

Medicaid and CHIP Services

Advisory Committee Chair Summaries

May 26, 2022

Behavioral Health Advisory Committee (BHAC) **Updated January 2022**

Committee Charge

The purpose of the committee is to provide customer/consumer and stakeholder input to the Health and Human Services (HHS) system in the form of recommendations regarding the allocation and adequacy of behavioral health services and programs within the State of Texas. The Behavioral Health Advisory Committee (BHAC) considers and makes recommendations to the HHS Executive Commissioner consistent with the committee's purpose.

Recommendations to HHS system agencies regarding behavioral health services include:

- The promotion of cross-agency coordination, state/local and public/private partnerships in the funding and delivery of behavioral health services;
- The promotion of data-driven decision-making;
- The prevention of behavioral health issues and the promotion of behavioral health wellness and recovery;
- The integration of mental health and substance use disorder services in prevention, intervention, treatment, and recovery services and supports;
- The integration of behavioral health services and supports with physical health service delivery;
- Access to services and supports in urban, rural, and frontier areas of the state;
- Access to services and supports to special populations;
- Rules, policies, programs, initiatives, and grant proposals/awards for behavioral health services; and
- The five-year behavioral health strategic plan and coordinating expenditure plan.

Issues of Importance

The BHAC has made recommendations on the following topics:

- Behavioral Health workforce shortages

- Expanded services for students in facilitates that provide substance use treatment
- Peer support services
- Family peer support services
- Youth peer recovery
- Housing
- Expansion of Home and Community - Based Services (HCBS) – Adult Mental Health (AMH)
- Recovery housing
- Boarding home reporting
- Trauma informed care for individuals with Intellectual and Developmental Disabilities (IDD)
- First Episode Psychosis

Updates

The full BHAC met twice, on August 6, 2021, and November 15, 2021. During these meetings the committee:

- Received updates on 87th legislative session implementations related to behavioral health
- Approved their annual report for publication
- Received presentations from HHSC staff on various updates including:
 - HR 133 & ARPA funding plan
 - 9-8-8
 - SB 642 (RTC Project)
- Forensic services

Additionally, the BHAC subcommittees provided updates on their work. The subcommittees of the BHAC are as follows:

- Peer Specialist & Family Partner Services
- Access to Care & Community Engagement
- Housing
- Children & Youth Behavioral Health Services

Upcoming Meeting: February 11, 2022

Drug Utilization Review (DUR) Board Updated January 2022

Committee Charge

The Drug Utilization Review (DUR) Board consists of physicians and pharmacists who provide services across the entire population of Medicaid recipients and who represent different specialties, as well as nonvoting members who represent the Medicaid managed care organizations (MCOs), and a consumer advocate representing people enrolled in the Medicaid program. The members of the DUR Board are appointed by the Executive Commissioner and are reflective of the various regions within Texas. The purpose of the DUR program is to improve the quality of pharmaceutical care by ensuring that prescriptions are appropriate, medically necessary, and not likely to result in adverse medical outcomes.

Issues of Importance

Board members meet quarterly at the DUR Board meeting to make recommendations to the Medicaid Vendor Drug Program (VDP) on the appropriate use of pharmaceuticals, including retrospective and prospective interventions. Retrospective interventions include educational materials to providers to improve prescribing and dispensing practices and effectively improve the quality of drug therapy. Prospective interventions include a clinical prior authorization specific to a drug that is implemented in the claims processing system. The recommendations are based on a review of clinical information from compendium and peer-reviewed medical literature with consideration of public comments or testimony received at the meetings or submitted in writing to Health and Human Service Commission (HHSC). In addition, members recommend drugs for inclusion in the Medicaid preferred drug list (PDL), considering the drug's clinical efficacy, safety, cost-effectiveness, and program benefits.

Updates

A summary of the January 2022 meeting is now available on the Vendor Drug Program website (<https://www.txvendordrug.com/about/news/2022/january-2022-drug-utilization-review-board-meeting-summary>). This includes:

- A recording of this meeting's webcast
- Approved minutes from the November 12, 2021 meeting
- A summary of clinical prior authorization and preferred drug list recommendations
- The preferred drug list class review schedule for the next meeting

At the January 2022 virtual with in-person attendance meeting, the DUR Board reviewed a total of 763 drugs in 30 therapeutic drug classes including nine single drug products. The DUR Board recommended changing the status of 45 drugs. A summary of these changes follows:

- Of the 22 drugs reviewed with no PDL status, three were recommended as preferred and 19 were recommended non-preferred.
- Of the 23 drugs with an existing PDL status, seven drugs moved from preferred to non-preferred, and 16 drugs moved from non-preferred to preferred.

The April 2022 meeting was held on April 22, 2022, and updates will be provided at the next SMMCAC meeting.

PDL recommendations approved by the Executive Commissioner from the January and April meetings will be implemented on July 28, 2022. January's PDL-approved decisions are available on the Texas Vendor Drug Program website (<https://www.txvendordrug.com/resources/drug-utilization-review-board/dur-board-meetings>).

The Board is now at full membership with all 20 positions filled but we will be soliciting for two positions due to term August 31, 2022.

Resources

Meeting dates and instructions for submitting written materials to the board and publicly testifying before the board are available on the [Texas Vendor Drug Program website](#).

Contact

Vdp-advisory@hhsc.state.tx.us

Upcoming Meeting: The next scheduled board meeting is on Friday, April 22, 2022. Meeting dates and instructions for submitting written materials to

the board and publicly testifying before the board are available on the Texas Vendor Drug Program website.

e-Health Advisory Committee (eHAC) Updated January 2022

Committee Charge

The committee advises the Executive Commissioner and Health and Human Services system agencies (HHS agencies) on strategic planning, policy, rules, and services related to the use of health information technology, health information exchange systems, telemedicine, telehealth, and home telemonitoring services.

EHAC advises HHS agencies on:

- Development, implementation, and long-range plans for health care information technology and health information exchange, including the use of:
 - electronic health records, computerized clinical support systems, health information exchange systems for exchanging clinical and other types of health information, and
 - other methods of incorporating health information technology in pursuit of greater cost-effectiveness and better patient outcomes in health care and population health.
 - incentives for increasing health care provider adoption and usage of an electronic health record and health information exchange systems;
 - development, use, and long-range plans for telemedicine, telehealth, and home telemonitoring services, including consultations, reimbursements, and new benefits for inclusion in Medicaid telemedicine, telehealth, and home telemonitoring programs.

Issues of Importance

- Telemedicine, Telehealth and Telemonitoring
- Disaster Response in Health Information Technology (HIT)
- Interoperability in Texas; standards and impact on data exchange and data accessibility
- Health Information Exchange (HIE) systems/mechanisms

- Practice of health information exchange and quality and accessibility of data exchanged
- Provider connectivity to HIEs; barriers to connectivity
- Patient Unified Lookup system for Emergencies (PULSE)
- Behavioral Health (new subcommittee created to address this topic)

Updates

- Most recent meeting conducted December 6, 2021. New Chairs elected:
 - Chair: Mari Robinson, JD
 - Vice-Chair: Phil Beckett, PhD
- Continued to discuss implementation of SB 670 (86th Legislature, Regular Session, 2019), HB 1063 (86th Legislature, Regular Session, 2019), SB 922 (85th Legislature, 2017, Regular Session), and HB 1697 (85th Legislature, Regular Session, 2017)/Rider 94 (86th Legislature, Regular Session, 2019), Pediatric Telemedicine Resource program for rural Texas, SB 640 (87th Legislature, Regular Session), and HB 4 (87th Legislature, Regular Session). Telemedicine and telehealth continue to be significant components of the response to COVID-19.
 - The eHAC's Behavioral Health (BH) Subcommittee is collaborating with the Office of e-Health Coordination (OeHC) in the implementation of SB 640 which requires HHSC conduct an assessment of the interoperability needs and technology readiness of behavioral health providers in Texas. Two BH Subcommittee members represent the full Subcommittee on the SB 640 Workgroup and have been instrumental in the development of the survey tool and in collaborating with other BH-related committees within the agency, as well as the Social Determinants of Health Workgroup.
 - The eHAC's Telemedicine, Telehealth and Telemonitoring Subcommittee provided input to the agency's telemedicine program in the implementation of HB 4.
 - The eHAC's has also provided input to the agency on HIT planning and is scheduled to provide input on the biennial interoperability report. eHAC also consists of an Interoperability Subcommittee.
- eHAC Currently has eight vacancies and the OeHC is working with the Advisory Committee Coordination Office to post the application

process. The vacancies are a result of member terms expiring at the end December 2021.

- Disaster Response in Health Information Technology (HIT)
- Health Information Exchange Connectivity Project
- DSHS interoperability and data activities
- HHS Integration and Data Exchange Capabilities Center of Excellence (iCoE)
- Annual ethics training for new appointees
- Submitted proposed rules amendment to move from annual report to biennial report

Upcoming Meeting: March 7, 2022

Hospital Payment Advisory Committee (HPAC) **Updated May 2022**

Committee Charge

The Hospital Payment Advisory Committee is a subcommittee of the Medical Care Advisory Committee. HPAC advises HHSC on hospital payment issues for Medicaid inpatient and outpatient services as well as advise HHSC on supplemental payment programs/methodologies (e.g., Medicaid Disproportionate Share; Texas 1115 Waiver Uncompensated Care payments; Texas 1115 Waiver Delivery System Reform Incentive Payment program; Uniform Hospital Rate Increase Program; Graduate Medical Education, etc.).

Issues of Importance

- HHSC’s Delivery System Reform Incentive Payment (DSRIP) Program, which incentivizes hospitals and other providers to improve access to and delivery of care for Medicaid enrollees and low-income uninsured individuals.
- Paying providers for uncompensated care (UC).
- Uniform Hospital Rate Increase Program (UHRIP), an endeavor that supports the hospital managed care reimbursement in the Texas STAR and STAR+PLUS programs.
- Supporting teaching hospitals which operate approved medical residency training programs. Medicaid Graduated Medical Education (GME) payments recognize the higher cost incurred by teaching hospitals. Compared to non-teaching hospitals, teaching hospitals treat patients with more complex conditions and provide patient care that is more intensive and technologically sophisticated.
- Special payments to hospitals serving a disproportionately large number of Medicaid and low-income patients, or disproportionate share hospitals (DSHs).
- Rule on the interim State Payment Cap (formerly known as interim hospital specific limit).

Updates

In the May 5, 2022 meeting, there were no informational items being presented by HHSC, all agenda items were at the request of the HPAC Committee.

➤ **CHIRP**

- SFY 2023 IGT – Discussed the SFY 2023 CHIRP timing of and release of the IGT information (since the HPAC meeting HHSC has released the 2023 information). The process will be the same as SFY 2022, first an IGT Declaration of Intent, then an IGT Notification and at least 14 days until the IGT will be due.
- Exclusion of COVID-Related Claims from CHIRP – Committee discussed the Covid exclusion information previously released by HHSC and the confusion/ambiguity around the information. HHSC informed the committee they understood the importance and urgency of getting stakeholders additional clarification on this issue and noted they were having an external discussion the following day, May 6th. HPAC emphasized that it was really important for HHSC to communicate the same information to both hospitals and MCOs to manage consistent expectations.

➤ **DSH**

- In Summer 2020, HHSC hosted a workgroup on DSH issues, including potential changes of distinction between Texas' State Payment Cap and federal Hospital-Specific Limit. HHSC tabled implementing changes to DSH, pending additional information on directed payment programs, 1115 Waiver, and HARP. With updated information on CHIRP and the 1115 Waiver, HHSC noted that they plan to revisit potential changes to DSH for the FY 2023 (not FY 2022).
- HHSC does not plan on any delay to the June DSH payment.

➤ **1115 Waiver** – On Friday, April 22, 2022, CMS notified HHSC that they were formally withdrawing their April 2021 rescission of the January 15, 2021 waiver that was approved under the Trump administration.

➤ **HARP** – Committee discussed the status of HARP program. For the HARP program, HHSC previously submitted two SPAs to CMS that were subsequently pulled down, thus preserving their potential retroactive effective dates of October 1, 2021. HHSC and CMS have had an initial technical assistance meeting, and HHSC hopes to have additional communication with CMS in the next month.

Upcoming Meeting: August 2022

Intellectual and Developmental Disability (IDD) System Redesign Advisory Committee (SRAC) Updated November 2021

Committee Charge

Established in Chapter 534, Texas Government Code (SB 7, 83rd Texas Legislative Session), the committee is charged with advising and collaborating with the Commission on the design of an acute care and long-term services and supports (LTSS) system for persons with IDD under the Medicaid managed care program.

In fulfilling its charge, Chapter 534 specifies the goals of the redesign which, among other goals, must support improving quality and outcomes for persons with IDD service, providing Medicaid services to more people in a cost-efficient manner and improving access to services and supports.

Though the intent of Chapter 534 remains as codified via SB 7, 83rd Texas Legislature, several significant changes were made to the law via HB 4533, 86th Texas Legislature. These changes include the following:

- In addition to the IDD SRAC, charged with advising and collaborating with the Commission in the redesign of the system, HB 4533 established the STAR+PLUS Pilot Program Workgroup to assist in development of the pilot.
- The pilot program, which initially called for testing one or more service delivery models involving a managed care strategy based on capitation to deliver long term services and supports under the Texas Medicaid program to individuals with intellectual and developmental disabilities, now calls for a pilot program to test, through the STAR+PLUS Medicaid managed care program, the delivery of long term services and supports to individuals with an intellectual or developmental disability or cognitive disability and other individuals with disabilities who have similar functional needs.
- Following evaluation of the pilot, the transition of long-term services and supports provided through the Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions (ICF/IID) program and the four Medicaid IDD waiver programs must

now be done in phases beginning September 1, 2027 and ending September 1, 2031.

- Prior to any transition of the residential services provided through the ICF/IID program and two of the four IDD waiver programs, a separate pilot program must be conducted.

Issues of Importance

In addition to advising the Commission on implementation of Chapter 534, issues of importance to the Committee include development of or providing input into policies which: streamline and improve administrative processes under managed care for providers, individuals and their families; ensure the managed care grievance process for individuals and their families and providers is easy to access, provides timely resolution and tracks grievances by population and topic to determine and resolve systemic issues; ensure that service coordination under the managed care program is responsive to individuals' needs; providing input into the Medicaid Waiver Interest List study required via Rider 42, HB 1, 86th Texas Legislative Session; promote network adequacy under the Medicaid managed care program and utilize person-centered strategies and ensure ongoing communication and collaboration with other HHSC committees which have similar interests in these and other topics related to improving the Texas Medicaid managed care program.

IDD SRAC Subcommittees

Three subcommittees assist the Committee in fulfilling its role and responsibilities. The subcommittees are: Transition to Managed Care, Systems Adequacy and Day Habilitation and Employment Services.

Following passage of HB 4533 (86th Legislative Session, Regular Session, 2019), the subcommittees, which used to meet every other month, now meet monthly to fulfill their respective responsibilities.

The chart below lists topics the subcommittees are addressing.

System Adequacy	Transition to Managed Care	Day Habilitation & Employment Services
Functions and roles of comprehensive service provider (CSP), local intellectual and developmental disability authority, and managed care organization.	Eligibility	Employment & Day Habilitation Services
CSP documentation and reporting requirements	Benefits	Consumer Directed Services
Regulatory/certification	Innovative technologies & benefits	
Enrollment process for CSPs into the pilot	Benefit rates	
Information technology/systems to support interoperability between pilot providers	Process to ensure pilot participants remain eligible for 12 consecutive months	
Selection Criteria for the MCOs participating in the Pilot		

Updates

IDD SRAC Composition: The committee’s bylaws allow persons whose terms have expired to continue serving until HHSC announces appointments to fill those terms, which can include a reappointment of a member to a 2nd term. Currently there are 11 seats on which appointments or

reappointments are pending. It's anticipated an announcement will occur before or at the July 28, 2022 meeting.

IDD SRAC Activities:

Since the last update (November 2021), the following activities have occurred and announcements made:

- The STAR+PLUS RFP was posted March 31, 2022. The draft RFP was posted in February. Submissions are due June 2, 2022. Anticipated notice of award is January 2023 with anticipated contract start date September 2023. Exhibit G of the RFP pertains to the STAR+PLUS Pilot program which is statutorily required to begin September 1, 2023. The RFP may be viewed at:
<http://www.txsmartbuy.com/esbddetails/view/HHS0011062>. As a reminder, HHSC has selected the Bexar service area for the pilot with Tarrant and MRSA Northeast as back-up pilot sites.
- The IDD SRAC has met twice since the last update to SMMCAC: January 27, 2022 and April 28, 2022. In addition to subcommittee updates the IDD SRAC received updates on and as appropriate provided feedback on, HHSC's Legislative Appropriations Request (LAR), the DBMD waiver renewal, EVV updates, the American Rescue Plan Act of 2021 (HCBS Enhanced FMAP and state-controlled ARPA), implementation of HB 4 (87th Session) and the federal HCBS Settings requirements. The latter included an update on the Statewide Transition Plan and the transition of Day Habilitation to the new Individualized Skills and Socialization service and related rules.
- In concert with the STAR+PLUS Pilot Program Workgroup and its subcommittees, the IDD SRAC and its subcommittees have focused on development, and as needed, refinement of pilot design recommendations for HHSC consideration. Preliminary recommendations critical to the pilot design, such as pilot participant eligibility, enrollment, benefits, assessment process and MCO, LTSS provider and Local IDD Authority roles have been completed though clarification of and refinements to the LTSS provider role, in particular the role of the comprehensive service provider, have recently been requested. Recommendations regarding other pilot design features are still underway (such as outreach and education plans, innovative

technologies, regulatory processes, and alternative payment methodologies).

- In addition to their work on the pilot, the IDD SRAC subcommittees are currently preparing recommendations for the 2022 annual report on implementation of the IDD system redesign. Recommendations will be presented to and voted on at the July 28, 2022 meeting of the IDD SRAC.

2021 Annual Report: The statutorily required annual report on implementation of the IDD system redesign can be viewed at: <https://www.hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2021/sb7-report-imp-acsltss-system-redesign-iid-sept-2021.pdf>.

Note: While the work of the IDD SRAC and its subcommittees was halted between March and mid-May 2020 HHSC worked on the attached timeline for completing activities key to implementation of the STAR+PLUS Pilot Program. This timeline will be helpful to the IDD SRAC as well as the STAR+PLUS Pilot Program Workgroup in fulfilling their respective charges under Chapter 534, Texas Government Code. In reviewing the timeline, it is important to note that it reflects preliminary HHSC estimates of implementation timeframes which will be refined through further discussions with internal and external stakeholders.

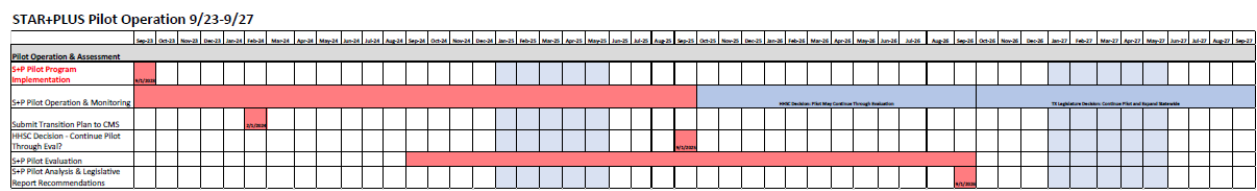
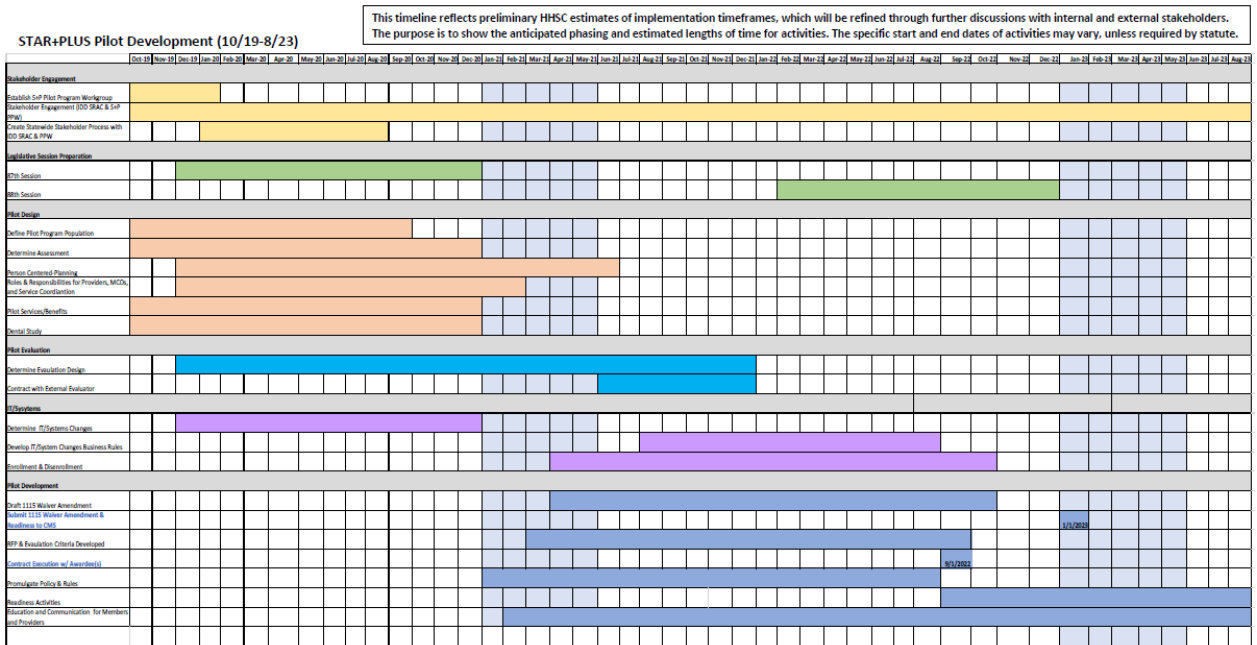
HHSC has also developed a communication plan for the IDD SRAC, the Pilot Program Workgroup and HHSC which outlines the processes for reviewing and approving recommendations and reporting back on the status of the recommendations.

Upcoming Meetings: The IDD SRAC continues to meet quarterly. Two meetings are scheduled for the remainder of this year: July 28, 2022 and October 27, 2022. Note: Until August 2021, the IDD SRAC and STAR+PLUS Pilot Workgroup (SP3W) held separate meetings. As many of the agenda items for these two committees are alike, it was decided to hold joint meetings on a trial basis. Holding joint meetings allows IDD SRAC and SP3W members to hear the same information and engage in discussion at the same time. It also reduces duplication of HHSC staff efforts in having to present the same information to both committees, yet in separate meetings. The next joint meeting is scheduled for August 11, 2022.

The next meeting of IDD SRAC Transition to Managed Care Subcommittee is June 14, 2022.

The next meeting of the IDD SRAC Systems Adequacy Subcommittee is June 1, 2022.

The next meeting of the Day Habilitation/Employment Services subcommittee is June 9, 2022.



Medical Care Advisory Committee (MCAC) Updated February 2022

Committee Charge

The MCAC assists HHSC in its efforts to provide cost-effective, high quality health care to Texans receiving Medicaid services. The purpose of the Committee is to advise HHSC and specifically the State Medicaid Director regarding medical care services and policies governing the administration of Texas Medicaid through its review of and recommendations on Medicaid rules.

Our primary task is to review and discuss draft Medicaid rules and determine if they should be recommended for publication in the Texas Register.

Issues of Importance

The Committee's most serious concerns are for Medicaid rules impacting accessibility and quality of care. These include, but are not limited to:

- Program eligibility
- Access to care
- Health care, including mental health parity
- Home and community-based services (HCBS)
- Provider compensation

Other issues of importance to MCAC include network adequacy, HCBS waivers, legislative and budget updates, Local Provider Participation Fund Reporting and the Delivery System Reform Incentive Payment (DSRIP) Program.

Updates

The MCAC met February 10, 2022 with Ms. Colleen Horton, Chair, presiding. She advised the Committee that she was retiring from the Hogg Foundation at the end of February and would resign her chairmanship of the MCAC. The Committee will miss Ms. Horton's wise leadership and dedication to the charge of this Committee. In the interim, Mary Helen Tieken, Vice-Chair, will assume Chair position until a full committee can be seated and a vote conducted.

Ms. Stephanie Stephens, Chief of Medicaid and CHIP Services (MCS), HHSC, provided updates on TMHP enrolling providers to provide applied behavior analysis (ABA); HB 133 and HHSC providing increased postpartum coverage from 60 days to six months, and moving forward with a plan to submit an amendment to the 1115 waiver requesting federal approval from CMS.

HHSC is implementing HB4 in phases to continue many of the teleservices that were put in place in response to the public health emergency. Phase one of this plan has been completed and identified services that were cost effective and clinically appropriate and was moving forward and transitioning them from the Public Health emergency flexibility to a permanent implementation. Notices were issued to MCOs and fee-for-service providers related to several different services including therapies related to physical, occupational, speech, and certain behavioral health services. The next phase includes services that required more analysis. HHSC will request stakeholder input through various forums. HHSC is currently working on an interim policy that, once finalized, will come to MCAC for review. The Committee asked Ms. Stephens for a summary of the phases, and the various changes and services that will be addressed.

Additionally, the Committee spoke with Ms. Michelle Alletto, Chief Program and Services Office (CPSO), HHSC, and she indicated that they would be amenable to presenting to MCAC in the future. The Committee recommended that information on the HHSC realignment be shared with other committees.

There was only one rule proposal concerning the Medicaid Hospice Program. Dana Williamson, Director, Policy and Program, MCS, presented the proposed rule. This rule would relocate Texas Administrative Code (TAC), Title 40, Chapter 30, relating to Medicaid Hospice Program, and implement proposed new rules in TAC, Title 26, Chapter 266, relating to the Medicaid Hospice Program. These changes are consistent with the federal Medicare hospice regulations, add definitions used in the chapter, include details of utilization review policy requirements, and update standards to protect health and safety of individuals receiving hospice care. Committee members discussed the proposed rule and recommended the removal of language that limited the provision of continuous home care. Maxcine Tomlinson, Director of Governmental Relations with the Texas and New Mexico Hospice Organization, presented public comment highlighting that the term

“supported palliative care” must be used in the language of the rule and not “palliative care” as proposed.

A motion was made and passed to approve the proposed rule with the recommendation of removing the language “five-day limitation on the provision of continuous home care.” Shortly thereafter, Dana Williamson kindly provided the Committee with information that the language change was considered but it was decided that no change in the language would be made.

Upcoming Meeting: May 12, 2022

Palliative Care Interdisciplinary Advisory Council (PCIAC) Updated April 2022

Committee Charge

The PCIAC assesses the availability of patient-centered and family-focused interdisciplinary-team-based palliative care in Texas for patients and families facing serious illness. The PCIAC works to ensure that relevant, comprehensive, and accurate information and education about palliative care, including complex symptom management, care planning, and coordination needed to address the physical, emotional, social, and spiritual suffering associated with serious illness is available to the public, health care providers, and health care facilities.

Issues of Importance

Current issues of importance include raising awareness about supportive palliative care and hospice care services in Texas; developing evidence to support coverage for supportive palliative care, including by Medicaid; improving services and supports for family caregivers; and improving education and awareness of new palliative care developments and trainings.

Updates

In the process of holding scheduled workgroup meetings for the following workgroups:

Pediatric palliative care subcommittee

- This subcommittee will be working on researching how other states provide palliative care to their pediatric population, what service gaps exist in Texas and how Texas can improve utilization of pediatric palliative care.

Senate Bill 916 study workgroup

- This workgroup is providing input on the first draft of the SB 916 report that was provided to them on March 31, 2022.

2022 Legislative Report Workgroups

- The 2022 legislative report will contain six recommendations on various palliative care-related policy issues:
 - Pediatric supportive palliative care
 - Home health licensing regulations
 - Proposed benefit: advanced care planning
 - Reimbursement for Child-Life Specialists
 - Promoting Education and Awareness of supportive palliative care (SPC)
 - Recommending provider continuing education requirements

Upcoming Meeting: May 5, 2022

Perinatal Advisory Council (PAC) Updated April 2022

Committee Charge

The Perinatal Advisory Council (PAC), established in 2013 by HB 15 of the 83rd Texas Legislature (Regular Session), is charged with providing clinical and non-clinical recommendations to the Department of State Health Services (DSHS) for inclusion into their required rule template. This has been done for both neonatal and maternal levels of care.

Issues of Importance

With the rules now in place, the PAC will focus on best practices and trends in neonatal and maternal results post implementation of the new hospital designation programs.

For the six terms that expired September 1, 2021, the appointment decision process is underway. There is a new solicitation process to start for positions that expire September 1, 2022.

Updates

The PAC met on March 30, 2022 and heard reports from the DSHS Hospital Designation Program, including rule revisions update, a subcommittee report on the hospital site survey process and from the Chair of Maternal Mortality and Morbidity Review Committee. PAC members also elected new officers, Dr. Patrick Ramsey, Chair, and Dr. Sadhana Chheda, Co-Chair. The PAC has two active subcommittees: 1) Telemedicine subcommittee to address the definition of telemedicine and where telemedicine language can be included in maternal and neonatal rules and 2) Survey process subcommittee to identify outcome processes that can be used to evaluate and strengthen current survey process following completion of survey cycle for both maternal and neonatal designation.

The PAC also reviewed strategic review reports for maternal and neonatal levels of care designations.

<https://dshs.texas.gov/legislative/2022-Reports/Strategic-Review-Maternal-Level-of-Care-Designations.pdf>

<https://dshs.texas.gov/legislative/2022-Reports/Update-on-the-Strategic-Review-Neonatal-LOC-Designations.pdf>

Current Facility Designation (as of March 30, 2022):

Designation Level	Neonatal	Maternal
I	82	53
II	54	93
III	69	44
IV	22	32
Total	227	222

Upcoming Meeting: July 27, 2022

Policy Council for Children and Families (PCCF) Updated May 2022

Committee Charge

The PCCF works to improve the coordination, quality, efficiency, and outcomes of services provided to children with disabilities and their families through the state's health, education, and human services systems. The purpose of the PCCF is to advise the Texas Health and Human Services Commission (HHSC) on matters as described below:

- Improving coordination between the state's health, education, and human services systems to ensure that children with disabilities and their families have access to high quality services.
- Improving long-term services and supports, including community-based supports for children with special health and mental health care needs, as well as children with disabilities and their families receiving protective services from the state.
- Addressing emerging issues affecting the quality and availability of services available to children with disabilities and their families.
- Aligning resources with the service needs of children with disabilities and their families.
- Improving the STAR Kids managed care program.

Issues of Importance

The PCCF legislative report was submitted in November 2020 and addressed the following recommendations:

- Supporting and expanding transition care clinics across Texas;
- Increasing the threshold allowance for Medicaid Buy-in for Children and Adults to 300 percent of federal poverty level;
- Reducing the Medicaid waiver interest lists;
- Ensuring access to Promoting Independence waiver slots;
- Expanding crisis intervention and respite services;
- Improving crisis intervention, respite, and early childhood intervention services; and
- Strengthening disaster and emergency preparedness planning to ensure continued access to vital services during natural disasters,

pandemics or other large-scale events affecting children with disabilities and complex medical needs.

Updates

PCCF members are looking for other issues which are potential topics for recommendations for the next report. Some of the issues include:

- Looking into work of Got Transition towards transitioning children to adult healthcare system and working towards achieving the same outcome in Texas.
- Looking into mental health issues seen during transition from school to work, and how to intervene early to address those issues
- Identifying issues the schools and students are experiencing during pandemic and in general
- Looking into implementation plan on Rider 32 regarding applied behavioral analysis

The PCCF is working to solicit the new members for the committee. The PCCF has identified new ex-officio for the committee and is in the process to on-board before the next meeting.

The PCCF has identified the following workgroups:

Workgroup 1: Long-Term Services and Supports

Recommendations:

- A. Strengthen the Community Attendant and In-home Nursing Workforce. This includes looking at increasing wage of community attendants, amending waiver to allow parents and family relative to be paid provider to children with special needs as a personla attendants, amending State plan to include mid tier workforce to care for children with complex need and allowing parent as Certified Nurse Aid to care for their children with medical complexities.
- B. Access to Long-term Services and Supports: Ensure Texas' commitment to Olmstead and Texans with disabilities by providing funding to support individuals to live in the most integrated setting. This includes providing waivers to Promoting Independence by

avoiding admission and transfer from institution, and funding individuals on home and community-based services interest lists at a reasonable pace.

- C. Diversion of Children from Nursing Facility Admission: Amend the MDCP waiver to allow for medically fragile children at imminent risk of nursing facility admission to access the waiver without having to go into a nursing facility.
- D. Access to Cost Effective Services for Children: Improve access to Medicaid State Plan services and/or lower cost waivers for children who meet an institutional level of care thereby reducing the need for a more comprehensive community-based waiver.
- E. Improve Access to Mental Health, Trauma Informed Care and Crisis Services: Improve access to mental health, trauma informed care and crisis services for children with disabilities to ensure children are supported to live in families in lieu of costly long-term institutions using the following strategies.

Workgroup 2: Holistic Transition Services

Recommendations:

- A. Include Health Care Transition Planning in School: Add a requirement in the Texas Administrative Code for the admission, review, and dismissal (ARD) committee to consider, and, if appropriate, address health care transition planning beginning at age 14 and continuing until the student graduates out of the school system.
- B. Improve Transition Planning In Schools: Post-secondary transitioning for young adults with an Intellectual and Development Disability (IDD) and other disabilities to be assessed, evaluated and receive appropriate transition services.

Workgroup 3: Education, Employment and Child Care

- A. Texas Early Hearing Detection and Intervention: Improve State Newborn Hearing Screening policies and processes to ensure that all Deaf and hard of hearing newborns are identified and receiving

appropriate supports, care, and early intervention services to promote healthy development.

- B. Fund Texas Workforce Commission (TWC) to hire 50 counselors to meet the growing need of Vocational Rehabilitation Services (VRS) for high school students with a disability graduating high school.
- C. Require the Texas Workforce Commission to create a Vocational Rehabilitation Services training course at school level for high school students to improve their skill to achieve employment opportunity after high school.
- D. Train general education teachers to foster a welcoming inclusive environment
- E. Establish communication for students in a life skills unit before they begin an adapted school curriculum and possibly waive them from the STAAR state assessment until they can independently communicate.
- F. Promote collaboration between the school and private sector to align speech goals.
- G. Provide self-care training to parents through school districts.
- H. Finding childcare is extremely difficult for parents of children with autism or any other disability
- I. Child Care:
 - a. Prohibiting discrimination on the basis of disability.
 - b. Requiring providers training on serving children with Autism

Workgroup 4: Autism Spectrum Disorder

The workgroup is created to provide input on implementation of intensive behavioral intervention benefit, services, compliance, and rate issue identified.

Upcoming Meeting: June 8, 2022

STAR Kids Managed Care Advisory Committee (SK-MCAC)

Updated April 2022

Committee Charge

The STAR Kids Managed Care Advisory Committee was established by Senate Bill 7, 83rd Texas Legislature, Regular Session, 2013 and in compliance with Texas Government Code Section 533.00254 to advise the Texas Health and Human Services Commission (HHSC) on the establishment and implementation of the STAR Kids managed care program.

Members of the committee include a variety of stakeholders including families of children with disabilities receiving services under STAR Kids, physicians, home health providers, managed care organizations (MCO), school personnel and organizations representing children with disabilities. The diversity of the committee lends a unique perspective on how the program is functioning across Texas and generates ideas and recommendations for improvements.

Issues of Importance

The committee currently has three subcommittees each tasked with developing recommendations aimed at improving the program for children and families.

- Health Homes and Quality Measures
- Assessment and Service Delivery (formerly called SK-SAI)
- Transition from Pediatric to Adult System

Updates

The committee met on December 8, 2021, January 12, 2022, and March 2, 2022. The January meeting was solely for the purpose of voting on the committee's annual report and recommendations. During the March 2, 2022 meeting, the committee discussed the following topics:

- 86th Legislative Session Updates
 - SB 1207 - Coordination of Benefits
- 87th Legislative Session Updates
 - SB 1648 - Specialty Providers

- HB 4 - Telehealth Services
- HB 2658 - School Health and Related Services
- SB 1648 - ACE Kids Act
- Direct care workforce shortage and opportunities
- Applied Behavioral Analysis update
- External medical review implementation update (SB 1207)
- HHSC feedback on the committee's annual report for Dec. 2021
- STAR Kids MCAC subcommittee updates:
 - Health homes and outcome measures (defining value for the STAR Kids population)
 - Assessment and Service Delivery (CFC discussion, care coordination feedback)
 - Transition from children's services to adult services

The committee completed and voted on its December 2021 report to the Executive Commissioner detailing all of the committee's work throughout the year. The next report is due in December 2022 and will be a report to the Legislature. The 2021 report provides recommendations on the development of enhanced health homes for children with medically complex conditions, reduction of administrative burdens, improvements to the STAR Kids Screening and Assessment Instrument, Coordination of Benefits, Continuity of Care and improvements to the transition from pediatric care to adult care.

The subcommittee on health homes and quality measures continues to work with HHSC on an Enhanced Health Home pilot for children with medical complexities using much of the requirements of the ACE Kids Act. The subcommittee has also been meeting with HHSC on changes to the Medically Dependent Children Program's Limited Stay Criteria as well as recommendations to add a nursing facility diversion mechanism to the MDCP waiver for those children with medical fragility who are at imminent risk of institutionalization. Finally, the subcommittee has been working on recommendations for both short- and long-term changes needed to address the home health workforce crisis. A significant part of the March full committee meeting was devoted to this issue.

The Assessment and Service Delivery subcommittee provided feedback on the updated SK SAI, coordination of benefits as well as DME and access issues. The subcommittee continues to work with HHSC to ensure children with significant mental health conditions are being appropriately identified

for services like Community First Choice. The committee has meetings scheduled to discuss feedback from HHSC on the December 2021 report as well as feedback on care coordination drafts to CMS.

The subcommittee on transition has been working with HHSC and the National Alliance to Advance Adolescent Health to explore a pilot to promote quality healthcare transition planning for young adults and improvements to the smooth transition of children from STAR Kids to STAR Plus in addition to making recommendations about increased training for transition specialists and services coordinators on transition, addition of transition specialists to STAR Plus home and community-based waiver, improved Health Care Transition standards, updated billing codes for transition and standardized transition plan that can be used across MCOs. The subcommittee met in March and is also participating regularly in the calls with the National Alliance to Advance Adolescent Health to explore value-based payment options for transition as well as pay for quality measures.

The committee continues to have representatives on various SMMCAC subcommittees.

Upcoming Meeting: June 15, 2022

STAR+PLUS Pilot Program Workgroup (SP3W) Updated May 2022

Committee Charge

Established in Texas Government Code, Section 534.1015 (HB 4533 of the 86th Regular Legislative Session) to advise the Texas Health and Human Services Commission (HHSC) on the development, operation, and evaluation of a new STAR+PLUS Pilot Program. The pilot will be designed in consultation and collaboration with both the STAR+PLUS Pilot Program Workgroup and the Intellectual and Developmental Disability System Redesign Advisory Committee (SRAC).

The Pilot will operate in the STAR+PLUS Medicaid managed care program and test the managed care delivery of long-term services and supports (LTSS) for people with intellectual and developmental disabilities (IDD), traumatic brain injury that occurred after age 21, or people with similar functional needs as a person with IDD. The pilot must start by September 1, 2023, go for at least 24 months, and include an evaluation.

The evaluation will include wide-ranging information on the results of the pilot as well as other aspects of the IDD System Redesign. The information gained through the pilot will also be used to inform the future transition Medicaid IDD services into managed care.

Issues of Importance

- **The Quality Subcommittee** will address the following topics: person-centered practices, measurable goals, and performance measures.
- **The Assessment Subcommittee** will address the following topics: 1115 waiver requirements, researching the InterRAI or other assessments, and potential screening tools relating to eligibility.
- **NEW: Outreach and Education Subcommittee** works with IDD SRAC to develop recommendations to ensure all entities involved in the STAR+PLUS Pilot are knowledgeable about and able to effectively explain the Pilot purpose, benefits and roles within the pilot as well as collaborate to develop and present consistent outreach information. The subcommittee will determine which entities will develop and distribute

outreach and education materials and ensure that information is understandable and accessible to those most impacted.

Updates

See IDD-SRAC section for updates regarding joint IDD-SRAC meetings. In addition, a subworkgroup was formed to provide stakeholder input on alternative payment methodologies (APM). Initial APM recommendations were approved by both committees in February. The subworkgroup continues to develop additional recommendations.

Ongoing collaboration with IDD-SRAC includes incorporating SP3W recommendations into the annual IDD-SRAC annual report to the legislature, due September 2022. A key pilot program quality focus area includes utilization of National Core Indicators to obtain pilot program participant and family experience before and post pilot program implementation. The workgroup also provided input on the STAR+PLUS pilot evaluation criteria and methodology.

Upcoming Meetings:

May 12, 2022 (Joint meeting with IDD SRAC)

November 10, 2022 (Joint meeting with IDD SRAC)

State Medicaid Managed Care Advisory Committee (SMMCAC) Updated June 2021

Committee Charge

Provides recommendations and ongoing input to HHSC on the statewide implementation and operation of Medicaid managed care. Areas of focus are shown in the 4 subcommittees below.

Issues of Importance

- Clinical Oversight and Administrative Simplification - seeks to strengthen the oversight of utilization management practices to include prior authorization policies and processes used by managed care organizations (MCOs). Objectives addressed in this initiative include:
 - Reduce Medicaid provider burden through administrative improvements in four areas: claims payments, eligibility information, provider enrollment processes, and prior authorization submissions.
 - Prior authorization discussions will focus on provider process issues and Health and Human Services Commission oversight of MCO prior authorization data.
 - Discuss specific Medicaid medical benefits as needed.
- Complaints, Appeals, and Fair Hearings - effectively leveraging complaints data to identify potential problems in the Medicaid program, opportunities for improved managed care organization (MCO) contract oversight and increasing program transparency. Objectives addressed in this initiative include:
 - Improve data collection and system processes used to trend and analyze managed care member complaints.
 - Standardize complaint categories used by HHSC and MCOs for more accurate trending of complaints-related data to more quickly identify potential problems within managed care.
 - Improve the complaints member experience so they are tracked and resolved consistently.
- Network Adequacy and Access to Care - supporting a comprehensive monitoring strategy to ensure members have timely access to the services they need. Objectives addressed include:

- Improve the accuracy of provider directories, including more robust MCO validation requirements and improvement of critical processes that impact accuracy.
- Incentivize the use of telemedicine, telehealth, and telemonitoring services to improve access for members in underserved areas of the state.
- Reduce administrative burdens related to network adequacy reporting and monitoring.
- Integrate network adequacy reporting to include additional measures, such as appointment availability studies and targeted encounter data.
- Service and Care Coordination - improvements in service and care coordination within managed care. Objectives addressed in this initiative include:
 - Analyze other state Medicaid programs to assess best practices for care coordination within Texas' managed care programs.
 - Address any state-level barriers that hinder MCO delivery of care coordination services.
 - Clarify terminology and definitions of service coordination and service management activities across Medicaid managed care programs.
 - Identify possible improvements to ensure service coordination and service management is consistent within HHSC contract requirements.

Updates

The SMMCAC and its subcommittees met on August 10 and 11. We discussed topics such as:

- Status of SB1207 Coordination of Benefits (Specialty Provider Rule)
- Status of SB1177 In-lieu-of Behavioral Health Services
- Status of HB4 Telemedicine and Texting provision
- Status of HB133 Healthy Texas Women Program
- Update on HB2658 Omnibus Bill
- Update on SB672 Collaborative Care
- Overview of Telemedicine and Telehealth
- Update on Electronic Visit Verification
- 1115 Waiver Update
- Progress Update on Intellectual and Developmental Disability Redesign

Upcoming Meeting: November 4, 2021

Texas Council on Consumer Direction (TCCD) Updated January 2022

Committee Charge

The Texas Council on Consumer Direction (TCCD) advises HHSC on the development, implementation, expansion, and delivery of long-term services and supports through the consumer directed services (CDS) option. The Council is composed of CDS employers, representatives from financial management service agencies (FMSAs), representatives from managed care organizations (MCOs), and advocates for children and older adults using the CDS option.

TCCD is established in accordance with Texas Government Code § 531.012 and governed by Texas Administrative Code § 351.817 and Texas Government Code Chapter 2110.

Issues of Importance

- Electronic Visit Verification (EVV): EVV is a computer-based system that replaces paper-based attendant timesheets for Medicaid personal care services. EVV has been optional for individuals using the CDS option but became required beginning January 1, 2021, in accordance with the federal 21st Century Cures Act. The Council receives regular updates on EVV implementation, and the Training & Outreach subcommittee also had discussion with the EVV Operations team regarding EVV trainings for CDS employers.
- Reducing administrative burden for CDS employers, employees and FMSAs. In collaboration with the Council, HHSC is beginning an initiative to reduce administrative burden in the CDS hiring process. This includes exploring opportunities to reduce the number of hiring forms and enhance portability of forms, as well as making informational documents and CDS budget workbooks more user friendly. HHSC staff will work closely with the Quality Assessment & Performance Improvement subcommittee on this effort and will provide regular updates to the full Council.
- Increasing the percentage of individuals receiving Medicaid long-term services and supports who use the CDS option, including through efforts to increase and improve educational resources.

- Most of the work on this front is happening through the Council's three subcommittees. Subcommittees are working with HHSC to develop new guidance, and to update and improve existing resources for FMSAs and CDS employers.
- They have also been working with HHSC to enhance information and education resources available to people who may be interested in using the CDS option.

Updates

Since the last meeting, the Council finalized and submitted its annual report to the Executive Commissioner. At its December 16 meeting, the Council heard a report regarding Texas' plan to use the funds from the American Rescue Plan Act. HHSC has submitted its initial spending plan and is waiting to receive approval from CMS. The Council review the quarterly utilization report on the number of Medicaid participants utilizing the CDS service delivery option. The number has dropped from the totals in 2020, and the Council plans to discuss ways to encourage more participants to choose consumer direction. The Council also heard a report on the STAR+PLUS Pilot Program. The Council was updated on the status of electronic visit verification (EVV), with specific emphasis on compliance and the requirements for CDS employers and financial management services agencies.

The Training and Outreach Subcommittee and Processes and Expansion Subcommittee are planning for Disability Awareness Week which is in April. They are also reviewing the CDS Employer Manual which has not been updated for several years, and specifically needs to have EVV requirements added.

Upcoming Meeting: March 24, 2022

Value-Based Payment and Quality Improvement Advisory Committee (VBPQIAC) Updated January 2022

Committee Charge

The Value-Based Payment and Quality Improvement Advisory Committee (“Committee”) was established by the Executive Commissioner of the Health and Human Services (HHS) system to provide a forum to promote public-private, multi-stakeholder collaboration in support of quality improvement and value-based payment initiatives for Medicaid, other publicly funded health services, and the wider health care system. Committee members representing diverse sectors of the healthcare system are tasked with providing input on quality improvement initiatives. By December 1 of each even-numbered year, the committee submits a written report to the executive commissioner and Texas Legislature with recommendations to help Texas achieve the highest value for healthcare in the nation.

Issues of Importance

- Expanding the use and effectiveness of alternative payment models (APMs) in the Medicaid program.
- Promoting the sustainability of Delivery System Reform Incentive Payments (DSRIP) initiatives showing the greatest promise for improving value and quality in healthcare.
- Maximizing federal and other grant dollars available to support the development of evidence and implementation of innovative care and payment approaches, including population and episode-based models.

Updates

The Committee is preparing its legislative report for 2022.

Upcoming Work and Meetings:

The Committee has four Workgroups organized around the following issues:

Alternate Payment models and MCO contract language

- The current MCO contracts establish targets through 2021. The workgroup approved recommendations for year 2022 and beyond. The direction recommended by council include:
 - HHSC should adopt a more comprehensive contractual APM framework to assess MCO achievement
 - Move away from a specific focus on meeting APM targets
 - Provide a menu of approaches to give MCOs credit for a broader range of work promoting value-based care. A brainstorming survey was conducted to identify top priority approaches to which points will be attached:
 - Maintaining or improving on current APM benchmarks
 - Implementing APMs for challenging circumstances, e.g., APMs in rural areas
 - Improving APM rates for priority sectors with low APM participation, e.g., home-health or behavioral health
 - Credit to MCOs that increase the amount of dollars providers earn or can earn through APMs
 - Monitoring provider satisfaction or establishing other formal provider outreach mechanisms related to APMs
 - Data sharing with providers through HIE (e.g., ADT data) or claims
 - Sharing performance reports and best practices with providers
 - Improving on quality measures or documenting processes that describe outcomes achieved and improvements that can be made in future years
 - Developing innovative approaches to address SDOH:
 - Developing a formal strategic plan for advancing APMs
 - Collaborating with other MCOs within a service area (region) on standard measures and APM models
 - Establishing formal APM evaluation criteria and reporting on evaluation results for key APMs
 - Revise the current APM reporting tool to collect only needed data in as streamlined a format as possible
 - HHSC is in the process of operationalizing this recommendation for the next update of the UMCM.

Social Drivers of Health (SDOH) subcommittee is looking into the following areas:

- Ways which in-lieu of services can cover social drivers of health
- Administrative simplification for addressing social needs.
- Reviewing baseline data by region to identify the priority area to address social needs.
- Exploring opportunities to pay for programs that address social drivers of health including asthma home remediation, respite care, medically tailored meals, and housing.
- Alternate way to receive certification by Community Health Worker (CHW) to increase workforce. The current requirement includes at least 1000 cumulative hours of community health work services within the most recent three years.

Value-Based Payment for Home Health, Pharmacy, and other Areas

- Home Health workgroup has proposed recommendations that may help HHSC and MCOs understand barriers and expand meaningful value-based healthcare for Community Long Term Services Support (LTSS). Following are some of the ideas proposed at the last meeting:
 - HHSC, MCOs, and providers should work together to define, measure, and publicly report comparative “value” statistics for Medicaid providers of in-home care/attendant services, based on a standard set of quality, accountability, and cost-efficiency metrics. This data should be shared on a regular basis with providers.
 - HHSC should consider establishment of APMs specific to community based LTSS attendant care as a priority approach in the new MCO contracts
 - HHSC should explore ways to stimulate the development of joint APMs between Physicians, specialty providers and attendant care providers.
 - HHSC should analyze data on enrollee movement from one Community LTSS provider to another and between MCOs, to ensure continuity of care is maintained. This analysis should include corresponding impacts on utilization, quality, and cost.
 - HHSC should revisit the rate enhancement level
- Looking at creative Alternate Payment Models for pharmacy such as utilizing pharmacy as a provider for improving quality of service.

Timely actionable data workgroup.

- Looking at opportunities to leverage ADT data (Medicaid is receiving ADT data along with its claim data for hospitals who are enrolled in Medicaid)
- Looking at opportunities to leverage various database such as All Payer Claim Database (APCD), Texas Healthcare Learning Collaborative Portal, etc.
- Exploring data issues for health equity, rural areas, and interoperability

HHSC is reviewing new member applications for the VBPQIAC.

Upcoming Meeting: Upcoming full council meeting is on February 15, 2022. The agenda can be found on the [VBPQIAC webpage](#) a week before the meeting.