 percent was not negatively impacted by COVID-19, and HHS exceeded its target for this goal.

Background

Eligibility determination is a key HHS function, and the application process is often the first time a person interacts with HHS. In FY 2020, HHS sought to improve the overall experience and timeliness of the eligibility interview process for Texans in need. Through the statewide implementation of business process improvements in eligibility offices and the piloting and rollout of an outbound call program, the agency has worked to innovatively reduce the amount of time required to apply for supports while optimizing resources and encouraging self-service options.

Goal and Deliverable Summary

HHS pursued implementation of three programs as follows:

- VIC — consolidation and resource allocation
- POM — pilot and expansion of scheduling tools
- Application services — enhanced self-service to improve customer experience

All three have been executed in tandem to improve the overall experience and timeliness of customer applications for supports while optimizing HHS resources and adding customer value through increased self-service options.

To improve inbound call processes, HHS successfully met the deliverable for implementing a statewide VIC through consolidating the operations for managing inbound call volumes from 11 regions to four, reallocating resources and placing strategic hires for further support needs. Due to the declaration of the COVID-19 public health emergency in March 2020, the inbound call process for interviews was halted, and for safety, staff shifted to remote teleworking for support of other critical services.

COVID-19 impacted the metric for this program as no interviews were scheduled or completed, and average wait time has not been measurable since March. From a readiness perspective, all six sites are fully operational, and HHS will initiate the shift from remote to on-site staffing as appropriate and in accordance with state and federal guidelines for preventing the spread of COVID-19. For FY 2021, HHS will execute the staffing shift to full on-site capacity levels and continue the current outlined goal for improving customer wait times.

To improve outbound call processes, HHS successfully piloted the POM and completed development and testing for statewide expansion. The initiative included upgrades to server capacity and enhancements to provide robust backup capability. The POM pilot demonstrated HHS capability to increase outbound call volumes up to 18 percent in Region 10 and indicated that POM will improve eligibility processes once fully implemented statewide. Full POM deployment has been hindered by COVID-19 constraints as the halt on interview scheduling also prevented use of POM for outbound calls. POM has not been utilized since March and measuring any improvement in dispositions has not been possible. Moving into FY 2021, agent training will be completed, and deployment of the POM application will occur in four waves projected to start in September. Once fully deployed, POM will deliver faster eligibility determinations for customers and add process efficiency with removal of front-end tasks previously required of HHS call agents. HHS will continue to gauge program success through the current outlined goal for dispositions once the COVID-19 pandemic has improved.

To improve the customer user experience, HHS implemented mobile application enhancements for face and fingerprint recognition to reduce username and

password-entry login failures. The enhancements were implemented in June 2020 and have led to a 6 percent decrease in login failures as of August 17. Use of self-service options for people seeking assistance is trending above the goal of 80 percent since June. COVID-19 has not impacted efforts, and HHS will continue to monitor customer usage through the goal's outlined measure. For FY 2021, HHS pursued enhancements through full-access accounts. These enhancements were implemented in October 2020, and AES has seen a 19 percent increase in authenticated accounts and a 5 percent increase in authenticated and linked accounts.

Goal 4.1: Establish Quality Assurance Standards for Evaluating Client Interactions

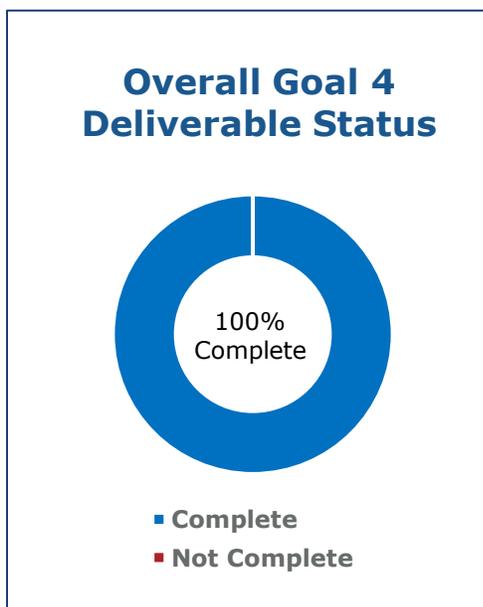
Goal Status: Met

Improve call interactions to ensure Office of the Ombudsman team members provide excellent customer service by developing and implementing call quality standards, including complaint handling and a process to train team members on those standards.

Goal 4.2: Establish Quality Assurance Standards for Evaluating Client Interactions

Goal Status: Met

Improve call interactions to ensure Office of the Ombudsman team members provide excellent customer service by establishing a customer survey to rate caller experience, using quality measures to establish baselines.



Goal and Deliverable Overview

Despite setbacks related to the COVID-19 pandemic, Ombudsman staff adapted to meet and exceed our goals to improve call interactions and provide excellent customer service. Because of modifications to the project to address COVID-19 challenges, call quality ratings improved during the period after project deliverables were implemented.

Background

The Office of the Ombudsman is a resource for resolution of HHS-related inquiries and complaints.

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.

In FY 2020, HHS established an automated phone survey system for callers to rate their experience interacting with Ombudsman staff. Standards were created and implemented to help establish call quality benchmarks, and staff were trained to both improve customer service and review cases for quality assurance.

Goal and Deliverable Summary

The HHS Office of the Ombudsman (OO) seeks to provide consumers an independent, neutral and confidential resource for resolution of HHS-related inquiries and complaints through a process that leads to confidence and accessibility for consumers and the agency.

To strengthen its mission, in FY 2020 OO set out to enhance the customer service experience by developing, implementing and training team members on call quality standards and enhanced customer service techniques and establishing a customer survey to rate caller experience.

During the first half of the fiscal year, OO developed new call quality standards that targeted the customer service experience and developed an emotional intelligence-based customer service training for team members. By February, the new call quality standards had been finalized, and team members received the targeted training. However, March ushered in a pandemic that disrupted the continuity of business operations and services across all sectors.

As HHS shifted priorities to support emergency COVID-19 efforts across the state and ensure the safety of staff, OO transitioned to a remote environment.

During the first month of teleworking, OO team members faced technological challenges that contributed to a decline in the quality assurance rate and hindered progress in implementing new quality assurance standards.

In response to the new reality, OO modified its customer service focus by implementing new practices molded to the remote work environment to include:

- Frequent live call monitoring to troubleshoot technology issues that contributed to low call quality.
- New quality assurance processes that aimed to provide more immediate feedback.
- New online customer service training for OO team members.

Despite the challenges brought on by the sudden change to the working environment and technology, and because of modifications to the project to address this new reality, call quality ratings improved during the period after project deliverables were implemented.

Monthly average quality levels increased from a low of 53 percent in April to a high of 87 percent in July. From May through August, the average overall quality rating was 10 points higher than the average for FY 2019 and 14 points higher than the first half of FY 2020 (prior to project implementation).

The second goal of the project was to collect direct consumer feedback through an automated phone survey offered to callers. The survey was implemented in December 2019 prior to the implementation of the project deliverables to facilitate a point-in-time comparison to changes in satisfaction levels.

The overall satisfaction level for the pre- and post-implementation periods was 83 percent. Although there was not a change in these levels, the challenges brought on by the pandemic and the relatively short post-implementation time frame made it difficult to accurately assess results. OO plans to continue surveying callers and tracking call quality levels in FY 2021 and beyond to ensure consumers receive the highest customer service quality possible.

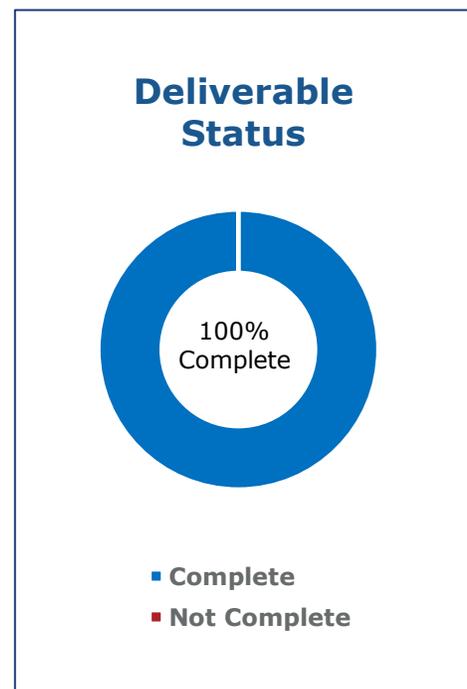
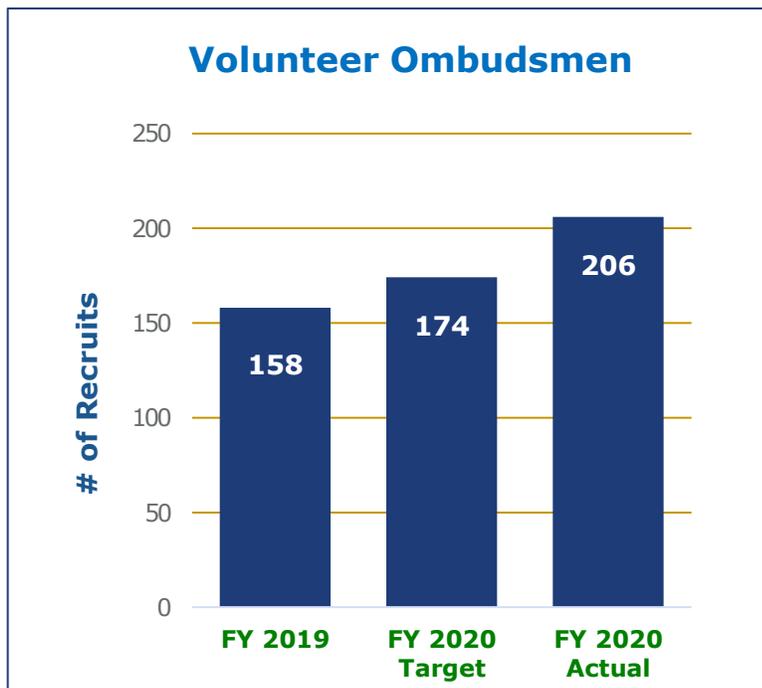
Initiative 6: Strengthening Advocacy: Increase Long-Term Care Ombudsman Capacity

The Texas Long-Term Care (LTC) Ombudsman program advocates for the health, safety, welfare and rights of nursing facility and assisted living facility residents in Texas. The program's efforts are largely supported by certified volunteer ombudsmen. Over the past several years, the program encountered challenges to recruiting and retaining volunteers due to changing federal regulations and an aging volunteer base. Addressing the volunteer shortage is critical to maintaining the LTC Ombudsman program responsibilities, including reviewing and referring abuse and neglect complaints, improving complaint response and resolution times, and allowing ombudsman team members to focus on time-consuming complaints. In FY 2020, the LTC Ombudsman is building upon its mission to protect vulnerable Texans through two goals focusing on volunteer recruitment and retention.

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

Goal Status: Met

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



Goal and Deliverable Overview

HHS implemented planned improvements to recruitment efforts and support to successfully increase the number of volunteer ombudsmen recruits beyond the FY 2020 goal.

Background

To address the decreasing number of ombudsmen volunteers in the last several years, HHS planned improvements to recruitment efforts and support in FY 2020. Texas LTC Ombudsman committed to improving recruitment practices to widen and diversify the volunteers and number of volunteers to the LTC Ombudsman program by identifying best practices, evaluating data on volunteer ombudsman recruitment efforts and implementing a volunteer response process improvement plan.

Goal and Deliverable Summary

This goal and associated deliverables were met on time. From October 2019 to February 2020, the LTC Ombudsman program completed five deliverables, including identifying volunteer recruitment best practices, evaluating its previous year's recruitment efforts, advising local ombudsman service areas on recruitment strategies, analyzing the program's volunteer response process, and implementing a volunteer response process improvement plan. This focus translated to increased attention on volunteer recruitment at the local ombudsman service-area level.

As a result, the LTC Ombudsman program surpassed its FY 2020 goal of recruiting 174 potential volunteer ombudsmen, and instead recruited a total of 206 potential volunteer ombudsman. This represented a 30 percent increase from the 158 ombudsmen recruited in FY 2019.

Feedback from volunteers informed the LTC Ombudsman program staff that volunteers did not perceive the training program or application process as burdensome. Volunteers requested more opportunities to complete training and submit reports online.

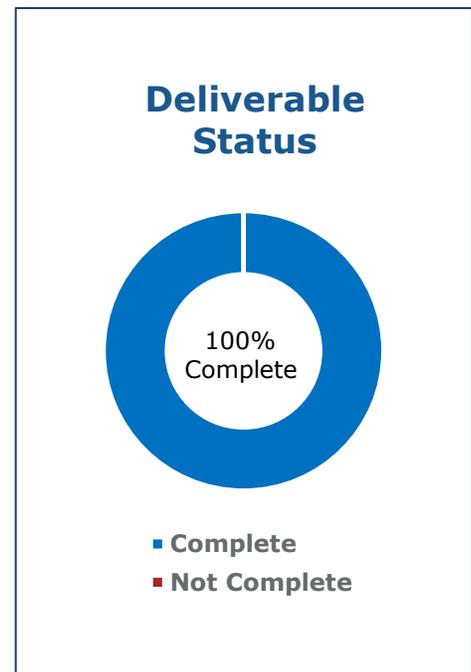
Recruitment efforts were affected by the public health emergency. At the start of the pandemic, ombudsman services were disrupted and recruitment efforts temporarily stopped. After LTC Ombudsman program staff successfully shifted to working from home, media interest presented an opportunity for the LTC Ombudsman program to inform the public about the role of the LTC Ombudsman. As a result, the LTC Ombudsman program showed modest improvements in recruitment of new volunteers toward the end of the fiscal year.

The State LTC Ombudsman will deploy the same strategies in FY 2020 for FY 2021, with the expectation that flu season and future outbreaks of COVID-19 will affect volunteer recruitment and may shift a volunteer's role with the LTC Ombudsman program away from on-site visitation to other support services.

Goal 2: Address Causes for Attrition

Goal Status: Not met

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



Goal and Deliverable Overview

This goal and its related activities were heavily impacted by COVID-19, which created an opportunity to adjust and adapt our processes. HHS did not meet its intended goal for FY 2020. However, by focusing on recruiting and certifying volunteers and modifying our training program, the LTC Ombudsman program was able to certify 19 more volunteers in FY 2020 compared to FY 2019.

Background

Attrition occurs when recruits begin but do not complete the program and become certified ombudsmen, thus costing the training program time and effort. To decrease attrition rates in the volunteer ombudsman program for FY 2020, the LTC Ombudsman sought to improve timeliness, efficiency and support for training recruits.

Goal and Deliverable Summary

COVID-19 changed the landscape for how volunteer ombudsman programs across the nation carried out their mission. The dedicated team members of the LTC Ombudsman program met the complications of a global pandemic head on, and through flexibility and determination, modified existing program practices to ensure responsiveness and continuity of advocacy services.

At the start of the pandemic, ombudsman services were disrupted and training efforts temporarily stopped because the training program was designed to be completed in-person and on-site.

As such, the LTC Ombudsman program did not meet its intended goal for FY 2020. However, by focusing on recruiting and certifying volunteers, and modifying our training program, the LTC Ombudsman program was able to certify 19 more volunteers in FY 2020 when compared to FY 2019.

From October 2019 to August 2020, the LTC Ombudsman program completed 11 deliverables, including identifying volunteer retention best practices, establishing an advisory group, issuing four volunteer communications, requesting reasons for volunteer resignations from the program, coordinating the development of training plans, visiting service areas to show volunteers their impact through data, providing a statewide volunteer webinar, and collecting information from volunteers to help with retention efforts.

Prior to the pandemic, the LTC Ombudsman volunteer training program was in-person and on-site. To become a certified ombudsman volunteer, recruits are required to take part in visitations at facilities with the LTC Ombudsman team as well as complete visitations independently to demonstrate their skills. However, social distancing requirements curtailed training efforts as all visitations were prohibited.

The LTC team identified an opportunity to pivot from the regular business practice of in-person training and developed relevant web-based training for volunteer groups. The LTC Ombudsman program purchased technology that allowed for remote training. Additionally, the elements of the training that required in-person observations through visitation of facility settings were temporarily lifted. This ensured the safety and well-being of our volunteer and staff ombudsmen, recruits, and facility residents and staff.

In the months prior to the pandemic, we certified a total of 40 new volunteers. In the second half of the fiscal year, we expected to make significant progress on this goal as a result of planning and recruitment efforts in the first half of the year. However, progress was interrupted as the LTC Ombudsman team shifted priorities to COVID-19 education to help residents and complainants understand the rapidly changing federal and state guidance that impacted their health and safety. During this time, 17 recruits dropped out of the program due to health concerns. After

implementing web-based training and removing the in-person requirement, the LTC Ombudsman program certified a total of 38 new volunteers.

As a result of the LTC Ombudsman team's efforts in FY 2020, a significant number of recruits are eligible to complete the training program in FY 2021. We will continue to work with recruits toward achieving certification as an ombudsman.

As we continue to learn about COVID-19 and its impacts, we anticipate that our business practices and the role of volunteers may continue to shift toward support services, telephone reassurance and other advocacy efforts outside of a facility. It is prudent for the LTC Ombudsman program to continue to focus on retention efforts in FY 2021 while continuing to evaluate how volunteer contributions ensure that the needs of residents are met.

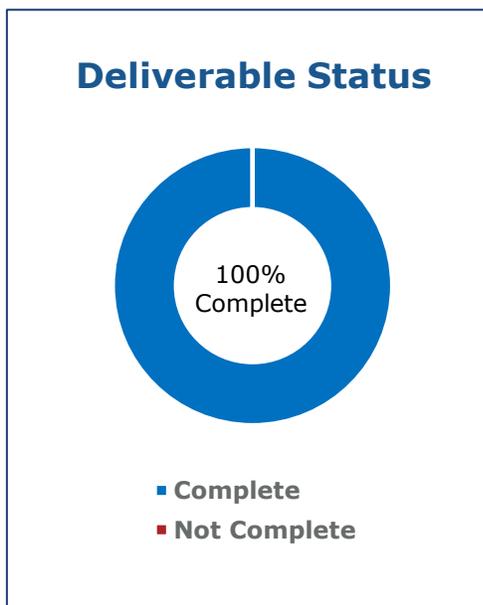
Initiative 7: Supplemental and Directed Payment Programs: Improve Accountability and Sustainability of Supplemental and Directed Payment Programs to Achieve Positive Outcomes

Each fiscal year, HHS oversees billions of Medicaid dollars distributed to providers through supplemental and directed payment programs. This work comprises development, operationalizing and execution, which includes review of reported data, tracking achievement, payment calculation, intergovernmental transfer fund collection, and payment, of programs intended to address funding shortfalls and drive quality improvements for services provided to Medicaid recipients. Through monitoring and redesign of several payment programs, HHS is strengthening accountability, improving quality of care, increasing value in the health care system and promoting better outcomes for people receiving Medicaid services.

Goal 1: Increase Oversight and Monitoring of Local Funding Structures

Goal Status: Met

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



Goal and Deliverable Overview

HHS successfully increased oversight and monitoring through several efforts in FY 2020. HHS began a monitoring process to review and confirm the information reported each federal fiscal quarter for Local Provider Participation Funds (LPPFs). HHS also increased oversight of non-LPPF funding used for the non-federal share of supplemental and directed payments. A monitoring plan for all local funding structures has been drafted and public comments will be accepted.

Background

In FY 2020, over \$10 billion in Medicaid payments were made to Texas providers through supplemental and directed payment programs. To receive federal reimbursements for Medicaid services, public dollars from local governments are used as matching funds. 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.

FY 2020 activities focused on strengthening accountability over the transfer of locally derived government funds. Through this goal, HHS planned to improve oversight of local fund transfers by developing reporting mechanisms and implementing enhanced monitoring strategies for governmental entities, including those that operate LPPFs.

Goal and Deliverable Summary

In FY 2020, HHS completed all deliverables outlined to increase oversight and monitoring of local funding structures.

HHS adopted a new rule, Texas Administrative Code §355.8068, with reporting requirements for governmental entities operating LPPFs. The rule became effective on Nov. 1, 2019, and requires governmental entities to report certain financial information about LPPFs to HHS each federal fiscal quarter. The information reported is necessary for HHS to comply with federal and state requirements.

To assist governmental entities with submitting the required LPPF financial information, HHS created a web-based reporting portal in December 2019. The portal allows governmental entities to report the required information to HHS. The deadline for reporting is 10 days after the end of each federal fiscal quarter. For federal FY 2020, the reporting deadlines were Jan. 10, April 10, July 10 and Oct. 10. If a governmental entity fails to submit the required information by the reporting deadlines, HHS will not accept a transfer of funds from the LPPF until the reporting requirement is satisfied. However, due to the COVID-19 pandemic, HHS obtained approval from the Office of the Governor to temporarily waive the penalty. As of August 2020, the penalty was waived for the deadlines in April and July.

To increase oversight of LPPF funding, HHS began a monitoring process to review and confirm the information reported each federal fiscal quarter. After all governmental entities submit their quarterly information, HHS conducts a review to

determine if the information reported is complete. Monitoring efforts began after the first quarterly reporting deadline was met in January 2020. The pandemic had a minor impact on some governmental entities meeting the second and third reporting deadlines.

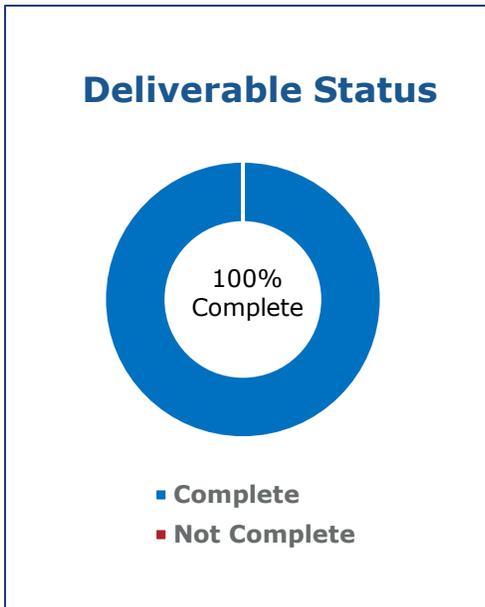
HHS also increased oversight of non-LPPF funding used for the non-federal share of supplemental and directed payments. In April 2020, HHS completed a data assessment to identify the information needed to be collected and assessed to monitor the local funding structures. Through the data assessment, HHS identified the federal requirements for permissible and impermissible sources of funds for the non-federal share.

The data assessment was used to draft a monitoring plan for all local funding structures. The purpose of the monitoring plan is to ensure locally derived funds used for the non-federal share comply with federal and state regulations. The monitoring plan details the steps HHS will take to monitor local funding structures, including information to be requested. The monitoring plan includes the resources necessary for implementation. As of August 2020, the monitoring plan is pending internal review and approval. Once approved, HHS plans to publish the draft monitoring plan on its website to request public comment.

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

Goal Status: Met

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.



Goal and Deliverable Overview

HHS successfully developed and received approval for the Delivery System Reform Incentive Payment (DSRIP) program Transition Plan. The Transition Plan outlines the work HHS is undertaking to develop, with stakeholder input, new programs and policies to continue health care transformation, to advance value-based purchasing in the Medicaid program and to drive quality improvement in the health care system and for Texans.

Background

In FY 2020, HHS focused on implementing the next phase in supplemental and directed payment programs. Through this goal, HHS planned to sustain delivery system reform by developing a transition plan that outlines the steps for HHSC and partners to develop new programs and policies based on the successes of the Delivery System Reform Incentive Payment (DSRIP) program.

The DSRIP program is a key component of the Texas Healthcare Transformation and Quality Improvement Program Medicaid Section 1115 Demonstration Waiver that provides funding to support the Texas health care delivery system and the people it serves. HHS and the Centers for Medicare and Medicaid Services (CMS) must agree on a transition plan describing how the state will continue delivery reform efforts to improve health care access and outcomes when the DSRIP funding pool ends Oct. 1, 2021.

While developing plans for reform post-DSRIP, the current operations of the 1115 waiver programs continue. HHSC met its goal for sustaining the supplemental funding streams including distribution of timely initial charity care payments to

providers in the Uncompensated Care (UC) Pool program and received approval for an increased UC pool size.

Goal and Deliverable Summary

HHSC achieved all deliverables and continues its work on the evolution of supplemental and directed payment programs. The funding earned in the DSRIP and UC programs is significant to the Texas health care system, especially for sustaining the health care safety net. The goals outlined in the initiative were key steps in continuing the important operations of the supplemental payment programs authorized by the 1115 waiver, development of the DSRIP Transition Plan and working with stakeholders to gain input on future proposals. The UC payments were completed timely even with new definitions of qualifying charity care expenditures.

The DSRIP Transition Plan received final CMS approval on Sept. 2, 2020. Before the target completion date of April 2020, CMS offered HHSC the opportunity to revise its Transition Plan deliverable due dates, for which Federal Financial Participation is at risk, as a result of changes in priorities and staffing resources for the COVID-19 response. The requested changes to due dates were finalized in August and submitted to CMS, who provided approval of the Transition Plan in early September.

The Transition Plan outlines the work HHSC is undertaking to develop, with stakeholder input, new programs and policies to continue health care transformation and to advance value-based purchasing in the Medicaid program. Staff engaged stakeholders to develop new program options, including Directed Payment Programs, to incorporate best practices learned from the DSRIP program. Staff are also analyzing data, populations served and lessons learned in DSRIP to develop policies and guidance that could be integrated, if appropriate, into the Medicaid program. HHSC will continue to work to maintain access to these funding streams and to drive quality improvement in the health care system and for Texans.

Initiative 8: Women and Children: Improve Health Outcomes for Women, Mothers and Children

HHS recognizes the importance of ensuring the health of Texas women, mothers and children across our programs. Services provided through Medicaid, Healthy Texas Women (HTW), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and the Family Planning Program (FPP) are designed as a continuum of care to cover acute and chronic health needs across stages of development, along with promoting healthy lifestyles that contribute to prevention of illness. In FY 2020, HHS pursued goals to promote increased access and coordination of services. This included 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.

Goal 1.1: Increase Accessibility to Long-Acting Reversible Contraception (LARC)

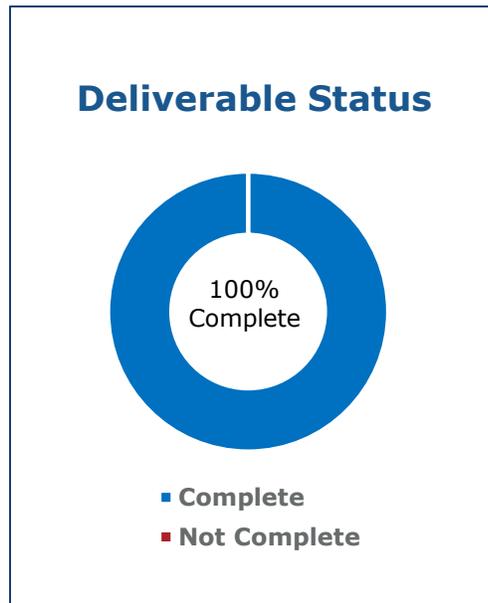
Goal Status: Verified data not yet available

Increase accessibility to long-acting reversible contraception (LARC) in Medicaid and HTW 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 women in FY 2020 for the Medicaid and HTW programs.

Goal 1.2: Increase Accessibility to Long-Acting Reversible Contraception (LARC)

Goal Status: Verified data not yet available

Increase accessibility to long-acting reversible contraception (LARC) in FPP 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 8,128 women in FY 2018 to 8,941 in FY 2020 in FPP.



Goal and Deliverable Overview

Even though the goal and its deliverables were heavily impacted by COVID-19, 100 percent of deliverables were completed. Several providers had to halt their LARC clinics, and one shifted to become a mobile COVID-19 test center. Improving access to LARCs remains a priority of the agency, and we intend to continue efforts to implement the mobile LARC program. Complete data will be available in 2021 to fully assess goal progress.

Background

Long-acting reversible contraception (LARC) is an effective contraceptive method with high user satisfaction. Barriers to LARC use include high stock-related costs for providers and access delays for women. To address these challenges, HHS partnered with a health-related institution of higher education to establish a mobile LARC provider program in targeted areas of the state. This pilot program is designed to improve access in underserved areas for women receiving Medicaid and HTW and for women receiving LARC from FPP.

Goal and Deliverable Summary

While the goal was not fully met, 100 percent of the associated deliverables have been met to date. The deliverables and overall goals were significantly impacted by the pandemic. For example, identifying the institutional partner for the mobile LARC program was easily accomplished. However, by the time all parties were ready to move forward, the existing mobile LARC clinic responded to the pandemic by becoming a mobile COVID-19 testing site in Cameron and Hidalgo Counties. In addition, many providers halted LARC insertion procedures due to stay-at-home

orders and social distancing requirements, which had a substantial impact on the 2020 LARC data trends and the ability to measure LARC increases associated with the informational materials.

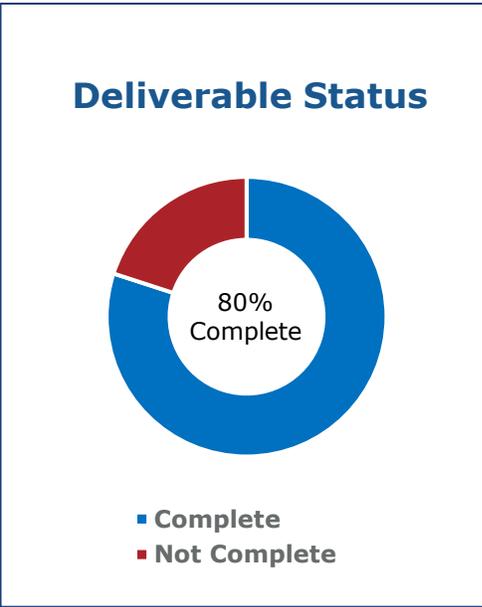
Discussing the agency vision and goals with the partner early in the process could have enabled all parties to more fully understand the expectations and develop a timeline together that appropriately addressed the needs of both the agency and partner. Assumptions were made that impacted the timeline and the deliverables. Other providers have expressed interest in starting a mobile LARC program if dedicated funding was available.

The remaining deliverables are on target to be met by September 2021, and the goals will be continued in FY 2021. Improving access to LARC remains a priority of the agency, and the mobile LARC pilot program will help serve reproductive health needs in an underserved area of the state. The final deliverable to evaluate project results to inform future initiatives can also be accomplished in FY 2021 once the mobile program is fully operational and begins gathering and analyzing LARC data. If changes to LARC policy, funding or access occur in Medicaid, HTW or FPP, the agency will continue to develop and send informational materials to providers throughout the state.

Goal 2: Increase the Rate of Women Accessing Prenatal Care

Goal Status: Data not yet available

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.



Goal and Deliverable Overview

Despite the impacts of COVID-19, HHS completed almost all planned deliverables for this goal. Complete data will be available in 2021 to assess progress toward the goal.

Background

Prenatal care is important for birth outcomes for both a woman and her baby. In FY 2020, HHS led efforts in coordination with our community partners to improve timely prenatal care for women in Medicaid in rural West Texas and the Panhandle, as these areas have the greatest disparities among women accessing recommended prenatal visits.

Goal and Deliverable Summary

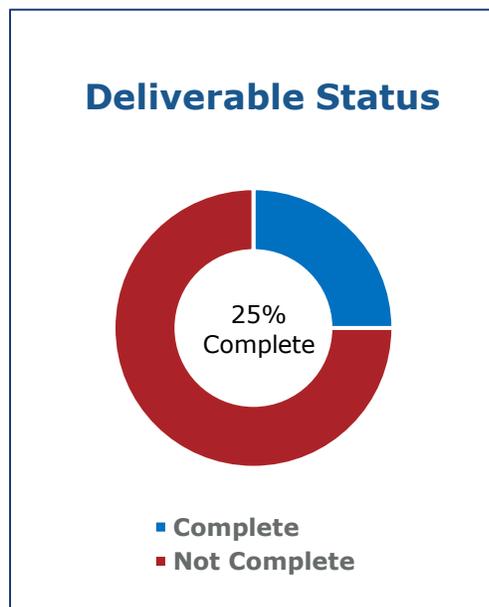
To strengthen future pay-for-quality strategies and implement best practices to improve prenatal care, Medicaid and CHIP Services (MCS) utilized pay-for-quality promising practices and results from a Managed Care Organization (MCO) survey to draft an action plan to reduce barriers to prenatal visits. That plan is currently routing for approval and will be released to the MCOs once approved. Prenatal appointment availability studies were completed for the MCOs as scheduled.

MCS plans to complete release of the action plan and monitor implementation of promising practices in FY 2021. Additionally, the data associated with the number of prenatal visits completed in FY 2020 will be available in June 2021 and will enable MCS to assess any impacts the pandemic has had on access to prenatal care.

Goal 3: Increase Pregnancy Medical Home Sites

Goal Status: Not met

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.



Goal and Deliverable Overview

The delay in implementing the Pregnancy Medical Home pilot sites was primarily due to the cancellation of the STAR/CHIP procurement. Despite setbacks, HHS has finalized the survey needed to gather information from potential pilot providers and to-be-awarded STAR MCOs. Having this deliverable completed will allow MCS to publish the survey as soon as the contract awards are announced at some point in the future.

Background

Providing coordinated, evidence-based maternity care management for women enhances the health of both mothers and babies. Research has indicated that pregnancy medical home (PMH) participation significantly improves outcomes by lowering the incidence of cesarean deliveries, reducing postpartum anemia, significantly lowering neonatal intensive care unit (NICU) admissions and increasing long-acting reversible contraception (LARC) use.

Four additional PMH sites will be evaluated and implemented, increasing the total number of these sites to five in Texas Medicaid during FY 2020.

Goal and Deliverable Summary

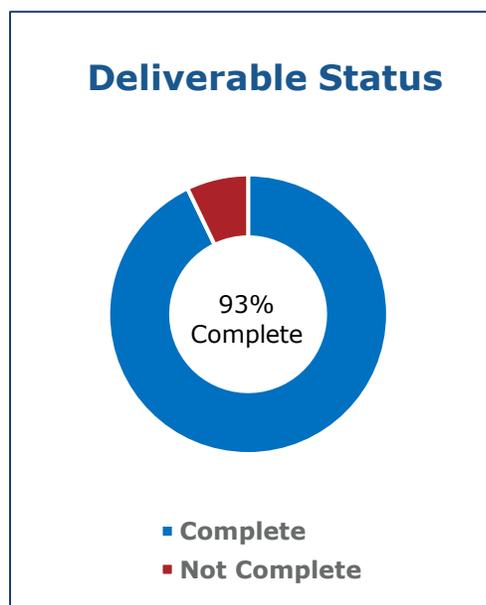
In FY 2020, HHS developed the mechanism to support the selection of PMH pilot sites prior to the onset of COVID-19 and the cancellation of the STAR/CHIP procurement. The identified mechanism assumed the STAR/CHIP procurement would proceed and MCOs would be required to implement the deliverables associated with the new contracts, effective Sept. 1, 2020. Therefore, the delay in implementing PMH was primarily due to the cancellation of the STAR/CHIP procurement.

Despite the setback, HHS has finalized the survey needed to gather information from potential pilot providers and to-be-awarded STAR MCOs on their ability to meet pilot requirements of Senate Bill 748. Having this deliverable completed will allow MCS to publish the survey as soon as the contract awards are announced at some point in the future.

Goal 4: Address Breastfeeding Barriers and Disparities

Goal Status: Data not available

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).



Goal and Deliverable Overview

HHS was able to meet almost all deliverables planned for FY 2020, with minimal adjustments made to adapt to the changing environment during the COVID-19 pandemic. However, we are unable to determine if the overall goal of improving breastfeeding initiation rates was met. Social distancing and changes to local agency service delivery made it impossible to capture the data needed to validate. In FY 2021, the WIC program will continue to implement and expand these interventions while working toward capturing accurate initiation data to determine their effectiveness.

Background

Supporting breastfeeding goals for mothers is an ongoing public health priority because of the long-term health benefits for infants, mothers and communities. Notable disparities in breastfeeding initiation rates exist among Black women as compared to other races both nationally and in Texas. This year, HHS provided an array of lactation support programs and initiatives to improve breastfeeding outcomes and address disparities by enhancing evidence-based practices including training and professional education, and breastfeeding promotion and awareness activities.

Goal and Deliverable Summary

HHS was able to meet almost all deliverables planned for FY 2020, with minimal adjustments made to adapt to the changing environment during the COVID-19 pandemic. However, we are unable to determine if the overall goal of improving breastfeeding initiation rates was met. Social distancing and changes to local agency service delivery made it impossible to capture the data needed to validate. Rates used to determine goal metrics were pulled from the WIC program's most recent reliable data source in July 2017. Throughout the fiscal year, the program approached resolution to existing data inaccuracies from many angles. Manual data entry by WIC staff into a separate survey application posed promising results but was not a viable solution when the response to COVID-19 shifted clinics' focus to certify participants quickly. Additional plans had been made for an abbreviated version of the DSHS Infant Feeding Practices Survey conducted at the WIC clinics to serve as an alternative source of data. Similarly, COVID-19 and associated social distancing made gathering this data impossible. Lastly, originally planned for August 2020 release, the Right From the Start campaign has been postponed until FY 2021 due to COVID-19-related delays.

Many lessons were learned during the implementation of these deliverables. A robust analysis of breastfeeding initiation rates across the state provided a clear map for future planning. Data from July 2017 was analyzed at multiple levels, including health service region, county, local agency and clinic. Clear trends emerged in various regions of the state where disparities in breastfeeding initiation among Black mothers was greater than 10 percent. Clinic-level data revealed that in some communities with overall low disparities and/or high initiation rates, there

were pockets of the community where disparities were high. This allowed for improved strategic planning for future campaigns and interventions to areas that might otherwise have been overlooked. To better capture areas where overall initiation is above-average but disparities are high, future goal setting should focus on narrowing the disparity rather than simply improving the overall initiation rates. However, an accurate mechanism for capturing data will need to be in place.

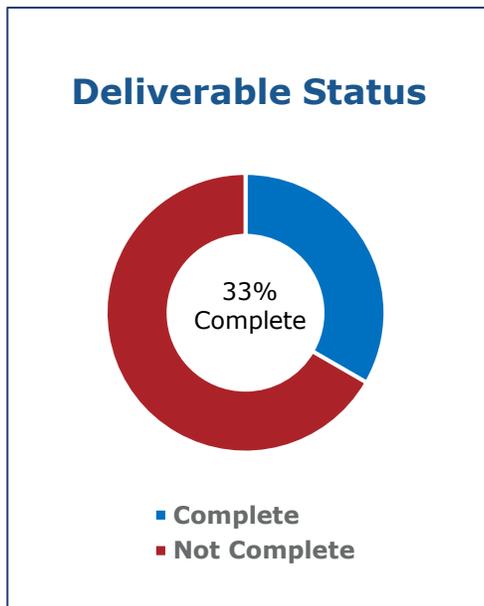
The program learned the importance of local-level involvement in planning. Regional brainstorming sessions brought to light community-specific trends, barriers and impact, generating meaningful conversation for future planning. The state WIC program's role may best be served by facilitating and supporting local efforts.

Efforts should continue to address this goal. In FY 2021, the WIC program will continue to work toward capturing accurate initiation data to determine effectiveness of intervention. Intervention efforts through the Every Ounce Counts marketing campaign will continue, with improved strategic planning, to target regions where disparities are the highest, narrowed to specific neighborhoods. Community-level support for implementing the Supplemental Nutrition Assistance Program Education (SNAP-Ed)-funded Breastfeeding Friendly Community initiative and peer text projects will serve as continued intervention for target regions. Finally, the program will continue to provide support and outreach to Texas birthing facilities on the Texas Ten Step program to promote improved birthing practices that support successful breastfeeding in the first few days of life.

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

Goal Status: Not met

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.



Goal and Deliverable Overview

This goal and its deliverables were significantly impacted by staff constraints and the COVID-19 pandemic. Despite setbacks, HHS is committed to continuing these efforts to implement pilot initiatives in the BCCS program and address disparities in breast and cervical cancer screening and outcomes.

Background

For Texas women, breast cancer is the most commonly diagnosed cancer and the third-highest cause of cancer deaths. Women diagnosed earlier have much better chances of survival than those diagnosed at later stages. Mortality and late-stage incidence rates for Black, non-Hispanic women are higher than all other races in Texas.

In FY 2020, HHS and community partners engaged in strategies to reduce late-stage female breast cancer diagnoses by increasing age-appropriate screening rates and ensuring timely, thorough follow-ups on abnormal screening results. HHS sought to undertake pilot initiatives with the Breast and Cervical Cancer Services (BCCS) program to identify and implement evidence-based interventions (EBIs) to address disparities in cancer screening and with a mobile mammography unit to increase access to screenings in Central Texas.

Goal and Deliverable Summary

There are two projects associated with this initiative. For the first project, Health, Developmental and Independence Services (HDIS) selected the University of Texas Dell Medical School (UT Dell) as the implementing partner for the mobile mammography deliverable. BCCS developed the original contract; however,

contract execution was significantly impacted by COVID-19 as UT Dell focused on the pandemic response. HDIS continues to work with UT Dell to move the process forward. Once the contract was executed and mobile mammography services began, the BCCS program began providing ongoing technical assistance to UT Dell to help resolve any project implementation challenges, discuss policy and contracting requirements and answer questions from UT Dell staff.

For the second project, the BCCS program initially identified The Rose Center for Breast Health Excellence as a collaborator to implement the EBI deliverable. BCCS conducted a site visit and held follow-up discussions to plan implementation. BCCS program staff wrote the memorandum of understanding (MOU) between BCCS and The Rose, but as previously mentioned, staff constraints and COVID-19 impacted the project.

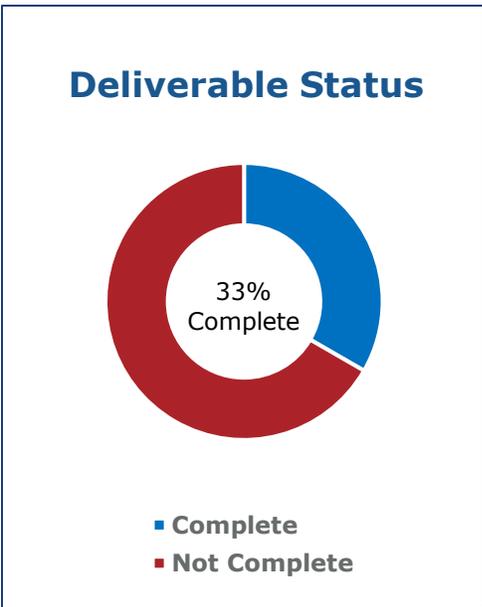
In subsequent conversations with the Centers for Disease Control and Prevention (CDC), it became clear that The Rose was not the most suitable partner for the EBI project due to data collection limitations but has potential for implementation of a patient navigation initiative (also a CDC grant requirement). BCCS staff reached out to The Rose to propose shifting the project, but due to COVID-19, The Rose temporarily stopped providing services and discussions halted.

BCCS plans to continue discussions regarding a patient navigation project, as well as select another partner to implement the EBI project. Selection of a new partner for the EBI project will depend on the BCCS contractor base. Lessons learned from the challenges BCCS experienced in collaborating with The Rose will be helpful as BCCS initiates new health system partnerships in FY 2021.

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

Goal Status: Data not yet available

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).



Goal and Deliverable Overview

The COVID-19 pandemic has had significant negative effects on the rates of well-child visits occurring nationally, and we expect that the numbers in Texas have declined as well. Complete data will be available in FY 2021 to learn the impacts. HHS is committed to engaging the health plans and other stakeholders to encourage awareness of the issue so that outreach can be conducted to ensure that efforts are made to increase these visits.

Background

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.

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

Goal and Deliverable Summary

To support an increase in the number of children under 15 months in Medicaid that receive the recommended number of well-child visits during FY 2020, MCS utilized quality data from FY 2018 and an MCO survey to draft an action plan to reduce barriers to well-child visits. That plan will be released to the MCOs to help inform future efforts.

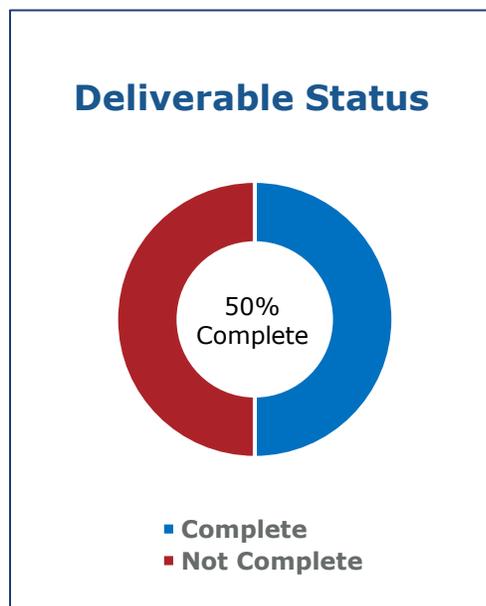
MCS plans to complete the release of the action plan and monitor implementation of promising practices in FY 2021. Additionally, the data associated with the

number of well-child visits completed in FY 2020 will be available in December 2021. Due to trends observed and concerns raised nationally, a significant decline in well-child visits during the pandemic is anticipated. MCS has engaged the health plans and other stakeholders to encourage awareness of the issue so that outreach can be conducted to ensure that efforts are made to increase these visits.

Goal 7: Improve Health Outcomes for Children with Chronic Asthma

Goal Status: Data not yet available

Enhance the 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.



Goal and Deliverable Overview

Creation of training and operational tools for oversight of service management and service coordination were completed, however, implementation of these tools was delayed due to COVID-19 and other unforeseen challenges. Some modifications to

support virtual versus in-person reviews will be necessary. HHS plans to continue these efforts in FY 2021.

Background

Children with special health care needs, such as chronic asthma, receive service management from their Medicaid MCO. HHS is ensuring accountability in how contracted MCOs assess and coordinate care for children to improve health outcomes. This includes developing technical assistance and oversight tools to help MCOs facilitate care coordination for children who need it.

Goal and Deliverable Summary

MCS completed the service management technical assistance webinar series in FY 2020 and developed operational tools for oversight of service management and service coordination across MCS units. However, implementation of these tools was delayed due to prioritization of federal and state mandated implementations and pandemic response efforts to ensure that clients maintained access to and providers could continue delivering key services during the public health crisis.

Implementation of the new service management oversight tool for on-site and operational reviews was completed. MCS reviewed the operational review tools with consideration of a virtual versus in-person approach and initiated virtual reviews before the end of calendar year 2020. As each MCO operational review concludes, MCS will evaluate the outcome of the review and take appropriate action. These efforts are ongoing.

Concurrently, MCS is reviewing the results of MCO self-reported data on members with special health care needs to identify MCOs with poor performance to inform any actions needed. Verified data on emergency department use in FY 2020 will be available for review in June 2021 and will help inform future goals and the need for technical assistance.

Initiative 9: Team Texas HHS: Improve Our Culture, Recruitment and Retention

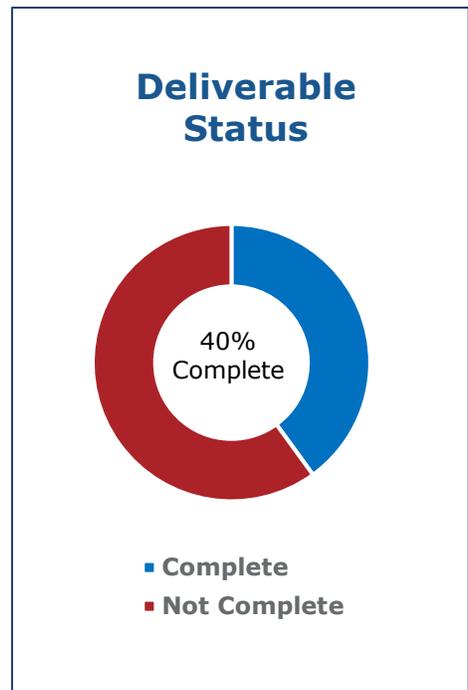
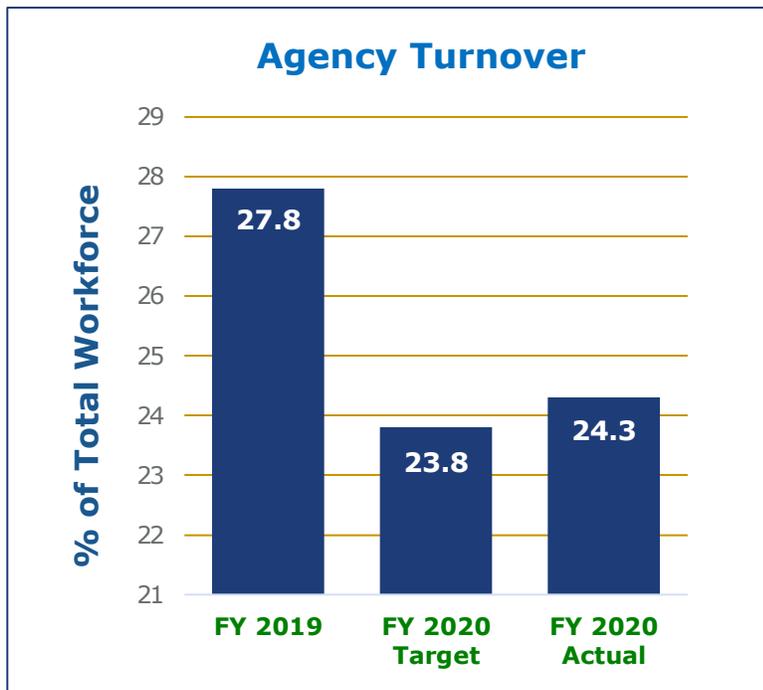
HHS is committed to attracting and retaining a talented workforce. Cultivating a positive workplace culture impacts team member performance and retention, which increases our ability to serve the Texans who rely on us. In FY 2020, HHS invested in specific initiatives to promote a workplace culture that empowers and attracts people who are dedicated to improving the lives of Texans.

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

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

Goal Status: Not met

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, HHS experienced turnover in 11,579 of its 38,671 full-time - equivalent positions. *Note: The originally published goal as stated above contains a discrepancy in the way the baseline numbers were calculated. A 4 percent reduction in the corrected turnover rates as represented in the graph below was used for goal attainment reporting.*



Goal and Deliverable Overview

HHS created a Talent Acquisition Office (TAO) and established new employee orientation (NEO), as well as an HR dashboard. The full implementation of both the NEO and TAO activities, as well as other program-specific recruitment activities, were impeded by constraints of COVID-19. Overall, HHS fell just shy of the target for this goal, decreasing system turnover by 3.5 percent.

Background

To improve organizational culture, HHS is using feedback from team members at every level of our organization and from partners in implementing an agencywide recruitment and retention plan.

HHS established a dedicated Talent Acquisition Office (TAO) within the System Support Services (SSS) division to provide a full range of services, including job posting, recruitment and hiring. We collaborated with program leadership to determine the best recruitment and retention strategies customized to their respective areas. These strategies are based on industry standards, best practices and data-driven decisions.

This TAO evaluates trends in staffing and employee engagement and develops training, tools and initiatives to build positive momentum and proactively address identified issues.

Goal and Deliverable Summary

In FY 2020, HHS engaged several divisions in a coordinated effort to reduce employee turnover by investing in an agencywide recruitment and retention plan. Activities implemented last year include development of an HR dashboard, creation of a Talent Acquisition Office (TAO) and targeted initiatives for improving employee engagement. Although HHS fell just shy of the target, these efforts ultimately proved successful in decreasing system turnover by 3.5 percent last year.

To improve transparency and give leadership the tools necessary to make division-specific decisions, a robust HR dashboard was developed and implemented in early FY 2020. The dashboard is updated monthly, providing all divisions with FYTD projected turnover, critical shortage classifications, current vacancies and potential readiness data. It will continue to enable leadership to monitor progress and make decisions about current and future needs in FY 2021.

HHS established a new TAO which made notable progress toward reducing hard-to-fill positions and developing program-specific recruitment and retention plans. Additionally, efforts to create an agencywide new employee orientation (NEO) began in 2020. The full implementation of both the NEO and TAO activities were impeded by constraints of COVID-19. The TAO is engaging with job fairs, college/university relations and recruitment events virtually. A standardized welcome email and recorded webinar for benefits/retirement was created for the NEO before the project was temporarily paused. Development of the NEO will resume in FY 2021, and the TAO will continue to adapt activities to recruitment and retention needs.

With approximately 40,000 full-time staff, HHS has diverse recruitment and retention needs across multiple division and program areas. Thus, several division-specific initiatives successfully launched in FY 2020 to bolster targeted improvements in employee experiences. Some examples of activities from specific divisions and programs are highlighted below.

Health and Specialty Care System (HSCS)

HSCS continued working to improve recruitment and retention of staff at all facilities through the following strategies:

- Providing market rate increases to direct support professionals (DSPs) and psychiatric nurse assistants (PNAs) at selected facilities.
- Streamlining the new employee orientation process.
- Examining staff deployment and overtime management to prevent staff burnout.

- Conducting staff “think tanks” at state supported living centers to hear feedback from staff on operational changes and suggestions to improve workflows and allow staff to work smarter, not harder.
- Implementing a multifaceted communication plan for all staff, including:
 - ▶ A monthly newsletter.
 - ▶ A texting service allowing staff access to senior division leadership.
 - ▶ Launching an internal SharePoint site with content driven by employee feedback.

HSCS is monitoring the effectiveness of these efforts and will continue to engage team members through various methods and respond to feedback to improve communications in FY 2021.

Regulatory Services Division (RSD)

The RSD worked on several efforts to improve employee engagement, including participating in the development of an agency recognition program, disseminating a monthly newsletter to staff and a plan for quarterly webinars for staff to hear directly from division leadership. Most of these projects have been paused/delayed by the need for staff to focus on the response to COVID-19 in regulated facilities to protect health and safety. Engagement activities will resume in FY 2021 if the state continues to see declines in new COVID-19 cases among regulated providers.

Information Technology (IT) Department

The IT department focused on targeted recruitment and hiring activities, along with initiatives to improve retention in the department in FY 2020. Examples include:

- Implementing a webpage for “shoutouts” on the intranet site to encourage staff and customers to acknowledge excellent efforts by IT staff.
- Introducing Yammer to IT staff so they can communicate about activities outside of work to help build comradery in the department.
- Conducting an employee net promoter survey to set a baseline and identify areas in need of immediate action.
- Giving IT Leadership 360-degree assessments to help them understand their strengths and weaknesses and to contribute insights into aspects of their work needing professional development.
- Providing all IT staff an opportunity to take a Building Bridges class and to conduct a communication team-building exercise.

- Purchasing LinkedIn Learning licenses for all IT staff to improve soft skills and technical skills.
- Conducting monthly one-hour webinar (iTalks) hosted by IT leadership with the goal of sharing more information.

These efforts helped reduce the vacancy rate in IT from 19.64 percent at the beginning of FY 2020 to 12.83 percent. Additionally, IT turnover rate decreased from 20.43 percent at the beginning of FY 2020 to 13.71 percent.

Communications Office (COM)

COM engaged with other divisions to support the recruitment and retention efforts across the system, including:

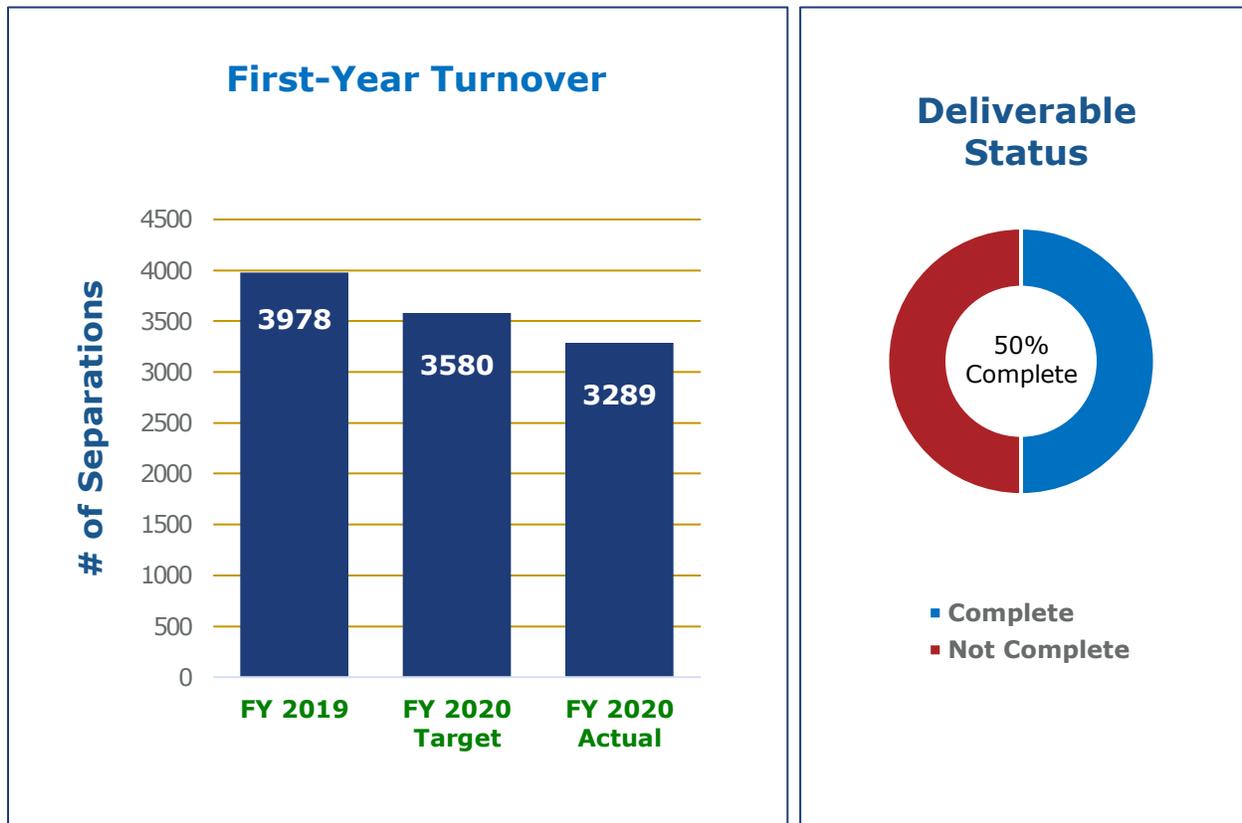
- Publishing an annual calendar of HHS and health-related activities.
- Implementing a media campaign to highlight team member successes and key services.
- Coordinating with other divisions to provide information for legislators to share with their constituents about HHS employment opportunities.
- Working with HSCS to facilitate recruitment efforts, including:
 - ▶ Creating social media posts and providing program outreach materials.
 - ▶ Promoting and streamlining virtual job fairs by using targeted media outreach to generate press coverage of available jobs in a specified region.
- Contributing to the Employee Engagement Improvement Initiative by researching best practices for employee engagement, such as limited, targeted emails to staff, staff event planning, and staff recognition videos.
- Highlighting team member successes and key services through the “I Am HHS” campaign on the agency intranet and externally through social media.

In addition to continuing many of the efforts described above, HHS is investing in continuous learning initiatives in FY 2021. Last year, HHS conducted a training needs assessment and generated recommendations for an agencywide training alignment. The recommendations for improvements to training programs are expected to move forward in FY 2021 while HHS continues to identify ways to improve employee engagement and experiences.

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

Goal Status: Met

Reduce the number of team members who leave HHS 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. *Note: The originally published goal as stated above contains a discrepancy in the way the baseline numbers were calculated. A 10 percent reduction in the corrected turnover rates as represented in the graph below was used for goal attainment reporting.*



Goal and Deliverable Overview

HHS engaged in a series of efforts to attract and better prepare prospective hires in FY 2020. Despite delay of some program-specific initiatives that were impeded

by constraints of COVID-19, HHS was successful in decreasing the number of first-year separations beyond the FY 2020 goal.

Background

In FY 2019, critical front-line and clinical team members contributed to approximately 86 percent of the employee turnover across the HHS system. In these areas, approximately 36 percent of those who left exited within their first year of employment. Many of these former team members surveyed left because they did not fully understand or were not fully equipped to manage the unique challenges of their positions.

FY 2020 activities focused on efforts to attract and better prepare prospective hires. A series of targeted initiatives were implemented to address unique recruitment challenges and high turnover in areas with critical front-line and clinical functions. HHS revised recruitment materials and enhanced job-specific training, mentoring and other supports that team members receive in their first year of employment.

Goal and Deliverable Summary

To reduce the number of team members leaving the agency within their first year of employment, HHS engaged in a series of efforts to attract and better prepare prospective hires in FY 2020. An error was identified in the original calculations of the baseline data after publication. Once corrected, the 10 percent reduction in turnover within the first year equates to a reduction of 398 separations. FY 2020 year-end data indicates that HHS surpassed the goal target by a wide margin with a total reduction of 689 first year separations, or a reduction of 17 percent.

Data from FY 2019 indicated that critical front-line and clinical team members represented approximately 36 percent of first-year separations. At that time, many of these former team members surveyed said they left because they did not fully understand or were not fully equipped to manage the unique challenges of their positions.

To address the disproportionately high turnover rates in these positions, HHS targeted division-specific efforts to mitigate the unique challenges in high-turnover or difficult-to-fill positions. These divisions include the Health and Specialty Care System (HSCS), Regulatory Services, Access and Eligibility Services (AES), and Procurement and Contracting Services (PCS). The goal success provides strong support that these efforts were impactful, despite challenges encountered within each of these areas by COVID-19.

Implementation of some of the efforts originally planned within the divisions were delayed, and several deliverables were not fully completed within the fiscal year. For example, revisions of the job descriptions/postings for critical shortage positions were successfully updated for Nurse III Surveyors in Long-term Care Regulatory and for the state supported living centers but have not been completed for the state hospitals due to staff focus on COVID-19-related priorities.

HSCS successfully hosted a leadership learning collaborative and updated the HSCS recruiting website. An updated training program for AES staff was completed and launched in February with impressive results. As of the end of March, 98 percent of AES staff had completed training. Efforts to update training programs for state hospitals and SSLCs were planned but have been impeded by COVID-19 demands.

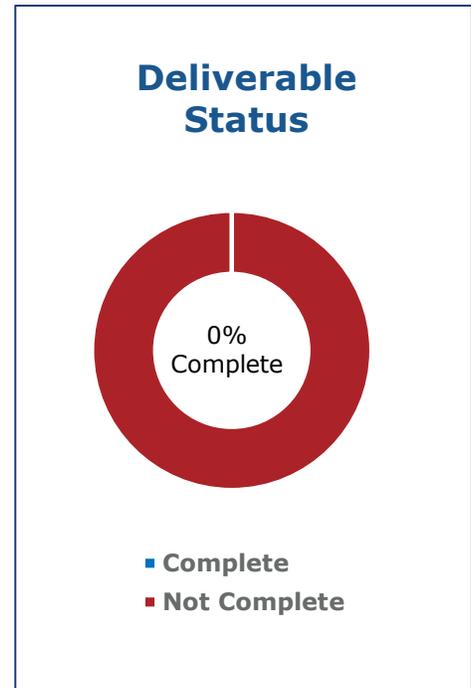
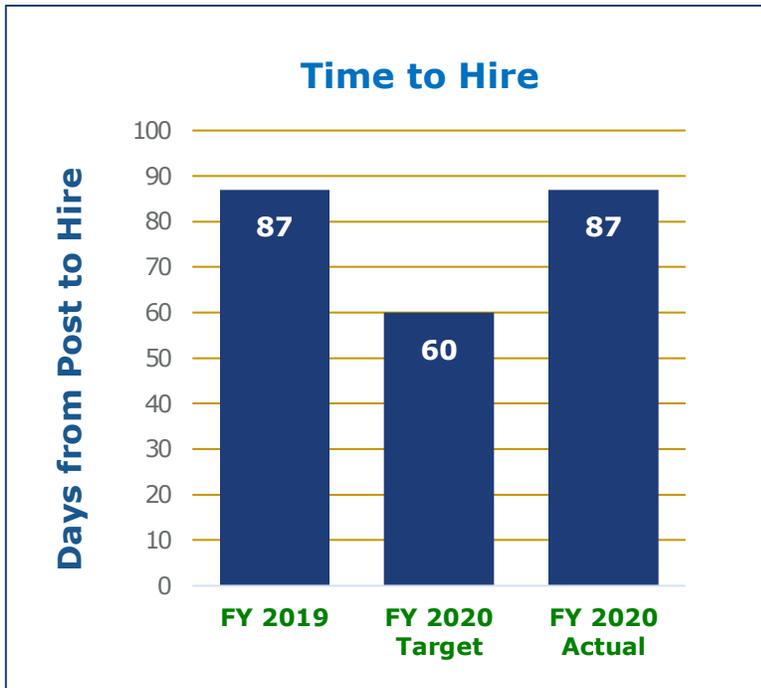
The PCS Complex Procurement Team conducts two weekly trainings; one for general procurement topics for the entire team and one specific to Tier I preparation for the STAR procurements. PCS' Training Unit continues to develop and deliver training, including a five-part CAPPs Financials training delivered on a weekly basis. All PCS training resources are accessible on PCS' SharePoint site. In addition to formalized training, purchasing managers continue to provide one-on-one training for new employees on an ongoing basis.

In FY 2021, if COVID-19 response efforts are no longer diverting a large amount of staff resources, HHS plans to continue initiatives to attract and better prepare new hires joining the agency. HHS will work on implementing updated trainings and complete the needed job posting updates. While this goal has surpassed targets, efforts will continue toward reducing separations occurring in the first year of employment, with a special focus on high-turnover or difficult-to-fill positions.

Goal 3: Implement a Streamlined Hiring Process

Goal Status: Not met

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.



Goal and Deliverable Overview

During initial planning, HHS encountered challenges in retrieving detailed reports about time-to-hire factors that impeded progress on the rest of the deliverables. Other efforts pursued while awaiting enhanced reporting capability did not appear to affect the goal outcome. HHS looks forward to progressing with the goal activities in 2021 to reduce time-to-hire and enhance the talent at HHS.

Background

The average time to fill vacant HHS positions was identified as a barrier to staffing. 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 has hindered our ability to hire top talent, and selected candidates are often lost as a result of lengthy time to hire. Streamlining the process allows us to reduce time from posting to filling, fill vacant positions in a timelier manner, enhance talent at HHS and reduce team member workload for those involved in the hiring process.

Goal and Deliverable Summary

In FY 2020, HHS sought to implement processes and create efficiencies that reduce the time from posting to hiring for vacant positions. Activities to achieve this goal were planned whereby each deliverable was contingent upon the completion of prior deliverables. The first deliverable was to map out the current processes for filling vacant positions. During this first step, HHS determined that expanded reports that include detailed information on time between hiring activities were

needed to help define potential efficiencies and barriers that may delay filling vacant positions and to help craft corresponding interventions.

HHS worked with partners in the HHS Employee Service Center to explore options to expand reporting capabilities for time-to-hire data. Expanded reports should help to identify areas in the hiring process that may be more prevalent in causing delays and issues for hiring managers as well as provide more accurate interpretation of the hiring data. For example, perpetual postings used to fill multiple positions remain open for up to 180 days, which can cause erroneous calculation of days to complete hiring. Enhanced reporting options will provide more robust output and analysis from the current system to adjust for factors like this and lead to more meaningful interpretation of hiring data. HHS submitted a change request form to the HHS Employee Service Center related to enhanced reporting to detail time-to-hire factors, however, the change and testing needed proved time-intensive.

While waiting for reporting capability to be enhanced, the HR TAO began meeting with leadership in various program areas experiencing numerous vacancies to assist with posting job requisitions, screening applicants, suggesting edits to posting language and where requested, scheduling interviews for hiring managers to reduce the time to hire in high-vacancy programs. Ultimately, these efforts did not appear to move the overall time-to-hire numbers. Year-end data indicates no change from the 87-day baseline in FY 2019.

The updated reporting capabilities from the contractor (NorthgateArinso) have now been implemented. Baseline data for the first month was available in July 2020. Additional months of data will be needed to analyze trends, areas of improvement and patterns. Once analyses are completed, a plan will be developed, and a training plan will be implemented. Since the areas of deficit are unknown at this time, the method of training has not yet been determined.

HHS looks forward to progressing with the goal activities in 2021 to reduce the time-to-hire and enhance the talent at HHS.

Initiative 10: Purchasing: Improve Procurement and Contracting Processes

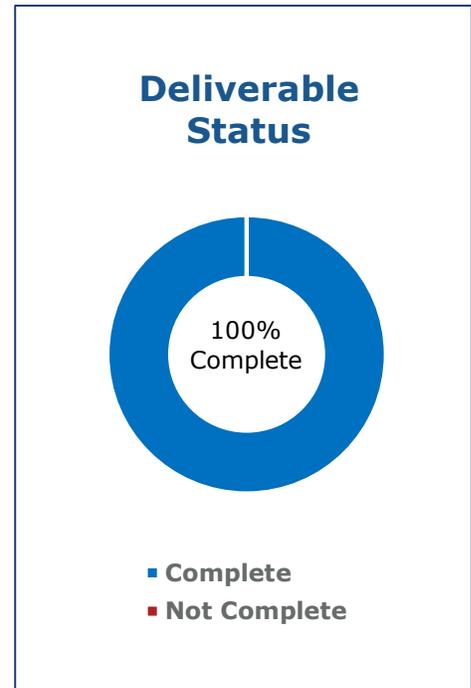
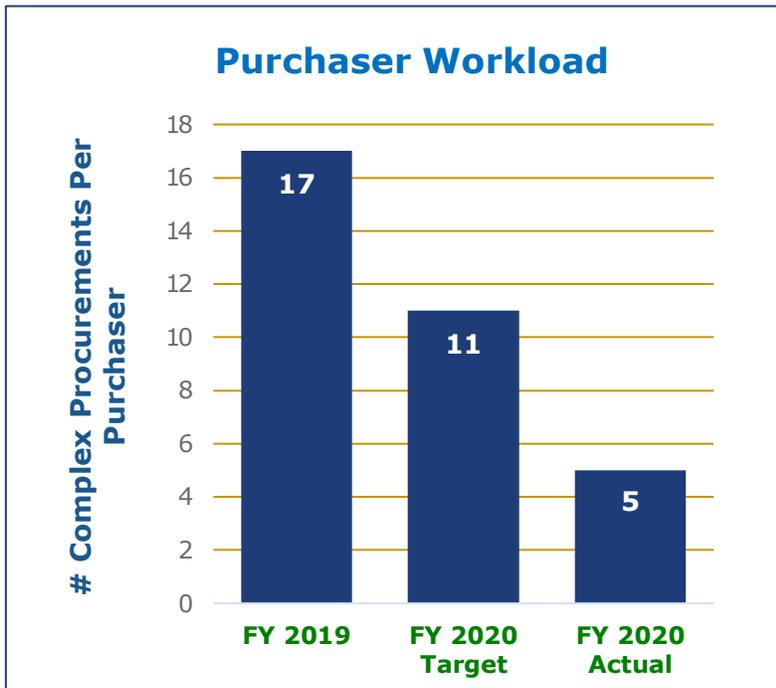
Over the past decade, HHS procurement and contracting functions grew significantly in number and complexity. A lack of clear processes and effective oversight measures to support the volume and complexity of contracts resulted in systemic issues that ultimately led to the cancellations of several complex, high-value procurements in spring 2018. Since that time, HHS has been heavily focused on reforming the procurement and contracting system to address the weaknesses that led to these cancellations and other shortcomings identified by internal and external reviewers, including the Texas State Auditor's Office. In FY 2020, HHS continued to improve procurement and contracting processes through a series of goals and objectives aimed at:

- Enhancing accountability, oversight and compliance.
- Establishing clear and effective policies, procedures and processes.
- Strengthening the procurement and contracting workforce.
- Enhancing strategic and long-term planning for procurement and contracting functions.
- Improving communications and transparency internally and externally.

Goal 1: Improve Quality by Implementing Procurement and Contracting Reform

Goal Status: Met

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



Goal and Deliverable Overview

After determining appropriate staffing necessary to meet workload needs, HHS engaged in aggressive recruiting efforts to fill over 40 additional positions. Purchaser workloads have reduced, supervision capacity has increased, and work environments have improved for procurement and contracting staff.

Background

To improve the quality of complex procurements, HHS engaged in comprehensive reform strategies in FY 2020. To achieve a more responsive, transparent and efficient system, we set out to redesign the procurement process life cycle, train team members on updated policies and procedures and implement manager-level review to identify challenges in high-risk solicitations in the procurement process. Through these efforts, HHS expected to improve quality control early in the procurement process.

Goal and Deliverable Summary

Procurement and Contracting Services (PCS) successfully completed this goal and has a structure in place to build on in the future. In September 2019, PCS engaged a contractor to complete a workload study of the purchasing functions of the division to determine the appropriate staffing necessary to meet workload needs as well as the proper manager-to-staff ratio to assist with the assignment and review of work, training and oversight for agency procurements. In October, the division finalized its organizational structure, incorporating the workload study, and began

an aggressive recruiting effort to fill all positions — over 40 additional positions were allocated to the procurement process, and manager-to-staff ratios were reduced to approximately 5:1. By increasing the number of purchasers in each of the procurement areas and providing the appropriate management supervision, PCS has reduced processing times, reduced overtime, provided an additional level of review for compliance, increased staff training and provided a better work environment for all staff of the division. Specifically, in the Complex Procurement Division, staff has increased by 33 percent, and the number of complex procurements handled by one staff member has decreased by 66 percent. This has reduced the numbers of errors made, provided better tracking of procurements through the process, provided more time for interaction with client divisions and increased compliance.

PCS has also improved its training efforts. PCS created a five-person training team that has begun creating trainings on all aspects of procurement. In addition, each purchasing division has created new employee training and employee tools for new staff so they have what they need to do their job. The Complex Procurement Team holds weekly trainings on issues specific to large procurements and has used these trainings to identify procedures that may need to be implemented and/or revised to improve the procurement process, forms and other templates.

Additionally, the Health Services Tier I section of the Complex Procurement Team began receiving additional weekly training in summer 2020, focused on highly complex procurement issues, including review of the STAR protests, consensus scoring, proper selection method design, justification drafting, and procuring to protect the agency against sustainable protest and litigation.

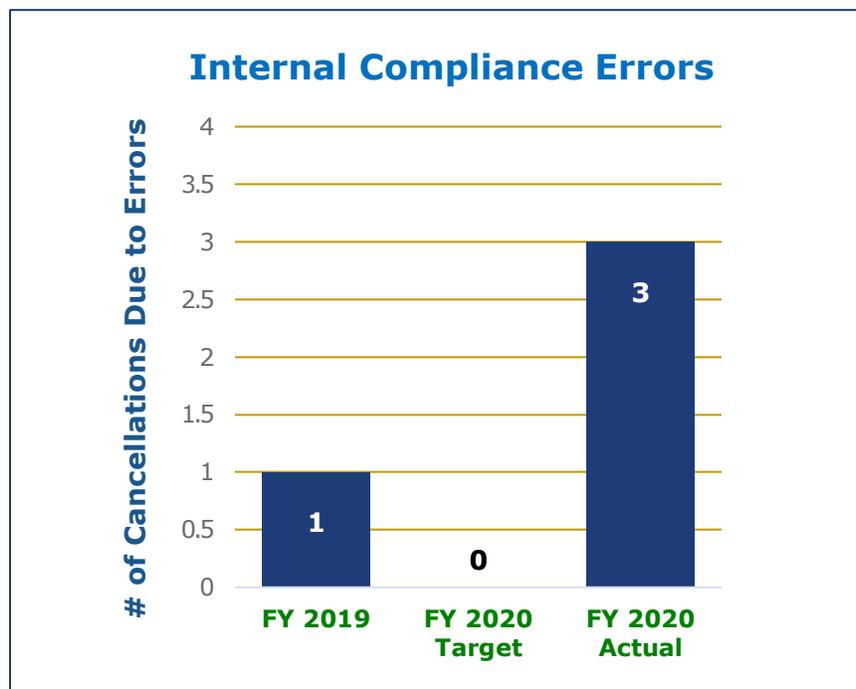
The PCS Training Team created a monthly interactive five-part series on the use of the complex IT system used by HHSC. The PCS HUB Team also created training that has been provided to all purchasing staff on Historically Underutilized Business (HUB) requirements and policies, as we found many purchasers were not educated on state HUB requirements and why procurements included certain HUB requirements. The initial planned HUB training was targeted to take place in-house by April 15. However, with the COVID-19 teleworking mandate, the HUB training's format needed to be technology-based. HUB recently received the necessary software to conduct the virtual trainings, and HUB conducted three trainings opportunities for PCS staff in July and August. In addition, the trainings will be recorded and provided on HUB's SharePoint site for easy access by staff to review the information.

Finally, HHSC has completed an agencywide effort to publish an end-to-end procurement process so each division understands their role and place in the process. This effort proved invaluable as it defined the responsibilities of all staff throughout the process; it was discovered that some areas were unclear, and this process has clearly identified all roles.

Goal 2.1: Improve Compliance of Procurement and Contracting Operations

Goal Status: Not met

Improve procurement and contract compliance by ensuring no complex solicitations are canceled because of internal compliance errors.



Goal and Deliverable Overview

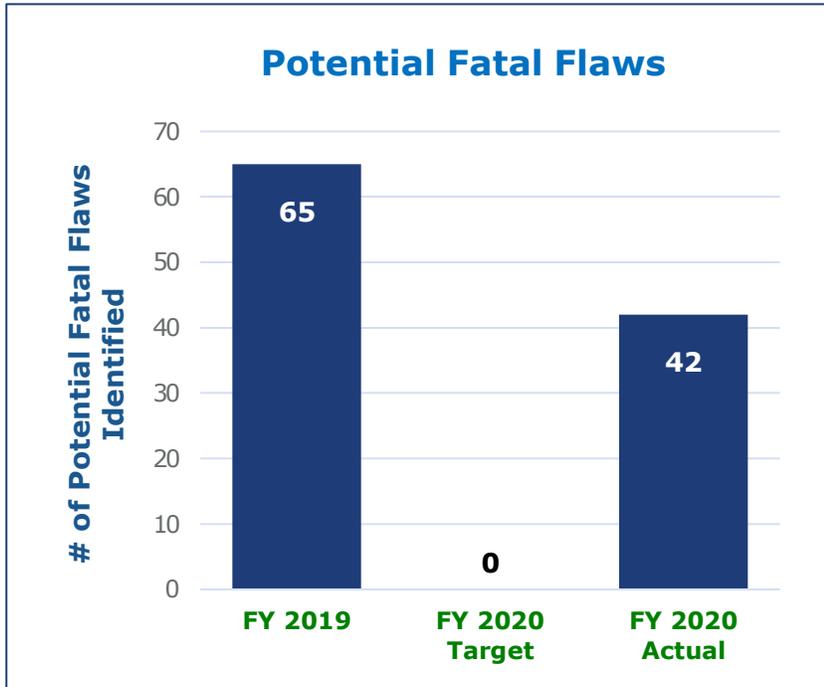
While we fell short of meeting this ambitious goal, HHS made progress by updating standards, policies and procedures for developing effective, compliant scoring and evaluation practices, and investing in training team members to meaningfully evaluate competitive procurements. Moving forward, we believe these strategies will contribute to effective identification and implementation of new requirements and best practices, increased accountability and further reduction of internal errors.

Goal 2.2: Improve Compliance of Procurement and Contracting Operations

Goal Status: Not met

Improve procurement and contract compliance by reducing the number of fatal flaws that would result in the cancellation of a complex solicitation by 100 percent.

There was a decrease from 65 potential fatal flaws identified and corrected in FY 2019 to 42 potential fatal flaws identified and corrected in FY 2020.



Goal and Deliverable Overview

While we did not achieve this ambitious goal, HHS made overall progress by reducing the number of fatal flaws identified and corrected. The vast majority of fatal flaws identified occurred early in the year, as processes were still being implemented, and ultimately, identification of these flaws allowed them to be corrected timely, before they resulted in a cancellation. As processes and improvements continue to be implemented and refined, we believe the number of fatal flaws identified will ultimately be reduced to zero.

Goal 2.3: Improve Compliance of Procurement and Contracting Operations

Goal Status: Met

Improve procurement and contract compliance by implementing training for:

- Initiating and entering requisitions.
- Procurement processes and procedures.
- Evaluation checklists and scoring procedures for procurement evaluators.

Goal and Deliverable Overview

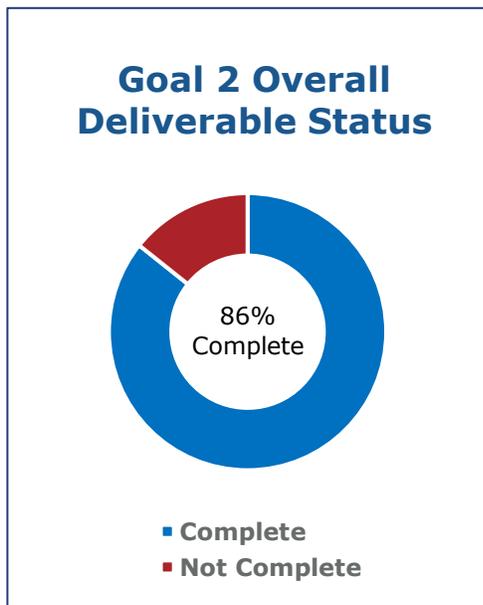
All planned trainings were implemented to improve procurement and contract compliance.

Goal 2.4: Improve Compliance of Procurement and Contracting Operations

Goal Status: Met

Improve procurement and contract compliance by ensuring the following are updated biennially, and as needed, with applicable laws and best practices:

- Procedures
- Templates
- Forms
- Manuals



Goal and Deliverable Overview

PCS completed updates of all procedures, templates, forms and manuals in accordance with applicable laws and best practices. Due to delays in the

rulemaking process, the PCS rules have not yet been implemented. However, they are scheduled for adoption in March 2021.

Background

As part of the commitment to improving our procurement and contracting system, HHS set comprehensive goals in FY 2020 to improve compliance of procurement and contracting operations and ultimately eliminate internal compliance errors and fatal flaws that lead to the cancellation of complex solicitations.

To reduce compliance errors, we sought to update standards, policies and procedures for developing effective, compliant scoring and evaluation practices and to invest in training team members to meaningfully evaluate competitive procurements. Together, these strategies contribute to effective identification and implementation of new requirements and best practices, increased accountability and reduction of internal errors.

Goal and Deliverable Summary

PCS completed extensive procurement reform to improve procurement and contract compliance in FY 2020. Policies and procedures were reviewed/revise and appropriate training was provided to procurement staff on implementation. HHS has published a comprehensive procurement and contract handbook to provide the HHS system standard procurement and contracting procedures, consistent with the State of Texas Procurement and Contract Management Guide published by the Texas Comptroller of Public Accounts. Additionally, this handbook includes best practices to provide guidance for solicitations and managing HHS contracts.

PCS worked to incorporate checklists and increase training to help staff avoid fatal flaws in their procurements, which avoids cancellations. The goal was to have zero fatal flaws and zero complex procurements cancelled because of fatal flaws. To help eliminate fatal flaws, the Complex Procurement Team conducts weekly trainings, and all solicitations go through a review by a PCS manager and the Compliance and Quality Control (CQC) division.

Goal targets were ambitious. PCS procurement teams were established at the beginning of the fiscal year with new leadership and new staff. The vast majority of the potential fatal flaws occurred at the beginning of the fiscal year, with 74 percent of the year's 42 potential fatal flaws occurring in the first six months and 57 percent occurring in Quarter 1 alone. Of the three total cancellations, only one was from a solicitation generated in FY 2020. This cancellation was not due to a fatal flaw identified by CQC but to a scope clarification, so review processes are working.

Lessons learned point to the need for continued training for staff. Weekly training and discussion with staff regarding fatal flaws has worked to reduce issues, where implemented. Going forward, PCS will work to reduce fatal flaws to zero by working with CQC to identify repeated mistakes, improving and implementing, where needed, training for first-line managers responsible for reviews and regularly

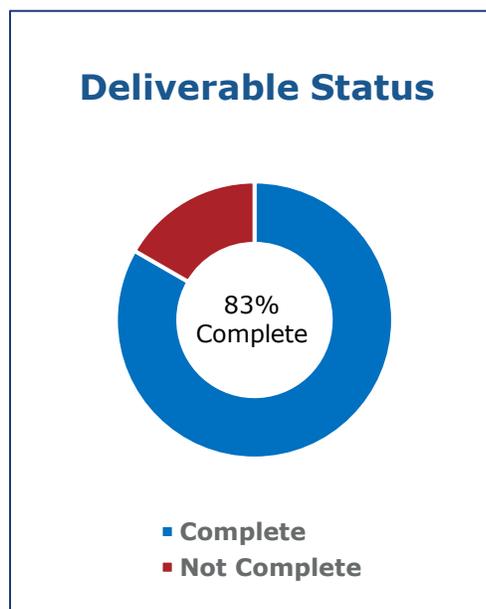
debriefing staff and managers on the results of the CQC monthly audits. In addition, CQC plans to change the reporting terminology from “fatal flaws” to “potential fatal flaws identified and corrected” in FY 2021 to focus on the positive changes that have been made by staff.

The agency also cancelled two other procurements in FY 2020. However, both were solicited under former processes that did not benefit from the new reforms that have been adopted and implemented. These procurements did reveal additional necessary evaluation reforms, and PCS and CQC are currently working through these issues and plan to continue these efforts into FY 2021.

Goal 3: Increase HUB Compliance and Awards

Goal Status: Not met

Increase Historically Underutilized Business (HUB) utilization and expenditures.



Goal and Deliverable Overview

Although not all targets and deliverables have been fully achieved to date, HHS saw marked improvements in targeted areas for HUB participation in a short period of time. HUB improvements are long-term strategic priorities for the system, and HHS will continue to monitor progress and adapt reform strategies to ensure positive outcomes.

Background

The state’s HUB program is designed to support and promote procurement opportunities for small businesses owned by minorities, women and service-

disabled veterans. Through this goal, HHS engaged in activities to increase participation in HUB utilization in FY 2020, with the development of plans, outreach, trainings and updated website toolkits. To conclude Goal 3, HHS will conduct a comparison from FY 2018 and FY 2019 semi-annual and annual data results with FY 2020 results.

Goal and Deliverable Summary

In FY 2020, HHS demonstrated commitment to initiate comprehensive HUB reform for each of the six procurement categories identified in the Texas Administrative Code. To achieve this ambitious goal, HHS performed a comprehensive evaluation of internal HUB practices and developed and implemented several initiatives that are expected to yield positive results for long-term improvement towards HUB compliance, reporting and participation.

Training efforts were increased and provided to all purchasing staff to help foster better understanding of the HUB program and its requirements. HHS expects to expand the training agencywide over the next year to continue to promote improved compliance with the HUB program.

In an effort to educate the vendor community about the HHS HUB program and compliance, HHS reviewed and updated the HUB information on the external website as well as produced and provided new training on obtaining HUB certification and completing the required HUB subcontracting plans (HSP) during a solicitation. In addition, the agency has published a HUB resource guide outlining business development information for interested HUBs. A HUB Outreach Plan, inclusive of a schedule and targeted marketing initiatives, was developed for FY 2020. Due to the COVID-19 crisis, it was only partially implemented. HHS is currently working on revising the plan for conducting outreach in a virtual environment for FY 2021.

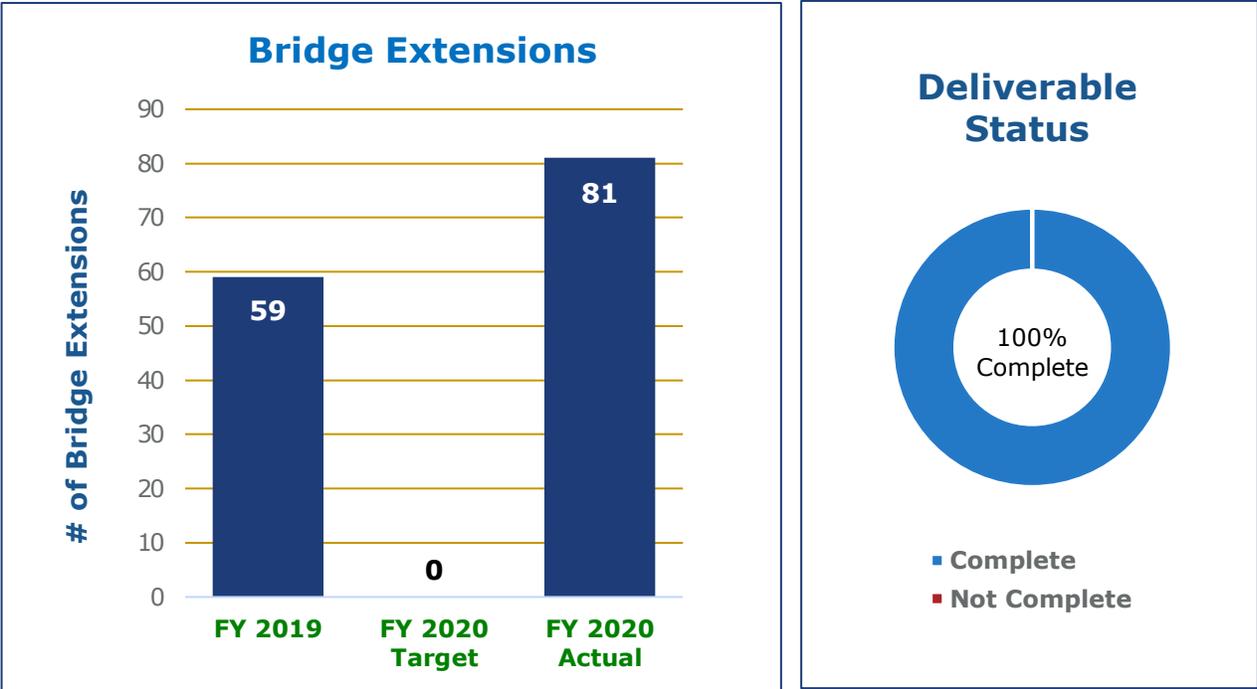
In FY 2020, a major focus was placed on ensuring compliance and assisting respondents and contractors with adhering to HUB requirements in order to reduce the number of vendors disqualified from procurement opportunities. Potential respondents for complex solicitations are provided HSP training for each solicitation valued at \$100,000 or more when a completed HSP is required and an HSP courtesy review to identify possible deficiencies is available, upon request. These initiatives have produced positive results and increased competition by producing more responsive proposals for evaluation while reinforcing the agency's commitment to the HUB program.

Taken together, the system's efforts for widescale improvement in HUB participation and compliance have been promising. Although not all goal metrics have been fully achieved to date, HHS saw marked improvements in targeted areas in a short period of time. HUB improvements are long-term strategic priorities for the system, and HHS will continue to monitor progress and adapt reform strategies, where needed, to ensure positive outcomes.

Goal 4: Ensure the Timely Execution of Procurements

Goal Status: Not met

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.



Goal and Deliverable Overview

As part of the commitment to comprehensive procurement and contracting system reform, HHS set a stretch goal to eliminate bridge extensions in FY 2020. While this target was not met, the improvements implemented over the last year are expected to continue to contribute to increased compliance and reductions in bridge extensions moving forward.

Background

Due to the importance of ensuring procurement and contracting processes are timely and compliant, HHS set a goal to eliminate bridge extensions in FY 2020. Working toward this goal, we implemented a new approach to procurement planning and fully integrated a new procurement tracking process into our planning procedures. This year we also increased focus on communication within and across procurement teams, contract managers and HHS division partners to promote timely procurement processes.

Goal and Deliverable Summary

As part of the commitment to comprehensive procurement and contracting system reform, HHS set a stretch goal to eliminate bridge extensions in FY 2020. To work toward accomplishing this ambitious objective, the agency heavily invested in training, communication and improvements in project management processes and tools. While the FY 2020 target was not met, the improvements implemented over the last year are expected to continue to contribute to increased compliance and reductions in bridge extensions moving forward.

HHS implemented and trained staff in project management best practices, while holding staff accountable for consistent application of policy and use of those practices. Staff continue to receive weekly procurement training, which includes project management elements such as high-level road mapping, as well as contract management best practices, such as monitoring contract expiration dates.

Procurement timelines were developed in the fall of FY 2020 based on research from other state agencies and the federal government and have been used to bolster communication with program areas about the approximate length of time needed to complete different types of procurements. Using these timelines as a guide, meetings were held in early FY 2020 with program areas to better plan for upcoming procurements and expected contract execution dates. The timelines were also used to monitor existing procurements and catch delays early in the process to help avoid future bridge extensions due to timeline failure. Data was collected on HHSC procurements with the goal of updating the timeline with real data, which occurred in June 2020. New timelines have been distributed as well as requisition entry deadlines to meet needed award dates. The agency has also stipulated a requirement for contingency plans for all end-of-year procurements to reduce bridge extensions for late requisition entries.

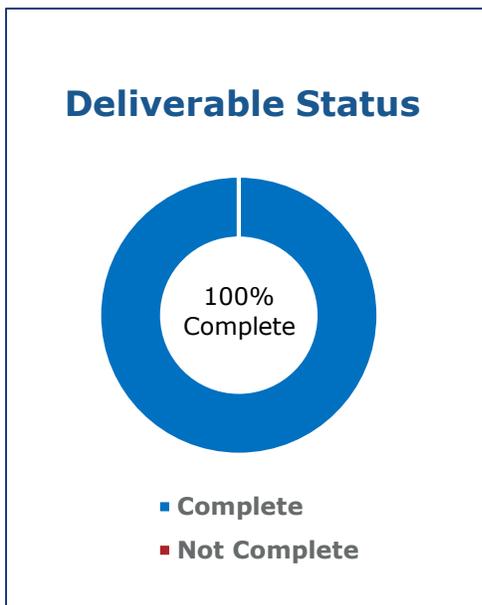
These efforts succeeded in eliminating bridge extensions in FY 2020 due to timeline failure, although there were still a significant number of bridge extensions due to late requisition entry/procurement start dates. In several instances, HHS was able to avoid bridge extensions by working with program areas to execute extensions, set up spot buys, input work orders, or tap into existing contracts.

HHS embraces a continuous improvement approach to procurement and contracting. While acknowledging the efforts of team members across the agency to improve compliance, efficiency and quality, HHS will continue to seek additional opportunities for improvement. This includes building off improvements in communication and planning that were realized in FY 2020 while looking to implement new ways to improve processes. For example, a new Contract Management Support section is working hard to document contract management best practices for the agency and provide all program areas with tools to assist with projecting future procurement needs. HHS also plans to develop mechanisms to support early notification so requisition planning can begin years before contracts expire.

Goal 5: Increase Transparency of the Procurement and Contracting Process

Goal Status: Met

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 HHS.



Goal and Deliverable Overview

Recognizing the importance of transparency of the procurement and contracting process, HHS made significant strides over the past year to provide more information and improved guidance both internally for client divisions and externally on our website for vendors doing business with HHS.

Background

In response to concerns from vendors and other partners about a lack of transparency related to timing and other procurement requirements, HHS committed to developing and making resources, tools and information publicly available in FY 2020. Planned website improvements include publishing HHS system contracts and solicitations, timelines with target dates for the completion of complex procurements, calendars of upcoming solicitations, webinars for vendors and frequently asked questions.

Goal and Deliverable Summary

PCS recognizes the importance of transparency of the procurement and contracting process and has worked over the past year to provide more information and improved guidance both internally for client divisions and externally on our website for vendors doing business with HHS.

To address better intra-agency communications and transparency, PCS hired a communications specialist and a SharePoint specialist to create a forum for sharing information in real time as well as one place that agency staff can locate all procurement documents, processes and procedures, announcements and news items, organizational and contract information, and customer service links. The new comprehensive PCS SharePoint site has a wealth of information on every aspect of procurement and will serve as a one-stop shop for agency staff to locate everything necessary to participate in the procurement process while also offering a place to submit questions and seek assistance. It houses many documents produced as a result of the agency's Procurement and Contract Improvement Plan, such as the flowchart outlining procurement process steps, a chart that outlines roles and responsibilities of staff involved in the procurement process, all operating procedures for various types of procurements, compliance checklists and suggested procurement timelines created by PCS for each type of procurement based on historical data for divisions to use for future procurement planning. PCS also created a procurement tracker that captures real-time data for each step of a complex procurement which allows the Complex purchasers to adjust timelines accordingly. This allows staff to provide realistic reporting on procurement timelines and identify where timelines have gone off track. In addition, after publishing the timelines and then gathering data for six months, PCS was able to adjust the suggested timelines with updated data. PCS will continue to test these timelines and make necessary adjustments to assist with successful procurement planning in the future.

PCS also made improvements to its external website and created documents to assist vendors interested in doing business with HHS. First, PCS created and published in July 2020 a "How to Do Business with HHS" webinar series for vendors outlining the steps of the procurement process, from getting started to evaluation and selection, ethics, grants and HUB. This was published in July 2020, and PCS will monitor visits to the site as well as any resulting questions we receive to determine if additional information can be provided that is helpful to our vendor community. In March 2020, PCS began to provide a forecast of upcoming procurements and grants on its website to provide the vendor community a view into what large solicitations would be procured in the future, so that they determine if they want to participate and can plan resources accordingly. PCS also worked with the HHS Communications team to review and revise all procurement information on the HHS website to provide accurate and useful information, access to tools and resources, and to improve overall user experience for the vendor community.

Finally, HHS has worked diligently to post its contracts and associated solicitations on the HHS website in accordance with Chapter 2261, Texas Government Code to provide more transparency into its contracting and provide easier access to these documents than through the Public Information Act process.

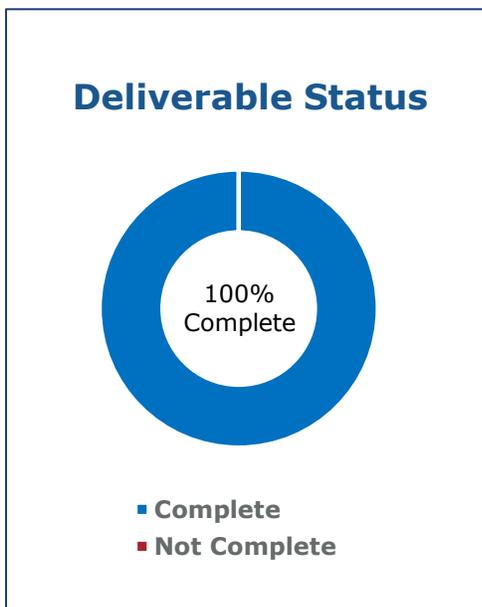
Initiative 11: Quality Control: Identify and Mitigate HHS System Risks Through Effective Audit Activities

HHS administers programs routinely audited by state and federal officials. Audits act as a quality assurance check for compliance with statutes, rules, policies and best practices. In FY 2020, HHS focused on developing a Compliance Division to coordinate external state and federal audits, coordinate management responses, comprehensively track audit trends and repeat findings, and monitor progress on audit-related corrective action plans (CAPs). Through these activities, HHS strengthened its ability to analyze audit coverage, identify and address repeat issues, verify implementation of recommendations and improve compliance across HHS programs. HHS is committed to fostering an environment of continuous improvement and ensuring programs are operating effectively and to be good stewards of taxpayer dollars.

Goal 1: Establish a Compliance Division

Goal Status: Met

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



Goal and Deliverable Overview

HHS successfully established a Compliance Division that will continue to improve current processes through enhancing coordination with program division

management. Periodic collaboration with key program staff will improve effectiveness of coordination efforts.

Background

To improve the efficiency and effectiveness of HHS programs and services, the newly formed Office of Audit and Compliance's Compliance Division serves as a central hub for ongoing support and coordination of related audit activity. The Compliance Division was established in FY 2020 to coordinate external state and federal audits, coordinate management responses, monitor audit progress on external and internal audits, and monitor the implementation status of corrective action plans.

Process enhancements achieved in 2020 include testing and implementing an automated system to streamline the process for monitoring all audit action plans and creating policies and processes to establish monitoring and reporting guidelines. The Compliance Division works with program audit liaisons during and following audits to help minimize audit findings, ensure timely implementation of audit recommendations, decrease repeat findings and decrease disallowed costs. These efforts help ensure compliance while developing the ability to recognize patterns in audit findings which could lead to implementing systemwide improvements.

Goal and Deliverable Summary

The Office of Audit and Compliance was established with the creation of the Compliance Division effective Sept. 1, 2019. The following list reflects the deliverables associated with Goal 1, along with the date the deliverable was accomplished.

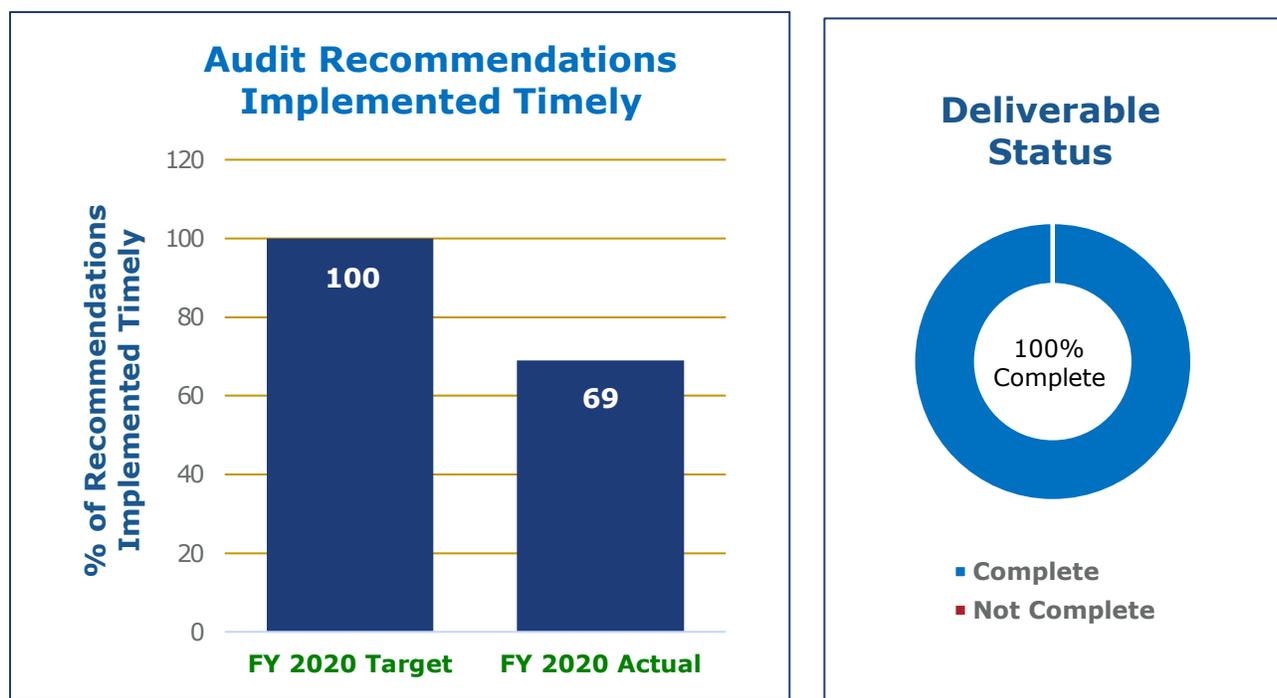
- Develop a plan for creating the Compliance Division — September 2019.
- Consolidate federal and state audit and compliance coordination functions — September 2019.
- Develop key performance measures, policies and procedures — October 2019.
- Implement a process to evaluate and improve HHS compliance with audit recommendations effective Dec. 31, 2019 — 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 — December 2019.

The Compliance Division intends on continuing to improve current processes through enhancing coordination with program division management. Periodic collaboration with key program personnel will improve effectiveness of coordination efforts.

Goal 2: Ensure All Audit Recommendations are Implemented on Time

Goal Status: Not met

Ensure all audit recommendations are implemented within established time frames.



Goal and Deliverable Overview

While HHS fell short of meeting this challenging target, we made positive progress as the initial implementation of the system and processes has led to a slight decrease in the percentage of overdue recommendations. We will continue to refine our process and work directly with program areas to further reduce the number of overdue recommendation implementations moving forward.

Background

HHS committed to increasing timely implementation of audit recommendations by establishing a process to track and monitor implementation of audit recommendations by creating a new tracking process. This process was created to promote transparency and accountability among divisions by tracking and

monitoring the progress of all audit findings and recommendations. The Office of Audit and Compliance sought to increase support provided to HHS programs by using program liaisons to coordinate responses on the implementation status of recommendations, as well as analyze audit recommendation compliance data monthly to inform executive management of compliance status.

Goal and Deliverable Summary

To assist in ensuring all audit recommendations are implemented within established time frames, the Compliance Division implemented a process for tracking and monitoring the progress of all audit findings. An integral part of this process was the development and implementation of the Audit Findings Management System. This system houses all the audit findings and recommendations and aligns the findings with the appropriate program divisions and responsible parties. In addition, the system provides real-time information on the implementation status of all audit findings. Responsible parties have access to this real-time information and can provide status updates when needed.

The Compliance Division implemented a process for meeting with program divisions and responsible parties to discuss all open findings related to their areas. This ensures the program areas are aware of all open findings and provides an opportunity for them to discuss the status and obstacles in implementing the associated recommendations. This process is designed to increase the timely implementation of audit findings and associated recommendations.

While we fell short of meeting the challenging target we set for ourselves to eliminate all overdue recommendations, we have made positive progress as the initial implementation of the system and processes led to a slight decrease in the percentage of overdue recommendations. Some explanations for the failure to meet the goal include delays due to:

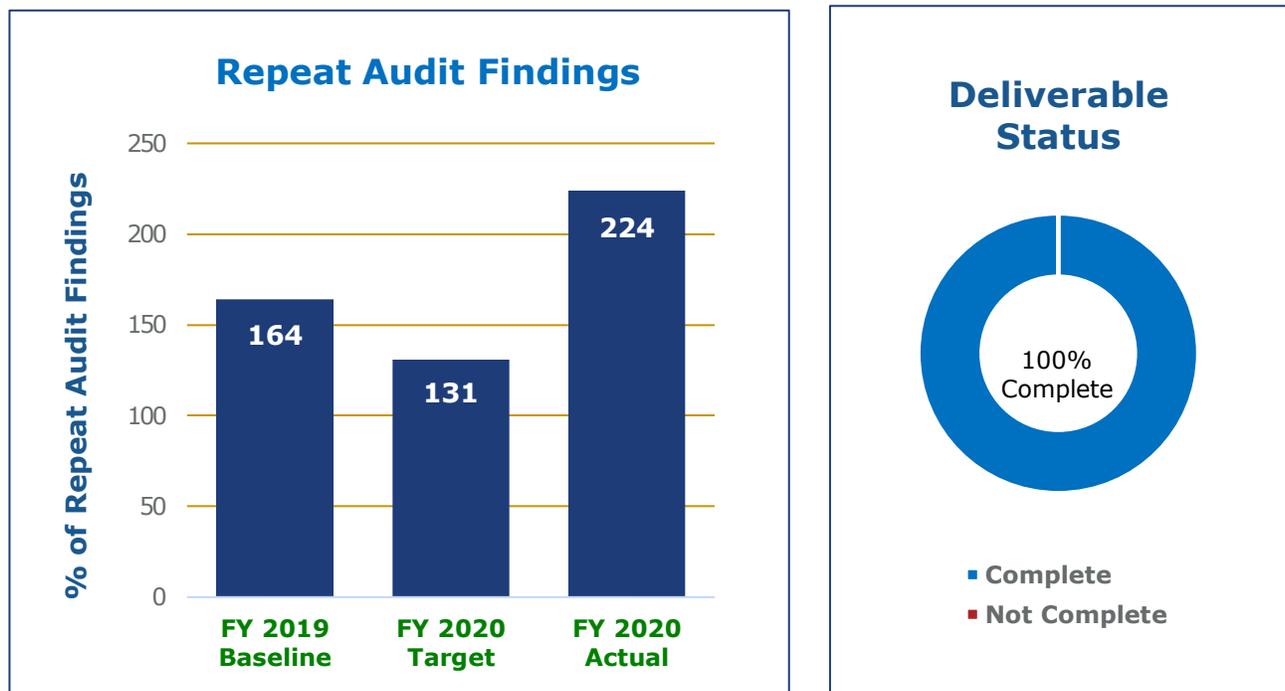
- The COVID-19 response requiring resources to be diverted.
- Reliance on third-party vendors to implement corrective actions.
- Prioritization of other program needs.
- Time spent waiting for management approvals of recommendations.

The Compliance Division will continue to work directly with program areas to make positive progress toward the goal of ensuring all recommendations are implemented timely. By improving and tweaking the newly implemented system and processes, we expect to continue to see a decline in overdue recommendations. This effort will include mitigating unanticipated challenges that were identified during the initial implementation of this process. The Compliance Division will meet with key program staff from each division with open recommendation and discuss plans and actions in process to address the risks of the findings. This approach has proven to effectively impact the timely implementation of recommendations.

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

Goal Status: Not met

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.



Goal and Deliverable Overview

While all deliverables were completed, the target for reducing the number of repeat findings was not met. The Compliance Division plans to continue meeting with program areas and discussing outstanding findings to facilitate the timely implementation for recommendations, which impacts the repeat issue count.

Background

The Compliance Division analyzed and categorized 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.

Repeat audit findings occur when audit recommendations address similar issues or problems in multiple areas. The establishment of the new Compliance Division allows HHS to more closely monitor trends and patterns in audit findings. In FY 2020, we set out to mitigate the risk of repeat audit findings through analysis, identification and communication of trends that indicate systemic issues.

Goal and Deliverable Summary

With the implementation of the Audit Findings Management System, which houses all audit related recommendations, the Compliance Division tracks finding trends and reports repeating trends to Executive Management on a quarterly basis in the quarterly report used at the Executive Audit Steering Committee Meeting. This provides executive management an opportunity to ask questions and take actions if necessary. In addition, the Compliance Division provides an automated report to the program areas with outstanding findings on a monthly basis which includes the issue topic for each individual recommendation. Periodic meetings are held with program management to discuss outstanding recommendations and ensure they are aware of all outstanding recommendations in their area. These actions are designed to reduce repeat findings.

This goal is impacted by various factors continuously changing. These factors include the number of:

- Internal Audit and HHS OIG audits completed.
- External (state, federal, and third-party) audits and reviews completed.
- New recommendations issued.
- Recommendations communicated by management as "Ready" to be verified by the auditing entities.
- Recommendations "Rejected" or "Closed" through the verification review process.

Based on these factors, the number of audits and the recommendations' status of "Open," "Rejected," "Ready" or "Closed" will increase and decrease continuously. The Issue Topics of the recommendations varies at any point in time. During May 2020, 57 new Internal Audit recommendations and 51 new OIG recommendations that impacted the repeated topics were added to the Audit Findings Management system. These additional recommendations significantly impacted the count of repeat findings. Eighty-nine out of the 108 recommendations directly impacted the repeat audit finding categories, increasing the total number by 99 due to topics that had existing counts but fell below the threshold of a repeat audit finding. Due to these increases, the target goal based on the 2019 baseline was not achieved.

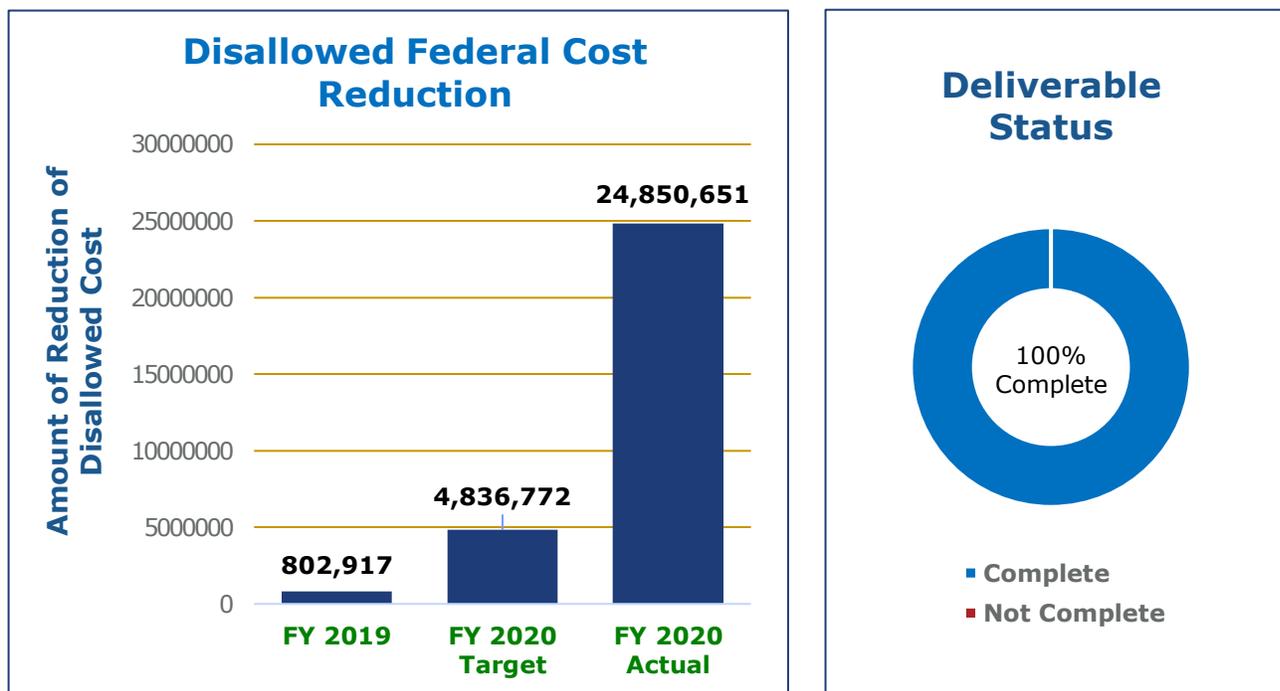
The Compliance Division plans to continue meeting with program areas and discussing outstanding findings to facilitate the timely implementation for

recommendations, which impacts the repeat issue count. In addition, repeat finding trends will continue to be reported to executive management.

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

Goal Status: Met

Decrease the disallowed federal cost after audit resolution in FY 2020 by at least 5 percent by providing additional information to federal audit teams to resolve questioned costs. This is an improvement from 0.8 percent (\$802,917) in FY 2019.



Goal and Deliverable Overview

For FY 2020, the Compliance Division assisted in reducing disallowed cost by approximately \$25 million. This exceeded our goal by approximately \$20 million.

Background

In accordance with federal statutes, regulations, or terms and conditions of a federal award, disallowed costs are charges to a federal award that the federal awarding agency or pass-through entity determines to be unallowable. HHS committed to minimizing disallowed federal costs by ensuring programs provide sufficient documentation to federal auditors in response to questioned costs. To

accomplish this goal, we enhanced coordination between program liaisons and Compliance Division team members.

Goal and Deliverable Summary

The Compliance Division minimizes disallowed federal costs by coordinating with programs to analyze information and collect additional information to provide sufficient documentation to federal auditors in response to questioned or disallowed costs. This is accomplished through enhanced coordination between program liaisons and Compliance Division team members. In addition, the Compliance Division coordinates with assigned federal auditors to obtain clarifying information and provide clarification on the agency's position.

For FY 2020, the Compliance Division assisted in reducing disallowed cost by approximately \$25 million. This exceeded our goal by approximately \$20 million.

The Compliance Division will continue to meet with program staff and discuss the federal auditor's position and the agency's position to gather additional information to provide to the federal auditors in an effort to reduce questioned or disallowed cost.

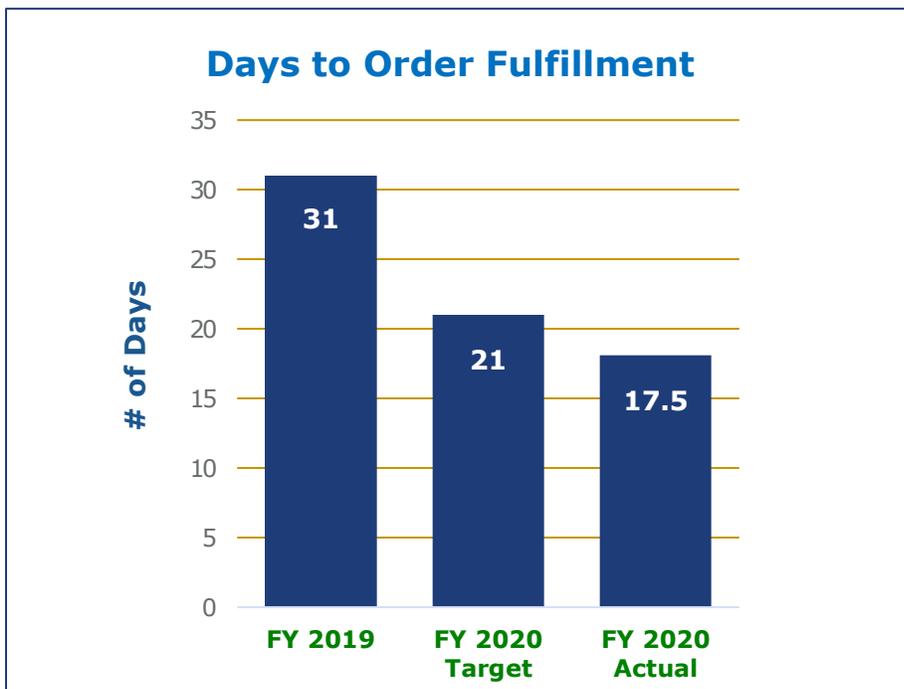
Initiative 12: Technology and Innovation: Leverage Technology and Process Improvement

To meet the increasing challenges and demands of a rapidly changing health and human services environment, HHS is committed to operational and organizational improvements to maximize efficiencies through innovation and technology. In FY 2020, HHS focused on enhancements to project management frameworks, process improvement efforts and improving client/customer accessibility through technology infrastructure.

Goal 1.1: Enhance Vital Statistics Customer Service

Goal Status: Met

Enhance customer service in the Texas 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.



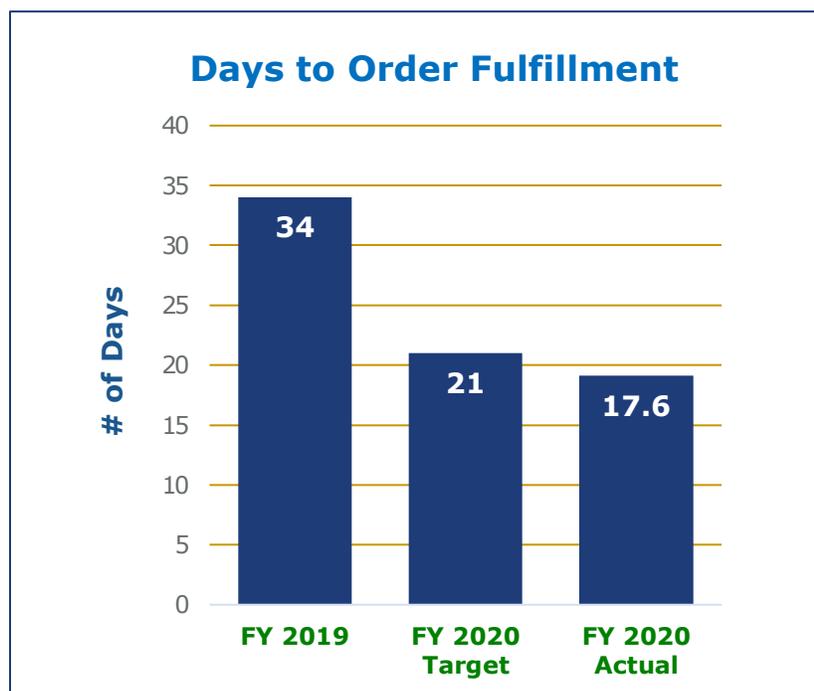
Goal and Deliverable Overview

DSHS successfully reduced the number of business days to fulfill online orders for certified copies and verifications of birth records from 31 days in FY 2019 to an average of 17.5 days in FY 2020.

Goal 1.2: Enhance Vital Statistics Customer Service

Goal Status: Met

Enhance customer service in the DSHS 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 death records from an average of 34 to 21. This excludes first-time orders made by funeral directors through the Death Certificate Online Application.



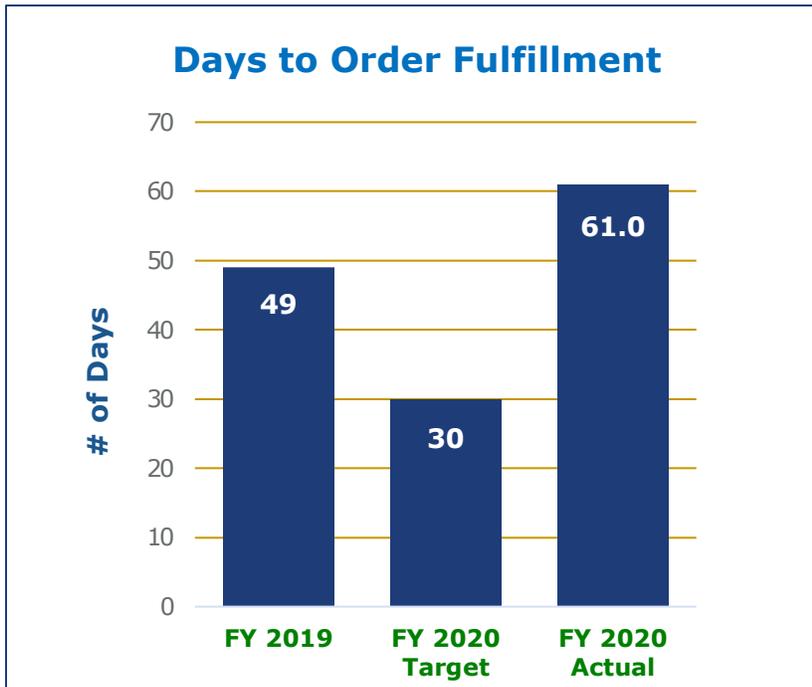
Goal and Deliverable Overview

DSHS successfully reduced the number of business days to fulfill online orders for certified copies and verifications of death records from 34 days in FY 2019 to an average of 17.6 days in FY 2020.

Goal 1.3: Enhance Vital Statistics Customer Service

Goal Status: Not met

Enhance customer service in the DSHS VSS by implementing projects in FY 2020 that will reduce 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.



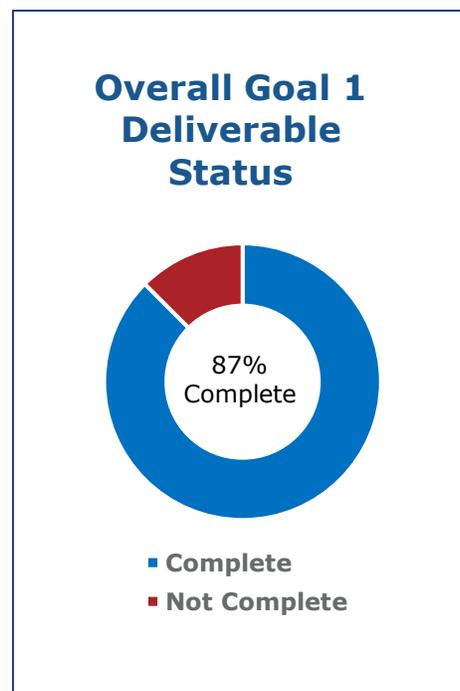
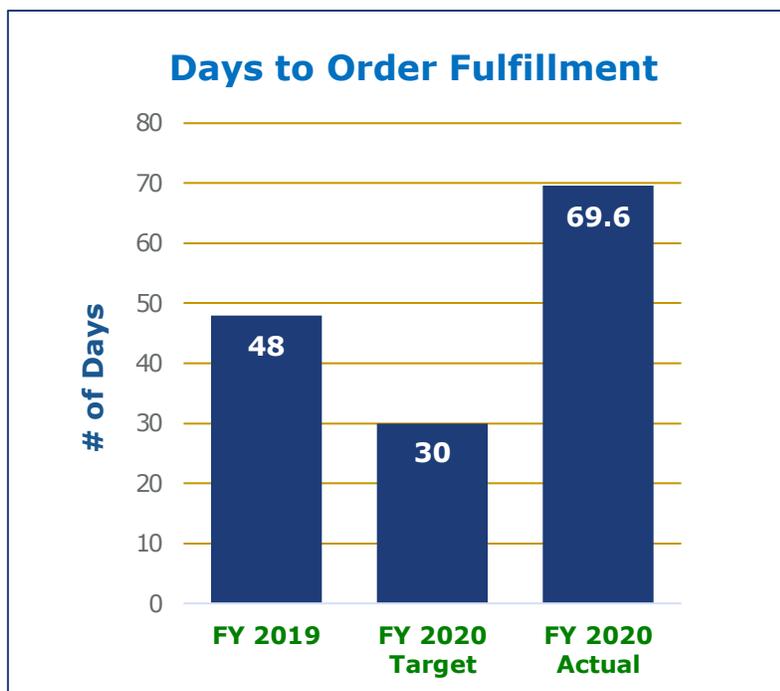
Goal and Deliverable Overview

DSHS experienced COVID-19-related staffing shortages that impacted the team's ability to process mail-in applications. Additionally, TxEVER, a major IT system deployment that replaced 15 legacy systems, was rolling out, which impacted mail-in applications. These issues have been largely addressed. Order fulfillment times have seen marked improvements in the last several months that are expected to continue into FY 2021.

Goal 1.4: Enhance Vital Statistics Customer Service

Goal Status: Not met

Enhance customer service in the DSHS VSS by implementing projects in FY 2020 that will reduce the number of business days to fulfill mail-in applications for amendments to birth and death records from an average of 48 to 30.



Goal and Deliverable Overview

DSHS experienced COVID-19-related staffing shortages that impacted the team’s ability to process mail-in applications. Additionally, TxEVER, a major IT system deployment that replaced 15 legacy systems, was rolling out, which impacted mail-in applications. These issues have been largely addressed. Order fulfillment times have seen marked improvements in the last several months that are expected to continue into FY 2021.

Background

Due to an increasing volume of vital records requests and customer applications in the last few years, the DSHS VSS determined the processing times for VSS requests were too long.

To address this issue and reduce the time to complete vital records orders, HHS outlined a plan to streamline processes and provide a better customer experience for VSS requests in FY 2020. This was accomplished through the development and implementation of marketing strategies to promote online ordering, identifying and implementing improvements to eliminate inefficiencies and improve workflow, increasing staffing, and expanding self-service order tracking.

Goal and Deliverable Summary

In FY 2020, DSHS sought to improve processing times for orders submitted to VSS for fulfillment. Goals were designed with the support of DSHS leadership with the assistance of the HHS Office of Transformation and Innovation, which conducted an

end-to-end review of VSS intake and processing and provided recommendations to improve efficiency and timeliness.

With a target to decrease online order fulfillment to 21 days, certified copies and verifications of birth and death records were processed in 17.5 and 17.6 days, respectively. DSHS also launched website enhancements by adding new information and messaging on processing times and online orders to the VSS webpages for the public.

While online order processing goals met targets for FY 2020, DSHS encountered challenges improving mail-in application processing times early in the year, largely fueled by staffing shortages and the TxEVER impact on mail-in applications. TxEVER, an electronic system used across Texas by over 20,000 users, replaced 15 legacy systems. Full TxEVER functionality did not roll out until August 2019, and projects to improve turnaround times were implemented throughout the year, thereby eliminating TxEVER-related delays during FY 2020. VSS expects to see ongoing benefits of the system in coming years.

The VSS team, due to the nature of their work and confidentiality of documents, is unable to telework. The team experienced COVID-19-related staffing shortages that have been largely addressed. VSS was approved to hire additional staff for mail-in applications. Despite these challenges, VSS' mail-in order fulfillment times have seen marked improvements in the last several months that are expected to continue into FY 2021.

The unmet deliverables are related to self-service order tracking through [texas.gov](https://www.texas.gov), which is owned by the Texas Department of Information Resources (DIR). DSHS partnered with DIR to expand self-service opportunities through [texas.gov](https://www.texas.gov) in FY 2020. Funding and timing challenges in spring 2020 resulted in delays to the project launch. Work began in June, and improvements to the self-service functionality were implemented in Quarter 1 in FY 2021. The project is now completed.

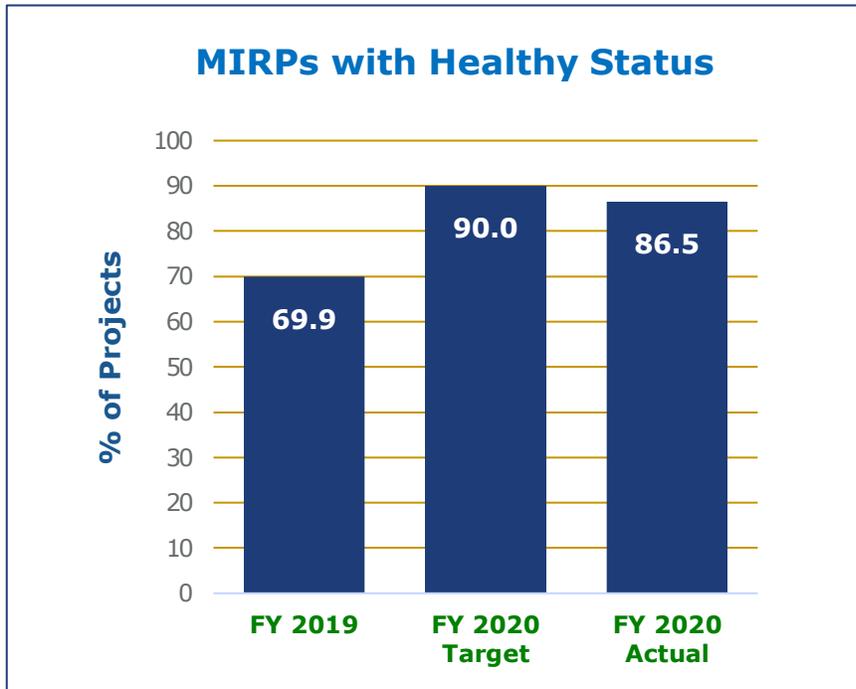
These goals reflect long-standing goals that VSS strives to meet on a regular basis. The goals remain the same for FY 2021.

Goal 2.1: Improve Project Outcomes by Refining the HHS Project Management Framework

Goal Status: Not met

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 whose development costs are 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 a healthy project status in FY 2019 to 90 percent in FY 2020.



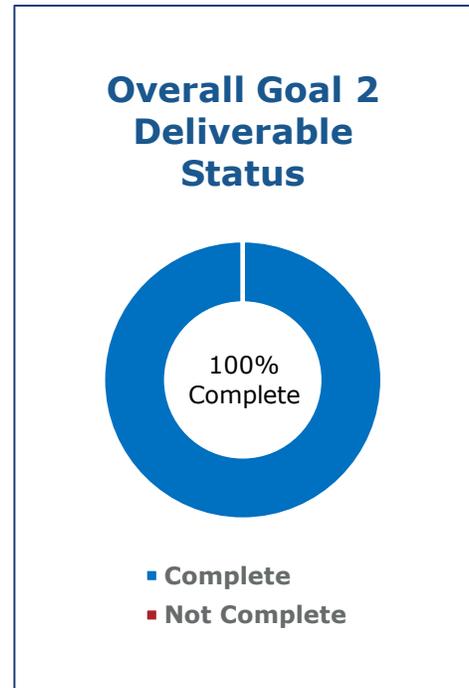
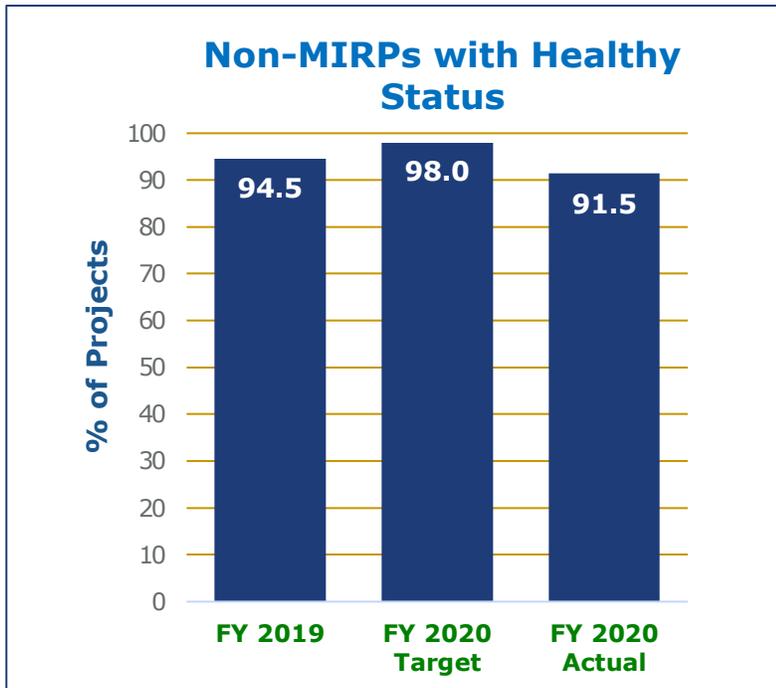
Goal and Deliverable Overview

HHS IT significantly improved project management in FY 2020. COVID-19 response efforts taxed IT resources and contributed to project delays. Despite these challenges, performance improved significantly from FY 2019 and exceeded the target for seven out of 12 months for MIRPs.

Goal 2.2: Improve Project Outcomes by Refining the HHS Project Management Framework

Goal Status: Not met

The IT division is improving the execution of information resources projects to increase the percentage of key information resources projects, or projects with development costs greater than \$1 million but 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 a healthy project status in FY 2019 to 98 percent in FY 2020.



Goal and Deliverable Overview

HHS IT significantly improved project management in FY 2020. COVID-19 response efforts taxed IT resources and contributed to project delays. Goal metrics were on an increasing trajectory before the COVID-19 disruptions, and IT continues to actively monitor project statuses to address barriers.

Background

HHS recognizes that effective oversight and execution of information resources projects are key to delivering valued solutions based on scope, quality, cost and scheduled commitments made to state leadership. Projects in scope, on budget and on schedule have a healthy, or low-risk, project status.

In FY 2020, HHS sought to improve information resources project outcomes through enhancements to the project management framework and tools for information resources projects and major information resources projects. Specific strategies employed to increase the percentage of projects with a healthy status included standardizing templates, policies, processes and procedures, and expanding our project management training program.

Goal and Deliverable Summary

HHS IT significantly improved project management in FY 2020 by completing the stated deliverables. The deliverables included establishing a post-project satisfaction survey, creating and extensively revising project templates and IT policies and processes, increasing and standardizing training for project staff, and

standardizing guidelines for rating and reporting project status. The changes have improved outcomes and made project reporting more reliable.

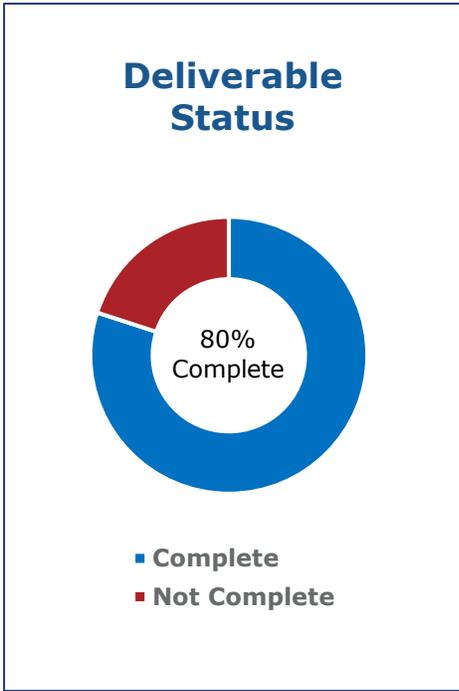
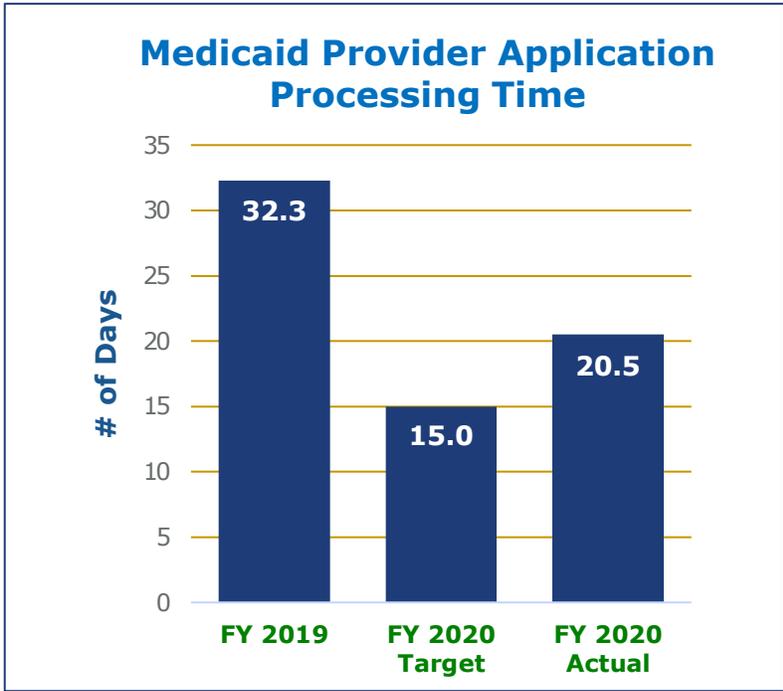
Our performance metrics for project status were moderately affected by the need to respond to COVID-19, as IT resources were increasingly in demand. The metrics' small denominators cause them to be significantly affected by one non-green project that may have slipped to yellow/red or may have been put on hold one month. The percentage of projects reporting green for MIRPs increased by 16.1 percentage points for cumulative performance from FY 2019 to FY 2020 and exceeded the target in seven of the 12 months reported.

While the cumulative monthly percentage of key non-MIRP projects reporting as green decreased by 3 percentage points to date, the improved guidance and standardization of reporting and rating projects in the Project Management Repository System means the monthly variance is now more reliable and actionable. Both measures were on an increasing trajectory before the COVID-19 disruptions, and IT continues to actively monitor project statuses to address barriers.

Goal 3: Enhance Customer Service for Medicaid Provider Enrollment

Goal Status: Not met

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 days. *Note: The originally published goal contains baseline information from FY 2018. Baseline data was replaced with FY 2019 numbers for goal tracking and reporting when they became available.*



Goal and Deliverable Overview

HHS achieved a significant 36 percent reduction in processing times for clean enrollment applications, which is positive progress toward the attainment of the 15-day target. Achievement of the target was impacted by several factors, including delayed implementation of a new provider enrollment system that will introduce several efficiencies into the process.

Background

Prior to delivering services and being reimbursed by Medicaid or CHIP, providers must enroll with the state and meet additional federal revalidation requirements. Paper enrollment is particularly time-consuming and can take more than 80 days to process if the application contains any errors or deficiencies. Conversely, electronic applications are processed significantly faster and allow for easy identification and correction of errors.

To reduce the enrollment and re-enrollment burdens for our Medicaid and CHIP providers, HHS undertook improvements to the provider enrollment system in FY 2020 to reduce the total time to process applications. By promoting the use of online applications, conducting enhancements to the system and continuing to improve the provider experience, HHS expects to decrease the enrollment and re-enrollment application processing time.

Goal and Deliverable Summary

The goal of processing clean enrollment applications within 15 days was not achieved during FY 2020. However, there was a 36 percent reduction from an average of 32.25 days to 20.5 days between the two fiscal years. The 15-day goal was established based on efficiencies originally expected with the implementation of a new provider enrollment system. The implementation of the system did not occur in FY 2020 as planned.

The current contract provisions around provider enrollment processing performed by Accenture and the time allotted for OIG to complete the screenings allows up to 20-30 days to process — 20 days when a site visit is not required and 30 days when it is required. The reduction in average processing times to less than 20 days is the result of Accenture and OIG exceeding their timeliness requirements, which they always strive to do but is not always possible due to increases in the volume of applications received.

HHS will complete an analysis of the provider population with the associated screening requirements and the increase of additional applications (due to revalidations being extended as part of the COVID-19 flexibilities) to determine an appropriate goal for application processing times for FY 2021.

The deliverable intending to evaluate opportunities to improve provider experience in Medicaid and CHIP self-service portals was not completed in FY 2020 due to a shift in the approach to developing the new provider enrollment system. This analysis will be completed in FY 2022 to account for efficiencies anticipated with the August 2021 implementation of the Provider Enrollment Management System. Some of these efficiencies include processing provider enrollments at the National Provider Identifier (NPI) level and only allowing the application to be submitted in an electronic format to reduce provider deficiencies, remove redundant questions and streamline the enrollment process.

Other improvement deliverables associated with this goal completed in FY 2020 include updating the provider enrollment information and resources and making them more readily available to providers on Texas Medicaid & Healthcare Partnership's (TMHP) new website. These resources include a Provider Enrollment Quick Reference Guide, Provider Enrollment FAQ, Provider Fingerprinting Requirement FAQ, and Provider Enrollment Electronic Signature Instructions.

Provider enrollment webpages now include clear definitions of the different application types (initial, revalidation, and re-enrollment), the revalidation requirements, and encourage providers to submit enrollment applications via the Provider Enrollment Portal (PEP) with a hyperlink to the PEP user guide.

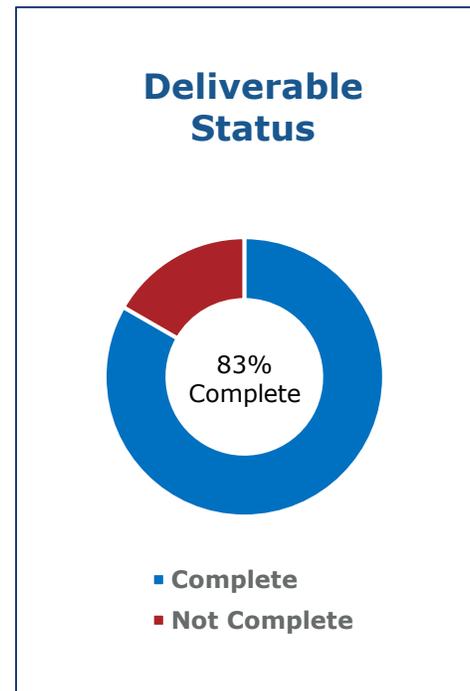
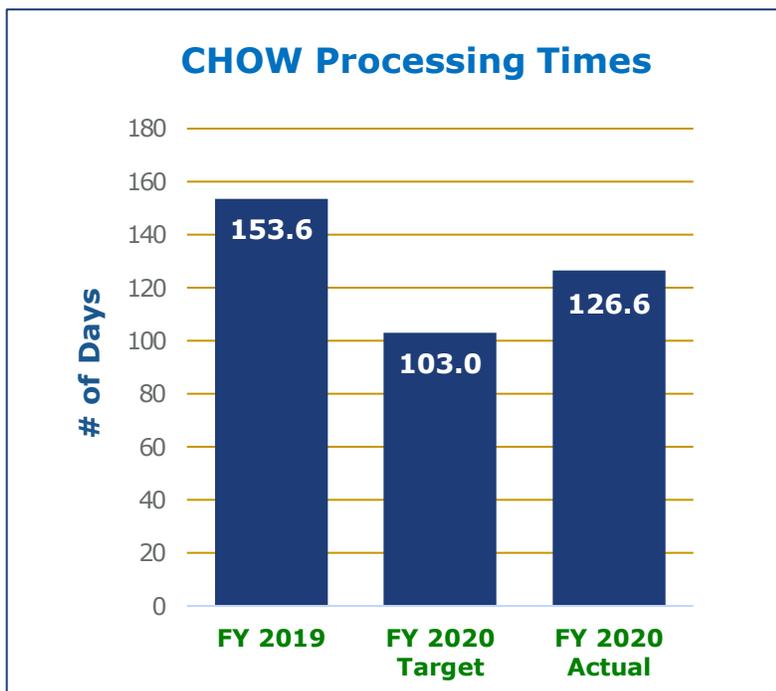
TMHP also created and posted videos to their YouTube channel covering facility enrollments, how to avoid common deficiencies, and revalidation requirements.

The revalidation reminder notification sent to providers has been revised to clarify the requirement of completing the revalidation process prior to the revalidation due date. Additionally, a reminder notification regarding the revalidation requirements is on a rotating schedule to be posted quarterly on TMHP’s website.

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

Goal Status: Not met

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. *Note: Goal 4 FY 2019 data in the published plan was based on estimated times. Actual baseline data was determined to be 153.6 days and used in subsequent tracking and reporting.*



Goal and Deliverable Overview

Although some goal-critical actions fell short due to technology development delays and high-level priorities, including COVID-19 response, change-of-ownership processing time was reduced an average of 17 percent during FY 2020. HHS anticipates continued process and technological improvements that will lead

to further reductions in time to process change-of-ownership applications in FY 2021.

Background

HHS recognizes that cumbersome and time-consuming change-of-ownership processes for nursing facilities have the potential to negatively impact providers and Texans receiving nursing facility care. To improve this process and support vulnerable Texans, HHS created a plan to reduce the amount of time it takes to process change-of-ownership applications in FY 2020.

Goal and Deliverable Summary

The strategy to achieve this goal included various forms of outreach, training and process improvement. HHS successfully worked with providers to streamline the contracting process and has developed and implemented ongoing training for team members. The Nursing Facility CHOW Committee was established and has been overseeing successful implementation of process improvements, and HHS has significantly reduced the number of required contracting forms.

While some goal-critical actions fell short due to the Texas Unified Licensure Information Portal (TULIP) development delays and high-level priorities, including COVID-19 response, the Regulatory Services Licensing department successfully reduced the nursing facility license application review process from 30 days to 10 days. In addition, Medicaid and CHIP Services (MCS) Contract Administration and Provider Monitoring developed tools to maintain visibility of processing challenges and continues to develop procedures that seek to streamline contract processing. As of August 2020, the change of ownership process averaged 126.6 days, compared to the FY 2019 benchmark of 153.6 days. This equates to a 17 percent average reduction in processing time, to date. The reduction in time from 153.6 days to 126.6 days is a 53 percent improvement towards our initial goal of 103 days.

Although significant progress has been made to reduce the time to process CHOW licenses and contracts, HHS did not meet a year-long average of 103 days in FY 2020. To date, the time HHS spends processing licenses and applications has been greatly reduced, but additional efforts are needed to reduce the time providers spend correcting errors. Specific recommendations detailed in the Nursing Facility Change-of-Ownership and Payments Report sought to address these challenges but were delayed due to resource diversion due to the COVID-19 response and other mission-critical priorities. HHS anticipates continued process and technological improvements that will lead to consistently achieving or exceeding the 103-day goal during FY 2021 and beyond.

Goal 5.1: Implement the HHS Operational Excellence Process Improvement Plan

Goal Status: Met

Create an HHS-wide culture of continuous improvement and operational excellence by further developing expertise with the Office of Transformation and Innovation as a system hub for process improvement.

Goal 5.2: Implement the HHS Operational Excellence Process Improvement Plan

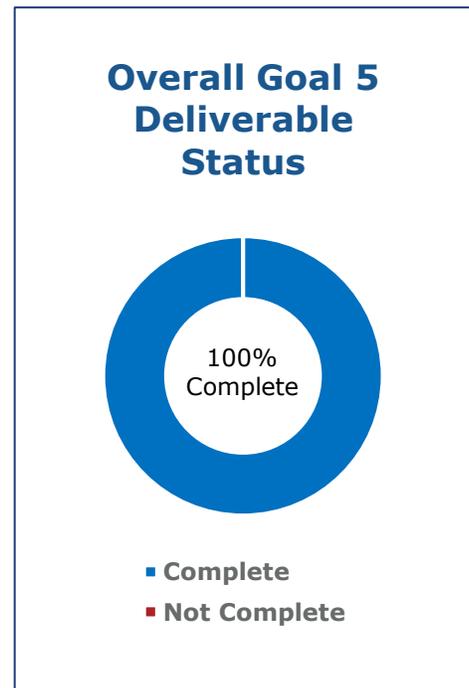
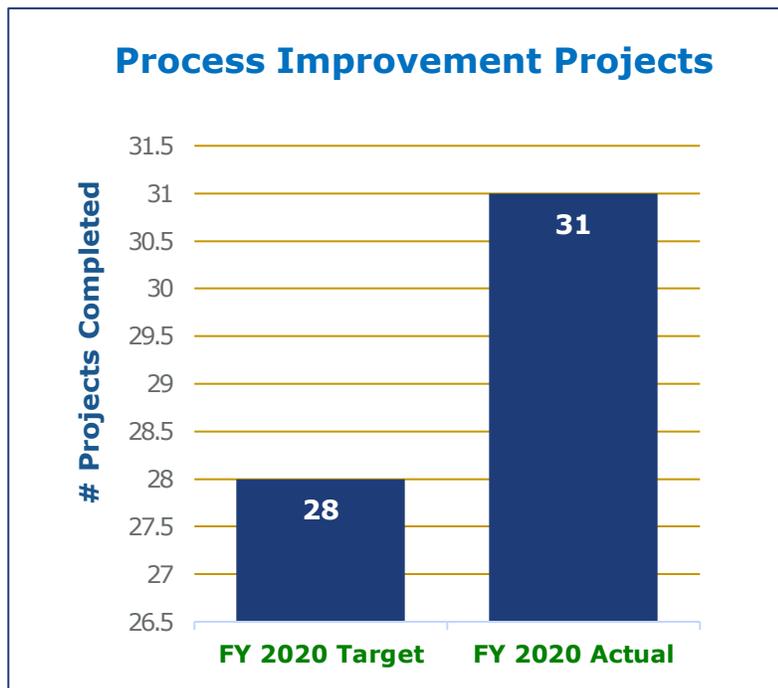
Goal Status: Met

Create an HHS-wide culture of continuous improvement and operational excellence by establishing a training program to disseminate process improvement expertise across HHS.

Goal 5.3: Implement the HHS Operational Excellence Process Improvement Plan

Goal Status: Met

Create an HHS-wide culture of continuous improvement and operational excellence by completing at least 28 process improvement projects in FY 2020.



Goal and Deliverable Overview

HHS made process improvement a strategic priority, investing in training and engaging in process improvement projects across the agency. HHS will continue to build a culture of continuous improvement by training and supporting a network of

process improvers focused on finding faster, more accurate and more cost-effective ways of doing business.

Background

Creating a culture of continuous improvement will allow HHS to adapt to increasing demands and finite resources. In FY 2020, our Office of Transformation and Innovation (OTI) sought to implement an Operational Excellence Process Improvement plan to support a systemwide emphasis on efficiency and excellence. The plan was designed to strengthen the expertise of our team members by formally establishing a process improvement training and certification program, supporting process improvement activities and applying our expertise to high-value and critical improvement projects across HHS.

Goal and Deliverable Summary

Over the last year, HHS has made process improvement a strategic priority by providing advanced training to OTI and creating a new Process Improvement unit within OTI to develop and launch a formal HHS Lean Six Sigma Training and Certification Program. This program will provide team members with the tools, training and methodologies needed to reduce processing times, improve quality and improve customer service across HHS programs. Despite some setbacks and adjustments that were made necessary by the COVID-19 pandemic — for example, shifting from in-person to virtual trainings — the program, including interactive tools and consultation from OTI, was launched successfully. Additionally, OTI has successfully completed 31 process improvement projects across HHS, exceeding the FY 2020 goal.

The projects are wide-ranging and will provide HHS programs more efficient ways to operate and deliver services to customers. Some examples of completed projects include:

- Earlier identification of incomplete or inaccurate vital records amendment applications to increase efficiency of application processing.
- Process improvements and automation, resulting in a significant reduction in the time it takes to receive and process packages in the warehouse.
- An analysis of the regulatory complaint intake process to identify ways to streamline and improve this process.

In FY 2021, HHS will continue to build a culture of continuous improvement by training and supporting a network of process improvers who are focused on finding faster, more accurate and more cost-effective ways of doing business.