



TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Health and Human Services Commission Stakeholder Public Forum

**July 9, 2007
2:30 p.m. to 4:30 p.m.**

**Brown Heatly Building, Public Hearing Room
Texas Health and Human Services Commission
4900 North Lamar Boulevard
Austin, Texas**

**July 11, 2007
9:30 a.m. to 11:30 a.m. CST - Conference Call**
Email HHSCExternalRelations@hhsc.state.tx.us to sign up.

Updates Related to 80th Legislative Session:

- HHSC Budget
- Impact of 80th Legislature on Rates
- HHSC Legislative Recap

New Eligibility System
Medicaid Reform
Frew Update
Medical Transportation Program
Nurse-Family Partnership
STAR+PLUS

Contact: Skye Kilaen, External Relations Division, (512) 487-3300, Health and Human Services Commission, 4900 N. Lamar Blvd., Austin, TX 78751-2316.

This meeting is open to the general public. No reservations are required for the Austin forum, and there is no cost to attend this meeting.

People with disabilities who will need auxiliary aids or services for this meeting are asked to call the External Relations Division at (512) 487-3300 at least 72 hours before the meeting.

Keep in touch with HHSC

E-mail Updates

A new subscription e-mail service lets you know when new information is posted on HHS agency websites. The service allows subscribers to select items of interest from a menu of categories covering all five Texas health and human services agencies. When new information is posted to the Internet about those topics, the user will receive an e-mail notice.

It's easy to subscribe to the new service and it's open to anyone. Simply visit any one of the five health and human services agency websites (HHSC, DFPS, DARS, DSHS, or DADS) and click on this logo:



In Touch Newsletter

While you're signing up for the email service, don't forget to sign up for In Touch, the HHSC Stakeholder newsletter.



In Touch includes information on upcoming HHSC stakeholder forums, articles of interest to stakeholders, an archive of Questions and Answers, and links to useful HHS web resources.

You can view current and past issues of In Touch on the internet at:
<http://www.hhsc.state.tx.us/stakeholder>.



TEXAS HEALTH AND HUMAN SERVICES COMMISSION

ALBERT HAWKINS
EXECUTIVE COMMISSIONER

Recap of 80th Texas Legislature

AUSTIN – The 80th Texas Legislature approved a \$51 billion budget for the state’s five health and human services agencies for fiscal years 2008-2009, a 4.6 percent increase over current funding levels. Lawmakers enacted additional reforms for the state’s Child Protective Services program, provided direction for an ambitious package of Medicaid reforms to expand access to health coverage, and expanded funding for crisis mental health services.

Funding for the five health and human services agencies:

Agency	FY2008-09 Funding	Increase
HHSC	\$30 billion (\$11.7 billion GR)	2.5 percent all funds
DADS	\$11.3 billion (\$4.5 billion GR)	6.9 percent all funds
DSHS	\$5.2 billion (\$2.6 billion GR)	3.6 percent all funds
DFPS	\$2.6 billion (\$1 billion GR)	17.2 percent all funds
DARS	\$1.2 billion (\$215 million GR)	11.5 percent all funds

An additional \$1.8 billion in funding was included in House Bill 15. This additional funding is primarily related to Medicaid provider rate increases covered in the Frew lawsuit agreement, increases in rates for community care and home health providers, and the purchase of antivirals in case of a flu pandemic.

Texas Medicaid Funding

The Legislature approved a two-year budget of \$39.5 billion for Medicaid, which accounts for 26 percent of the state’s total budget. The program provides health coverage for one out of every three children in Texas, pays for more than half of all births and covers two-thirds of all nursing home care. Children make up about two-thirds of the state’s Medicaid caseload. However, services to clients who are elderly or have disabilities account for two-thirds of the program’s costs.

The Legislature maintained all current Medicaid services and client categories. There were no changes to the eligibility criteria, and the six-month renewal period for Children’s Medicaid was maintained. Major legislative decisions about the state’s Medicaid program include:

- Appropriating \$707 million in general revenue (\$1.8 billion all funds) for an agreement in the Frew lawsuit over utilization of preventive services by Texas children who have Medicaid. Most of the additional funding – \$512 million in general revenue – will be used to increase payment rates for dentists, physicians and specialists. Rates for dentists

will increase 50 percent, and rates for physicians and other health professionals will increase an average of 25 percent.

- Adding \$184 million in general revenue for caseload growth. HHSC projects that Medicaid will serve 2.9 million Texans per month in fiscal year 2009, an increase of more than 100,000 clients from current caseload levels.
- Increasing provider rates for Medicaid acute care programs not covered by the Frew agreement. This includes a 10 percent increase for physicians, a 25 percent increase for dentists, and increases for home health providers, ambulance services, pharmacy services, and primary care case management fees.
- Increasing rates for long-term care providers. This includes a 9.3 percent increase for ICF-MRs, a 6 percent increase for community care providers, and an average 3 percent increase in FY2008 and 5 percent in FY2009 for nursing facilities.

Medicaid Reform

Senate Bill 10 provides direction for a comprehensive package of Medicaid reforms designed to focus on prevention, emphasize individual choice, and increase the percentage of Texans with health-care coverage. Highlights of SB 10 include:

- A Health Opportunity Pool to provide federal dollars to reimburse hospitals for uncompensated care and to local entities for implementing innovative measures to provide primary and preventive care.
- A pilot program to reward healthy behaviors, such as completing weight loss or smoking cessation programs.
- Premium payments for employees who are Medicaid eligible but choose to enroll in employer-sponsored health insurance.
- Program infrastructure improvements such as encouraging the development and use of electronic health information standards and electronic health records to improve patient care.
- Extended Medicaid coverage for foster children to age 23 if they are attending college.
- Tailored benefits packages for children with special health-care needs to better meet the complex needs of this population.

Children's Health Insurance Program

The Legislature approved \$2 billion in funding for the Children's Health Insurance Program (CHIP) – a \$1 billion increase over 2006-2007 funding levels. This includes \$698.5 million for the new CHIP perinate coverage, which expands the availability of prenatal coverage in the state. The perinate coverage, which began in January 2007, also provides CHIP coverage for the baby after birth. The eligibility limit is maintained at 200 percent of the federal poverty level. That's the same level since the program's inception in 1999.

House Bill 109 extends CHIP coverage to one year, eliminates the 90-day waiting period, allows families to deduct child-care expenses, and expands the asset limits for the program. Families earning more than 185 percent of the federal poverty level will have an income review at their sixth month of coverage. HHSC estimates these changes will increase CHIP enrollment by almost 130,000 children.

Child Protective Services Reform

The Legislature approved \$100 million in general revenue and federal TANF funds to build on Child Protective Services (CPS) reforms started by the 79th Texas Legislature. The additional funding will add more than 1,000 CPS staff to increase the oversight of children in foster care, strengthen licensing inspections, and support kinship placements. Additional CPS improvements include:

- \$11 million in general revenue for a new post-psychiatric hospitalization rate to provide “step-down” services to children with complex behavioral health-care needs. This will allow for additional treatment and ultimately a more successful transition to foster care.
- A 4 percent increase in foster care rates. This will cost \$13.4 million in general revenue.
- A \$4.6 million increase in prevention services.

Interest/Wait List Reductions

The Legislature provided \$107 million in general revenue to reduce interest lists at DADS, DSHS and DARS during the 2008-2009 biennium. The additional funding will cover:

DADS

Home and Community-based Services	2,676 clients
Community-based Alternatives	1,607 clients
In Home and Family Support	1,374 clients
Non-Medicaid Services	2,228 clients
Community-living Assistance and Support	586 clients
Medically Dependent Children	415 clients
Deaf-blind with Multiple Disabilities	16 clients

DSHS

Children with Special Health Care Needs	686 clients
Child and Adolescent Community Mental Health	288 clients

DARS

Comprehensive Rehabilitative Services	183 clients
Independent Living Services	173 clients

Mental Health Services

Funding for crisis mental health services increased by \$82 million in general revenue. The additional funding will allow the state to open six new psychiatric emergency observation sites, provide children’s outpatient and crisis stabilization services for 87,000 people, and train and certify 340 community center staff to respond to crisis calls..

Funding for state mental health facilities totaled \$634 million, a \$14.6 million increase to maintain 2007 caseloads. The average daily census is expected to increase from 2,237 clients in 2006 to 2,477 in 2008 and 2009.

State Schools

An additional \$48.8 million in general revenue will be used to improve services to Texans with mental retardation and developmental disabilities. The funding will allow DADS to hire 1,690 employees to improve staff-to-resident ratios at state schools. In addition, 250 state school residents will be moved to the Home and Community Services program during the biennium.

Promoting Independence

The program's budget will allow 180 clients to move from large ICF/MRs to community-based programs. It will also allow 120 children aging out of foster care to move to community-based programs.

Breast and Cervical Cancer Control Program

An additional \$19.7 million in general revenue will allow the state's Breast and Cervical Cancer Control Program to provide diagnosis and treatment services to 1,200 more women each year.

Healthy Marriages

The Legislature approved \$15 million in federal TANF funds for a Healthy Marriage program to promote healthy relationships and child well-being and reduce the risk of domestic violence. HHSC received an additional \$1 million in TANF funds to maintain a website to register trained marriage educators, make information available to the public, and verify that premarital education courses meet applicable standards.

TB/HIV Services

The Legislature approved an additional \$17 million to increase the number of Texans receiving tuberculosis treatments by 14,000 and to provide HIV medications to an additional 735 people. The funding also expands medical and support services for Texans with HIV/AIDS.

South Texas Health Care

The Legislature authorized \$9.9 million in state funds for improvements to the Harlingen South Texas Health Care facility. An additional \$3 million in general revenue will be used to build a new facility in Hidalgo County for primary care and substance abuse outpatient services.

Vocational Rehabilitation

An additional \$5.5 million in general revenue will be matched with \$20 million in federal funds to provide vocational rehabilitation services to an additional 10,000 Texans who have disabilities.

Independent Living Centers

A rider authorized \$1 million in general revenue to create two new independent living centers to increase the areas of Texas that will have access to these services.

Disability Determination Services

DARS is authorized to use federal funds to add 162.5 full-time equivalent positions to keep pace with expected growth in claims processing requests.

Nurse Family Partnership

The Legislature appropriated \$2.7 million in general revenue and \$5.2 million in federal TANF funds for a new initiative, the Nurse Family Partnership. The program is expected to provide 2,000 low-income families with special assistance and home visits by a nurse. The program's goal is to reduce child abuse and neglect and to improve health outcomes among populations that traditionally have health disparities.

Family Violence Services

Family violence services received \$48.3 million in funding, including a \$2 million increase in general revenue that will serve an additional 3,000 families.

Special Nutrition Programs

The Legislature transferred Special Nutrition Programs, currently administered by HHSC, to the Texas Department of Agriculture. The two agencies will work together to ensure a smooth transition of the programs and 99 employees with no disruption in services.

Medical Transportation Services

Medical transportation programs will move from the Texas Department of Transportation to HHSC.

Health and Human Services System
FY 2008-2009 Rate Restorations and Increases
(\$ in millions)

Agency/Type of Rate	Biennial General Revenue			Biennial All Funds			Biennial Percent Increase		
	Restore	Increase	Total	Restore	Increase	Total	Restore	Increase	Total
HHSC									
Physicians and Other Professionals (FREW)	\$ 22.0	\$ 181.0	\$ 203.0	\$ 56.2	\$ 455.1	\$ 511.3	2.5%	22.5%	25.0%
Dental (FREW)	\$ 10.3	\$ 248.4	\$ 258.7	\$ 26.2	\$ 625.4	\$ 651.6	2.5%	47.5%	50.0%
Specialists (FREW)		\$ 50.0	\$ 50.0		\$ 125.9	\$ 125.9		N/A	
Physicians and Other Professionals (Non-FREW)	\$ 21.1	\$ 80.7	\$ 101.8	\$ 53.6	\$ 256.4	\$ 310.0	2.5%	7.5%	10.0%
Dental (Medicaid) (Non-FREW)		\$ 0.1	\$ 0.1		\$ 0.3	\$ 0.3	2.5%	22.5%	25.0%
Ambulance Services	\$ 1.7	\$ 31.1	\$ 32.8	\$ 4.2	\$ 78.8	\$ 83.0	2.5%	N/A	
Home Health		\$ 39.7	\$ 39.7		\$ 100.0	\$ 100.0		N/A	
PCCM Case Management		\$ 2.8	\$ 2.8		\$ 7.1	\$ 7.1		N/A	
Vendor Drug Dispensing Fee	\$ 3.7	\$ 52.8	\$ 56.5	\$ 9.5	\$ 133.0	\$ 142.5	2.5%	N/A	
Preferred Generic Incentive Dispensing Fee									
Outpatient Hospital	\$ 16.5		\$ 16.5	\$ 42.2		\$ 42.2	2.5%		2.5%
STAR	\$ 23.4		\$ 23.4	\$ 59.6		\$ 59.6	2.5%		2.5%
STAR-Plus	\$ 5.1		\$ 5.1	\$ 13.1		\$ 13.1	2.5%		2.5%
CHIP	\$ 5.1		\$ 5.1	\$ 15.4		\$ 15.4	2.5%		2.5%
CHIP - Dental		\$ 3.0	\$ 3.0		\$ 10.8	\$ 10.8		22.5%	22.5%
Hospital Rebasing		\$ 150.0	\$ 150.0		\$ 377.8	\$ 377.8		N/A	
subtotal HHSC	\$ 108.9	\$ 839.6	\$ 948.5	\$ 280.0	\$ 2,170.6	\$ 2,450.6			
DADS									
Nursing Facilities/Hospice*		\$ 99.0	\$ 99.0		\$ 248.6	\$ 248.6		3% year 1; 5% year 2	3% year 1; 5% year 2
Community Care Providers**	\$ 5.3	\$ 86.2	\$ 91.5	\$ 13.3	\$ 203.1	\$ 216.4	1.1%	5.0%	6.1%
Community ICF-MR Providers**	\$ 5.5	\$ 20.2	\$ 25.7	\$ 13.9	\$ 50.8	\$ 64.7	1.8%	7.5%	9.3%
Home Health Providers		\$ 18.0	\$ 18.0		\$ 45.3	\$ 45.3			
subtotal DADS	\$ 10.8	\$ 223.4	\$ 234.2	\$ 27.2	\$ 547.8	\$ 575.0			
DFPS									
Foster Care		\$ 13.4	\$ 13.4		\$ 39.0	\$ 39.0		4.3%	4.3%
subtotal DFPS		\$ 13.4	\$ 13.4		\$ 39.0	\$ 39.0			
DSHS									
Physicians & Other Professionals (CSHCN, Family Planning, and Women and Children's Health Services)	\$ 3.1		\$ 3.1	\$ 3.1		\$ 3.1	2.5%		2.5%
subtotal DSHS	\$ 3.1	\$ -	\$ 3.1	\$ 3.1	\$ -	\$ 3.1			
Total All HHS Agencies	\$ 122.8	\$ 1,076.4	\$ 1,199.2	\$ 310.3	\$ 2,757.4	\$ 3,067.7			

Notes:* Nursing Facilities' rate increase in 2009 is an estimated average and may vary slightly due to the TILES to RUGS conversion.

**DADS rate restoration and home health increase is included in HB 15, not HB 1. HB 15 also includes \$3.4 million for DADS community care providers to begin the rate restoration in FY2007.



80th Texas Legislative Session

HHSC Stakeholder Forum July 2007



HHSC Programs

Special Nutrition Programs

SNPs were transferred from HHSC to the Texas Department of Agriculture. The two agencies will work together to ensure a smooth transition of the programs the 99 employees with no disruption of services.

Office for Elimination of Health Disparities

Office was transferred from DSHS to HHSC.

Healthy Marriages

The Legislature approved \$15 million in federal TANF funds for a Healthy Marriage program to promote healthy relationships and child well-being and reduce the risk of domestic violence.

HHSC received an additional \$1 million in TANF funds to maintain a website to register trained marriage educators, make information available to the public and verify that premarital education courses meet applicable standards.



HHSC Programs

New Eligibility System

HB 3575 establishes a framework for the transformation of HHSC's integrated eligibility and enrollment system.

HHSC is directed to develop a transition plan for meeting the goals of the enhanced eligibility system.

The State Auditor's Office is tasked with establishing an independent validation and verification program for the TIERS and SAVERR systems.

The bill also creates a legislative oversight committee to work with HHSC on the implementation of the enhanced eligibility system.

Family Violence Services

Received \$48.3 million in funding, including a \$2 million increase in general revenue that will serve an additional 3,000 families.



New Eligibility System

HHSC Stakeholder Forum July 2007

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Contract Transition



HHSC is now responsible for direct management of some parts of the project and has entered into short-term contracts to ensure services continue without disruption.

Timelines for transition will be different for eligibility support services and enrollment broker components.

In the short term, work is continuing to be performed by existing subcontractors. HHSC will evaluate whether to hire state staff or use different contractors for those tasks.

- The state assumed management of Maximus' CHIP contract.
 - Maximus continues to process CHIP applications and renewals.
 - State staff process reviews and appeals.
- TIERS maintenance will transition to state staff and contracted staff.
- Maximus will continue to enroll Medicaid and CHIP clients into managed care plans.
- The state assumed management of Maximus' call center/ processing support contract.

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Contract Transition



- HHSC executed three short-term contracts for:
 - Children's Health Insurance processing
 - Call centers / processing support
 - Enrollment broker
- The short-term contracts ensured no disruption to client services and access to benefits.
- During this period HHSC:
 - Issued three Requests for Information (RFI) on May 31, 2007
 - Vendor Conferences held June 11, 2007, and June 12, 2007
 - RFI responses were due June 29, 2007
- Data Broker RFP posted June 11, 2007; vendor conference held June 26; responses due by August 6, 2007.

3



**Tentative
Timelines**

-

Updated

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Eligibility Support Services, CHIP, and Processing Services



Issue final request for proposals	December 2007
Contract Award	August 2008
External review of contract	June-August 2008

5

Enrollment Broker



Issue request for information	May 31, 2007
Issue final request for proposals	December 2008
Contract Award	December 2009

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Next Steps



- After defining tasks that will be contracted, HHSC will:
 - Develop a draft RFP for external review
 - Develop a final RFP
 - Evaluate proposals
 - Select appropriate vendors
- HHSC will continue to use interim contracts to maintain client services during the procurement and transition periods.

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H.B. 109

8

CHIP Overview



The Health and Human Services Commission offers four separate children's health insurance programs:

- Children's Medicaid
- Children's Health Insurance Program (CHIP)
- State Kids Insurance Program (SKIP)
- CHIP perinatal coverage

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H. B. 109



HHSC will implement the following changes to CHIP effective September 1:

- Allow a child care deduction
- Increase the asset limit from \$5,000 to \$10,000 and vehicle value exclusion amounts from \$15,000 to \$18,000/\$4,650 to \$7,500
- Determine eligibility based on net income

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H. B. 109



- Increases the enrollment period from 6 months to 12 months
- Requires an income check in the 6th month of coverage for households above 185% FPL
- Eliminates 90 day wait for all households except children with health insurance in the 90 days before the application date
- Changes the cost share cap
- Changes to enrollment fee requirements
 - 150% FPL and below = \$0
 - Above 150% up to and including 185% FPL = \$35
 - Above 185% up to and including 200% FPL = \$50

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Discussion Q & A

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Implementation of New CHIP Requirements

House Bill 109, passed by the 80th Texas Legislature and signed by Gov. Rick Perry, directed the following changes in the Children's Health Insurance Program (CHIP):

- Extend the enrollment period to 12 months.
- Eliminate the 90-day waiting period for most children.
- Increase the asset limit from \$5,000 to \$10,000 per household.
- Increase the vehicle value exclusion amounts.
- Allow childcare expenses to be deducted from the household income when determining whether children are eligible for the program.

HHSC will implement these changes on Sept. 1, 2007. On that date, most children in the midst of a 90-day waiting period will have the remainder of that waiting period eliminated and will be enrolled in CHIP for a 12-month coverage period. In accordance with the law, children who had private health insurance within three months of submitting their CHIP application may still be subject to the 90-day waiting period.

Families that submit CHIP/Children's Medicaid applications in mid-July or later and are found to be eligible for CHIP coverage:

- Will have their six-month coverage automatically extended to 12 months on Sept. 1.
- Will not be subject to the 90-day waiting period unless they had private health insurance within three months of submitting their application.
- Will have their case re-evaluated to allow verified childcare expense deductions, which may affect the co-pay amount the family is required to pay.

Applications received after Aug. 17 will be processed using the increased asset limit and vehicle exclusion amounts and the childcare deductions. Children eligible for CHIP will receive 12 months of coverage. Families with incomes above 185 percent of the federal poverty level will have their incomes reviewed in the sixth month of coverage. HHSC will notify those families if additional information is needed or if the review finds that the family's income has changed.

Enrollment fees will not change, and the payment will cover 12 months of coverage. There is no enrollment fee for the lowest-income families, and higher-income families pay up to \$50 per enrollment period.

Families affected by these changes will receive notification in the mail.



Medicaid Reform

Maureen Milligan, Deputy Chief of Staff
HHSC Stakeholder Forum
July 2007



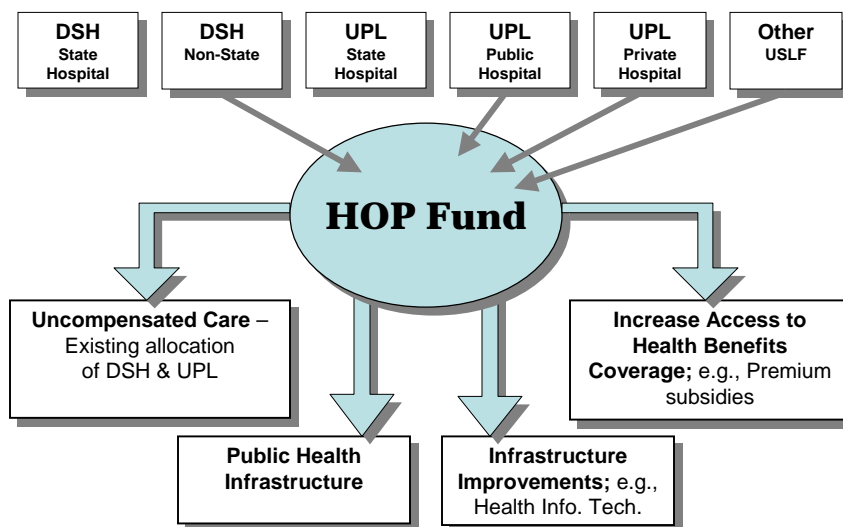
Legislative Authority

- Senate Bill 10, 80th Legislature, Regular Session, 2007, signed by Governor Perry June 14, 2007
- Senate Bill 10 directs improvements to the Texas Medicaid program by focusing on:
 - Helping Texans to live longer, healthier lives through health promotion programs and preventive care
 - Care management opportunities and performance incentives
 - Finding ways to provide health care coverage to uninsured Texans
- SB 10 also seeks to preserve and optimize Texas health care funds

Highlights of Senate Bill 10

- Health Opportunity Pool (HOP) Trust Fund
 - Premium subsidies to individuals
 - Offsets to providers for uncompensated care costs

Health Opportunity Pool Allocation



- Program Infrastructure Improvements
 - Electronic health records
- Pilot Programs to Improve Health Outcomes and Increase Consumer Choice and Responsibility
 - Positive incentives for healthy lifestyles
 - Health savings accounts
 - Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program incentives
- Health Insurance Premium Payment (HIPP) Program
 - Program enhancements designed to increase participation
 - Opt-out option if certain requirements are met

- Extended Medicaid Coverage
 - Former foster care children up to age 23 if they are attending college
- Tailored Benefits Packages
 - Children with Special Health Care Needs (CSHCN)
 - Identification of other populations whose care can be improved
- Cost Sharing
 - Non-emergency use of emergency departments to support appropriate utilization

- Outcome-based Performance Measures and Incentives
 - Health Maintenance Organization (HMO) contracts to increase access to appropriate health care services
 - Requires HHSC to assess the feasibility and cost-effectiveness of requiring HMOs to include pay-for-performance opportunities to providers

- With Senate Bill 10 authorization, HHSC is preparing to submit a Section 1115 waiver request to the U.S. Department of Health and Human Services. Proposed timeline subject to Legislative Oversight Committee
- Summer 2007: Research and Analysis for Program Components
 - Identifying target population(s)
 - Defining benefit packages and any cost-sharing
 - Designing delivery system(s)
 - Coordinating with other programs and coverage options
 - Coordinating hospital and health care financing
 - Identifying and reviewing sources of state financing

Next Steps and Timelines, cont.

- Fall 2007: Draft Concept Paper and Develop Financing Models
- Late-Fall 2007: Submit Draft Waiver Request to the Centers for Medicare and Medicaid Services (CMS)

Key Program Decision Points

- Target Population(s)
- Benefit Package Design(s)
- Cost Sharing
- Delivery System(s)

Stakeholder Input

- Medicaid Reform Legislative Oversight Committee
- HHSC Stakeholder Forums
- HHSC Council Meetings
- Associations and Advocacy Groups
- Targeted Public Meetings
- Other (Suggestions Welcome)

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Information About Medicaid Reform

- Website
 - <http://www.hhs.state.tx.us/Medicaid/Reform.shtml>
 - E-mail alerts
 - Updated information

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Contact Information

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Frew et al. v Hawkins et al.

HHSC Stakeholder Forum

July 2007



Frew v Hawkins Update

- April 27, 2007– Joint motion for corrective action plans and agreed to corrective action plans were filed with the court
- July 9, 2007 – Hearing for judge to determine fairness of corrective action plans

Proposed Corrective Action Plans

- Case management
- Check up reports and plans for lagging counties
- Check ups
- Health outcomes and dental assessment
- Managed care
- Outreach and informing
- Prescription and non-prescription medication; medical equipment and supplies
- Adequate supply of health care providers
- Health care provider training
- Toll free numbers
- Transportation program

Current Activities

- Working to amend contracts as required by corrective action
- Developing plans and processes to complete corrective action plan activities within required timeframes



Medical Transportation

HHSC Stakeholder Forum

July 2007

Olga Rodriguez, Deputy Director
Texas Health and Human Services Commission
Medicaid/CHIP Policy Development



An Overview of Medical Transportation Program (MTP)

To provide cost-effective non-emergency transportation to categorically eligible Medicaid recipients and Children with Special Health Care Needs (CSHCN) clients who **do not** have any other means of transportation to access medically necessary health program allowable services.

Eligibility Criteria

MTP provides services to eligible recipients and their attendant.

Clients must be covered by at least one of the following programs:

- **Medicaid**
- **Children with Special Health Care Needs (CSHCN)**

Legislative Update

Senate Bill 10, 80th Legislative Session, Regular Session, 2007, Sections 3 and 32

The administration and operation of the Medical Transportation Program (MTP) is transferred from the Texas Department of Transportation (TxDOT) to the Health and Human Services Commission (HHSC) no later than September 1, 2008.

Implementation Update

HHSC and TxDOT will work jointly to develop a work plan to transition the MTP from TxDOT to HHSC no later than September 1, 2008.

The goal is for the transition to be transparent to the clients and contractors with no interruption of service.

Implementation Update Cont.

Work Plan is to:

- facilitate communication between HHSC and TxDOT throughout the transition
- identify functions that can be integrated into the HHS Enterprise
- identify staff and other resources needed to facilitate transfer
- outline specific decision points and timelines
- identify deliverables to measure progress of transition



Contact

Texas Health and Human Services Commission

Medicaid/CHIP Policy Development

Joey Herrera

Senior Policy Analyst

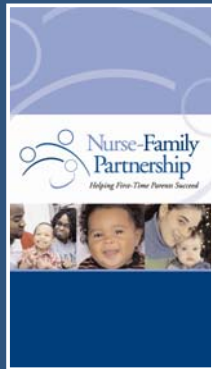
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TEXAS

Health and Human
Services Commission



Nurse-Family Partnership Program in Texas

July 2007



SB 156: Competitive Grant Program to Fund Nurse-Family Partnerships in Texas

- The Nurse-Family Partnership Program is a nurse home visitation model for low-income first-time parents and their child.
- SB 156, adopted by the 80th Texas Legislature, authorizes HHSC to provide grant funding to communities throughout the state.
- The Nurse-Family Partnership Program will serve about 2,000 Medicaid-eligible families across Texas.
- Public or private entities will be eligible to apply.
- To ensure program outcomes, legislation requires grantees to adhere to the program model.

Program Goals

- Improve pregnancy outcomes.
- Improve child health and development.
- Improve parents' economic self-sufficiency.

Key Program Components

- Program serves low-income, first-time parents and their children.
- Nurse Home Visitors are registered nurses.
- Visits begin early in pregnancy and continue through the first two years of the child's life.
- Nurses follow developmentally appropriate guidelines.
- Strong relationship with Nurse Home Visitors is oriented around client's goals and fosters client's strengths.
- Local programs participate in ongoing monitoring and performance evaluations.

Consistent Outcomes Across Multiple Trials

- Improved prenatal health.
- Fewer childhood injuries.
- Fewer subsequent pregnancies.
- Increased intervals between births.
- Increased maternal employment.
- Improved school readiness.

Next Steps – Tentative Timeline

- Community Presentations – Summer/Fall 2007
- Request for Proposals Posted – Winter 2007/2008
- Proposals Due – Two Months After Posting
- Contract Awards – Early Summer 2008
- Services Begin – September 1, 2008

STAR+PLUS Update

HHSC Stakeholder Forum
July 2007

STAR+PLUS Statistics

June 2007

- | | |
|----------------------------------|---------|
| • Enrollment | 153,044 |
| • Medicaid only | 72,179 |
| • Dual Eligibles | 80,865 |
| • STAR+PLUS waiver (CBA) | 8707 |
| • SSI removed from Interest List | 2100 |

Network Adequacy

- Contractor hired to conduct full provider network adequacy review in all SDAs
- Evercare STAR+PLUS in Travis SDA has been approved for member choice

HHSC Monitoring Activities

- New plan management and resolution staff hired to assess HMO performance address member and provider complaints.
- Posting sanctions to the HHSC website
- On-site monitoring