

Texas 1115 Waiver DSRIP Transition Discussion

The Houston Health Department (HHD) in coordination with multiple local public health entities has created the following recommendations as part of the DSRIP 1115 Waiver state Transition Plan. As DSRIP evolves, HHD and others, want to ensure that Local Health Departments (LHDs) remain a vital part of the healthcare delivery system and continue to contribute to the improving health of our local community and the state.

Public Health urges Texas HHSC to consider the following recommendations:

1. Maintain 1115 Waiver carve out for Local Health Departments (LHD).

- a. HHSC should assure that at least 5% of dedicated DSRIP funding be continued in new plans.
- b. Dedicated funding would be used to provide “public health services” * for low-income and uninsured population.
- c. LHDs have demonstrated positive outcomes from projects (see attachment A).

2. Develop a provider type designation for LHD, mandating contractual agreements with Managed Care Organizations (MCOs) which assure adequate reimbursement and establishes a set of activities, “Public Health Services” *, for reimbursement.

- a. LHDs have experienced success as direct providers for Medicaid, however, there are significant barriers to participate as part of MCO provider networks.
- b. HHSC should establish a designated provider type for LHDs. Our experience, has shown that even when services are covered by insurance, high risks populations continue to seek access and services through LHDs. As an example, HHD provides concentrated blood lead level screening to many who have not been previously tested, even though it is outlined as a mandatory primary care activity.
- c. Many populations based LHD activities have regulation and oversight by governmental agencies (federal and state), e.g. Centers for Disease Control and Prevention (CDC) assuring quality and standard practice.
- d. Other providers have received similar designation. Federally Qualified Health Centers are recognized as “Significant Traditional Providers” (STP). HHSC provides this designation, however, it is limited to primary care services. HHSC has established provisions in contracts that require MCOs’ to offer STP contractors the opportunity to be part of the MCO provider network with less burden.
- e. In addition to recognizing LHD as a provider type, specific services that maintain the health and safety of the public should be considered. “Public Health Services” (both clinical and enhanced services) that LHDs deliver. Special provisions have been made to mandate coverage of certain activities by HHSC to be covered by MCOs such as Case Management for Children and Pregnant Women. **(8.2.2.11 Case Management for Children and Pregnant Women)**
 - i. **“Public health services” are designed to prevent higher cost interventions, address and promote public health and safety and assure population level health improvements across the state. Services include, but are not limited to:
 1. Tuberculosis identification, diagnosis and treatment
 2. Sexually Transmitted Diseases identification, diagnosis and treatment\
 3. Immunization (Clinical Services/Administration)
 4. Dental care
 5. Chronic disease (screening, monitoring and self-management)
 6. Environmental Health Services
 7. Care Transition programs
 8. School and community-based programming (Vision services, etc.)
 9. Enhanced services (Care Coordination, Telehealth, Home visitation, Reminder Recall, Health Education, Provider Technical Assistance, Super utilizer services)

3. Providing/create a funding mechanism to provide services to uninsured and low-income to cover “Public Health Services”.

- a. HHSC should consider expanding coverage for uninsured individuals for “Public Health Services” utilizing the resources available for IGT by local governmental entities.
- b. HHSC should continue the availability of uncompensated care program that currently covers dental services and ambulance services and consider expanding to cover “Public Health Services”.

4. Alternative Payment Models

- a. HHSC should explore the creation of payment models (i.e. directed payment programs, quality payment programs) that are designed to be implemented by local health departments to achieve value-based goals for both the Medicaid managed care patient population and the low income, uninsured.
- b. HHSC should encourage MCOs to include coverage for enhanced services that address social determinants of health and provide community and home-based services for specified populations. These services can include but are not limited to Care Transitions, Care Coordination and other supportive services.

Examples of Texas LHDs 1115 Waiver Project Successes

A total of 21 LHDs are currently participating in the Waiver. On average, for LHDs participating in Wavier 2.0, 500,827 Texans receive clinical, immunizations, or other services (as defined by the agency's system definition) at LHDs. Of this total 74.78% (374,517) are either Medicaid recipients, low-income, or uninsured. Below lists some of the highlights of LHDs participating in Texas 1115 Waiver:

- **Amarillo Public Health**
 - Through its substance abuse program for homeless shelter residents, this agency decreased mental health admission and readmission to the criminal justice system.
 - Through its expansion of primary care capacity to deliver immunization, this agency increased the coverage rates for pneumonia and influenza vaccination.
- **Austin Public Health**
 - Cost benefit analysis of DSRIP project revealed:
 - The agency's Diabetes Education Empowerment Program yielded a benefit over costs ratio of 21.59.
 - The agency's Diabetes Education Empowerment Program was incredibly beneficial to pre-diabetic participants and the risk of developing diabetes fell 14.8%.
 - Analysis of its Adult Immunizations project was most cost beneficial with Influenza, HPV, and Pneumococcal vaccines, respectively.
- **El Paso Department of Public Health**
 - Through its STD Follow-up Care Project, this agency saw its 30-day follow-up testing for chlamydia rate for newly diagnosed patients increase to 97%.
 - Through its Neighborhood Fire Station Clinics, expanded preventative service delivery and screenings in their community by utilizing EMS personnel.
 - Through its DPH Medical Waiver Program, this agency offered cancer screenings and provide the necessary education and navigation.
- **Houston Health Department**
 - Through its Care Transitions Project, approximately 13% of the patients diagnosed with primary/secondary congestive heart failure were readmitted compared to the hospital's readmission rate of 30% during the same timeframe.
 - The cumulative ROI for Community Care Transition Program was 2.29 (95% confidence interval 2.17 to 2.40).
 - Through its TB project, the agency utilized innovative methods to test, identify, and treat individuals with LTBI. The LTBI treatment completion rate was increased from 69.8% to 87.7%.
 - Through its Diabetes Awareness and Wellness Project, that agency saw significant improvements in A1c.
 - Participants enrolled in the projects evidence-based physical activity program had an average weight loss of 14.9 lbs.
- **Laredo Health Department**
 - Through its chronic disease management project, this agency showed a significant improvement in lowering A1c levels and blood pressure of program participants.
 - Through its expansion of primary care services, this agency increased its new patient population by 15% over the five-year period.
- **Paris-Lamar County Public Health**
 - Through is expansion of primary care services, this agency increased its new patient population by 48.5%.