



May 4, 2022

Ms. Diona Kristian
Centers for Medicare and Medicaid Services
Center for Medicaid and CHIP Services
Division of State Demonstrations and Waivers
7500 Security Boulevard
Mail Stop S2-25-26
Baltimore, MD 21244-1850

Dear Ms. Kristian:

The Texas Health and Human Services Commission (HHSC) is requesting to amend the Texas Healthcare Transformation Quality Improvement Program (THTQIP-11-W-00278-6), a Medicaid waiver program operating under the authority of Section 1115 of the Social Security Act.

HHSC is proposing the following change in this amendment request:

House Bill 133, 87th Legislature, Regular Session, 2021 directs HHSC to include the Case Management for Children and Pregnant Women (CPW) Medicaid benefit in the managed care service array. CPW is currently provided via fee-for-service, even for clients enrolled in managed care. CPW provides case management services to assist certain individuals in gaining access to needed medical, social, educational, and other services. Pursuant to this proposed amendment, Texas Medicaid managed care organizations (MCOs) will contract with and reimburse providers for billable case management services.

This amendment will further the demonstration objectives of expanding risk-based managed care to new populations and services and support the development and maintenance of a coordinated care delivery system.

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The amendment allows this Medicaid benefit to be delivered via the managed care delivery system under the authority of the Texas Healthcare Transformation and Quality Improvement Program 1115 Waiver.

The amendment also encourages the maintenance of a coordinated care delivery system through coordination of case management services that are available to a beneficiary. For example, MCO service coordinators and CPW providers enrolled in the MCO's provider network will be better able to share case documentation such as the beneficiary's service plan and health screening to assess medical, social, and educational needs. In addition, the MCOs will have more responsibility for prior authorization requests and reimbursement of the benefit among their members and may identify additional opportunities for MCO service coordinators to provide service coordination or collaborate with the CPW provider.

HHSC requests CMS approve the requested changes in this amendment package by September 1, 2022. Kathi Montalbano, Director of Federal Coordination, Rules and Committees, serves as the lead staff on this matter and can be reached by telephone at (512) 438-4299.

Sincerely,

Stephanie
Stephens

Digitally signed by
Stephanie Stephens
Date: 2022.05.04
12:41:56 -05'00'

Stephanie Stephens
State Medicaid Director

General Program Requirements

Texas Healthcare Transformation and Quality Improvement Program

Number: 11-W-00278/6

Demonstration Period: January 15, 2021 through September 30, 2030

Amendment Request: Case Management for Pregnant Women and Children added to managed care

Submitted: May 4, 2022

III. General Program Requirements

- 7) Amendment Process. Requests to amend the demonstration must be submitted to CMS for approval no later than 120 days prior to the planned date of implementation of the change and may not be implemented until approved. CMS reserves the right to deny or delay approval of a demonstration amendment based on non-compliance with the STCs, including but not limited to failure by the state to submit required elements of a complete amendment request as described in this STCs, reports or other deliverables required in the approved STCs in a timely fashion according to the deadlines specified herein. Amendment requests must include, but are not limited to, the following:**
 - a) An explanation of the public process used by the state, consistent with the requirements of STC 12. Such explanation must include a summary of any public feedback received and identification of how this feedback was addressed by the state in the final amendment request submitted to CMS.**

Pursuant to STC. 12 Public Notice, Tribal Consultation, and Consultation with Interested Parties, the public notice for public comment about the changes requested in Amendment 21 was published in the Texas Register on March 25, 2022, (see attachment named TX Reg Public Notice). The Texas Register is published weekly and is the journal of state agency rulemaking for Texas. In addition to activities related to rules, the Texas Register publishes various public notices including attorney general opinions, gubernatorial appointments, state agency requests for proposals and other documents, and it is used regularly by stakeholders. HHSC publishes all Medicaid waiver submissions in the Texas Register in addition to many other notices. The publication is available online and in hard copy at the Texas State Library and Archives Commission, the State Law Library, the Legislative Reference Library located in the State Capitol building, and the University of North Texas libraries. All of these sites are located in Austin, except for the University of North Texas, which is located in Denton. Printed copies of the Texas Register are also available through paid subscription; subscribers include cities, counties and public libraries throughout the state. In accordance with the requirements included in STC 12, letters were sent on March 17, 2022, to Tribal Governments requesting comments,

questions, or feedback on the amendment by April 15, 2022, (see attached copies of all Tribal letters sent). No comments, questions, or feedback on the project were received from Tribal Governments during the initial Tribal Consultation period. No comments, questions, or feedback on the amendment were received.

b) A detailed description of the amendment, including impact on beneficiaries, with sufficient supporting documentation.

House Bill 133, 87th Legislature, Regular Session, 2021 directs HHSC to include the Case Management for Children and Pregnant Women (CPW) Medicaid benefit in the managed care service array. CPW is currently provided via fee-for-service, even for clients enrolled in managed care. CPW provides case management services to assist certain individuals in gaining access to needed medical, social, educational, and other services. Pursuant to this proposed amendment, Texas Medicaid managed care organizations (MCOs) will contract with and reimburse providers for billable case management services.

This amendment will further the demonstration objectives of expanding risk-based managed care to new populations and services and support the development and maintenance of a coordinated care delivery system.

The amendment allows this Medicaid benefit to be delivered via the managed care delivery system under the authority of the Texas Healthcare Transformation and Quality Improvement Program (THTQIP) 1115 Waiver.

The amendment also encourages the maintenance of a coordinated care delivery system through coordination of case management services that are available to a beneficiary. For example, MCO service coordinators and CPW providers enrolled in the MCO's provider network will be better able to share case documentation such as the beneficiary's service plan and health screening to assess medical, social, and educational needs. In addition, the MCOs will have more responsibility for prior authorization requests and reimbursement of the benefit among their members and may identify additional opportunities for MCO service coordinators to provide service coordination or collaborate with the CPW provider. This amendment will add the CPW benefit to the list of services delivered through managed care.

CPW is available for high-risk pregnant women of any age and children age 20 and younger with a health condition or health risk. A CPW provider must be a licensed registered nurse or licensed social worker. Services include: 1) an authorized face-to-face comprehensive visit with the client and their family to perform a family needs assessment and develop a service plan to address the client's unmet needs; and 2) authorized face-to-face or telephone follow-up visits to assist the client and family with obtaining the necessary services until their needs are met.

The proposed amendment is within the approved demonstration waiver and expenditure authorities and no new authorities are being requested to implement this change of a benefit from fee-for-service only to managed care as well.

This amendment will not have an impact on enrollment and will not result in cost sharing for beneficiaries.

- c) **A data analysis which identifies the specific “with waiver” impact of the proposed amendment on the current budget neutrality agreement. Such analysis must include current total computable “with waiver” and “without waiver” status on both a summary and detailed level through the current approval period using the most recent actual expenditures, as well as summary and detailed projections of the change in the “with waiver” expenditure total as a result of the proposed amendment, which isolates (by Eligibility Group) the impact of the amendment.**

The amendment will result in additional costs to the 1115 waiver and budget neutrality as a portion of this case management benefit moving under the 1115 waiver was formerly part of an interagency contract. However, the impact to budget neutrality is minimal since the cost impact for this benefit is small in comparison to overall expenditures under the 1115.

Please refer to attached BN workbook.

- d) **An up-to-date CHIP allotment worksheet, if necessary.**

N/A

- e) **The state must provide updates to existing demonstration reporting and quality and evaluation plans. This includes a description of how the Evaluation Design and annual progress reports will be modified to incorporate the amendment provisions, as well as the oversight, monitoring and measurement of the provisions.**

CMS-Approved Evaluation Design

The THTQIP evaluation design CMS approved on August 2, 2018, focusing on demonstration years (DY) 7-11, culminates in a Draft Evaluation Report due March 31, 2024, as required by STC 86. The CMS-approved evaluation design includes five evaluation questions and fourteen hypotheses spanning four evaluation components. This amendment may have a limited impact on ‘With Waiver’ and ‘Without Wavier’ measures under hypothesis 5.2, but is not expected to impact any other evaluation measures. Managed care members already have access to the CPW benefit via a fee-for-service model and overall utilization of this service is not expected to

change. Additionally, the transition of this service to MMC occurs in the final month of DY11. As a result, the overall evaluation findings will not be meaningfully impacted by the amendment. Therefore, HHSC is not proposing adding evaluation questions or hypotheses specific to the CPW benefit, nor is HHSC not proposing changes to the evaluation reports, annual progress reports, or oversight, monitoring, and measurement of the provisions outlined in the STCs.

Draft Evaluation Design for the THTQIP Extension

The revised 1115 draft evaluation design submitted to CMS on February 28, 2022, focusing on DYs 10-19, includes nine evaluation questions and 23 hypotheses spanning three evaluation components. HHSC determined not to include any evaluation questions, hypotheses, or measures on the CPW benefit in the evaluation design as the amendment will have no impact on beneficiaries. Managed care members already have access to the CPW benefit via a fee-for-service model and overall utilization of this service is not expected to change. It is possible that the amendment may have a limited impact on ‘With Waiver’ and ‘Without Wavier’ measures under Hypothesis 6.1. The state will direct the external evaluator to interpret and present pertinent findings within the context of this amendment as necessary. HHSC is not proposing changes to the evaluation reports, annual progress reports, or oversight, monitoring, and measurement of the provisions outlined in the STCs for the THTQIP Demonstration.

TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Public Notice

The Health and Human Services Commission (HHSC) is submitting a request to the Centers for Medicare & Medicaid Services (CMS) to amend the Texas Healthcare Transformation and Quality Improvement Program (THTQIP) waiver under section 1115 of the Social Security Act. The current waiver is approved through September 2030. The proposed effective date for this amendment is September 1, 2022.

House Bill 133, 87th Legislature, Regular Session, 2021 directs HHSC to transition the Case Management for Children and Pregnant Women (CPW) Medicaid benefit from fee-for-service to managed care for members enrolled in managed care. CPW is currently provided only in fee-for-service Medicaid and provides case management services to assist certain individuals in gaining access to needed medical, social, educational, and other services. Pursuant to this proposed amendment, Texas Medicaid managed care organizations (MCOs) will contract with and reimburse providers for billable case management services.

This amendment will further the demonstration objectives of expanding risk-based managed care to new populations and services and support the development and maintenance of a coordinated care delivery system.

The amendment allows this Medicaid benefit to be included in the managed care delivery system under the authority of the Texas Healthcare Transformation and Quality Improvement Program 1115 Waiver.

The amendment also encourages the maintenance of a coordinated care delivery system through coordination of case management services that are available to a beneficiary. For example, MCO service coordinators and CPW providers enrolled in the MCO's provider network will be better able to share case documentation such as the beneficiary's service plan and health screenings to assess medical, social, and educational needs. In addition, the MCOs will have more visibility of prior authorization requests and reimbursement of the benefit among their members and may identify opportunities for MCO service coordinators to provide service coordination or collaborate and coordinate with the CPW provider.

Proposed Changes

This amendment will add the CPW benefit to the list of services delivered through managed care.

Waiver and Expenditure Authorities

The proposed amendment is within the approved demonstration waiver and expenditure authorities and no new authorities are being requested to implement this change of a benefit from fee-for-service only to managed care as well.

Financial Analysis

The amendment will result in additional costs to the 1115 waiver and budget neutrality as a portion of this case management benefit moving under the 1115 waiver was formerly part of an interagency contract. However, the impact to budget neutrality is minimal since the cost impact for this benefit is small in comparison to overall expenditures under the 1115.

Evaluation Design

The Center for Medicare and Medicaid Services (CMS)-approved 1115 evaluation design focusing on demonstration years 7-11 culminates in a Draft Evaluation Report due March 31, 2024, as required by STC 86. The amendment may influence evaluation measures on overall demonstration costs, but potential impacts will be negligible. As a result, the overall evaluation findings will not be meaningfully impacted by the amendment.

HHSC determined not to include any evaluation questions, hypotheses, or measures on the CPW benefit in the revised 1115 evaluation design focusing on demonstration years 10-19, as required by STC 82 as the amendment will have no impact on beneficiaries. However, the state will direct the external evaluator to interpret and present pertinent findings within the context of this amendment as necessary.

Enrollment, Cost Sharing and Service Delivery

This amendment will not have an impact on enrollment and will not result in cost sharing for beneficiaries.

CPW is available for high-risk pregnant women of any age and children age 20 and younger with a health condition or health risk. A CPW provider must be a licensed registered nurse or licensed social worker. Services include: 1) an authorized face-to-face comprehensive visit with the client and their family to perform a family needs assessment and develop a service plan to address the client's unmet needs; and 2) authorized face-to-face or telephone follow-up visits to assist the client and family with obtaining the necessary services until their needs are met.

U.S. Mail

Texas Health and Human Services Commission
Attention: Basundhara RayChaudhuri, Waiver Coordinator, Federal Coordination, Rules, and Committees

701 W. 51st Street
Mail Code: H310
Austin, Texas 78751

Email

TX_Medicaid_Waivers@hhsc.state.tx.us

Telephone

(512) 438-4321

Fax

512-323-1905



March 17, 2022

Ms. Myra Sylestine
Health Director
Alabama-Coushatta Tribe of Texas
571 State Park Road, #56
Livingston, Texas 77351

Dear Ms. Sylestine:

The purpose of this letter is to notify members of the Alabama-Coushatta Tribe of Texas that the Health and Human Services Commission (HHSC) is submitting a request to the Centers for Medicare & Medicaid Services (CMS) to amend the Texas Healthcare Transformation Quality Improvement Program (THTQIP) waiver under section 1115 of the Social Security Act. The current waiver is approved through September 2030. The proposed effective date for this amendment is September 1, 2022.

House Bill 133, 87th Legislature, Regular Session, 2021 directs HHSC to transition the Case Management for Children and Pregnant Women (CPW) Medicaid benefit from fee-for-service to managed care for members enrolled in managed care. CPW is currently provided only in fee-for-service Medicaid and provides case management services to assist certain individuals in gaining access to needed medical, social, educational, and other services. Pursuant to this proposed amendment, Texas Medicaid managed care organizations (MCOs) will contract with and reimburse providers for billable case management services.

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beneficiary. For example, MCO service coordinators and CPW providers enrolled in the MCO's provider network will be better able to share case documentation such as the beneficiary's service plan and health screenings to assess medical, social, and educational needs. In addition, the MCOs will have more visibility of prior authorization requests and reimbursement of the benefit among their members and may identify opportunities for MCO service coordinators to provide service coordination or collaborate and coordinate with the CPW provider.

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Waiver and Expenditure Authorities

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Financial Analysis

The amendment will result in additional costs to the 1115 waiver and budget neutrality as a portion of this case management benefit moving under the 1115 waiver was formerly part of an interagency contract. However, the impact to budget neutrality is minimal since the cost impact for this benefit is small in comparison to overall expenditures under the 1115.

Evaluation Design

The Center for Medicare & Medicaid Services (CMS)-approved 1115 evaluation design focusing on demonstration years 7-11 culminates in a Draft Evaluation Report due March 31, 2024, as required by special terms and conditions (STC) 86. The amendment may influence evaluation measures on overall demonstration costs, but potential impacts will be negligible. As a result, the overall evaluation findings will not be meaningfully impacted by the amendment.

HHSC determined not to include any evaluation questions, hypotheses, or measures on the CPW benefit in the revised 1115 evaluation design focusing on

Ms. Sylestine
March 17, 2022
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demonstration years 10-19, as required by STC 82 as the amendment will have no impact on beneficiaries. However, the state will direct the external evaluator to interpret and present pertinent findings within the context of this amendment as necessary.

Enrollment, Cost Sharing and Service Delivery

This amendment will not have an impact on enrollment and will not result in cost sharing for beneficiaries.

CPW is available for high-risk pregnant women of any age and children age 20 and younger with a health condition or health risk. A CPW provider must be a licensed registered nurse or licensed social worker. Services include: 1) an authorized face-to-face comprehensive visit with the client and their family to perform a family needs assessment and develop a service plan to address the client's unmet needs; and 2) authorized face-to-face or telephone follow-up visits to assist the client and family with obtaining the necessary services until their needs are met.

To obtain a free copy of the proposed waiver amendment, ask questions, or request additional information regarding this amendment, please contact Shae James by April 15, 2022 by phone at (512) 487-3318, by mail at John H. Winters Building, 701 W. 51st Street, East Tower, Fourth Floor, Austin, TX 78751, or by e-mail at [TX Medicaid Waivers@hhs.texas.gov](mailto:TX_Medicaid_Waivers@hhs.texas.gov)

Sincerely,

A solid black rectangular redaction box covering the signature area.

Kathi Montalbano
Director of Federal Coordination, Rules, and Committees
Medicaid/CHIP Division, HHSC