



HHSC Stakeholder Forum

September 14, 2009



Eligibility Program Update

Joanne Molina
Office of Social Services

Eligibility System Staffing

Eligibility Staffing Analysis

- In accordance with Senate Bill 1, General Appropriations Act, 81st Legislature, Regular Session, 2009, Article II, HHSC Rider 61 to maintain current eligibility staffing, technology, and indirect costs, HHSC has requested approval to increase the staffing cap by 649 FTEs in fiscal year 2010 to address workload and caseload growth in SAVERR and TIERS offices.
- In accordance with HB 3859, 81st Legislature, Regular Session, HHSC will conduct a thorough analysis of staffing needs, including the need for additional state employees and contractor staff, with respect to the enhanced eligibility system and the expansion of the use of the Texas Integrated Eligibility Redesign System (TIERS).

Eligibility System Staffing

- The volumes of applications for assistance and caseloads have outpaced the ability of the current workforce to process eligibility determinations timely and accurately, and are consistently increasing.
- The three largest metropolitan areas, Houston, San Antonio, and Dallas/Fort Worth, carry approximately 50 percent of the local eligibility office caseload and employ almost half of the local office eligibility determination staff.

Eligibility System Staffing

- Texans are applying for the services and benefits administered by HHSC in greater numbers.
 - In fiscal year 2009, the number of recipients enrolled in Supplemental Nutrition Assistance Program (SNAP), Medicaid, and Temporary Assistance for Needy Families (TANF) will be about 6.2 million.
 - This will be an increase of 11 percent over program enrollment in fiscal year 2008.
 - SNAP enrollment is up 11 percent over a year ago, and more people are applying for help.
 - In the six-month period between February and July 2009, HHSC eligibility staff processed 80,000 more SNAP applications than they did during the same period in 2008.

Point in Time Info	CHIP	Children's Medicaid	Medicaid-All	Medicaid - Aged, Blind & Disabled	SNAP Recipients	TANF Recipients
August 2009	490,603	1,858,081	2,764,326	730,769	2,802,706	101,021
August 2008	476,636	1,732,910	2,614,810	707,795	2,525,420	115,424
12-Month Change	13,967	125,171	149,516	22,974	277,286	-14,403
% change	2.9%	7.2%	5.7%	3.2%	11.0%	-12.5%

Increased SNAP Applications

- As Texans apply for and receive SNAP benefits in record numbers, HHSC is finding ways to handle the increases in applications and renewals.
 - Advisor staff who typically supervise, mentor, and train newer staff in the local offices will begin to assist in determining eligibility for some Emergency SNAP applications.
 - New staff will receive focused SNAP training so they can return to the offices as quickly as possible and contribute to the productivity in the office.
 - Teams will work cases in the offices facing the highest caseload volumes, with less experienced workers supporting the efforts of more experienced staff.
 - HHSC is discussing a waiver with FNS to extend SNAP eligibility certification periods for existing clients by three months. If approved, renewals that would have been due in that three month period would not need to be scheduled and more appointment slots would be available for new applications.

Eligibility System Procurements

- **Document Processing Services (DPS)**
 - HHSC currently contracts for the operation of a centralized document processing center where inbound mail is opened, sorted, scanned into electronic images, and routed for processing.
 - Image API was awarded the DPS contract effective August 26, 2009.
 - Transition to the new vendor will be completed by January 1, 2010.



Eligibility System Procurements

- Eligibility Support Services (ESS)
 - HHSC currently contracts for the operation of call centers and centralized processing that supports SNAP, TANF, Medicaid, and CHIP eligibility processing.
 - A tentative award was announced to MAXIMUS and is contingent upon the successful negotiation and execution of a contract.
 - Federal approval will be requested.



Eligibility System Procurements

- Enrollment Broker Services (EB)
 - HHSC currently contracts for the operation of a call center and processing to enroll CHIP and Medicaid clients into managed care health plans, and to conduct outreach and informing for the Texas Health Steps program.
 - A draft Request for Proposals (RFP) was posted on the HHSC website to provide a public comment period from July 31 through September 11, 2009.
<http://www.hhsc.state.tx.us/contract/529100005/announcements.shtml>



Family Opportunity Act Medicaid Buy-In

Family Opportunity Act Medicaid Buy-In Program (SB 187)

- SB 187 will allow eligible families of children with disabilities who currently make too much money to qualify for Medicaid to buy coverage through the state's Medicaid program.
 - During the 81st session of the Texas Legislature, lawmakers approved a new Medicaid buy-In program for children with disabilities whose gross family incomes are about 300 percent of the federal poverty level.
 - In real dollars that means a family of four with a child with a disability and annual gross income of about \$66,150 may qualify for the program.
- HHSC has started to develop rules for the program, establish the eligibility criteria, and plan for integration of the new program into the Eligibility System. HHSC must request approval from the federal Centers for Medicare and Medicaid Services (CMS) as an amendment to the Texas Medicaid State Plan. This process usually takes nine months to a year to complete.
- The General Appropriations Act included funds for development of the program during fiscal year 2010 and implementation effective September 1, 2010.
- The legislation projects the new Medicaid Buy-In program will serve more than 6,000 children each year once it's fully implemented.



Low Income Subsidy Medicaid Eligibility

Low Income Subsidy (LIS) Medicaid Eligibility

- Beginning January 2010, the Medicare Improvement for Patients and Providers Act of 2008 requires the Social Security Administration (SSA) to send the records of people who apply with SSA for Low-Income Subsidy help for Medicare Part D prescription coverage out-of-pocket expenses to the State.
- The state must treat each record as an application for the Medicaid program's Medicare Savings Program (MSP) which provides help with some Medicare Part A and B premiums, deductibles, and co-insurance.
- A determination of eligibility for Medicaid MSP is required for each record received.
- Anticipating high volume, HHSC is developing new business processes to determine eligibility for Medicaid MSP and to notify clients.



TANF and SNAP Eligibility

Annual School Subsidy Payments to Children Receiving TANF Funds

- The annual school subsidy, paid on August 1st of each year, was increased to \$105.
- The subsidy increase is funded by the American Recovery and Reinvestment Act (ARRA) of 2009, TANF Emergency Contingency Funds (ECF).
- The subsidy payment is exempt from income and resources and is not used in the calculation of a household's SNAP, TANF, or Medicaid eligibility or benefit level.

SNAP Combined Application Project (SNAP-CAP)

- SNAP-CAP is a six-year demonstration waiver program that simplifies the SNAP eligibility process for elders receiving Supplemental Security Income (SSI).
- A combined SNAP and SSI application is used and SNAP benefits are certified for 36 months.
- With encouragement from the USDA Food and Nutrition Service (FNS), the SNAP-CAP waiver program was implemented in 2002 and the demonstration waiver to allow 36-month certification periods for the SNAP-SSI caseload was implemented in 2005, with approximately 68,000 recipients.
- In February 2009, the age level for the program lowered from age 65 to 50, and 20,000 SNAP-SSI recipients receiving regular SNAP benefits moved to the SNAP-CAP program.
- SNAP-CAP now has over 118,000 recipients, and when combined with SNAP-SSI we have certified approximately 200,000 elders and people with disabilities that are SSI recipients.

Foster Care Payments

- The federal waiver that allowed HHSC to exempt foster care payments received by the household when a foster child or adult is included in the SNAP household expires September 30, 2009.
- Foster care payments will be counted as income when a foster child or adult is included in the SNAP household. SNAP households will continue to have the choice to include or exclude a foster child/adult as a SNAP household member.



HB 1630

Medicaid and CHIP Eligibility

Eligibility Of Certain Individuals For Medicaid or CHIP Coverage On Release From Certain Facilities (HB 1630)

- In accordance with HB1630, Texas 81st Legislature, Regular Session, HHSC will enter into a Memorandum of Understanding with the Texas Youth Commission (TYC) and the Texas Juvenile Probation Commission (TJPC) to ensure that children are assessed for eligibility for Medicaid and CHIP prior to release from placement, detention, or commitment under the Juvenile Justice Code to ensure that eligible children are enrolled in Medicaid or CHIP, and may begin receiving services through the program as soon as possible after the eligibility determination is made.
 - MOU implementation for TYC is no later than October 1, 2009
 - MOU implementation for TJPC is no later than February 1, 2010
- The goal is to determine eligibility prior to the child's release and establish Medicaid eligibility as of the child's release date. There are no changes to current Medicaid eligibility policy. This includes providing CHIP benefits after the child's release in accordance with current CHIP eligibility and enrollment policies.
- HHSC is responsible for determining eligibility for Medicaid and CHIP, requesting additional information to determine eligibility, and communicating eligibility results to TYC or TJPC.
- TYC and TJPC retain responsibility for gathering the eligibility information that must be provided, submitting the application for assistance, and following up.



Frew Strategic Initiatives Updates

Olga Rodriguez
Frew Coordinator,
Frew Coordination Office



Fiscal Impact by Biennium

- **2008 - 2009**

Twenty proposals have received expenditure authority by the LBB and Governor's Office totaling an **estimated \$15.7 million** in general revenue.

- **2010 - 2011**

Two year cumulative estimated cost is expected to be about **\$114.4 million** in general revenue.

- **2012 - 2013**

The consideration of two outstanding projects along with the twenty approved strategic initiatives is expected to cost HHSC **beyond the \$150 million** general revenue one time funding appropriated during the 80th Texas Legislative Session for Frew strategic medical and dental initiatives.

- **Future Expenditure Authority**

Beyond the two outstanding projects (THSteps lab improvements and continuing to distribute the developmental calendars), HHSC does not anticipate requesting expenditure authority for any new projects at this time.

Implemented Strategic Initiatives

1. First Dental Home
2. Oral Evaluation and Fluoride Varnish in the Medical Home
3. Mobile Dental Unit in the Valley
4. Greater Access to Subspecialty Care
 - Telephone consultations for ped. subspecialists
 - Referral guidelines
5. Integrated Pediatric and Mental Health Proposal (SUPPORT)
6. Loan Repayment Program
7. Medical Review of Vitamins and Minerals
8. Pediatric Specialty Telemedicine Network Proposal
9. Pediatric Specialty Access Improvement Consultation and Referral Network Proposal
10. Developmental Calendars



Approved and Pending HHSC Implementation

11. Assessment of Factors that Lead to No-Show Appointments
12. Health Home Pilots
13. Medicaid curriculum and on-site training for dental students and medical and dental residents
14. Medicaid Eligibility and Health Information Proposal
15. Medical Transportation Call Center Technology Enhancements
16. Migrant Data Exchange
17. On-line provider look up (OPL) enhancements
18. Promotores/Community Health Workers pilots in ERs
19. Review and reimbursement of certain CPT codes
20. Web based Interactive Medicaid Provider (IMPROVE)



Outcomes: Mobile Dental Unit

- **Implemented Sept. 2008**
- From March through May 2009, the UTHSC at San Antonio Dental School has provided over **500 dental procedures** for children enrolled in Medicaid on the Mobile Dental Unit operating in Duval and Zapata counties.
- The Laredo County Health Department which serves as a dental home for the MDU provided **1,390 dental procedures** for children enrolled in Medicaid.



Outcomes: Loan Repayment Program

- The first application cycle resulted in **522 applications** received for 300 loan repayment awards the first year.
- Selected Participants
 - 50 pediatric specialists
 - 111 dentists
 - 139 primary care providers
- Date of service for the first class of participants started on **Sept. 1, 2009.**



Outcomes: First Dental Home

- Implemented March 2008 for pediatric dentists and May 2008 for general dentists.
- As of June 23, 2009, approximately **106,621 unduplicated children**, all under age of three, have been provided benefits from FDH.
- Of the total number of children who have received benefits:
 - over 16,000 have had two dental visits;
 - over 3,000 have had three dental visits; and
 - about 600 have had four visits.



Outcomes: **SUPPORT** and **Fluoride Varnish**

- **Integrated Pediatric and Mental Health Program (SUPPORT)**

As the end of June, 2009, the pilots have provided services to children enrolled in Medicaid through **8,975 face to face contacts** with licensed mental health professionals at the different primary care provider offices.

- **Oral Evaluation and Fluoride Varnish**

As of June 23, 2009, over **13,413 unduplicated children**, have received an oral evaluation and application of fluoride varnish from medical providers.



Future Role of Frew Advisory Council Members

- Provide HHSC with feedback on the implementation, progress, and evaluation of approved strategic initiatives.
- Identify comparable models of best practices implemented throughout the U.S. to help assess effectiveness of initiatives and offer suggestions when working with federal partners.
- Establish meetings at least every 6 months, beginning in January 2010, to provide HHSC with feedback on evaluations completed at this time.



National Health Care Reform Update

Maureen Milligan

Deputy Chief of Staff, HHSC

Reform Background- President's Principles

- In February 2009, the Administration outlined eight principles for health care reform in the FFY 2010 Budget Overview.
- More recently, the Administration has focused more on the following principles:
 - “Bending” the health care cost curve (reducing long-term growth of health care costs)
 - Assuring affordable, quality health coverage for all Americans
 - Providing health insurance consumer protections (i.e., eliminating pre-existing medical condition exclusions, eliminating annual and lifetime benefit limits and guaranteeing issue and renewal on policies)

Legislation – Congressional Committees

The committees of jurisdiction developing legislation are:

- U.S. Senate Finance Committee (SFC)
- U.S. Senate Health, Education, Labor and Pensions (SHELP)
- U.S. House Committees (a.k.a., Tri-Committee)
 - House Education and Labor
 - House Energy and Commerce
 - House Ways and Means



Congressional Committee Activity

- Congress reconvened on September 8, and the President addressed both chambers on September 9 regarding health care reform.
- Continued changes to all bills as the process moves through Senate and House, then Conference Committee
- SFC
 - Between April and May 2009 the SFC released three whitepapers on: providing quality and affordable coverage; delivery systems; and financing options. No bill at this time.
- SHELP
 - The Senate HELP Committee released the Affordable Health Choices Act on June 9, 2009; voted it out on July 15. While Medicaid expansion assumed, it is not included in the bill.
- Next Steps:
 - *Combine SFC and SHELP bills and then hold a Senate vote.*
 - *If passed by a majority, the final bill is sent to the House for action and possible conference committee to resolve differences between the House and Senate bills.*

- **House Tri-Committee** – America’s Affordable Health Choices Act of 2009 released June 19.
 - House Education and Labor – voted out of committee July 17
 - House Ways and Means – voted out of committee July 17
 - House Energy and Commerce-voted out of committee July 31
- *Next Steps:*
 - *The three House bills will be combined into a single bill for debate and amendment*
 - *If passed by a majority, the final bill is sent to the Senate for action and possible conference committee to resolve differences between the House and Senate bills.*

Reform Components

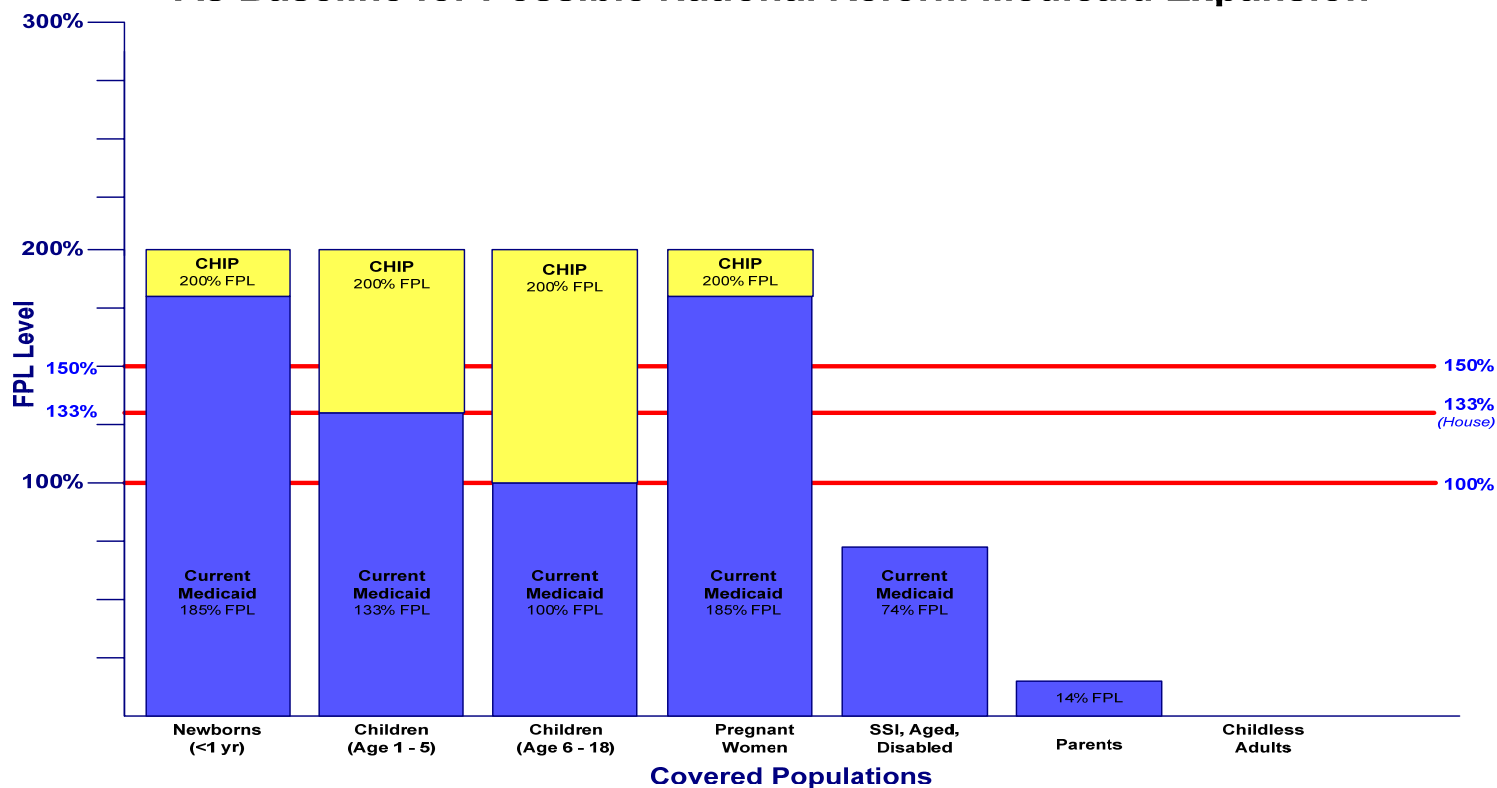
- Creates an **Individual Mandate** to purchase “acceptable” coverage or pay “equity assessment” (penalty).
- Creates an **Employer Mandate** to offer acceptable coverage, or pay an “equity assessment” (penalty.)
- Premium Credits
- Creates access to coverage through a Health Insurance Exchange (HIE) or Gateway

Reform Components

- **Private Insurance Market Reforms**
 - Prohibits discrimination based on health status – i.e., pre-existing conditions exclusions
 - Guaranteed issue and renewal
 - Changes to insurance rating rules
 - Annual and lifetime benefit limits not allowed
- **Public Health Insurance Option**

Expands Medicaid Eligibility

**Current Medicaid and CHIP FPL Coverage Levels
As Baseline for Possible National Reform Medicaid Expansion**





Other Reform Components

- Quality and Payment Reforms
- Medicare Reforms
- Long Term Care Reforms
- Fraud and Abuse Reforms

Key Texas Considerations

- Health care reform will have a significant impact on Texas
 - Expansion of Medicaid and CHIP programs for children, parents and uninsured adults to federal poverty levels ranging from 100% FPL to 150% FPL
 - Costs to Medicaid program and state GR for current eligibles related to individual mandate and increased take up rates.
 - Current Texas rate is about 74% Medicaid and 73% CHIP
 - Reductions in Texas' uninsured resulting from a Medicaid expansion and implementation of a subsidy program
 - Impact to local and to state indigent care programs such as trauma funds, tobacco funds, etc.
 - Possible creation of a “public health plan” in Texas
 - Significant federal oversight of Insurance regulations
 - Significant local tax dollar impact, effects on DSH and UPL



Stakeholder Forum

Health Information Technology

Yvonne Sanchez
Senior Health Policy Analyst
Medicaid and CHIP Division



Health Information Technology

This update provides an overview of:

- Federal health information technology (IT) initiatives funded by the American Recovery and Reinvestment Act of 2009 (ARRA).
- State health IT initiatives directed by the 81st Legislature.
- Health and Human Services Commission (HHSC) Health IT initiatives.



Federal Health IT Initiatives

Medicaid EHR Incentive Payments

- Centers for Medicare and Medicaid Services (CMS) will offer incentives for “meaningful use” of electronic health records (EHRs).
 - Late 2009: Proposed rule for defining “meaningful use” and establishing incentives program criteria will be published.
 - “Meaningful use” will be ultimately linked to health outcome priorities, such as:
 - Improved quality.
 - Safety.
 - Efficiency.
 - Reduced health disparities.



Federal Health IT Initiatives

Medicaid EHR Incentive Payments

- 90 percent federal match for state administrative costs to establish incentive payments process.
- 100 percent federal match for adoption and use payments of certified EHR systems by qualifying Medicaid providers.
 - Payments will begin no sooner than January 2011.



Federal Health IT Initiatives

Medicaid EHR Incentive Payments

- Eligible providers and hospitals must meet certain Medicaid patient volume thresholds:
 - 30 percent for:
 - Physicians and dentists.
 - Nurse practitioners and certified nurse midwives.
 - Physician Assistants practicing in rural clinic.
 - Community health centers and federally qualified health centers (FQHCs).
 - 20 percent for pediatricians.
 - At least 10 percent for acute care hospitals.
 - No minimum for children's hospitals.



Federal Health IT Initiatives

State Health Information Exchange Program

- State awards to develop and advance mechanisms for information sharing across the health care system.
 - One award per state from the Office of the National Coordinator for Health IT.
 - \$4 million to \$40 million over a four-year period based on the following performance metrics:
 - Governance.
 - Statewide policies.
 - Technical infrastructure.
 - Business operations.
 - Financing mechanisms.



Federal Health IT Initiatives

Health IT Regional Extension Center Program

- Regional centers will offer technical assistance, guidance and best practice information.
 - Established by not-for-profit organization grant recipients.
 - Grants awarded on a rolling basis in fiscal year 2010:
 - 20 grants awarded in the first quarter.
 - 25 grants in the third quarter.
 - Remaining awards in the fourth quarter.
 - The average award will be about \$8.5 million.
 - Program evaluations will occur every two years.
 - Self-sustainability expected in fifth year.



Federal Health IT Initiatives

Telemedicine

- Rural Utilities Services
 - Responsible Agency: US Department of Agriculture.
 - For distance learning, telemedicine, and broadband programs in rural areas.
 - \$2.5 billion allocated.
- Broadband Technology Opportunities
 - Responsible Agency: US Department of Commerce and Federal Communications Commission.
 - For expanding broadband service to rural and underserved areas.
 - \$4.7 billion allocated.



State Health IT Initiatives

HB 1218: Health Information Exchange

- **Medicaid/CHIP Health Information Exchange (HIE) System Advisory Committee**
 - Comprised of 12-16 members who will advise HHSC regarding the development and implementation of HIE for Medicaid and CHIP.
 - **Status**: Currently reviewing applications received as of August 31.
- **Health Information Exchange Pilot**
 - Created to determine the feasibility, costs, and benefits of exchanging secure health information between HHSC and regional health information exchange organizations.
 - **Status**: Have identified participating organizations and will begin meeting to develop and implement the exchange of medication claims data.



State Health IT Initiatives

HB 1218: Health Information Exchange

- **Medicaid Eligibility and Health Information (EHI) Services Project**
 - Project goals:
 - Replace the current paper Medicaid identification form with a permanent plastic card.
 - Automate eligibility verification.
 - Establish an infrastructure for future health information exchange.
 - Provide an EHR for all Medicaid clients.
 - Information accessed through an EHR will include:
 - Eligibility, vendor drug, and Texas Health Steps information.
 - Transaction, claims and encounter, and immunization data.
 - Other appropriate information.



State Health IT Initiatives

HB 1218: Health Information Exchange

- **Medicaid Eligibility and Health Information (EHI) Services Project** *(continued)*
 - Client portal will provide on-demand access to client health information included in the EHR.
 - The EHI solution will offer providers:
 - Access to aggregated information included in the EHR.
 - Automated access to eligibility information with multiple configuration options.
 - Provider portal with access to pre-defined and ad-hoc reports.
 - Options for custom integration into existing systems.
 - Access to new patient medical history as available from HHSC data sources.



State Health IT Initiatives

HB 1218: Health Information Exchange

Implementation Plan

- Phase 1
 - Replace paper Med-ID forms with magnetic stripe cards.
 - Implement EHR.
 - Evaluating options for e-prescribing functionality.
- Phase 2
 - Add support for CHIP clients in the EHR.
 - Integrate state laboratory data to the EHR when available.
 - Improve data gathering capabilities and system enhancements.
 - Use evidence-based technology tools to create client profiles.
- Phase 3:
 - Use evidence-based benchmarking.
 - Expand HIE system to include other data exchange partners.



State Health IT Initiatives

Electronic Prescribing

- **HB 1966**

- Requires HHSC to develop an electronic prescribing implementation plan — due December 1, 2009.
- Plan will be designed to improve patient safety and establish standards, compliance timeframes, and estimated costs and savings.
- **Status**: Plan development in progress.

- **HB 1218**

- Requires HHSC to support and coordinate electronic prescribing tools used by Medicaid and CHIP providers, integrating with existing electronic prescribing systems.
- **Status**: HHSC will initiate an implementation project in accordance with the plan developed for HB 1966.



HHSC Health IT Initiatives

Office of e-Health Coordination

- The new Office of e-Health Coordination will be a function of the Office of Health Services.
 - Coordinate health information policy and information for the HHS Enterprise.
 - Ensure a coordinated approach to maximize funding opportunities and leverage resources across the HHS enterprise.
 - Focus on big picture functions such as ARRA planning.



Family and Community Services Healthy Marriage Program: “Twogether in Texas”

Jeff Johnson, Director

Connie Williams, Program Manager



Healthy Marriage Program

Healthy Marriage Program

- The Healthy Marriage Program (HMP) is designed to strengthen family and marital relationships.
- The program partners with public and private communities, faith-based organizations, and community leaders to build awareness, provide relationship training and support, and participate in research to improve existing programs and policies.
- As of August 31 2009, the HMP program provided services to more than 47 thousand participants.

Legislative History

- In 2003, the Legislature passed H.B. 2292, which directed HHSC, pursuant to the availability of federal funds, to establish the Healthy Marriage Development Program to offer recipients of financial assistance education and support services about marriage, physical fitness/active lifestyles, and parenting.
- In 2007, the legislature passed H.B. 2683 and H.B. 2685.
 - H.B. 2683 requires HHSC to spend a minimum of one percent of Texas TANF funds per annum on programs that support the development of healthy marriages or the strengthening of families. H.B. 2683 also limits funding for research and evaluation to 10 percent of the total funding.
 - H.B. 2685 directs HHSC to develop and maintain a website in which individuals and organizations may electronically register and provide information about available marriage education curriculum and services. H.B. 2685 also increases the fee for a Texas marriage license to \$60, while providing a waiver of that fee for couples that complete at least eight hours of premarital education within the year preceding application for the license.

Healthy Marriage Program

Eligibility Criteria

- There are currently no eligibility requirements for participation in the program. Contracted services are free to clients and are provided through community- and faith-based providers selected primarily via competitive procurement.

Service Population

- Client population includes teenagers, couples, parents, singles, low-income individuals and families. Clients from Head Start, Early Head Start, and Child Protective Services are part of the population. The program also targets various ethnic groups.

Healthy Marriage Program

Twogether Program Fiscal Year 2009

- **Community Healthy Marriage Initiative (CHMI)**
 - Developmental support of community-based organizations seeking to build capacity to establish service coalitions to deliver marriage and relationship education services to target population's in their community.
- **Fostering Healthy Marriages in Undeserved Communities Federal Grant (AVANCE)**
 - Services for Head Start and Early Head Start Hispanic couples and families referred by Child Protective Services
- **Healthy Marriage Development Program Federal Grant (HMDP)**
 - Services for Head Start and Temporary Assistance to Needy Families (TANF) parents and couples and individuals.
- **Post-Adoptive Services**
 - Services for couples adopting from the Texas adoptive network.
- **Regional Intermediary (RI)**
 - Statewide network of community- and faith-based organizations responsible for the regional management and administration of the Twogether member and volunteer service network.
- **Supporting Healthy Marriage (SHM)**
 - Nine year, multi-site, demonstration grant funded by the Administration of Children and Families designed to measure the effectiveness of programs that provide instruction and support to low-income couples and evaluated by Manpower Demonstration Research Corporation.
- **Twogetherintexas.com**
 - HHSC maintained website that provides a service registry for individuals and organizations and general information about available marriage education curriculum and services.
- **Texas Research and Advisory Group (TxRAG)**
 - Group of nationally recognized scholars assembled to plan, discuss, and design targeted research and evaluation efforts related to the Twogether in Texas programs.

Twogether Program Changes for Fiscal Year 2010

- **Reduced Scope**
 - As a result of the 81st legislative session, the Twogether program has experienced nearly a 70% decrease in program funding.
 - In order to ensure a continuity of core services in light of the funding decrease, the HMP will discontinue support of the CHMI, Post-Adopt, and SHM Twogether program components.
 - The federally-funded HMDP program component has been funded for 2010 and the HMP will apply for continuation funding for 2011.
 - Federal funding for the AVANCE program component will end in September, 2010.
 - Funding for the remaining components has been reduced significantly and features a base-plus methodology for RI allocations.
- **Updated Strategy: Volunteer Only**
 - In 2009, the program funding allocations supported subcontracts for 72 service providers. Representing nearly 12% of the provider network, these paid providers (members) accounted for more than 30% of the courses delivered.
 - In 2010, the program will operate strictly as a volunteer network supported by the RIs. As a result, the project estimate for client services is approximately 33,000.