

IDD SRAC Activities:

Committee activities and announcements between January 2022 and October 31, 2022 include the following:

- The STAR+PLUS RFP was posted March 31, 2022. The draft RFP was posted in February. Submissions are due June 2, 2022. Initial anticipated notice of award was January 2023 with initial anticipated contract start date September 2023. In June, 2022 the IDD SRAC was informed that the latter two dates had changed: anticipated notice of award is now March 2023; anticipated contract start date is now February 2024. This means that the start date of the STAR+PLUS Pilot Program is now February 2024 – not September 1, 2023. This change in implementation date will not impact the statutorily required 24 month pilot duration. Exhibit G of the RFP pertains to the STAR+PLUS Pilot program. The updated RFP may be viewed at: <https://www.hhs.texas.gov/business/contracting-hhs/procurement-opportunities>. 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 four times in 2022: January 27, 2022, April 28, 2022, July 28, 2022, and October 27, 2022. In addition to subcommittee updates the IDD SRAC received updates on and, as appropriate, provided feedback on the following: 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 H.B. 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 accordance with its charge, the Committee also reviewed and approved legislative recommendations developed by the three IDD SRAC subcommittees for the statutorily required Annual Report on the IDD System Redesign. The recommendations address the need for improvements to the service system (whether provided under fee-for-service or managed care) for legislative and agency (HHSC) consideration. The recommendations address a host of needed service improvements such as simplifying access to dental services, improving the IDD assessment process, monitoring quality of acute care and long-term services and supports, accessing behavioral supports for people with complex needs, increasing utilization and coordination of Community First Choice (CFC) services, improving access to employment services, improving the transition of the current Day Habilitation service to the Individualized Skills and Socialization service (implementation date March 1, 2023) and need for funds to address the workforce shortage crisis

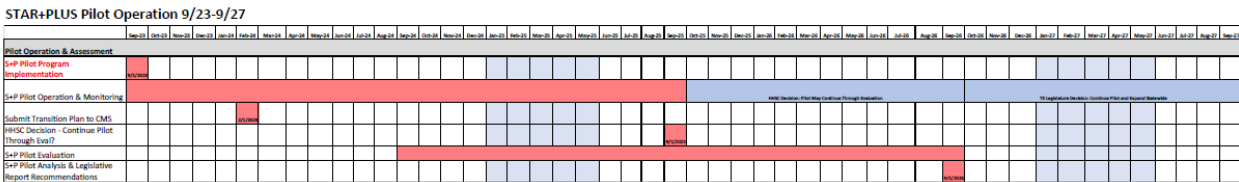
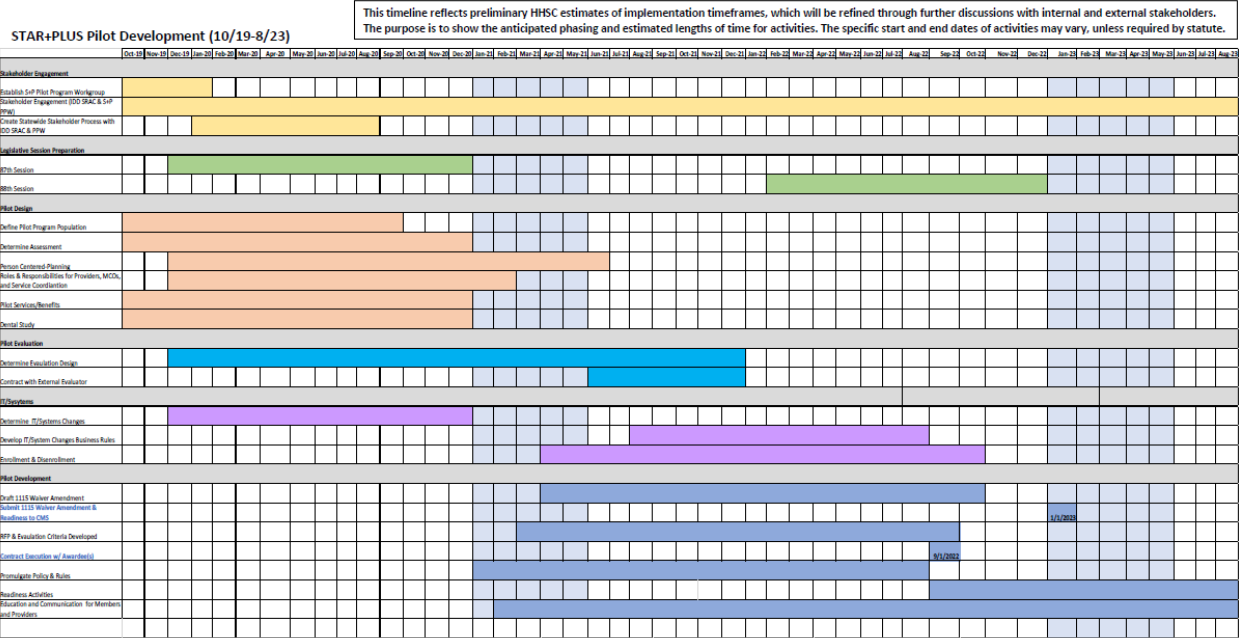
and to support the pilot. See 2022 Annual Report below for access to the report which was posted on HHSC's website in September 2022 and may be viewed at:

<https://www.hhs.texas.gov/sites/default/files/documents/system-redesign-individuals-idd-report-2022-attachment-1.pdf>

- 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 which includes the role of the comprehensive service provider,. Recommendations regarding other pilot design features are still underway (such as outreach and education plans, innovative technologies, regulatory processes, and alternative payment methodologies).

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 with its next meeting on January 26, 2023. [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 November 10, 2022.]

The next meeting of IDD SRAC Transition to Managed Care Subcommittee is December 1, 2022.

The next meeting of the IDD SRAC Systems Adequacy Subcommittee is December 7, 2022.

The Day Habilitation/Employment Services subcommittee has no meetings scheduled in either November or December, 2022.

NOTE: Subcommittee meeting schedules have yet to be set for 2023.

Medical Care Advisory Committee (MCAC) Updated November 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 Medical Care Advisory Committee met May 12, 2022 with Mary Helen Tieken, RN, BSN, acting chair, presiding.

Michelle Erwin, Deputy Associate Commissioner, MCS Policy and Program, HHDS and Shannon Kelley, Deputy Executive Commissioner, Managed Care, MCS, HHSC and Brittani Bilsle, Director of 1115 Strategy, HHSC presented comprehensive updates on Medicaid and Children's Health Insurance Program activities. Leslie Smart, Director, Medical and Dental Benefits, Medicaid/CHIP Services, HHSC, presented an update on the Telehealth policy, relating to House Bill 4, 87th Legislature, 2022. Diana Strupp, HPAC Chair provided an update to the committee.

There were two informational items presented to the committee, one by Jennie Costilow, Director, Program Policy, HHSC, regarding continuity of Specialty Care for Certain Medicaid Members and the other by James Ramirez, Director, Major Procurements Office, HHSC.

Ms. Costilow provided information about the rule amendments already adopted concerning sections 353.4, out-of-network provider requirements and 353.7 concerning coordination of benefits with primary health insurance coverage. The purpose of the rule was to implement Senate Bill 1748, 87th Legislature, Regular Session 2021, that amended Texas Government Code §533.038(g) and added new subsections (h) and (i) to §533.038.

Mr. Ramirez provided information on the proposed new rule §353.8, concerning Certification of Managed Care Organizations Prior to Contract Awards. This proposal implements Texas Government Code, §533.0035, added by Senate Bill 1244, 87th Legislature, Regular Session 2021.

The Committee had one action item presented by Paula Clark, Manager, Medical and Dental Benefits Policy, HHSC. HHSC proposed amendments to its Medicaid Home Health Services rules located in Chapter 354, Medicaid Health Services, Subchapter A, Division 3, Medicaid Home Health Services. To align the Medicaid home health services rules with the CMS interim final rule, CMS-5531-IFC which formally required that the plan of care could be signed only by the recipient's physician, to now include "allowed practitioner" to each rule that currently applies to a physician. This change allows a physician assistant (PA) or an advanced practice registered nurse who is licensed as a certified nurse practitioner (CNP) or clinical nurse specialist (CNS) to order home health services as described in the proposed rules. The proposed amendments define "allowed practitioner" as an individual that has a valid and registered prescriptive authority agreement in accordance with state law and is licensed as a PA, CNP, or CNS. Members of this Committee discussed that the burden these Medicaid plans of care had had on physicians has been a problem if not detrimental to providing Medicaid services. A motion was made and seconded and the motion passed with no objections or abstentions.

The Medical Care Advisory Committee met again August 11, 2022, with Mary Helen Ticken, RN, BSN, acting chair, presiding.

Emily Zalkovosky, Deputy State Medicaid Director, Medicaid/CHIP Services provided a brief update on Medicaid and Children's Health Insurance Program Activities including information on emergency triage and transport, pregnant women's health

care and telehealth. Diana Strupp, HPAC Chair, provided information on the latest Hospital Payment Advisory Committee activities including discussion on disruptions related to the COVID claims, issues on HARP and the 1115 waiver.

The information only rules were four in number and long discussions resulted in each of them. There were many interested parents and providers in the audience who were respectful and articulate as they participated in these important discussions. Dana Williamson, Director, Policy and Program, Medicaid/CHIP Services, provided an in-depth presentation on Individualized Skills and Socialization in the Deaf and Blind with Multiple Disabilities Program and Individualized Skills and Socialization in the Home and Community-Based Services Program and Texas Home Living Program; LIDDA Service Coordination Qualification was (presented by Anne McGonigle, Interim Associate Commissioner, IDD Services; and Leslie Smart, Director Medical and Dental Benefits, presented the School Health and Related Services (SHARS) 504 Audiology Services and Parental Consent proposed amendment.

The first action item requiring a vote by the committee was presented by Dana Williamson, Director, Policy and Program, Medicaid/CHIP Services. The proposal would repeal §§9.151, 9.152, 9.154-9.170, 9.186, and 9.189-9.192 in Texas Administrative Code (TAC) Title 40, Part 1, Chapter 9, Subchapter D, relating to the Home and Community-based Services (HCS) Program and proposes new rules in 26 TAC Chapter 263, relating to Home and Community-based Services and Community First Choice (CFC) Services. The purpose of the proposal was to move certain HCS Program rules from 40 TAC Chapter 9, Subchapter D to 26 TAC Chapter 263. There were at least five public commenters representing patients and providers. This was a robust and friendly discussion. This action item was approved by the Committee.

The second action item, also presented by Dana Williamson, sought to repeal §§9.551, 9.552, 9.554, 9.556, 9.558, 9.560-9.563, 9.566-9.568, 9.570, 9.571, 9.573-9.575, 9.582, and 9.583 in TAC Title 40, Part 1, Chapter 9, Subchapter N, relating to the Texas Home Living (TxHmL) Program and proposed new rules in 26 TAC Chapter 262, relating to TxHmL Program and Community First Choice (CFC). The purpose of the proposal was to move certain TxHmL from 40 TAC Chapter 9, Subchapter N to 26 TAC Chapter 262 and ensure that the TxHmL Program complies with the requirements of Title 42, Code of Federal Regulations, Chapter IV, Subchapter C, Part 441, Subpart G, §441.301 (c)(1)-(5). Public Comment consisted of provider and patient representatives which proved helpful and insightful to committee members. This action item was approved by the Committee.

The third action item, again presented by Dana Williamson, related to Transition Assistance Services and the purpose of the proposed amendment was to replace the reference to the Department of Aging and Disability Services (DADS) with The Texas Health and Human Services Commission (HHSC), revise references to program rules and make minor editorial changes for clarity. This action item was approved by the Committee.

This meeting was a grand example of providers, parents, and policy makers coming together to hear each other in a collaborative and collegial way. This committee chair was especially appreciative of the participation by the community in these important issues.

Upcoming Meeting: November 11, 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 S.B. 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 November 2022

Committee Charge

The Perinatal Advisory Council (PAC), established in 2013 by H.B. 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 is focusing on best practices and trends in neonatal and maternal results post implementation of the new hospital designation programs and evaluation of the survey processes.

For the six terms that expired September 1, 2021, the appointment decision process is still pending. Solicitation for positions that expired September 1, 2022, has been completed and application review is underway.

Updates

The PAC has met twice since our last update, on July 27, 2022 and October 26, 2022. During the July 27 meeting, the PAC heard reports from the DSHS Hospital Designation Program, including rule revisions update, and a subcommittee report on the hospital site survey process, including presentations from all three external survey companies. The Texas Collaborative of Healthy Mothers and Babies (TCHMB) also gave an update of their work on a Perinatal data system. The revised maternal rules were published in July 2022 and remained open for a 31 day period of public/stakeholder comment. Select members of the PAC and DSHS reviewed the public/stakeholder comments and recommendations were made for final maternal rules revision. The final maternal rules are pending publication in the Texas Register (anticipated November 2022).

At the October 26, 2022 meeting, the PAC received an update on the Centers of Excellence of Fetal Diagnosis and Therapy. The PAC had detailed discussion on three topics from the current hospital designation rule revisions; on patient transfers, Trial of Labor After Cesarean (TOLAC) care and Placenta Accreta Spectrum Disorder (PASD) care.

The PAC also discussed the strategic review reports for maternal and neonatal levels of care designations. A PAC subcommittee has been formed to evaluate the neonatal and maternal strategic review documents and bring back recommendations to the PAC for any actionable items. As the final maternal rules have not yet been published in the Texas Register, the PAC recommended writing a letter to delay the implementation of the updated maternal rules from January 1 until April 1, 2023.

<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 October 26, 2022):

Designation Level	Neonatal	Maternal
I	80	53
II	52	93
III	73	44
IV	22	32
Total	227	222

Upcoming Meeting: December 7, 2022

Policy Council for Children and Families (PCCF) Updated November 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 2022. Some of the recommendations in this report include:

- Strengthening and expanding the community attendant workforce.
- Addressing waiver interest list access, eligibility, and funding to increase the number of children growing up in families instead of institutions.
- Increasing the threshold allowance for Medicaid Buy-in for Children and Adults to 300 percent of federal poverty level (FPL).
- Providing physician education for transition of care planning.
- Improving access to applied behavior analysis (ABA) services for children with autism spectrum disorder (ASD) by increasing funding levels for ABA services and addressing challenges with access to care.

- Supporting children with disabilities and their families with child care needs by providing training for licensed child care facilities to increase awareness of the requirements of the Americans with Disabilities Act.
- Increasing funding for Early Childhood Intervention (ECI) programs to improve the amount of provider support available to care for children with disabilities.
- Improving data facilitation between providers to allow for timely referral and continuity of care.

Updates

- PCCF members are planning outreach to subject matter experts and stakeholders to plan and implement recommendations made in the 2022 Legislative Report.
- The PCCF is working to appoint new members for the committee.

Upcoming Meeting: January 11, 2023

STAR Kids Managed Care Advisory Committee (SK-MCAC) Updated November 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 June 15 and September 21, 2022. During the June 15, 2022 meeting, the committee discussed the following topics:

- 87th Legislative Session Updates
 - ▶ S.B. 1648 - Specialty Provider Rules
 - ▶ H.B. 2658 - School Health and Related Services Rules
 - ▶ S.B. 1648 - Comprehensive Health Homes for Integrated Care for Kids Pilot Program
 - ▶ Rider 36 – Study of Medicaid managed care denial and appeals process

- Update on implementation of the optimized STAR Kids- Screening and Assessment Tool
- End of Continuous Medicaid Coverage
- Update on HHSC efforts related to attendant care and private duty nursing workforce issues based on the March 2022 meeting discussion
- Formula shortage and issues for children with disabilities
- 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

During the September 21, 2022, meeting the committee discussed the following:

- HHSC feedback on the committee’s annual report for Dec. 2021
- External medical review implementation update (S.B. 1207)
- Financial Statistical Reports and Experience Rebates for 2021
- Comprehensive Health Homes for Integrated Care for Kids Pilot Program
- Report on Nursing Shortage by DSHS Texas Center for Nursing Workforce Studies
- Overview of HHSC Rate Setting Process
- Durable Medical Equipment Network, Costs, Administrative Burdens and Related Issues
- 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 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 pilot is called the Comprehensive Health Homes for Integrated Care for Kids Pilot Program. HHSC solicited proposals from the STAR Kids MCOs and received a number of responses and is working on finalized pilot details. 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 and June 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 met with HHSC to hear feedback from them 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 October and another meeting is scheduled for November.

The next report is due in December 2022 and will be a report to the Legislature. The 2022 report will include recommendations on the development of enhanced health homes for children with medically complex conditions, reduction of administrative burdens, Coordination of Benefits, Continuity of Care and improvements to the transition from pediatric care to adult care.

The committee continues to have representatives on various SMMCAC subcommittees.

Upcoming Meeting: December 6, 2022

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

Committee Charge

Established in Texas Government Code, Section 534.1015 (H.B. 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: As part of outreach and education, SP3W collaborates 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. HHSC, in coordination and collaboration with the two committees, will develop and distribute outreach and education materials and ensure that information is understandable and accessible to those most impacted.

- NEW: Virtual town hall meetings are to be held on November 15th and 16th to share information and get feedback from stakeholders on the InterRAI assessment resource allocation algorithm to be considered for use in all Intellectual and Developmental (IDD) services, but not in the pilot since the algorithm will need to be tested.
- NEW: The pilot program implementation timeline has been rescheduled to start in February 2024 rather than September 2023.

Updates

See IDD-SRAC section for additional updates regarding joint IDD-SRAC meetings. Previously, a subworkgroup was formed to provide stakeholder input on alternative payment methodologies (APM) within managed care. Initial APM recommendations were approved by both SRAC and SP3W committees in February 2022. As of November 1, 2022, the SP3W Quality Subcommittee adopted a recommendation to incorporate an ongoing charge to work with HHSC on APMs as relates to the pilot.

Ongoing collaboration with IDD-SRAC included incorporating SP3W recommendations into the annual IDD-SRAC report to the legislature, posted by HHSC in September 2022. A key pilot program quality focus area included 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. The evaluation is on the agenda for the SP3W and SRAC joint meeting on November 10, 2022.

The Assessment Subcommittee recommended use of the InterRAI for pilot program participants, which HHSC supported. Assessment related activities have moved into work on HHSC's consideration of future use of the InterRAI assessment all for intellectual and developmental community and facility services. That larger body of work began in 2013 with a small pilot of the IDD portion of the InterRAI assessment. While the phase of adopting resource allocations based on an individual's results from the InterRAI assessment is not to be completed in time to use for the pilot, at this time we anticipate the pilot assessment will be the InterRAI. HHSC is still considering whether the pilot will have an overall cost cap per person based on an individual's assessed needs.

Upcoming Meetings:

November 10, 2022 (Joint meeting with IDD SRAC) – A SP3W pilot program update will be provided by HHSC.

February 23, 2023 (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 four 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 S.B. 1207 Coordination of Benefits (Specialty Provider Rule)
- Status of S.B. 1177 In-lieu-of Behavioral Health Services
- Status of H.B. 4 Telemedicine and Texting provision
- Status of H.B. 133 Healthy Texas Women Program
- Update on H.B. 2658 Omnibus Bill
- Update on S.B. 672 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 August 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:

- Voted to combine the Training and Outreach and Processes and Expansion subcommittees into one subcommittee.
- Heard a report from the Direct Service Worker taskforce on goals associated with Rider 157 in which the agency was directed by the legislature to create a strategic plan addressing workforce development, specifically for community attendants, and increasing utilization of the consumer directed services (CDS) option.
- Lost a valued Council member, Randell Resneder, who had been leading the Council's efforts to increase disability awareness and outreach to educate the community on self-direction. A tribute to Mr. Resneder was held at the March 24, 2022 TCCD meeting.

The Training and Outreach Subcommittee and Processes and Expansion (TOPE) Subcommittee finalized their updates to the CDS Employer Manual, which includes the addition of EVV requirements, and presented to the Council for vote. The Council approved the Manual to be forwarded to HHSC for review, finalization, and publication. The TOPE subcommittee continues to explore outreach efforts to bring awareness of the consumer directed services option through community organizations and training to the public.

Upcoming Meeting: September 22, 2022

Value-Based Payment and Quality Improvement Advisory Committee (VBPQIAC) Updated August 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.
- 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 that proposed recommendations to include in the legislative report. The full committee voted to approve these recommendations on July 26, 2022.

Workgroup: APM and managed care organization (MCO) contract language

1. HHSC should adopt a more comprehensive contractual APM framework to assess MCO achievement
 - a. Move away from a specific focus on meeting APM targets

- b. Provide a menu of approaches to give MCOs credit for a broader range of work promoting value-based care.
 - c. Revise the current APM reporting tool to collect only needed data in as streamlined a format as possible.
2. HHSC should work to align next steps for its APM program with the CMS Innovation Center's strategy refresh released in October 2021, including working to increase the number of Medicaid beneficiaries in a care relationship with accountability for quality and total cost of care.
 - a. For Texas to work toward this goal, it would be beneficial for HHSC to endorse a standard primary care health home model that MCOs may adopt for some providers, possibly starting with alignment with the CMS Primary Care First model, a pregnancy medical home model, and/or key Texas Health Steps measures.
 - b. In addition, consider a more formal structure for dissemination of best practices of value-based payment models.

Workgroup: Non-medical drivers of health (NDOH), formerly known as Social Drivers of Health (SDOH)

1. The Legislature should direct HHSC to approve at least one service that addresses non-medical drivers of health as an in lieu of service (ILOS) under 42 C.F.R. § 438.3(e)(2).

HHSC should consider at a minimum the following services as potential ILOS:

- a. asthma remediation,
 - b. Food is Medicine interventions,
 - c. services designed to support existing housing programs.
2. The Legislature should direct HHSC to create an incentive arrangement that rewards MCOs that partner with community-based organizations, other MCOs, and network providers to offer ILOS that address non-medical drivers of health and build related capacity. The Legislature should authorize HHSC to use a portion of amounts received by the state under Tex. Gov't Code § 533.014 (i.e., "experience rebates") for this purpose.

Workgroup: Value-Based Payment for Home Health, Pharmacy, and Other Areas

Home Health

HHSC should work with Managed Care Organizations, home health agencies, and stakeholders to:

1. Define, measure, and publicly report quality, experience, and cost-efficiency for Medicaid providers of in-home care/attendant services.
2. Identify new or expanded training and reporting requirements for home care attendants to improve the care experience and health outcomes for the Medicaid population.
3. Analyze enrollee movement between home health agencies to identify patterns, trends, and opportunities for improvement.
4. Identify and develop value-based payment models specific to community-based Long-Term Services and Supports delivered through the STAR+PLUS and STAR Kids programs. These models should reward high-performing attendants and offer creative solutions to help address workforce shortages to provide needed home-based care for enrollees in these programs.

Pharmacy

1. HHSC should establish standards and a working definition for an Accountable Pharmacy Organization (APO), and work with stakeholders to increase engagement with APOs.

First, defining an APO provides clarity when discussing the types of pharmacy organizations involved in value-based payment (VBP) contracting. The concept of an APO is distinct from other pharmacy contracting entities (i.e. pharmacy services administrative organization or PSAO).

Second, increasing VBP arrangements with APOs should improve patient outcomes. Pharmacists will be incentivized to longitudinally engage patients when paid to produce outcomes and lower costs.

2. HHSC should develop guidance for MCOs to reimburse pharmacists for services within a pharmacist's scope of practice.

It would be helpful if HHSC could provide additional clarity and guidance to MCOs for paying pharmacists for services under the medical benefit like all other providers. While MCOs could pay pharmacists today, low utilization may indicate a lack of knowledge about these payment options. It would be helpful for HHSC to provide a list of services that fall within a pharmacist's scope, which may be reimbursable by MCOs.

Workgroup: Timely and Actionable Data

1. HHSC should educate key Texas Medicaid staff and stakeholders about the admit, discharge, and transfer (ADT) and clinical (C-CDA) data it receives from the Texas Health Services Authority and establish an annual process to prioritize implementation of new use cases to leverage the data to improve the Medicaid program in light of evolving operational needs and implementation of new projects.

2. HHSC should assess options for how to securely share additional data with Medicaid providers about their patients to help inform their participation in more advanced alternative payment models and identify strategies to support providers' use of that data.
3. HHSC should conduct a 6-month review of the Clinical Management for Behavioral Health Services (CMBHS) system to determine how the system can share data with all Medicaid Mental Health Targeted Case Management and Rehabilitative Service providers, MCOs, and how aggregate data can be easily shared with the public. The review workgroup must include members from the VBPQI Advisory Committee, the Texas Council for Community Centers, MCOs, providers and other stakeholders.
4. HHSC should help support the development of a modernized data system at the county level that would permit rapid access to data related to suicide for researchers and the public while protecting individual privacy. The infrastructure could be developed through several initiatives:
 - a. All Texas counties create a publicly available suicide data system in which data are derived directly from the medical examiner or justice of the peace electronic records. This would be modeled after the Tarrant County system with identifying information redacted (Link - <https://mepublic.tarrantcounty.com>),
 - b. All Texas counties feed suicide data (including provisional data) into a state-level system that is updated more frequently than the federal data systems and publicly available; and concurrently,
 - c. Create linkages between vital records/mortality data and other public health and health care databases maintained by DSHS, such as the Texas Health Care Information Collection (THCIC).

Upcoming Meeting: The next full council meeting will occur Thursday, October 6, 2022. The agenda can be found on the VBPQIAC webpage a week before the meeting. (www.hhs.texas.gov/about/leadership/advisory-committees/value-based-payment-quality-improvement-advisory-committee)