HEALTH AND HUMAN SERVICES COMMISSION

Exofficio Report to Governor's Committee on People with Disabilities

July 29, 2021

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Executive Summary

Renewal of Determination That A Public Health Emergency Exists

Because of the continued consequences of the Coronavirus Disease 2019 (COVID-19) pandemic, Xavier Becerra, Secretary of Health and Human Services, renewed the Public Health Emergency until October 2021. The Health and Human Services Commission (HHSC) is working closely with state and federal partners to ensure essential services continue while ensuring service delivery stays within state and local guidelines for COVID-19. HHSC has a website dedicated to COVID-19 information:

- HHSC COVID-19 Communications

ARPA FMAP

The American Rescue Plan Act (ARPA) of 2021 was signed into law on March 11, 2021. Section 9817 of ARPA provides states with a temporary ten (10) percentage point increase to the federal medical assistance percentage (FMAP) for Medicaid Home and Community-Based Services (HCBS), if certain federal requirements are met. States must use funds equivalent to the amount of federal funds attributable to the increased FMAP to implement activities that enhance or strengthen Medicaid HCBS.

HHSC submitted an initial spending plan to the Centers for Medicare and Medicaid Services (CMS) on July 12, 2021. The plan Texas submitted is contingent upon federal clarification on outstanding questions.

Texas proposes to use state general revenue to fund projects to:

- Support providers of HCBS and community-based long-term services and supports (LTSS);
- Support recipients in HCBS programs; and
- Enhance and strengthen the HCBS infrastructure in Texas.

Full Texas Spending Plan

Mental Health Services for the Deaf and Hard of Hearing

HHSC chairs the Mental Health Access for Deaf and Hard of Hearing Texans workgroup. The purpose of the workgroup is to promote and ensure that individuals who are deaf or hard of hearing have information about

behavioral health care services, are able to access these services, and that there is a workforce skilled at providing care to this population. The workgroup is currently reviewing state and national resources that include a definition for effectively communicating with individuals who are deaf and hard of hearing, and plans to conduct a systematic review of how agencies that provide intellectual and developmental disabilities and behavioral health services and supports implement communication standards.

Early Childhood Intervention Services

During the 87th legislative session, the Legislature maintained current per child appropriations levels for the ECI program, which mirrored HHSC's Legislative Appropriations Request. Total funding for ECI client services in FY 2022 is $168.9 million and $170.1 million for FY 2023.

HHS ECI is set to receive $19.8 million in one-time funding from the ARPA that can be spent over fiscal years 2022 and 2023. HHSC is currently awaiting guidance around use of the funds from OSEP.

SSLC: Promoting New Integrated Plans for Residents

SSLCs continue in the development of a more efficient and integrated process to address an individual's health risk, life goals and better prepare them to successfully live in the community. A five-part training series was provided to all SSLCs that focused on the SSLC mission and how the project will further support their efforts. Workgroup members focused on this project have been creating individual support plan templates and creating mechanisms that ensure direct support professionals have access to timely and understandable information about the individuals they serve and are responsible for.

Money Follows the Person Demonstration (MFPD)

MFPD has helped Texas rebalance its LTSS system by increasing the use of community-based services rather than institutional services. MFPD funding supports relocation from nursing facilities and intermediate care facilities for individuals with intellectual disabilities (ICFs/IID) to the community. Services funded under MFPD include medical and behavioral health supports, outreach to nursing facility residents, and affordable housing.

Signed into law on December 29, the Consolidated Appropriations Act, 2021 extended the MFPD for participating states through fiscal year 2023.

On March 1, 2021, HHSC submitted its CY 2021 MFPD Budget to CMS. The proposed total budget request was $29,723,728, which CMS approved on April 1, 2021.

On June 29, Texas submitted a $4,892,957 request to CMS for funding to increase the state's capacity to rebalance its long-term services and supports system. The proposal is under review.

Follow-Up from Previous GCPD Meeting

Early Childhood Intervention (ECI)

- As part of the corrective action plan HHSC submitted to the Office of Special Education Programs (OSEP) in response to OSEP's on-site monitoring visits in Texas in 2017 and 2019, HHSC continues to make improvements related to the areas of concern that were identified during OSEP's review to meet the target date of October 4, 2021. Progress on the corrective actions was presented to the ECI Advisory Committee on April 7, 2021 and to contractors on April 22, 2021.
- During the 87th legislative session, the final budget mirrored HHSC's Legislative Appropriations Request. Total funding for ECI client services in fiscal year 2022 is $168.9 million and $170.1 million for fiscal year 2023.

Deaf and Hard of Hearing Support Services

Assistance from Support Service Providers (SSPs) or CoNavigators (CNs) is one tool to help people who are Deafblind. Because of the current economic climate and the unprecedented challenges during the 87th Legislature, HHSC took a restrained response to developing its LAR. HHSC did not seek an exceptional item request for Support Service Providers (SSP) or CoNavigators (CN) but continues to look at ways in which to bring this proposed program to fruition in a sustainable manner. Of note, this initiative was included in the special session agenda.

MCO Provider Network Adequacy

Managed Care Oversight Improvement Initiatives

HHSC contracted with an independent consultant, Deloitte, to evaluate potential improvements to the agency's oversight of managed care organizations in compliance with Rider 61, General Appropriations Act, 85th Legislative Session. The subsequent Rider 61(b) report completed by Deloitte outlined several opportunities for strengthening oversight of the Texas Medicaid program. HHSC developed multiple initiatives in response to recommendations made in Deloitte's reports.

One of those initiatives was Network Adequacy and Access to Care. This initiative's goal was to build a comprehensive strategy to ensure members have access to providers at the right time and place. HHSC accomplished this in FY 2020 by:

- Improving the accuracy of provider directories, including more robust MCO validation requirements and improvement of critical processes that impact accuracy.
- Incentivizing the use of telemedicine services to improve access for members in underserved areas of the state.
- Reducing administrative burdens related to network adequacy reporting and monitoring, including cross-agency coordination with the Texas Department of Insurance.
- Integrating network adequacy reporting to include additional measures, such as appointment availability studies and targeted encounter data.

The Deloitte reports can be accessed via the following link:

- Deloitte Reports

Monitoring Compliance

HHSC Managed Care Compliance and Oversight (MCCO) staff provides Managed Care Organizations (MCO) and Dental Maintenance Organizations (DMO) with network performance reports on a quarterly basis. The report includes non-compliance information for each MCO/DMO, if applicable. The non-compliance information is broken down by service delivery area, county, and county type that do not meet the performance standards as outlined in

Uniform Managed Care Manual 5.28.1- Access to Network Providers Performance Standards and Specifications. The MCO/DMO receives a Corrective Action Plan (CAP) request for each county that does not meet the performance standard and may be subject to Liquidated Damages (LDs). Each occurrence of failure to meet or exceed established compliance thresholds for network distance standards results in a CAP and may result in liquidated damages for failure to comply with the terms of the CAP.

Reporting of all MCO sanctions, including CAPS, can be found at:

- Managed-Care-Organization-Sanctions

Additionally, HHSC published its biennial report on managed care network adequacy December 1, 2020. Senate Bill (S.B.) 760, 84th Legislature, Regular Session, 2015, requires HHSC to report to the Legislature on access to providers in Medicaid managed care networks, and MCO compliance with contractual obligations related to provider access standards.

- Report on Medicaid Managed Care Provider Network Adequacy

COVID-19 Vaccination and Continued Response

Key COVID-19 Vaccine Resources

HHSC is committed to connecting older Texans and Texans with disabilities (including people who are homebound, have limited transportation options) with resources for accessing COVID-19 vaccinations. Resources include:

- **State Mobile Vaccine Program** provides a way for Texas businesses and people who are homebound to schedule mobile vaccinations.
  - *Texas businesses or civic organizations* with five or more employees, visitors, or members who voluntarily choose to be vaccinated. Call 844-90-TEXAS (844-908-3927) and select Option 3 to schedule a visit from a state mobile vaccine team.
  - *Texans who are homebound* can call the same number and select **Option 1** to request a state mobile vaccination team to come to their home.
- **Texas Public Health Vaccine Scheduler** The new Texas Vaccine Scheduler helps Texans get scheduled for a COVID-19 vaccine at clinics hosted by participating Texas public health entities. Register

online at GetTheVaccine.dshs.texas.gov and you will be notified by email or text on the specifics to get the vaccine. If there's not a clinic near you, you will be directed to other sites to get a vaccine.

- **Disability Rights Texas Hotline (DRTx Vaccine Hotline)** provides assistance to people with disabilities needing assistance in accessing COVID-19 vaccine. Contact the DRTx Vaccine Hotline at 1-800-880-8401 or email at **vaccine@DRTx.org**.
- **Vaccines.gov** is the Centers for Disease Control and Prevention (CDC) website that provides an array of options to help people find local vaccines including a search option on the website, a tollfree line for people with limited/no internet and a text option.
  - Visit Vaccines.gov to search for a vaccine.
  - Call toll free: 1.800.232.0233 (TTY 888.720.7489)
  - Text your ZIP code to:
    - **GETVAX** (438829) for English
    - **VACUNA** (822862) for Spanish
- **Disability Information and Access Line (DIAL)** 888-677-1199 is a toll-free national hotline that connects callers with information on accessing the COVID-19 vaccine and related supports for people with disabilities.
- **Retail Pharmacy Program** is a federal program that is doubling the amount of pharmacies receiving the vaccine. Visit CDC's Federal Retail Pharmacy Program website to find out which pharmacies are participating.
- **Transportation Assistance** through Lyft and Uber.
  - **Lyft** is providing ride codes specifically for older adults for up to $25 (each way) to their vaccine appointment. Older adults can use **SENIORVAX1** when scheduling a ride for their first dose and **SENIORVAX2** when scheduling a ride for their second dose.
  - **Uber** is offering up to $25 for rides (each way) to vaccination sites. Visit https://www.uber.com/us/en/coronavirus/ to learn more about scheduling a ride to a vaccination site.

For a full list of tools and resources to help you or someone you know sign up to receive a vaccine visit Texas Department of State Health Services COVID-19 Vaccine Information.

HHS Program Response to COVID-19

Aging Services Coordination (ASC)

In response to COVID-19 outbreak, ASC has developed resources to help keep older adults and people with disabilities connected to their loved ones and engaged in their communities, e.g., The *Know Your Neighbor* campaign, designed to encourage connection and engagement while remaining safe during the COVID-19 outbreak. The campaign urges Texans to reach out and connect with neighbors while following social distancing and safety protocols. ASC also developed resource sheets providing information on nutrition supports and social connection options posted on the Age Well Live Well webpage. The ASC Texercise initiative has modified its program delivery requirements to include virtual class options.

Children with Special Health Care Needs (CSHCN)

CSHCN continues to provide guidance, resources, tools, and technical assistance to support providers and ensure that services continue to meet the needs of individuals during the COVID-19 pandemic and has enacted several policy provisions to assure the client population has access to healthcare.

- The following codes represent covered benefits: U0001 and U0002, coronavirus (COVID-19) testing procedure codes; C9803 (Lab Specimen Collection); and U071 is a covered ICD-10 code (COVID-19, virus identified).
- Providers with an application after March 1, 2020 were enrolled in the CSHCN program but did not undergo a site visit or have to submit fingerprints for a background check due to the public emergency federal waiver. Additionally, requirements for driver's licenses are relaxed.
- CSHCN directed TMHP to extend by 90 days existing prior authorizations (PAs) that require recertification and were set to expire March 1, 2020 - June 30, 2020. Official approval did not continue after June; instead, CSHCN relaxed submission guidelines for PAs.
- CSHCN allowed alternate addresses for off-site facilities. Hospitals may receive approval from HHSC via the Health and Human Services COVID-19 Offsite Facility Application and add alternate physical addresses for temporary off-site facilities.

The provisions listed below have approval to continue through July 31, 2021:

- Waiving the requirement to obtain the client or guardian signature on the CSHCN Services Program Documentation of Receipt Form.
- Providers are authorized to bill the following procedure codes for telephone (audio only) medical (physician-delivered) evaluation and management services delivered any time after March 20, 2020, for procedures 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, and 99215.
- Providers may bill the telephone (audio only) behavioral health services procedure codes 90791, 90792, 90832, 90834, 90837, 90846, 90847, and 90853.
- CSHCN provider enrollment revalidation due dates extend 30 calendar days to prevent provider disenrollment. Providers not enrolled with Texas Medicaid or the CSHCN Services Program can expedite the enrollment process by using the Texas Medicaid Health Emergency Enrollment Application.
- Beginning March 24, 2020, CSHCN has reimbursed federally qualified health centers (FQHCs) and rural health clinics (RHCs) as telemedicine (physician-delivered) and telehealth (non-physician delivered) service distant site providers statewide for service dates to help ensure continuity of care.
- Occupational, physical, and speech therapy for clients of all ages have the option of use as a telehealth service for the CSHCN Services Program.

Children's Autism Program (CAP)

CAP continues to provide guidance, resources, tools, and technical assistance to support providers to ensure services continue to meet the needs of individuals during the COVID-19 pandemic and has enacted several policy provisions to assure the client population has access to healthcare. These provisions will continue until notified otherwise by the CAP HHSC office.

- Program provided a temporary "zeroed out" family cost share fee schedule until notified by the HHSC CAP office. Providers will be given 30 days' notice prior to the discontinuance of the zeroed-out table.

- Family cost share fee schedules are currently based on the federal tax return filed for the previous year; families with sudden losses of income may have difficulties paying cost share amounts based on their previous years' incomes.
- Contractors will not count cancellations due to COVID-19 against CAP participation requirements until the COVID-19 disaster declaration expires.
- Contractors may bill for parent training even if the child is not present until the COVID-19 disaster declaration expires.
- Group training sessions offered via telehealth or telephone are temporarily billable until further notice. Parent training provided in-clinic or in-home in the absence of the client is temporarily billable until further notice.
- Assessments (in-take) conducted with parents via telehealth or telephone are temporarily billable until further notice. CAP contractors will not discharge an enrolled child whose parent has notified the contractor of their wish to suspend participation in therapy due to the COVID-19 pandemic.
- Policy for the CAP program requires proof of autism and prescription for applied behavioral analysis (ABA) therapy and from someone with M.D. or Ph.D. credentials. Until otherwise notified by HHSC, it is allowable for contractors to deem clients in these circumstances as meeting diagnostic requirements and, therefore, eligible for services for a period of 90 days.

Blindness Education, Screening and Treatment (BEST)

Due to the public health emergency, and to ensure access to needed services, vision screenings continue to be provided virtually.

Board for Evaluation of Interpreters (BEI)

Because of the COVID-19 pandemic, BEI testing and rating activities were placed on hold in March 2020. In-person performance testing resumed in March 2021, and the majority of qualified applicants who were on the waiting list have scheduled or taken a performance test.

Intellectual Developmental Disability and Behavioral Health Services (IDD-BHS)

The IDD-BHS department took actions related to COVID-19 for operation of services to support providers and ensure that services continue to meet the needs of individuals.

Some examples of adjustments made include:

- Allowance for the expanded use of teleservices.
- Conducting regular webinars and conference calls with providers to address concerns, provide technical assistance, and support related to COVID-19 activities.
- Creation of a COVID-19 SharePoint to serve as a current and comprehensive resource for IDD-BH providers.
- Posting regularly-updated FAQs for providers on the HHS COVID-19 provider website: HHSC COVID-19 Provider Information

Most recently, CMS approved HHSC's COVID-19 budget flexibility requests to transfer funds unused in calendar year 2020 due to COVID-19, to fund purchases to support an individual's transition from an institution to community-based services during the public health emergency. The flexibility requests resulted in funding for staff to obtain the necessary Protective Personal Equipment (PPE) to safely continue to disinfect work areas and follow all safety precautions as per the Governor's order to remain healthy and reduce the spread of the virus. Funds were used for:

- Purchase of face masks, hand sanitizer and disinfecting wipes for CDS employers and LIDDA staff providing Enhanced Community Coordination or on Transitional Support Teams;
- Purchase of laptops for LIDDA staff to continue providing support to individuals while working at home during the public health emergency;
- Purchase of iPads, other cases, and Internet access to support virtual contact and service planning;
- Development and implementation of instructor-led virtual trainings to teach ways to develop "One Page Descriptions (OPD)" for those vulnerable to COVID-19 virus to assist medical staff in the hospital information on how to support the person to be calm, comforted and feel safe during this medical crisis; and,

- Production and implementation of Post COVID-19 Stress Online Education and public awareness campaign.

The following initiatives are underway:

- Implementation of a statewide COVID-19 mental health support line for Texans experiencing anxiety, stress, or emotional challenges due to the COVID-19 pandemic available to all Texans 24 hours a day, 7 days a week toll-free at 833-986-1919.
- Application for $5.8 million Immediate Services Counseling Assistance and Training Program grant through the Federal Emergency Management Agency.
- Application for $2 million from the Substance Abuse and Mental Health Services Administration (SAMHSA) to support the Texas Behavioral health COVID-19 Emergency Response Project. This project will be statewide and provide services to individuals with a diagnosed substance use disorder, and healthcare practitioners and individuals with a mental health condition less severe than a serious mental illness.
- Distribution of COVID-19 fiscal impact report templates to assess the pandemic's statewide fiscal impact. If funding becomes available to support or offset costs/revenue losses due to COVID-19, HHSC will use the reports to inform decisions on allocating available funding.
- Work with regulatory partners to address requirements related to allowing teleservices in licensed substance use disorder programs.
- Received and implemented waivers to suspend requirements related to provision of behavioral health and IDD services.
- Developed and received approval for emergency rules related to requirements during the pandemic response period.

State Supported Living Centers (SSLC)

SSLC Vaccinations

SSLCs continue efforts to administer COVID-19 vaccines for residents and staff, particularly for newly admitted residents, new hires and people who have changed their mind about being vaccinated. As of the end of June, 94 percent of residents and 54 percent of staff are considered fully vaccinated. SSLCs have also fully vaccinated over 700 non-SSLC HHSC staff and external partners.

Positive COVID Cases

SSLCs have continued to see a downward trend of positive cases since the beginning of the year. As of the submission of this report, there are no residents who are COVID-19 positive and staff positive cases have been reduced by 98 percent since January.

Positive COVID Cases

With more people becoming vaccinated and the number of positive cases in staff minimal, SSLCs have started to return to more normalized operations, including at a minimum: reprioritizing and scheduling in-person medical consultations, appointments and clinic visits for preventative care originally placed on hold due to COVID; increasing outings and getting back out into the community; resuming transitions and working diligently to transition individuals who had pending community placements; and expanding off-site work programs post-COVID.

Medicaid/CHIP Services

HHSC COVID-19 activity is available on the HHSC COVID-19 Medicaid-CHIP People Receiving Services webpage. The section entitled Extensions of Medicaid and CHIP Flexibilities outlines the regulations and policies revised during the public health emergency.

Substantial Policy, Key Personnel, or Organizational Changes

- Clair Benitez, on May 1, 2021, started as the director of the newly established Office of Disability Services Coordination. Ms. Benitez is also the new HHSC ex-officio for GCPD.

Significant Initiatives Relating to Disability Programs

FMAP

The American Rescue Plan Act (ARPA) of 2021 was signed into law on March 11, 2021. Section 9817 of ARPA provides states with a temporary ten (10) percentage point increase to the federal medical assistance percentage (FMAP) for Medicaid Home and Community-Based Services (HCBS), if certain federal requirements are met. States must use funds equivalent to the

amount of federal funds attributable to the increased FMAP to implement activities that enhance or strengthen Medicaid HCBS.

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Full Texas Spending Plan

Mental Health Services for the Deaf and Hard of Hearing

HHSC chairs the Mental Health Access for Deaf and Hard of Hearing Texans workgroup. The purpose of the workgroup is to promote and ensure that individuals who are deaf or hard of hearing have information about behavioral health care services, are able to access these services, and that there is a workforce skilled at providing care to this population. The workgroup is currently reviewing state and national resources that include a definition for effectively communicating with individuals who are deaf and hard of hearing, and plans to conduct a systematic review of how agencies that provide intellectual and developmental disabilities and behavioral health services and supports implement communication standards.

Long-range Plans for People with Disabilities

Disability Services Action Plan

The Disability Services Action Plan was completed on August 31, 2020. HHS developed an action plan to improve the system and delivery of services for Texans with physical, intellectual, or developmental disabilities.

Phase two of the disability services action plan is undergoing added evaluation to determine when, over the next five years, implementation will occur. Each recommendation slated for implementation will have to meet the following criteria:

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

Maximizing Resources and Long-Range Planning for State Supported Living Centers

Reimagining the Future, developed under the statutory authority of the 2020-21 General Appropriations Act, House Bill 1, 86th Legislature, Regular Session, 2019 (Article II, Health and Human Services Commission, Rider 110) and Texas Health and Safety Code §533A.032. Its purpose is to promote the development of a comprehensive, statewide approach toward long-range planning for state supported living centers (SSLCs) and maximize resources to support the continuum of care for people with intellectual and developmental disabilities (IDD).

- Maximizing Resources and Long-Range Planning for State Supported Living Centers

Proposed Long-Term Care Plan for Individuals with Intellectual Disabilities and Related Conditions

Required by Texas Health & Safety Code, Section 533A.062, proposed estimates of the capacity of ICF/IDDs and waiver programs for SFY 2022-2023, prior to the 87th Legislative Session, 2021

- Proposed Long-Term Care Plan for Individuals with Intellectual Disabilities and Related Conditions Fiscal Years 2022-2023

Texas Promoting Independence Plan

The Texas Health and Human Services Commission (HHSC) embarked on a Promoting Independence Initiative in January of 2000, in response to the U.S. Supreme Court ruling in *Olmstead v. Zimring*. At the direction of the Governor's Executive Order GWB 99-2, HHSC conducted a comprehensive review of all services and support systems available to people with disabilities in Texas.

- 2018 TX Promoting Independence Plan

The Aging Texas Well Strategic Plan

The Aging Texas Well strategic plan - mandated by Executive Order RP 42 — is a comprehensive working plan that identifies and discusses aging policy issues, guides state government readiness and promotes increased community preparedness for Texas' aging populations. With guidance from the Aging Texas Well Advisory Committee, HHSC updates the plan every two years.

- 2020-2021 Aging Texas Well Plan (PDF)

Rider 157 - Community Attendant Workforce Development Strategic Plan

Published in November 2020, the strategic plan contains strategies to recruit, retain, and ensure adequate access to the services of community attendants as well as data to inform the decision-making of the Governor, the Legislature, and agency leadership.

- Rider 157 – Community Attendant Workforce Development Strategic Plan

HHS System Level Updates

87th Texas Legislative Session

During the 87th Legislative Session, the Texas Legislature passed Senate Bill 1 (SB 1), which provides HHSC $325.6 million in All Funds, including $196.0 million in General Revenue and General Revenue-Dedicated Funds. The bill gives HHSC the authority to implement the STAR+PLUS pilot and medically fragile benefit required by House Bill 4533 (86th Legislature, 2019) and fully funds the agency's request for technology enhancements to support IDD providers, LIDDAs, and service coordinators and to prevent gaps in eligibility or services as delivery of long-term supports and services for Individuals with IDD transition to managed care.

It also fully funds the agency's request to create an Individualized Skills and Socialization (ISS) Registry and gives the agency transfer authority to provide for the reimbursement for the provision of ISS services. SB 1 also

provides for 1,549 waiver slots for interest list reduction, which will allow HHSC to enroll additional individuals into the waiver programs.

HHS Strategic Plan

Every two years, the Texas Health and Human Services system updates its Strategic Plans, which describe its work to address multifaceted and evolving factors affecting health and human services. Each of the system's divisions contributes to the development of the Strategic Plans.

The Plans define the system's mission, goals, objectives, and action items to address specific issues over a five-year period.

- HHS Strategic Plans FY 2021-2025

Performance Measures

Texas must have a Texas Managed Care Quality Strategy approved by the Centers for Medicare & Medicaid Services (CMS) as outlined in the Code of Federal Regulations (CFR) Title 42, Chapter IV, Subchapter C, Part 438, Subpart E, Quality Measurement, and Improvement.

- *Texas Managed Care Quality Strategy*

The 1115 Waiver Annual Reports--provides data on network adequacy, complaints, ongoing evaluation and monitoring activities, and enrollment data.

- *1115 Waiver Renewal Report*

Managed Care Organization Report Cards (CHIP, STAR, STAR+PLUS) HHSC and the external quality review organization develop annual health plan report cards.

- *Managed Care Organization Report Cards*

Medicaid/CHIP Quality and Efficiency Improvement Data and Reports is a quality webpage to give public reporting of performance data including hospitals, health plans, external quality reviews of MCOs, and legislative reports related to quality.

- *Medicaid/CHIP Quality and Efficiency Improvement Data and Reports*

Publications, Meetings and Proposed Rules

Reports & Presentations

Visit the HHS Reports and Presentations page for the latest list.

Reports for July 2021 include:

- Texas Integrated Eligibility Redesign System (TIERS) Rider 165 Quarterly Report - Fiscal Year 2021 3rd quarter
- Medically Dependent Children Program Monitoring Report
- Quarterly Therapy Access Monitoring Report - June 2021

Advisory Committee Meetings

All HHS advisory committee meetings resumed using virtual formats until further notice. For a full list of archived and upcoming committee hearings visit the HHS Communications & Events page.

Most recent include:

July 28, 2021

Joint Committee on Access and Forensic Services

July 29, 2021

IDD System Redesign Advisory Committee

July 30, 2021

Governor's EMS and Trauma Advisory Council – Injury Prevention and Public Education Committee

August 4, 2021

Aging Texas Well Advisory Committee

Proposed Rules

Below is a list of proposed rules published in the *Texas Register*. The proposed rules published in the *Texas Register* are open for public comment until the end of the comment period. Information about HHSC rules is found at: Health-Human-Services-Rulemaking and HHSC Rulemaking Public Comment

Title	Project No., Description	Comment End Date

Title 26, Chapter 510, Private Psychiatric Hospitals and Crisis Stabilization Units	#20R011: Psychiatric Hospitals	8/9/21
Title 25, Chapter 133, Hospital Licensing	#20R012: Facility Inspections and Investigations	8/9/21
Title 25, Chapter 135, Ambulatory Surgical Centers	#20R012: Facility Inspections and Investigations	8/9/21
Title 26, Chapter 506, Special Care Facilities	#20R012: Facility Inspections and Investigations	8/9/21
Title 26, Chapter 510, Private Psychiatric Hospitals and Crisis Stabilization Units	#20R012: Facility Inspections and Investigations	8/9/21

HHS Program Level Updates

Aging Services Coordination (ASC)

The Aging Texas Well (ATW) initiative helps Texans prepare for all aspects of aging at the individual, community, and state level. Established in 2005 by Executive Order R.P. 42, HHS is directed to identify and discuss policy issues, guide state government readiness, and promote increased community preparedness for an aging population through ATW. ATW provides guidance to state and local infrastructures by supporting the development of local laws, policies, and services, and creates awareness of the importance of aging well by providing resources, expertise and opportunities.

The Aging Texas Well Advisory Committee (ATWAC) established by, R.P. 42, and is comprised of stakeholders and experts in the field of aging who advise HHS and make recommendations to state leadership on implementation of ATW. The next quarterly ATWAC meeting is August 4, 2021. Due to COVID-

19, 2021 ATWAC meetings will be held on Teams. Information about how to access ATWAC meetings can be found on the HHSC website.

The Office of Aging Services Coordination (ASC) oversees the implementation of ATW and provides support to the ATWAC. In June 2019, ASC convened a workgroup—Vision Loss in Older Adults (VLOA)—to review the ATWAC recommendations in the SB 1693 report on programs and services for older adults with vision loss to identify next steps. The VLOA workgroup is comprised of statewide stakeholders from across the state and recently, the workgroup created four subgroups to focus on specific recommendations outlined in the SB 1693 report. These subgroups meet monthly and meet next in July 2021.

ASC participates in the HHS Person Centered Technical Assistance Initiative with staff serving on the Outward Face Committee and the Parallel Tracks Committee. ASC also helped coordinate a workgroup to address strategies to increase awareness and use of Supported Decision-Making Agreements for people with disabilities. This workgroup meets every other month and is comprised of stakeholders from across the state.

Office of Disability Services Coordination (ODSC)

Direct Service Workforce Development Taskforce

In the Community Attendant Workforce Development Strategic Plan, HHSC committed to establishing a taskforce to explore the applicability of long-term recruitment and retention strategies for community attendants, personal care attendants, direct service workers and similar positions.

The Direct Service Workforce Development Taskforce (DSW Taskforce) includes people receiving attendant services and families working with attendants; people working as a community attendant; community organizations and councils that represent people with disabilities; state agencies and local workforce development boards.

The taskforce has provided input on the related public awareness campaign which includes a flyer and video which will be released before September 2021. HHSC has also applied, and is awaiting approval, for Money Follows the Person Demonstration capacity funding to assist in operationalizing resource support for the projects the DSW Taskforce will be providing input.

Health, Developmental and Independence Services (HDIS)

Brain Injury Programs

The Office of Acquired Brain Injury (OABI) and Comprehensive Rehabilitation Services (CRS) work together as Brain Injury Programs (BIP) to provide continuity of care and ensure supports utilizing a person-centered, trauma informed, and a wraparound approach to service delivery. CRS has updated the comprehensive assessment and Individual Rehabilitation Plan to ensure they are person-centered. Efforts include the following:

- BIP are developing stories for Person-Centered Thinking (PCT) Training specific to Traumatic Brain Injury and Spinal Cord Injury.
- BIP staff were accepted as PCT trainer candidates. One staff member completed the training, and five additional staff are applying to be trainer candidates.
- All BIP staff have completed the two-day PCT training.
- Additionally, 12 positions will be filled to help reduce the interest list and waitlist time to continue to maintain continuity of services within the CRS program.
- BIP is working to develop two PCT videos for education purposes for the community. One video will be directed to persons with lived experience and family members to understand what person-centered thinking and planning is and how it will impact their services. The second video will be a short introductory training for professionals and external stakeholders to understand person-centered concepts.
- CRS and Texas Workforce Commission have strengthened their collaboration and trained staff on person-centered practices and best practices.

The Texas Brain Injury Advisory Council (TBIAC) advises HHS on strategic planning, policy, rules, and services related to the prevention of brain injury, rehabilitation, and the provision of long term services and supports for persons who have survived brain injuries to improve their quality of life and ability to function independently in the home and community. The next quarterly meeting is on July 19, 2021.

Autism

For fiscal year 2021, the Children's Autism Program (CAP) has served a total of 1,034 children with autism as of April 30, 2021.

Blind and Visually Impaired

Blindness Education, Screening, and Treatment

The Blindness Education, Screening, and Treatment (BEST) program continues to provide treatment to prevent blindness. As of May 31, 2021, the program served 73 people and screened the vision of 801 people through its contract with Prevent Blindness Texas. The program will begin focusing on improving awareness and strengthening outreach efforts through various marketing methods to increase eye care providers statewide for BEST participants.

Blind Children's Vocational Discovery & Development Program

The Blind Children's Program (BCP) provides services to children and families to increase their overall independence and success. BCP supports families throughout their journey until they are confident and have the skills to thrive independently.

BCP's Futures Planning 101 trainings, facilitated by The Arc of Texas, are continuing:

- The training is being offered virtually and at varied times, including evenings and weekends, to accommodate working families and their busy schedules. They are also offered in English and Spanish.
- Training topics: person-centered planning, goal-setting, financial planning, decision-making (including guardianship and alternatives to guardianship), and building community for the future.
- This parent training will continue to be offered in the next fiscal year.
- To date, 122 families have begun the series, with another 25 signed up.

BCP hosted a virtual camp for children with dual sensory loss April 23-24, 2021 with virtual parent chats on April 18th and 29th, and Sibshop on April 25th. Sibshops are peer support groups for young brothers and sisters. Families from all over the state participated virtually in typical camp activities such as a campfire, cooking, crafts, sensory activities, and a family dance intentionally designed to be enjoyable and help children with

combined vision and hearing loss develop skills in a variety of critical areas. Targeted skill areas included sensory efficiency, literacy, communication, socialization, and independent living skills.

Every year during the last week of June, Deafblind Awareness week is celebrated in honor of an icon in the Deafblind community, Helen Keller. This week is set aside not only to celebrate Helen Keller's birthday but to provide community awareness about having a combined vision and hearing loss.

- BCP commemorated Deafblind Awareness Week by hosting a family virtual social hour. This was an opportunity for families from across the state to meet one another, discuss topics of interest, and share joys and challenges of raising a child with a combined vision and hearing loss. The social hour was facilitated by two parents of children with a combined vision and hearing loss and the BCP deafblind team.

Children with Special Health Care Needs Services Program (CSHCN)

In April 2021, 543 clients were pulled from the CSHCN waitlist and provided active coverage, clearing the list at that time. Currently, there are 142 clients on the waitlist.

Deaf and Hard of Hearing

Communication Access Services

Local service providers continue to provide services to clients through established contracts with HHSC under the Resource Specialist, Senior Citizens Program, Last Resort Communication Services, and Communication Services to State Agencies programs. Program staff continue to provide technical assistance, training, and guidance to providers, and provide services to clients under the Certificate of Deafness for Tuition Waiver and Visor Card programs.

Training and Education Program

Throughout the first three quarters of fiscal year 2021, 31 training events were offered to over 1,900 attendees. Topics presented include mental health in the deaf and hard of hearing community, deaf self-advocacy training, interview skills training, ethical healthcare interpreting, communication strategies, assistive technology, and interpreter skill-building. In lieu of a Camp Sign youth training event, the training and education team plans to provide several online workshops and activities for

young Texans who are deaf and hard of hearing to provide opportunities for leadership and social growth throughout the summer months as was done in 2020.

Board for Evaluation of Interpreters (BEI)

BEI program staff continue processing applications of interpreter candidates and issuing renewal certificates to eligible interpreters for persons who are deaf or hard of hearing. The BEI Advisory Committee consists of seven members appointed to assist in administering the interpreter certification program, and to help develop the qualifications for each level of certification based on proficiency. The committee held a virtual meeting via Microsoft Teams on June 18, 2021, where three new members joined. Two member positions will expire in August; therefore, a new round of applications will soon be reviewed for consideration.

Specialized Telecommunications Assistance Program (STAP)

STAP staff continue to process applications and issue vouchers for the purchase of specialized devices for telephone network access serving persons with a disability in accessing the telephone networks. Vouchers exchanged must be claimed online by vendors which lends to a quicker turn around for applicants needing a voucher voided due to the voucher being lost or needing a change in device. Recent STAP rule revisions became effective March 30, 2021. Revisions clarified program requirements and terminology and to bolster efforts to defend against the possibility of fraud.

Office of Disability Prevention for Children

The Office of Disability Prevention for Children (ODPC) works to prevent developmental disabilities and seeks to minimize the losses developmental disabilities cause, especially in infants and young children. ODPC prevents disabilities through provider and public education, partnership with other state agencies and stakeholders, and evaluating state efforts to prevent developmental disabilities. ODPC staff attend conferences and meetings to increase awareness of the program and to provide opportunities for collaboration.

This past year, 45 volunteers and unpaid interns throughout the state have worked virtually and supported program duties including prevention education projects and public awareness initiatives. To date, program volunteers and interns have donated more than 1,000 hours of their time.

Their assistance has provided the program with additional support in working toward program goals and objectives, including the preparation of 150,800 pieces of prevention education materials distributed to families, schools, medical facilities, providers, and other stakeholders.

In honor of National Developmental Disabilities Awareness Month, ODPC offered a free conference to discuss and learn strategies for implementing change and preventing developmental disabilities in children.
State and national prevention professionals shared information about current trends, exciting initiatives, and practical information for attendees. The conference was intended for anyone working to prevent intellectual and developmental disabilities in children. A total of 1,284 healthcare professionals, educators, government employees, providers, families, caregivers, and other stakeholders attended the four-day event.

The Pediatric Acute-Onset Neuropsychiatric Syndrome Advisory Council (PANS) advises HHSC and the Legislature on research, diagnosis, treatment, and education related to PANS. ODPC supports the PANS Advisory Council as it addresses research, diagnosis, treatment, and education related to PANS throughout the state.

The latest PANS meeting was held on March 21, 2021, and a meeting archive can be accessed at this link:

- http://texashhsc.swagit.com/play/05212021-898/

The next PANS Council meeting is July 16, 2021. Future meeting dates and more information about the PANS Council is found at this link on the HHS website:

- PANS Advisory Committee

Early Childhood Intervention Services (ECI)

During the 87th legislative session, the Legislature maintained current per child appropriations levels for the ECI program, which mirrored HHSC's Legislative Appropriations Request. Total funding for ECI client services in FY 2022 is $168.9 million and $170.1 million for FY 2023.

HHS ECI is mentioned in a number of budget riders, most of which have not changed from previous years. Rider 74 had slight modifications to system

performance and contracting information reporting; however, there are no completely new riders impacting ECI this year.

Only a few bills impacting ECI made it through the legislative process during the 87th session.

- House Bill 4 allows Medicaid and CHIP recipients to receive a broader range of services, including targeted case management and physical therapy, via telehealth, and requires MCOs to reimburse those services. These services have been permitted as a flexibility during the COVID-19 pandemic, and passage of HB 4 makes those telehealth flexibilities permanent. This takes effect September 1, 2021.
- House Bill 1363 allows physical therapists with a doctoral degree who have either completed a residency or fellowship or are certified by an entity approved by Texas Board of Physical Therapy Examiners to provide treatment for up to 15 consecutive business days without a physician's prescription. This is also effective September 1, 2021.
- Senate Bill 40 allows all licensed speech-language pathology providers, including assistants and interns, to provide services via telehealth. It also allows supervision and observation of these providers via telehealth. This takes effect immediately.
- Senate Bill 475 requires all state agency contracts which authorize contractors to access, transmit, or store agency data to include a provision requiring the contractor to meet security controls as determined by the agency. The contractor will need to periodically provide evidence they meet the required security controls.

An informal stakeholder review and comment period for proposed ECI rule amendments took place from May 3, 2021 through June 1, 2021. HHS ECI anticipates presenting these rule amendments at the November HHS Executive Council meeting and posting them for formal comments by stakeholders later in 2021.

HHS ECI received its annual performance determination from OSEP on June 23. Texas meets federal requirements.

HHS ECI is set to receive $19.8 million in one-time funding from the American Rescue Plan (ARP) Act that can be spent over fiscal years 2022 and 2023. HHSC is currently awaiting guidance around use of the funds from OSEP.

Independent Living Services (ILS)

Independent Living Services (ILS) Program helps people with disabilities achieve greater independence in the home and community. HHSC contracts with Centers for Independent Living (CIL) to provide independent living services statewide. Counseling to help with adjusting to a disability, orientation and mobility to learn how to navigate without vision, assistive technology, and vehicle modifications are just a few examples of services CILs can provide through the ILS program. There are 27 CILs in Texas. All CILs are open and providing independent living services virtually or in person.

The 87th Texas Legislature enacted Rider 83, in Senate Bill 1. Rider 83, Independent Living Services Review, directs HHSC to the following:

- Provide an annual report by December 31 of each year to the Legislative Budget Board, Office of the Governor, the Chair of the House Appropriations Committee, the Chair of the Senate Finance Committee, Lieutenant Governor, Speaker of the House of Representatives, and the Texas Workforce Commission on the use of funds appropriated in Strategy F.2.1, Independent Living Services, by the CILs, including the number of consumers served, breakdown of services provided, performance targets, and any other information HHSC deems necessary to ensure accounting of the use of funds in Strategy F.2.1, Independent Living Services.
- Conduct a study of the ILS program, which shall: evaluate the ILS grants and outsource model; assess if the ILS model of service provision is meeting the needs of Texans with disabilities; consider alternate methods to reduce administrative costs; explore utilization of funds and progress of the CILs to obtain alternative or additional funding for operational expenses; maximize funds for the provision of services to consumers; increase collaboration with partners; ensure the provision of No Wrong Door and Wrap-around services; and evaluate whether the number of consumers served has increased due to outsourcing of the program. Additionally, the study will evaluate the roles and responsibilities of the Designated State Entity to identify strengths, weaknesses, risks, and opportunities for improvement, and expand the provider base for the services to provide improved

support, budgetary flexibility, and added benefits to the provider base. HHSC shall submit a report and findings to the Legislative Budget Board, Office of the Governor, the Chair of the House Appropriations Committee, the Chair of the Senate Finance Committee, Lieutenant Governor, and the Speaker of the House of Representatives by December 1, 2022.
- HHS is working internally to begin procurement of a contractor to conduct the study.

Intellectual & Developmental Disability and Behavioral Health Services (IDD-BHS)

Crisis Intervention and Crisis Respite Services

The 86th Legislature allocated $4 million over the fiscal year 2020-2021 biennium for local intellectual and developmental disability authorities (LIDDAs) to provide crisis intervention and crisis respite support to individuals who have intellectual and/or developmental disabilities who may have behavioral health or mental health support needs. This funding gives a total of $28.6 million towards crisis intervention and crisis respite services. Currently, all 39 LIDDAs statewide provide crisis intervention and crisis respite services to support individuals to maintain independent lives in the community, free of institutionalization.

March 1, 2021 through May 31, 2021,

- 1209 individuals received crisis intervention services; and
- 155 individuals received crisis respite services.

Transition Support Teams

The Transition Support Teams (TST) provide support to individuals transitioning from institutional settings into the community who may have significant medical, behavioral, and psychiatric support needs. The support teams give educational materials, offer technical assistance, and consultative case reviews to aid community waiver program providers and LIDDAs to successfully assist individuals with coordinating their transition from institutional settings.

March 1, 2021 through May 31, 2021, the TSTs provided:

- 198 educational opportunities and 6,686 people attended.

- 913 opportunities for technical assistance and 1,162 people attended.
- 634 peer review/case consultations and 3,577 people attended.

Enhanced Community Coordination

The LIDDA Enhanced Community Coordination (ECC) service coordinators provide intense monitoring and flexible support to ensure individuals' success in the community. The ECC service coordinator links individuals to critical services and monitors the success of those services for one year following a transition or diversion from an institution. From March 1, 2021 through May 31, 2021, 584 individuals were served.

Outpatient Mental Health Clinics

The 86th Legislature allocated $3.0 million for IDD Outpatient Mental Health clinics to enhance the services available for individuals with IDD and mental health needs. This funding establishes IDD community outpatient mental health services. The funding expects to support outpatient mental health services and to serve individuals with IDD and complex behavioral health needs. The funding will also provide for additional referral opportunities for all local authority crisis response teams and first responders; a learning collaborative, established to identify both state and national best practices in delivering outpatient mental health services for people with IDD.

In addition, the learning collaborative is identifying outcome measures by which to measure the success of the outpatient mental health services. On November 1, 2020 a pilot was implemented to provide the outpatient mental health services identified in the exceptional item. As of May 2021, 130 individuals have been enrolled in the pilot across the five LIDDAs serving as pilot sites.

Health Specialty Care System (HSCS)

State Supported Living Centers (SSLC)

Promoting New Integrated Plans for Residents

SSLCs continue in the development of a more efficient and integrated process to address an individual's health risk, life goals and better prepare them to successfully live in the community. A five-part training series was provided to all SSLCs that focused on the SSLC mission and how the project will further support their efforts. Workgroup members focused on this project have been creating individual support plan templates and creating

mechanisms that ensure direct support professionals have access to timely and understandable information about the individuals they serve and are responsible for.

Allegation Support Team Program

SSLCs implemented an allegation support team (AST) program to provide staff with peers on campus to assist them with general questions after they have been named in an abuse, neglect or exploitation (ANE) allegation. The program is intended to educate staff, reduce anxiety, and increase employee retention rates during pending investigations. A staff's involvement in the program is self-initiated and confidential. Volunteers are trained to work with staff who may not understand the ANE process and have basic concerns or questions such as, "What happens next?" and "Why am I being reassigned?" AST members will not be allowed to discuss specific details, provide personal advice or make recommendations for staff members. SSLCs completed the second phase of implementation in June, which included a train the trainer for staff designated as program leads at each SSLC.

SSLC Quality of Care Report

The University of Florida's Department of Health Outcomes and Biomedical Informatics released its annual SSLC quality of care report for calendar year 2020. This report analyzes 34 performance measures and provides a summary of quality of care assessment results for all 13 SSLCs. SSLCs utilize this annual report as a benchmark to help set goals to improve their performance in specific areas and overall statewide comparisons and improve residents' quality of care and quality of life.

Despite the ongoing COVID-19 pandemic, data analysis showed overall improvement from calendar year 2019 for 11 measures, with a decrease in values for confirmed instances of ANE, rate of protective mechanical restraint use, rate of restraint use, encounter rates, medication variance, and incidence of urinary tract infection. The report also identified an increase in justified use of chemical restraints, timely development of individual support plans, annual integrated risk rating form timeliness, and annual medical assessment timeliness.

Quality Review Team

The Quality Review Team (QRT) resumed on-site visits in March 2021. The QRT consists of state reviewers who conduct an annual visit to each SSLC to evaluate compliance with state standards and provide technical assistance in

advance of an SSLC's annual recertification survey by HHS Regulatory. The QRT provides recommended areas of focus at each QRT and provides training as needed.

Data Quality Workgroup

In May, SSLCs initiated a Data Quality Workgroup to address data integrity issues that are complex and require focused resources. Anticipated outcomes include: better understanding of the issues that lead to poor quality data; better understanding of strategies to improve data; greater standardization in data collection and reporting across SSLCs; increased efficiency by eliminating the need for duplicate documentation and backup tracking systems; and increased confidence in data to guide decision-making. Work will remain ongoing.

CHOICES Program

SSLCs are developing a social and emotional skills program for individuals and staff to be implemented statewide, that further complements what counseling departments have been using. Over the last several months, training was provided to select staff at all SSLCs on the concepts of emotional regulation to introduce the fundamentals. A workgroup has been established to develop strategies and a formalized plan for implementation statewide. Workgroup goals include active treatment activities, day programming curriculum, staff training, and manager training.

Peer-to-Peer Incident Data

Many of the individuals SSLCs serve have been admitted because of their need for behavioral support and a history of aggressive behavior. For many, this is the main obstacle for them to move back to the community successfully. Beginning in July, SSLCs will have an official data source for peer-to-peer information which will allow state office to include in monthly trend reviews. This is intended to complement the standardized procedure for responding to peer-to-peer aggression incidents which was implemented in 2018. Having standardized data and information regarding peer-to-peer incidents will assist centers in the development of individualized support plans and used to address these incidents on a broader statewide level.

Quarterly Meetings with Office of Independent Ombudsman

In June, SSLC state office began quarterly meetings with the Office of the Independent Ombudsman to bridge communication gaps with a focus on

clarifying policy, discussing any recent findings, and a general sharing of information.

Medicaid/CHIP Services

Intellectual and Development Disability (IDD) Programs: Transition to Managed Care/House Bill 4533 STAR+PLUS Pilot Program

HB 4533, 86th Legislature, Regular Session, 2019, amends Government Code Chapter 534 and outlines two stages for the transition of Medicaid-funded Long-Term Services and Supports (LTSS). Stage one1 directs the following activities related to the STAR+PLUS Pilot Program (pilot):

- Development and implementation of a pilot by September 1, 2023 through the STAR+PLUS Medicaid managed care program for individuals with an IDD, traumatic brain injury or similar functional need to test person-centered managed care strategies and improvements based on capitation (ongoing);
- Establishment of a STAR+PLUS Pilot Program Workgroup (SPPPW) to assist with developing and advising HHSC on the operation of the pilot (complete);
- Coordination and collaboration throughout development and implementation of the pilot with the Intellectual and Developmental Disability (IDD) System Redesign Advisory Committee (IDD SRAC) and the SPPPW (ongoing); and
- A dental evaluation to determine the most cost-effective dental services for pilot participants (complete).

Rider 25, 87th Legislature, Regular Session, 2021 allows HHSC transfer authority to fund pilot technology changes, evaluation, and HHSC staffing required for the pilot implementation on September 1, 2023.

Stage two[2] includes development and implementation of a plan to transition all or a portion of services provided through community-based Intermediate

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[1] Texas Government Code, Chapter 534, SUBCHAPTER C: https://statutes.capitol.texas.gov/Docs/GV/htm/GV.534.htm

[2] Texas Government Code, Chapter 534, SUBCHAPTER E: https://statutes.capitol.texas.gov/Docs/GV/htm/GV.534.htm

Care Facilities for Individuals with an Intellectual Disability (ICF/IID) or a Medicaid waiver program to a Medicaid managed care model.

The results of stage one will be used to inform stage two. The program transitions in stage two are staggered beginning with Texas Home Living by September 2027, Community Living Assistance and Support Services by September 1, 2029, and non-residential Home and Community-based Services and Deaf-Blind with Multiple Disabilities services by September 1, 2031.

HHSC's implementation and planning efforts for the STAR+PLUS Pilot Program:

- Development of a workplan and workgroups comprised of multiple departments across HHSC[3] and cross agency staff, including Texas Workforce Commission, to inform pilot program development.
- Establishment of the SPPPW in February 2020.
- Ongoing collaboration with IDD SRAC and SPPPW to develop the pilot program design including but not limited to:
  - Functional needs-based eligibility criteria and pilot target groups;
  - Pilot service array and service descriptions;
  - Roles and responsibilities for MCSs, providers and LIDDAs; and
  - Pursuit of a pilot functional needs-based assessment tool and person-centered planning tool.
- Collaboration with Centers for Medicare and Medicaid Services (CMS) regarding federal authority and operation of the pilot program.
- Completion of the dental study required by HB 4533 to inform dental benefits for pilot program participants.

Home and Community Based Services (HCBS) Settings Regulation

The Centers for Medicare and Medicaid Services (CMS) issued regulations in 2014 governing the settings where Medicaid HCBS are provided. The regulation provides that a setting must support a person's full access to the

[3] HHSC departments collaborating in the development, operation and evaluation of the pilot program include: Medicaid CHIP Services, Health Developmental and Independence Services, Intellectual and Developmental Disability and Behavioral Health Services, Access and Eligibility Services, Legal Services, Procurement and Contracting Services, Chief Financial Officer, Office of Policy and Rules, Office of Performance Management, Regulatory Services, Office of the Ombudsman, and HHSC Information Technology.

community, including opportunities to engage in community life, work in competitive integrated settings, and control personal resources. The final deadline for compliance is March 17, 2023.

The regulation sets forth a heightened scrutiny process, through which states must submit informational packets for certain settings to demonstrate to CMS that the settings meet federal HCBS criteria.

States are required to submit a Statewide Transition Plan (STP) to CMS for approval. The STP provides assurances of compliance or sets forth the actions that the state will take to bring HCBS programs into compliance. HHSC is revising the STP for submission based on feedback from CMS. HHSC anticipates submission of the revised STP by Fall 2021.

To meet compliance with the federal regulation, HHSC will also replace day habilitation services with a new, more integrated service. Day habilitation is part of the Home and Community-based Services (HCS), Texas Home Living (TxHmL), and Deaf Blind with Multiple Disabilities (DBMD) waiver programs. Approximately 19,000 people on average received day habilitation services each month in 2019. Day habilitation is currently offered in a congregate setting generally without supports for community integration or person-centered activities.

As outlined in the Transition of Day Habilitation Services plan (required by Rider 21, 2020-21 General Appropriations Act, House Bill 1, 86th Legislature, Regular Session, 2019), HHSC plans to replace day habilitation with Individualized Skills and Socialization (ISS).

The Texas Legislature has awarded HHSC authority to transfer funds in Goal A of the budget for the implementation of ISS, contingent on providers submitting community engagement plans to HHSC (Rider 23, Conference Committee Report, 87th Legislature, Regular Session, 2021). Approximately $1.7 million was appropriated in the FY2022-23 base budget to fund the ISS provider registry.

Consumer Directed Services (CDS)

Senate Bill (SB) 1648 and House Bill (HB) 2658, 87th Texas Legislature, Regular Session, 2021 added requirements for HHSC to develop a procedure to verify Medicaid recipients have been informed about the CDS option and provided the opportunity to select CDS as their service delivery option, and document when a Medicaid recipient declines the CDS option. The bills also require HHSC to ensure that MCOs implement this procedure. The procedure

described in the bills is consistent with existing CDS policies that require program service coordinators and case managers to present the CDS option to Medicaid recipients using Forms 1581, 1582, and 1583. The Medicaid recipient's choice of service delivery option is then documented on Form 1584. This process for presenting the CDS option is a requirement in all programs that offer CDS, including Medicaid managed care programs.

As noted in the Community Attendant Workforce Development Strategic Plan, HHSC is working to streamline the hiring process for CDS employees. HHSC staff are working with the Texas Council on Consumer Direction's (TCCD) Quality Assessment and Performance Improvement subcommittee to develop short-term and long-term strategies to streamline the CDS hiring process.

Electronic Visit Verification (EVV)

Electronic Visit Verification is a computer-based system that verifies the occurrence of authorized personal attendant service visits by electronically documenting the precise time a service delivery visit begins and ends. Texas requires EVV for certain Medicaid funded home and community-based services provided through HHSC and managed care organizations. Learn More About EVV-pdf

The 21st Century Cures Act, Section 12006 (Cures Act) is a federal law requiring states to implement EVV for all Medicaid personal care services and home health care services by specified deadlines or face reduced Medicaid funding. Texas fully implemented EVV for personal care services on January 1, 2021, to meet the federal requirement. Texas received correspondence from CMS confirming that Texas is compliant with the Cures Act requirements and will not experience a reduction in federal funding.

HHSC worked with program providers, financial management services agencies, and CDS employers throughout 2020 to prepare for the implementation, including offering a practice period for using the system, performing extensive training, and performing educational outreach to impacted stakeholders. HHSC recognizes that the transition to EVV from paper timesheets is difficult for many stakeholders and continues to work with established workgroups to receive and address feedback. HHSC is committed to addressing system challenges that some users have experienced and continues to work with the Texas Medicaid and Healthcare

Partnership (TMHP) and the EVV vendors to improve system usability and performance.

Money Follows the Person Demonstration (MFPD)

MFPD has helped Texas rebalance its LTSS system by increasing the use of community-based services rather than institutional services. MFPD funding supports relocation from nursing facilities and intermediate care facilities for individuals with intellectual disabilities (ICFs/IID) to the community. Services funded under MFPD include medical and behavioral health supports, outreach to nursing facility residents, and affordable housing.

Signed into law on December 29, the Consolidated Appropriations Act, 2021 extended the MFPD for participating states through fiscal year 2023.

On March 1, 2021, HHSC submitted its CY 2021 MFPD Budget to CMS. The proposed total budget request was $29,723,728, which CMS approved on April 1, 2021.

On June 29, Texas submitted a $4,892,957 request to CMS for funding to increase the state's capacity to rebalance its long-term services and supports system. The proposal is under review.

Medicaid Medical Benefits

Telemedicine and Telehealth Service Benefit Changes

Recently, the 87th Legislature, 2021, passed H.B. 4, which directs HHSC to evaluate its telemedicine and telehealth COVID-19 policy flexibilities to determine which flexibilities are appropriate for inclusion in permanent medical and program policies. HHSC staff have begun implementation planning for each bill section. Part of the planning process includes connecting bill provisions with specific COVID-19 policy flexibilities to ensure coverage and reimbursement continuity as the permanent policy updates are adopted. HHSC will be providing additional information to providers and MCOs on the H.B. 4 implementation roadmap and long-term plans for the COVID-19 policy flexibilities.

Additionally, the 87th Legislature, 2021, also passed H.B. 2056, which outlines new scope of practice for teledentistry services, as well as requires that HHSC provide Medicaid reimbursement for teledentistry services. HHSC will be amending its medical policies to create the new teledentistry benefit once the Texas State Board of Dental Examiners (TSBDE) completes their rulemaking to further define the scope of practice for teledentistry services.

Home Health Services

In response to the COVID-19 pandemic, HHSC is pursuing an additional flexibility with CMS to allow licensed practitioners practicing within their scope of practice, such as nurse practitioners, physician assistants and clinical nurse specialists, to order Medicaid home health services in order to decrease the administrative burden and demands of direct care services provided by physicians. In accordance with CMS-1744-IFC, this change applies to who can order Medicaid home health nursing and aide services, medical supplies, equipment and appliances and physical therapy, occupational therapy or speech pathology and audiology services covered under Code of Federal Regulations §440.70(b)(1) through (4).

STAR Kids -Managed Care Program

STAR Kids Screening and Assessment Instrument (SK-SAI) Optimization

HHSC continues to work to implement S.B 1207, 86th Texas Legislature, 2019, related to optimizing the STAR Kids Screening and Assessment Instrument (SK-SAI). TMHP has been provided with the documents (SAI tool, SAI manual, and SAI triggers) needed to begin creating the mapping document needed to provide to the MCOs so the MCOs can start system changes. Once TMHP has created the mapping document, all necessary documents will be provided to the MCOs in an MCO notice. Currently, this project has an early spring implementation date.

Medicaid waiver Programs: Interest List Management

S.B. 1648, 87th Texas Legislature, Regular Session, 2021 requires HHSC to study the feasibility of creating an online portal for individuals to request to be placed on and check the status of the individual's placement on a Medicaid waiver program interest list. It also requires HHSC to determine the most appropriate and cost-effective automated method for determining the level of need of an individual seeking services through a Medicaid waiver program prior to placing an individual on the interest list.

Advancing Care for Exceptional Kids Pilot Program

S.B. 1648, 87th Texas Legislature, Regular Session, 2021 requires HHSC to develop and implement a pilot program to provide coordinated care through a health home to children with complex medical conditions. Health home as defined by Texas Government Code § 533.00253(a)(2) means a primary care provider practice, or, if appropriate, a specialty care provider practice, incorporating several features, including comprehensive care coordination,

family-centered care, and data management, that are focused on improving outcome-based quality of care and increasing patient and provider satisfaction under Medicaid.

Coordination of Benefits: Continuity of Specialty Care for Certain Recipients

S.B. 1648, 87th Texas Legislature, Regular Session, 2021 is a continuation of the coordination of benefits requirements included in S.B. 1207, 86th Texas Legislature, Regular Session, 2019. S.B. 1207 directs HHSC to develop a clear and easy process to allow a recipient with complex medical needs who has established a relationship with a specialty provider to continue receiving care from that provider through their primary health benefit plan coverage. S.B. 1648 directs HHSC to allow a recipient with complex medical needs who has established a relationship with a specialty provider to continue receiving care from that provider regardless of whether the recipient has primary health benefit plan coverage in addition to Medicaid coverage. In addition, the Medicaid MCO must enter into a single-case agreement with the specialty provider and the specialty provider must be reimbursed in accordance with the applicable reimbursement methodology specified in commission rule.

HHSC's Complaint Initiative

Complaints Data Trending and Analysis Initiative

HHSC identified opportunities to improve the member managed care complaints process and data collection. The project worked to streamline the complaint process; has standardized definitions and categorizations of complaints within HHSC and MCOs; is improving data analysis to efficiently recognize patterns and promote early issue resolution; and provide greater transparency about complaints.

HHSC changed the complaints process to provide a no-wrong-door approach to complaint submissions enabling HHSC staff to quickly assist individuals with resolutions. Complaints are funneled to one area of the agency to ensure every complaint is recorded and tracked consistently.

Project milestones include:

- Executed contract changes related to complaints definitions (September 2019).

- Implemented complaint category standardization across HHSC and MCOs (December 2019).
- Revised reporting requirements from quarterly to monthly to aid in early issue detection (December 2019).
- Deployed client-facing changes to the new complaints process (November2019).
- Implemented a communications plan detailing the complaints process.
- Aggregated and verified Member and Provider complaints data as required by HB 4533 (July 2020).
- Publicly post agency and MCO self-reported data (Summer 2021).