

*** REGION 10 PUBLIC HEARING *
1115 WAIVER & THREE YEAR DSRIP
PROJECTS**

October 29, 2013



Topics

- Region 10 Plan Approval Status
- Three Year DSRIP Projects
- Feedback and Questions

REGION 10 PLAN APPROVAL STATUS

Region 10 RHP Plan Accomplishments

December 2012 to March 2013

- Region 10 Plan submitted to HHSC (December 2012)
- HHSC Submits Region 10 Plan to CMS
- DSRIP DY 1 payments processed

April 2013

- CMS Provides "Initial Approval" for Region 10 Plan

June 2013

- Phase 1 – Projects with increased value requested or projects denied requiring additional information provided by anchor to HHSC
- Phase 3 – DY2 milestones and metrics provided by anchor to HHSC

August 2013

- Phase 2 – Quantifiable Patient Impact submitted by performing providers to HHSC
- 1st Opportunity to Report DY 2 performance

September, 2013

- Phase 1 "Review Letter" received from CMS
- 1115 Waiver Symposium hosted by Region 10
- HHSC completes review & audit requirements for August Reporting

October 2013

- Learning Collaborative Plan submitted to HHSC
- 3 Year DSRIP Projects submitted and scored
- IGT's processed for August Reporting
- 2nd opportunity to report DY2 performance

RHP 10 Plan submitted to CMS for approval

	Number Proposed	Proposed Total Project Value (Total computable)			
		DY1	DY2-3	DY4-5	Total
Initial plan submission	n/a	\$48,707,230			\$48,707,230
Category 1 & 2 (Projects)	111		\$403,154,831	\$411,909,038	\$815,063,869
Category 3 (Outcomes)	220		\$45,538,999	\$116,651,376	\$162,190,375
Category 4 (Providers)	18		\$21,985,585	\$34,402,375	\$56,387,959
Total	349		\$470,679,415	\$562,962,789	\$1,082,349,434

CMS Staged Review & Approval

- Once RHP plans were approved by HHSC they were submitted to CMS for review & initial approval
- Region 10 plan was submitted to CMS by HHSC on March 11, 2013
- All 20 Regions in Texas have been formally reviewed by CMS and received an “*Initial Approval*” letter and a subsequent letter (“*Phase 1 review letter*”) approving plan revisions
- Region 10 received letters dating April 25, 2013 (Initial Approval) and September 9, 2013 (Phase 1 review letter). Awaiting response on 3 outstanding projects
- “Initial Approval” is for Demonstration Years (DY) 2 and 3
- “Full Approval” for DY 4 and 5 by March 31, 2014

CMS Review – Initial Approval Letter Contents

- Initially Approved Projects (DY 2-3)
- Initially Approved Projects with Priority Technical Corrections (DY 2-3)
- Projects approved, with an adjustment to project value (DY 2-3)
- Projects not approved at this time
- Category 3 Outcomes not approved at this time

By the Numbers - After *Initial Approval* Letter

CMS initially approved 84% of the projects & 79% of the DY1–3
 \$\$'s requested for Region 10

	Number Approved	Initially Approved Project Value (Total computable)			
		DY1	DY2-3	DY4-5	Total
Initial plan submission	n/a	\$48,707,230 100%			\$48,707,230 100%
Category 1 & 2 (Projects)	99 90%		\$306,010,154 76%	Not approved	\$306,010,154 38%
Category 3 (Outcomes)	174 79%		\$35,303,437 78%	Not approved	\$35,303,437 22%
Category 4 (Providers)	18 100%		\$21,985,585 100%	Not approved	\$21,985,585 39%
Total	292 84%	\$48,707,230 100%	\$363,299,176 77% 79% (DY1-3)	Approval deferred to 9/1/13	\$412,006,406 38%

Four Phase Revision Process to achieve “Full Approval”

- Takes place in four phases between April 25 and March 31, 2014
- Projects only formally appear in one table in the CMS Initial Review Findings, but that does not mean the project does not have multiple approval issues

Phase	Affected Projects
1	Projects initially approved, with an adjustment to project value (Table 5)
	Projects not approved at this time (Table 6)
	Improvement milestones overlap improvement targets (projects with priority technical correction identified in table 4)
2	All projects – confirm, revise, identify quantifiable patient impact and Medicaid/ indigent impact for each project
3	Projects with DY2 metrics identified by HHSC as needing revision in order to make DY2 payment
4	All projects – priority technical corrections and Category 3 changes

Phase 1 Submission

- Known financial impact of Phase 1:
 - 8 Projects removed:
 - \$79,395,181(DY2-5)
 - 8 Projects accepting alternate (lower) value:
 - \$19,214,825 reduced (DY2-3)
- Financial impact of projects attempting to recoup value is not quantifiable
 - Some projects alternate value was TBD due to lack of quantifiable patient information available
 - Some projects alternate value stated, but will not know if HHSC/ CMS accept revisions and award value until later this summer

Phase 1 Submission

- 45 (of 111) Category 1 or 2 projects were modified in Phase 1

Revision type	Number of Projects	Providers affected
Removed project	8	UNTHSC
Removed Cat 2 and Cat 3 milestone overlap	4	THR Southwest, THR H-E-B, Methodist Mansfield
Accepted CMS alternate (lower) value	8	TCPH, MHMRTC, JPS, UNTHSC
Revised Patient Satisfaction Cat 3 outcome	2	Plaza, Pecan Valley
Moved project on-menu from "other"	6	TCPH, MHMRTC
Revised project/ milestones to retain proposed value	17	TCPH, MHMRTC, THR FW, JPS, Wise, THR AM, Baylor, UNTHSC, JPSPG, Wise PG

By the Numbers - After *Phase 1 Review Letter*

CMS initially approved 84% of the projects & 79% of the DY1–3
 \$\$'s requested for Region 10

	Number Approved	Approved Project Value (Total computable)			
		DY1	DY2-3	DY4-5	Total
Initial plan submission	n/a	\$48,707,230 100%			\$48,707,230 100%
Category 1 & 2 (Projects)	102		\$337,193,292 91%	Not approved	\$337,197,292 45%
Category 3 (Outcomes)	159		\$34,380,959 86%	Not approved	\$34,380,959 22%
Category 4 (Providers)	18		\$21,985,585 100%	Not approved	\$21,985,585 39%
Total		\$48,707,230 100%	\$393,559,836 84% 85% (DY1-3)	Approval deferred to 11/1/13	\$442,271,066 38%

Learning Collaborative Plan – High Level Goals

Sharing knowledge, experience and expertise

Improving patient & caregiver experience

Implementing **evidence-based** guidelines

Drive **performance improvement** by using data-driven analyses

Plan-Do-Study-Act (PDSA) Cycles for testing

RHP 10 Learning Collaborative – Areas of Focus

Change concepts for hospital providers	Specific changes for collaborative teams to test
Develop a <u>realistic</u> , patient-centered hospital discharge plan.	<ul style="list-style-type: none">• Coordinate needed community services for the patient.• Discuss discharge medication regimen and use teach-back to make sure <u>patient understands</u> dosages, changes, side effects.
Ensure that patient has printed discharge plan in hand at discharge, in patient's language, at <u>fourth-grade</u> reading level.	<ul style="list-style-type: none">• Use national <u>guidelines</u> to set language at lower literacy reading level.• Engage community supports in reviewing care plan, if able.
Coordinate follow-up care with primary care or <u>other</u> follow-up provider.	<ul style="list-style-type: none">• Ensure follow-up provider <u>has copy</u> of discharge care plan at time of discharge, and answer any questions follow-up provider has.
Include <u>non-medical community</u> supports in discharge planning when useful.	<ul style="list-style-type: none">• Investigate community services for each patient's health, safety and psychosocial needs.

Important Future Dates

October 25, 2013	- IGT Entities submit payment for DY 2 DSRIP payment based on August Reporting
October 31, 2013	<ul style="list-style-type: none">- Submit prioritize list of Three Year DSRIP projects to HHSC- Submit performance report on DY 2 milestone and metrics to HHSC
December, 2013 (day unspecified)	- Full DSRIP project plans due for Three Year projects
December 31, 2013	<ul style="list-style-type: none">- Priority technical corrections submitted to HHSC- CMS and HHSC complete standard target setting methodology for Category 3 outcomes- RHP's receive feedback on learning collaborative plans
March 31, 2014	<p>Deadline for full project approval</p> <ul style="list-style-type: none">- Technical corrections- Modifications to projects or valuations- Category 3 improvement targets for DY4-5

3-YEAR DSRIP PROJECTS

Background – 3 Year DSRIP Projects

- What is the 3-year DSRIP Project?
 - The addition of new projects in DY3 to the RHP Plan financed by new or existing IGT entities and implemented by an existing and/ or new Performing Provider, with broad participation encouraged by HHSC and CMS
 - These projects shall be 3 years in duration, beginning in Demonstration Year (DY) 3 and should be operational within a 12 months
- What DSRIP allocation is available for 3-year projects in Region 10?
 - **Two sources:**
 - Minimum unallocated Region 10 dollars:
 - \$97,905,800 unused DSRIP dollars and canceled projects
 - Unknown dollars:
 - Remaining dollars from final project reduced valuations in the Region
 - Unused dollars from other regions
 - DSRIP allocation taken in by HHSC for statewide projects

Background – 3 Year DSRIP Projects

- Why is HHSC asking that a public hearing be conducted for 3 Year DSRIP Projects?
 - To educate the community and receive feedback on proposed Region 10 3 Year DSRIP projects
 - To determine if there are any RHP's that do not plan to use their full remaining DSRIP allocation
 - If so, HHSC may use unused funds for statewide initiatives, or
 - HHSC may reallocate unused funds to other RHP's that seek to do additional three-year projects beyond what their RHP's remaining allocation allows
 - Region 10 has projects with values exceeding its current allocation

Requirements for 3-year DSRIP Projects

- **Represent an intervention that is in response to community needs identified in the RHP's needs assessment specific to Medicaid and Indigent populations**
- **Must be on the RHP Planning Protocol DSRIP menu and not an 'other' project option and also not include 'other' Category 3 outcome(s)**
- **Include QPI milestones in DY4 and 5 that include Medicaid/ Indigent quantifiable impact**
- **Submitted along with a completed DSRIP Electronic Workbook**
- **Projects not allowed as options for 3-year projects:**
 - **2.4 Redesign for Patient Experience**
 - **2.5 Redesign for Cost Containment**
 - **2.8 Apply Process Improvement Methodology to Improve Quality/ Efficiency**
 - **1.10 Enhance Performance Improvement Reporting Capacity → allowable only for projects that focus on DSRIP learning collaboratives**
- **Projects under 1.9 Specialty Care Capacity must include a minimum focus of 40% Medicaid and Indigent, unless a compelling justification can be made for a lower threshold**
- **Include milestones that represent implementation activities beginning in DY3, not just planning activities**

Submission to HHSC

- All projects submitted to the anchor must go through the public input and scoring process (based on community need) regardless of whether they have an IGT source.
- Once that scoring process is done, the prioritized list submitted to HHSC should be based on community need except that it must alternate by IGT entity,
 - i.e. two projects supported by the same IGT entity aren't consecutively listed unless there is no other IGT seeking to fund projects that meet a community need (and other waiver requirements) in that RHP.
- Projects that were submitted but are not on the prioritized list (including due to no IGT or scoring poorly for community need) should also be submitted to HHSC
- Prioritized list of projects is due to HHSC no later than October 31, 2013

Processes used to engage potential performers, public stakeholders, and consumers

- An open webinar was hosted by the anchor on August 6, 2013 to formally introduce the *Call for Projects* process
- All Call for 3-year project information was posted on the RHP 10 website for regional and public stakeholder access
- Call for Project templates were due to the anchor by September 30, 2013
- Projects were evaluated during the month of October
- Posting of this hearing for public comment occurred in papers and online

Processes used to engage potential performers, public stakeholders, and consumers

- 39 projects were submitted for formal evaluation by 16 unique providers
- 8 unique IGT entities were identified for the projects submitted
- 3 new performing providers submitted projects for evaluation – UTSW, THR Alliance and Lake Granbury
- 1 project was pulled by a provider, receiving an evaluation score of zero
- Projects that did not meet the requirements for 3-year projects provided by HHSC received a score of zero

Regional approach for evaluating and prioritizing DSRIP projects

- Three evaluators reviewed and scored each submitted *Call for Projects* template based on four domains.
- Each evaluator gave a score of 0-3;
 - The maximum score within a single domain was 9
 - The maximum score over all domains (total project) was 36

	0	1	2	3
Community Need	Information is not available	Zero community needs identified in RHP 10 plan will be met	One community need identified in the RHP10 plan will be met	Two or more community needs identified in RHP 10 plan will be met
Gap to RHP 10 Plan	Information is not available	Two or more existing project options/ interventions currently exist in the RHP 10 plan	One existing project options/ interventions currently exist in the RHP 10 plan	Zero existing project options/ interventions currently exist in the RHP 10 plan
Percent Medicaid and Indigent Impact	Information is not available	40% or below	41-60%	61% or more
QPI – Individuals *Ranges based off QPIs submitted for RHP 10	Information is not available	Bottom 1/3 of current RHP 10 projects (9-300)	Middle 1/3 of current RHP 10 projects (308-2,334)	Top 1/3 of current RHP 10 projects (2,480-82,000)
QPI – Encounters *Ranges based off QPIs submitted for RHP 10	Information is not available	Bottom 1/3 of current RHP 10 projects (119-1,343)	Middle 1/3 of current RHP 10 projects (1,371-8,800)	Top 1/3 of current RHP 10 projects (9,360-98,682)

Regional approach for evaluating and prioritizing DSRIP projects

- Score distributions among each domain were as follows:

	0	1-3	4-6	7-9
Community Need	3 projects or 7.69%	0 projects or 0%	8 projects or 20.51%	28 projects or 71.79%
Gap to RHP 10 Plan	3 projects or 7.69%	13 projects or 33.33%	19 projects or 48.71%	4 projects or 10.25%
Percent Medicaid and Indigent Impact	4 projects or 10.25%	13 projects or 33.33%	5 projects or 12.82%	17 projects or 43.59%
QPI (Individuals or Encounters)	3 projects or 7.69%	5 projects or 12.82%	21 projects or 53.84%	10 projects or 25.64%

Overview of 3-year projects submitted / anticipated prioritized list of projects

- The next slides indicate the prioritized list of 3-year projects alternated by affiliated IGT entity.
- For anticipated project values and longer project descriptions please reference the additional handouts provided.

Overview of 3-year projects submitted / anticipated prioritized list of projects

Priority #	Performing Provider Name	Project Option	Project Title	Brief Project Description	IGT Entity Name(s)	Justification for Priority # (e.g. meets a key community need, meets a gap in current DSRIP project portfolio for region, serves large % of Medicaid/low-income uninsured population, large quantifiable patient impact). Include project score if scoring system was used to evaluate projects.
1	JPS Health Network	1.12.2	Central Assessment	This project will address the critical factors related to reducing the impact of psychological trauma. It will reduce stigma by creating an anti-stigma campaign, a central information center staffed by behavioral health navigators, and supporting psychological first aid training throughout Tarrant County. Finally, it will reduce the psychological impact from exposure to trauma with particular emphasis on gun-related and violent events through counseling with particular emphasis on Trauma Informed Cognitive Behavioral Health evidence based approach.	JPS Health Network	This project received a total score of 33 in the evaluation process ranking high in meeting community needs, gap to current RHP plan, QPI and impact on Medicaid and Indigent populations
2	The University of Texas Southwestern Medical Center (Moncrief Cancer Institute or UTSW/MCI)	2.7.2	Mobile Cancer Survivorship Care: Improving Surveillance, Screening and Quality of Life in Rural Communities	This proposal is designed to implement evidence-based cancer surveillance and screening guidelines using a mobile unit to provide post-treatment survivorship services to cancer survivors. Using this model to provide health services to the indigent in geographically remote areas reduces transportation and access as barriers to care, while promoting healthy behavior and impacting Quality of Life (QOL).	UT Southwestern	This project received a total score of 31 in the evaluation process, ranking high on community need, QPI, and impact on Medicaid and Indigent. This is a new performing provider to the RHP 10 plan providing broader participation in the region. This project ranked higher than the next highest score due to the alternating IGT entity rule.
3	JPS Health Network	2.6.1	Breast Feeding	JPS Health Network will educate and train patients and staff on the health benefits of breastfeeding, as well as evidence-based strategies to enhance breastfeeding.	JPS Health Network	This project received a total score of 32 in the evaluation process scoring high on meeting community needs, QPI, and impact on Medicaid and Indigent.
4	Wise Clinical Care Associates	1.1.1	Expand Primary Care	This project involves opening a clinic targeting Medicaid and indigent populations. The clinic will offer extended hours and will be called a Community Health Clinic. This clinic will adopt the patient centered medical home model. It will require the hiring of two nurse practitioners and 4 support staff as well as use of a social worker to manage care coordination and referrals.	Wise Regional	This project received a total score of 29 in the evaluation ranking high on community need, QPI, and impact on Medicaid and Indigent. This project ranked higher than the next highest score due to the alternating IGT entity rule.
5	JPS Health Network	2.6.1	Preconception/ Interconception (PI)	The Preconception/Interconception (PI) Care Approach is a model that will focus on serving women who have in the past had limited or no access to preconception and/or interception care due to lack of insurance and/or financial resources. This project will improve the care coordination for women that are identified as having high risk factors for poor birth outcomes and will provide outreach, home visitation and linkages to education, medical, and social services.	JPS Health Network	This project received a total score of 31 in the evaluation process, ranking high on community need, QPI, and impact on Medicaid and Indigent.
6	Tarrant County Public Health	2.6.2	Matter of Balance (MOB)	Implementation of the evidence-based, award-winning, Matter of Balance Fall Management Program. The program is designed to teach clients the necessary fall-management techniques that will help them reduce and manage falls.	Tarrant County Public Health	This project received a total score of 28 in the evaluation ranking high on community need, gap to current plan, QPI, and impact on Medicaid and Indigent. This project ranked higher than the next highest score due to the alternating IGT entity rule.
7	JPS Health Network	2.12.1	Long-term Care	This project will address the need for access to, and coordination of, care for Medicaid and uninsured individuals who need long-term care. It will create partnerships between JPS Health Network and Medicaid long-term care providers within Tarrant County so that care may be provided in an appropriate setting. This partnership will enable the successful placement of Medicaid and uninsured individuals into an appropriate long-term care setting in a timely manner.	JPS Health Network	This project received a total score of 31 in the evaluation ranking high on community need, gap to current plan, QPI, and impact on Medicaid and Indigent.

Overview of 3-year projects submitted / anticipated prioritized list of projects

Priority #	Performing Provider Name	Project Option	Project Title	Brief Project Description	IGT Entity Name(s)	Justification for Priority # (e.g. meets a key community need, meets a gap in current DSRIP project portfolio for region, serves large % of Medicaid/low-income uninsured population, large quantifiable patient impact). Include project score if scoring system was used to evaluate projects.
8	UNTHSC	2.11.2	Medication Management	We propose an innovative primary care-based clinical pharmacists-led medication therapy management (MTM) program under physician protocols to reach Medicaid eligible patients aged 18-75 years with chronic diseases. Clinical pharmacist services have expanded in the healthcare system from traditional roles to MTM services that include protocols to implement and change therapy, monitor therapeutic plans, provide intensive patient education, and medication reconciliation leading to the prevention of medication errors.	UNTHSC	This project received a total score of 28 in the evaluation ranking high on community need, QPI, and impact on Medicaid and Indigent. This project ranked higher than the next highest score due to the alternating IGT entity rule.
9	Texas Health - Fort Worth	2.10.1	WeeCare Palliative Care	The program provides palliative care for adult patients and neonates. The neonatal portion of the program is entitled weeCARE. Our program goals are comprehensive and focus on enhancing communication, providing family support and education, facilitating healthy coping, assisting with ethical dilemmas, and establishing realistic goals of care. The services employ the routine use of an inter-professional team throughout the hospitalization and across the continuum of care, addressing physical, emotional, psychosocial, ethical and spiritual needs of both the patient and the family.	JPS Health Network	This project received a total score of 28 in the evaluation ranking high on community need, gap to current plan, QPI, and impact on Medicaid and Indigent.
10	MHMR of Tarrant County	2.13.1	Children's Trauma Care (CTC)	Provide an intervention for a targeted behavioral health population to prevent unnecessary use of services in a specific setting-Children's Trauma Care (CTC).	MHMR of Tarrant County	This project received a total score of 25 in the evaluation ranking high on community need, QPI, and impact on Medicaid and Indigent. This project ranked higher than the next highest score due to the alternating IGT entity rule.
11	JPS Health Network	2.9.1	Physician In Triage	At JPS, development of a comprehensive Physician-in-Triage model will be implemented that will allow for resource matching to occur for the patient. Patients will be seen, medically screened, and -- when appropriate -- transferred at the time of the patient encounter to a satellite medical home.	JPS Health Network	This project received a total score of 28 in the evaluation ranking high on community need, QPI, and impact on Medicaid and Indigent.
12	Wise Regional	2.7.5	Child Obesity Prevention	This project addresses risks of obesity for children and adults in Wise County and surrounding areas. This project uses Fit-N-Wise, the hospital fitness and wellness program, to provide health education and exercise training to children in Wise County through after-school programs. The program will also offer interventions for home-schooled children	Wise Regional	This project received a total score of 24 in the evaluation ranking high on community need and QPI. This project ranked higher than the next highest score due to the alternating IGT entity rule.

Overview of 3-year projects submitted / anticipated prioritized list of projects

Priority #	Performing Provider Name	Project Option	Project Title	Brief Project Description	IGT Entity Name(s)	Justification for Priority # (e.g. meets a key community need, meets a gap in current DSRIP project portfolio for region, serves large % of Medicaid/low-income uninsured population, large quantifiable patient impact). Include project score if scoring system was used to evaluate projects.
13	JPS Health Network	2.7.1	STAR Project	The Sexually Transmitted Access and Referral (STAR) project will be a unique model of care that will focus on barrier-free access for sexually transmitted infection (STIs) screening and improvement of risk factors that can negatively impact a healthy pregnancy and newborn infant.	JPS Health Network	This project received a total score of 28 in the evaluation ranking high on community need, QPI, and impact on Medicaid and Indigent.
14	Wise Regional	1.7.1	Telemedicine Intensives	This project calls for the use of telemedicine to provide an intensivist for care to patients at Wise Regional. The Critical Care Unit at Wise Regional has experienced growth in both the acuity and number of patients. Currently, Wise Regional is not being served by an intensivist. The use of telemedicine to deliver a higher level of care is a better option given the need and volume of patients in the unit.	Wise Regional	This project received a total score of 23 in the evaluation ranking high on community need and QPI. This project ranked higher than the next highest score due to the alternating IGT entity rule.
15	Texas Health - Huguley	2.7.1	Mobile Health Services	The Mobile Health Service will provide disease prevention information, screening and early detection services, along with educational and referral resources such as primary and specialty care. The mission of the service is to reduce the incidence and mortality of certain diseases in the community setting. Targeted conditions include cancers and cardiovascular disease.	JPS Health Network	This project received a total score of 28 in the evaluation ranking high on community need and QPI.
16	Wise Regional	2.2.1	Chronic Care Program	This project calls for the development of a patient intervention and education program to address identified chronic conditions and provide patients utilizing services at Wise Regional Health System and surrounding area with a better way to manage their own care and reduce hospitalization. This project will also serve as a program for area primary care providers to refer and help educate their patients with chronic diseases.	Wise Regional	This project received a total score of 22 in the evaluation ranking high on community need and QPI. This project ranked higher than the next highest score due to the alternating IGT entity rule.
17	JPS Health Network	2.13.1	Homeless Behavioral Health	This project will delivery community based behavioral health services targeted to individuals in Tarrant County with serious mental illness and concomitant circumstances such as chronic physical health conditions, chronic or intermittent homelessness, cognitive issues resulting from severe mental illness, or forensic involvement.	JPS Health Network	This project received a total score of 27 in the evaluation ranking high on community need, QPI, and impact on Medicaid and Indigent.
18	Lake Granbury	1.6.1	Expand Urgent Care Services	Lake Granbury Medical Center would open after hours and weekend urgent care clinic for students and faculty at Tarleton State University. This would allow for expanded healthcare access to all students and faculty on campus.	Tarleton State University	This project received a total score of 17 in the evaluation ranking high on gap to the current RHP plan and QPI, in addition to meeting community needs. This project ranked higher than the next highest score due to the alternating IGT entity rule.
19	JPS Health Network	2.12.1	Asthma Care Transitions	The Asthma Care Transition project proposes to partner with MedStar, Fort Worth Independent School District (FWISD), JPS Emergency Department/Inpatient areas, and Cook Children's Hospital to implement a care transition model for both the pediatric and adult asthma patient populations. The project will identify potential patients through the following strategies: "Hot Zoning" geographic areas that have a high incidence of ambulance transports to the Emergency Departments, referrals from the school nurses at the ISD, and through identification of frequent utilizers of Emergency Department services	JPS Health Network	This project received a total score of 27 in the evaluation ranking high on community need, QPI, and impact on Medicaid and Indigent.

Overview of 3-year projects submitted / anticipated prioritized list of projects

Priority #	Performing Provider Name	Project Option	Project Title	Brief Project Description	IGT Entity Name(s)	Justification for Priority # (e.g. meets a key community need, meets a gap in current DSRIP project portfolio for region, serves large % of Medicaid/low-income uninsured population, large quantifiable patient impact). Include project score if scoring system was used to evaluate projects.
20	Pecan Valley Centers	1.13	Crisis Stabilization	Open crisis respite or stabilization 12 bed unit to provide short term crisis interventions. This program's aim is to prevent hospitalizations and provide supportive/crisis services in a less restrictive environment. The program will include multiple behavioral health services.	Pecan Valley Centers	This project received a total score of 16 in the evaluation ranking high on community need and medium on QPI. This project ranked higher than the next highest score due to the alternating IGT entity rule.
21	JPS Health Network	2.11.1	Homeless Medication Management	JPS Health Network will provide an evidence based medication management program for the homeless. The focus population will include those who are sheltered, unsheltered or permanent supportive housing and are engaging in services at JPS through the emergency department, urgent care or outpatient clinics.	JPS Health Network	This project received a total score of 27 in the evaluation ranking high on community need, QPI, and impact on Medicaid and Indigent.
22	Lake Granbury	1.12.1	Expand Behavioral Health Services	Lake Granbury Medical Center would expand the provision of behavioral health care to the students of Tarleton State University by adding staff and space (at a later date).	Tarleton State University	This project received a total score of 14 in the evaluation process meeting community needs. This project ranked higher than the next highest score due to the alternating IGT entity rule.
23	Baylor	2.11.3	Medication Management	This project option combines project options 2.11.1- Implement interventions that put in place teams, technology and processes to avoid medication errors and 2.11.2- Evidence based interventions that put in place the teams, technology and processes to avoid medication errors. Ensuring that these medications are 1) appropriate, 2) taken correctly, 3) managed and 4) accessible will be important to improve clinical outcomes.	JPS Health Network	This project received a total score of 26 in the evaluation ranking high on community need, QPI, and impact on Medicaid and Indigent. Due to the requirement to rank by alternated IGT affiliate other projects were ranked higher.
24	Lake Granbury	1.1.2	Expand Existing Primary Care	Lake Granbury Medical Center would expand the primary care capacity of the clinics at Tarleton State University in order to add services, staff and space (at a later date). This would allow for expanded healthcare access to all students and faculty on campus.	Tarleton State University	This project received a total score of 14 in the evaluation process meeting community needs. This project ranked higher than the next highest score due to the alternating IGT entity rule.
25	Texas Health - Southwest	2.10.1	Palliative Care	Program will address palliative care needs in the hospital and after discharge and will be anchored through a partnership with delivery sites at Texas Health Harris Methodist Southwest Hospital and Health e Care Clinic with the aim to carry out the wishes of the patient across the continuum of care.	JPS Health Network	This project received a total score of 25 in the evaluation ranking high on community need, QPI, and impact on Medicaid and Indigent. Due to the requirement to rank by alternated IGT affiliate other projects were ranked higher.
26	Texas Health - Arlington Memorial	1.12.2	Behavioral Health	Implement a new, hospital-based behavioral health services department to provide care to adolescent and adult community members with mental health and/or substance abuse disorders. The project would include an inpatient unit and outpatient services (partial hospitalization) as well as a behavioral health intake center and a response team to assist in the evaluation and navigation of patients presenting to the emergency department with behavioral health needs.	JPS Health Network	This project received a total score of 24 in the evaluation ranking high on community need, QPI, and impact on Medicaid and Indigent. Due to the requirement to rank by alternated IGT affiliate other projects were ranked higher.
27	Texas Health - Fort Worth	2.11.1	Medication Management	This project will create unique intervention opportunities to improve the management of medications in the target population to prevent or reduce admissions for conditions that should be treated through the ambulatory care environment. Through focused efforts of emergency room and ambulatory care clinical pharmacists and other healthcare professionals, patients' medication regimens will be reconciled and optimized with a focus of treating the patient without incurring hospital admissions.	JPS Health Network	This project received a total score of 23 in the evaluation ranking high on community need, QPI, and impact on Medicaid and Indigent. This project had a higher QPI than the next project scoring a 23. Due to the requirement to rank by alternated IGT affiliate other projects were ranked higher.

Overview of 3-year projects submitted / anticipated prioritized list of projects

Priority #	Performing Provider Name	Project Option	Project Title	Brief Project Description	IGT Entity Name(s)	Justification for Priority # (e.g. meets a key community need, meets a gap in current DSRIP project portfolio for region, serves large % of Medicaid/low-income uninsured population, large quantifiable patient impact). Include project score if scoring system was used to evaluate projects.
28	Texas Health - Azle	2.6.3	Health Literacy	By utilizing a community health worker, Texas Health Azle can implement a more functional test of health literacy in multiple ways. For patients scheduled for appointments, such as outpatient surgery will be given a quick six question test called the Newest Vital Sign NVS. For unscheduled patients, such as emergency department visits, a quick one question approach will be used to measure self-assessed health literacy based upon individuals' self-reported difficulty in understanding health care professionals and the written material given in the health care setting.	JPS Health Network	This project received a total score of 23 in the evaluation ranking high on community need, QPI, and impact on Medicaid and Indigent. Due to the requirement to rank by alternated IGT affiliate other projects were ranked higher.
29	Texas Health - Azle	2.9.1	Patient Navigator	Assign highly skilled patient navigators to lead a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's health needs through communication and available resources to promote quality cost-effective outcomes. The project will implement an ED-based case management program to identify patients who are frequent users of the ED and assist them in more effective and appropriate utilization of health care resources. The ED navigator will work with patients and a multidisciplinary health care team to:	JPS Health Network	This project received a total score of 22 in the evaluation ranking high on community need, and impact on Medicaid and Indigent. Due to the requirement to rank by alternated IGT affiliate other projects were ranked higher.
30	Texas Health - Fort Worth	2.2.2	Cystic Fibrosis	Recently, our Palliative Care Unit at THFW became home to the hospitalized adult with Cystic Fibrosis (CF). Our overarching goal for this population is to improve patient outcomes through coordination of complex and lengthy therapies, hospitalizations, and care among various departments with input from both patients and care providers. Currently, the adult CF program has 91 patients age 18 years or older. Adult hospitalization has occurred in 28% of the population, but the project anticipates all CF patients requiring services as they age and their disease progresses. From DY3 to DY5, an additional 12 patients will "age out" of the pediatric program.	JPS Health Network	This project received a total score of 21 in the evaluation ranking high on community need and gap to current RHP plan. This project ranked higher than the next project scoring 21 due to it meeting more community needs. Due to the requirement to rank by alternated IGT affiliate other projects were ranked higher.
31	Texas Health - Alliance	2.9.1	ED Patient Navigation	Since opening in Sept. 2012, Texas Health Alliance has had more than 22,000 Emergency Department visits, of which nearly 25 percent were uninsured or on Medicaid. Through a Patient Care Navigation Program, the ED care navigation team of clinical and support staff would provide support for psychosocial and clinical issues for patients who have been identified as at risk (self-pay, frequent flyers who are chronically ill and people with mental or behavior health needs). This includes education, coaching and navigation through the health care system, introduction to pertinent resources and a medication assistance program. Encouragement and help to develop the necessary tools to manage their disease process is also a primary role. The ED RN case manager will work with a multidisciplinary health care team to assist disadvantaged patients without primary care access	JPS Health Network	This project received a total score of 21 in the evaluation ranking high on community need and QPI. Due to the requirement to rank by alternated IGT affiliate other projects were ranked higher.
32	Texas Health - Alliance	1.12.2	Behavioral Health	Keeping the THAL community in mind – which includes lots of young families – we need to implement a program that pulls together resources on the topics of parenting, family relationships, substance abuse, divorce, anger management, anxiety and depression, and provide tools to help families be mentally and physically healthy. By establishing mental health assistance through counseling (group and potentially individual) and medication management, offering educational opportunities, we will expand the number of community-based settings where behavioral health services may be delivered in underserved areas and the quality of life in our community can be improved.	JPS Health Network	This project received a total score of 20 in the evaluation ranking high on community need and QPI. This project ranked higher than the next project scoring 20 because it is a new performing provider to the region increasing participation. Due to the requirement to rank by alternated IGT affiliate other projects were ranked higher.

Overview of 3-year projects submitted / anticipated prioritized list of projects

Priority #	Performing Provider Name	Project Option	Project Title	Brief Project Description	IGT Entity Name(s)	Justification for Priority # (e.g. meets a key community need, meets a gap in current DSRIP project portfolio for region, serves large % of Medicaid/low-income uninsured population, large quantifiable patient impact). Include project score if scoring system was used to evaluate projects.
33	Texas Health - Huguley	1.12.1	Behavioral Health	Implement an expanded, hospital-based behavioral health services department to provide care to adolescent and adult community members with mental health and/or substance abuse disorders. The project would include an inpatient unit and outpatient services (partial hospitalization) as well as a behavioral health intake center and a response team to assist in the evaluation and navigation of patients presenting to the emergency department with behavioral health needs.	JPS Health Network	This project received a total score of 20 in the evaluation ranking high on community need and QPI. Due to the requirement to rank by alternated IGT affiliate other projects were ranked higher.
34	Texas Health - Alliance	2.2.1	Diabetes	This project will increase patient engagement and empowerment through outpatient education and self-management resources. Diabetes patients will be identified through the ED, inpatient stays or community outreach partnerships, and we will provide them with diabetes education and tools to manage and monitor patient progress. We will identify lessons learned and key challenges to the implementation of the program to improve processes going forward.	JPS Health Network	This project received a total score of 18 in the evaluation ranking high on community need. Due to the requirement to rank by alternated IGT affiliate other projects were ranked higher.
35	Texas Health - Fort Worth	1.9.2	Wound Care	This project will increase opportunities for patients with non-healing wounds to access wound care specialists including specially trained wound care nurses and hyperbarics treatments. By providing wound care treatments by specialists who understand the various treatment options, wounds can be treated effectively and potentially decrease hospitalizations and surgeries secondary to complications. Painful non-healing wounds have a detrimental effect on a patient's quality of life and possibly on their ability for self-care	JPS Health Network	This project received a total score of 16 in the evaluation ranking high on community need.
36	Texas Health - Fort Worth	2.7.4	Pregnancy Inter-Conception Care	The Texas Health Harris Methodist Fort Worth Hospital proposes to partner with UNT Health to improve birth outcomes using a life course approach-focusing on preconception, prenatal and interconception care. One aspect of this project is a community-based interconception intervention targeting low-income women of reproductive age in Tarrant County that have experienced a previous adverse birth outcome. The intervention employs intensive case management and peer health worker outreach and coordination to deliver services in the community setting (i.e., home visitation) and expanded postpartum care to women who have experienced a previous adverse birth outcome (i.e., low birth weight, infant death, preventable birth defect, stillbirth, etc.)..	JPS Health Network	This project received a total score of 15 in the evaluation ranking high on community need, it did not appear this project would impact the Medicaid and Indigent populations.

Overview of 3-year projects considered but not placed on the prioritized list of projects

REQUIRED - Performing Provider Name	Project Option	Project Title	REQUIRED - Brief Project Description	REQUIRED IF APPLICABLE - IGT Entity Name(s)	REQUIRED - Considerations for not placing on the RHP's prioritized list (e.g. no IGT source, did not meet a priority community need, not an allowable project option, etc.) Include project score if scoring system was used to evaluate projects.
Texas Health - Fort Worth	2.13	Behavioral Health	More than a third of patients who receive treatment for mental health disorders rely solely on primary care physicians. Unlike most referrals from physicians, this approach often requires patients to find an available psychiatrist by making calls from a list provided by their insurer.	JPS Health Network	Project received a score of zero (0). The project was pulled by the performing provider prior to the evaluation processes.
Lake Granbury	1.9.2	Specialty Care Services	Lake Granbury Medical Center would add specialty care services, staff and space (at a later date) for students and faculty at Tarleton State University. LGMC would then rotate specialists, such as Orthopedics, ENTs, OB/GYNs and Sports Medicine, through the clinic. Currently Tarleton does not have any specialists on campus. This would allow for expanded healthcare access to all students and faculty on campus.	Tarleton State University	This project received a score of zero (0). This project did not meet the minimum 40% impact on Medicaid/ Indigent populations.
Texas Health - Fort Worth	2.4.1	Senior Clinic	The project purpose is to redesign and improve the patient experience for the senior population 62 years and older. The project will optimize a robust primary care experience for seniors tailored to their specific needs. It will enhance quality, reduce cost, and improve the patient and caregiver experience for this specific patient population. We will assist the patients in navigating the healthcare continuum by coordinating their hospital discharges/transitional care, medical appointments, medication management and education regarding their healthcare regimen.	JPS Health Network	This project received a score of zero (0). This project was not an allowable project option for 3-year projects.

FEEDBACK & QUESTIONS

Contact Us

JPS Health Network
Anchor entity for RHP 10
1500 South Main Street
Fort Worth, TX 76104

Website: www.rhp10txwaiver.com
Email: RHP@JPSHealth.org



David C. Salsberry
Executive Vice President & CFO
JPS Health Network
David.Salsberry@JPSHealth.org
817.927.1611



Mallory Johnson
Manager Regional Health Partnership
JPS Health Network
Mallory.Johnson@JPSHealth.org
817.702.2204

TERMINOLOGY

**TEXAS HEALTHCARE TRANSFORMATION AND
QUALITY IMPROVEMENT PROGRAM 1115 WAIVER**

- **1115 Waiver:** A waiver under section 1115 of Social Security Act that allows CMS and states more flexibility in designing programs to ensure delivery of Medicaid services.
- **Anchoring entity (anchor):** The single IGT entity in an RHP serving as the primary contact to HHSC responsible for providing opportunities for public input to the development of RHP plans and coordinating discussion and review of proposed RHP plans prior to plan submission to the State.
- **Centers for Medicare and Medicaid Services (CMS):** The U.S. federal agency that administers Medicare, Medicaid, and the State Children's Health Insurance Program.
- **Delivery System Reform Incentive Payment (DSRIP):** Incentive payments available for projects under the Transformation waiver to enhance access to health care, increase the quality of care, the cost-effectiveness of care provided and the health of the patients and families served. Projects eligible for incentive payments must come from the DSRIP menu, be included in an HHSC and CMS-approved RHP plan and have corresponding metrics and milestones.
- **Demonstration year (DY):** A 12-month period beginning October 1 and ending September 30. The 1115 Transformation waiver currently consists of five demonstration years from 2011 to 2016.
- **DSRIP Menu:** A menu of HHSC and CMS-approved projects that contribute to delivery transformation and quality improvement. Only projects from this menu performed as outlined in an HHSC and CMS-approved RHP plan with corresponding metrics and milestones are eligible for payments from the DSRIP pool.
- **Intergovernmental Transfers (IGT):** State and local funds derived from taxes, assessments, levies, investments, and other public revenues within the sole and unrestricted control of a governmental entity and eligible for federal match under the 1115 Transformation waiver. This does not include gifts, grants, trusts, or donations, the use of which is conditioned on supplying a benefit solely to the donor or grantor of the funds.
- **IGT Entity:** A state agency or a political subdivision of the state—such as a city, county, hospital district, hospital authority, or state entity—with IGT eligible for federal match to fund an RHP's UC or DSRIP.
- **Medicaid managed care:** A system under which the state pays a set fee each month to a health plan to provide care for a Medicaid client, who selects a primary doctor from the plan's network to coordinate care. This differs from a traditional fee-for-service system that bases provider payment on quantity of service rather than quality. In 2011, the Texas Legislature directed HHSC to expand managed care within the state Medicaid program with the goal of achieving high-quality, cost-effective health care.
- **Performing Provider (performer):** A Medicaid provider participating in an RHP, who works with an IGT entity and likely other participants to implement a DSRIP project.
- **Program Funding and Mechanics Protocol (PFM Protocol):** A document, drafted by HHSC and pending CMS approval, outlining DSRIP requirements for RHPs including the minimum number of projects, organization of the RHP Plan, plan review process, required reporting, allocation of available pool funds, valuation of projects, disbursement of funds, and plan modifications.

- **Regional Healthcare Partnerships (RHP):** Regions developed throughout the State to more effectively and efficiently deliver care and provide increased access to care for low-income Texans under the 1115 Transformation waiver. Each RHP will include a variety of participants to adequately respond to the needs of the community.
- **RHP Participant:** An entity participating in an RHP as outlined in an RHP plan. A participant may be an IGT entity, a performer, an anchor, or another stakeholder.
- **RHP Plans:** A plan to identify the community needs, the projects, and investments under the DSRIP to address those needs, community healthcare partners, the healthcare challenges, and quality objectives of an RHP. These plans must be submitted to the State and CMS for approval and shall include estimated funding available by year to support UC and DSRIP payments. RHP anchoring entities shall provide opportunities for public input to the development of RHP plans, and shall provide opportunities for discussion and review of proposed RHP plans prior to plan submission to the State.
- **Texas Health and Human Services Commission (HHSC):** The state governmental body that oversees the Texas health and human services system operations and administers programs including Medicaid and CHIP.
- **Texas Healthcare Transformation and Quality Improvement Program 1115 Waiver (the Transformation waiver):** The vehicle approved by HHSC and CMS for expansion of managed care within the State Medicaid program while preserving federal supplemental hospital funding historically provided under the UPL program.
- **Uncompensated Care (UC):** Costs of uncompensated care provided to Medicaid eligibles or to individuals who have no funds or third party coverage for services provided by the hospital or other providers.
- **Uncompensated Care Application (UC Protocol):** The documentation needed for hospitals and other providers to report their uncompensated costs to receive reimbursement under the Transformation waiver.
- **Upper Payment Limit (UPL):** Historic supplemental payments made to certain hospitals and providers to make up the difference between what Medicaid actually paid for Medicaid clients and what Medicare would have paid for the same services—when Medicaid is provided through managed care. UC and DSRIP funds available under the 1115 Transformation waiver replaced funding available under the former UPL program.