

# Medical Care Advisory Committee

August 8, 2024



## Agenda:

- Hospital Payment Advisory Committee (HPAC) update
- Medicaid and Children's Health Insurance Program (CHIP) activities update
- [Discuss implementation of House Bill 44, 88th, Legislature, Regular Session, 2023, related to prohibition of provider discrimination for immunization status](#)
- [Discuss implementation of House Bill 2056, 87th Legislature, Regular Session, 2021 related to teledentistry](#)
- Update on Day Activity Health Services (DAHS) Individualized Skills and Socialization licensing rules in 26 TAC 559 Subchapter H
- HHSC Long Term Care Regulatory Update on implementation of House Bill 1009, 88th Legislature, Regular Session, 2023
- Update on the HHSC work readiness project and discussion on meaningful day opportunities

The committee will meet next on November 14th, 2024.

## Medicaid and CHIP Activities Update

- HHSC overviewed STAR+PLUS transition activities, including stakeholder engagement.
- HB 2727 adds FQHCs and rural health clinics as telemonitoring provider types for a limited number of conditions including hypertension and diabetes. HHSC is looking at other conditions that it would be cost effective to do telemonitoring for.
- Providers will need to review their mail for re enrollment information.

## Hospital Payment Advisory Committee Update

- HHSC is still working with CMS to get a component of the CHIRP program approved
- CMS is looking to make sure APHIRIQA is meeting requirements.
- HHSC released a DPP calendar to track when payments can be expected.

- DSH is finalized, which has to happen before finalizing UC.
- The EAPG program is on hold.
- Some providers had concern with the Medicaid revalidation process.
- The Article IX Charity and Price Transparency Audit is being prepared by Myers and Stauffer.

## House Bill 44 Update

- Prohibits Medicaid and CHIP providers from refusing to provide healthcare services based solely on refusal or failure to obtain a vaccine.
- Implementation Steps: TMPPM and UMCM updates effective 9/1, allegation process development, rule development effective on March 6th.
- Rule Timeline: Publication in Register in November, estimated effective date: March 2025

## House Bill 2056 Update

- Directs Health and Human Services Commission (HHSC):
  - Adopt policies and rules to implement teledentistry.
  - Reimburse providers for teledentistry dental services provided by a dentist licensed in Texas no less than the reimbursement provided in the in-person setting.
  - Not deny reimbursement for dental services solely because the service was not provided through an in person consultation.
  - Not limit the platform by which teledentistry dental services are provided.
- Teledentistry Plan:
  - Recommend use of synchronous real-time teledentistry platforms operated by a dental hygienist or dental assistant in the physical presence of the patient while communicating with a dentist using both real-time audio and video.
  - Approach results in improved clinical outcomes, increased cost effectiveness, and poses the least amount of health and safety risks for providing teledentistry dental services.
- Timeline: proposed rule changes in November 2024, anticipated effective date is March 2025.

### Discussion:

- Dr. Desphonde would like to know how much data is there suggesting this is an effective approach and would be interested to see updates from HHSC when they have them.

## **Day Activity Health Services (DAHS) Individualized Skills and Socialization licensing rules**

- Rule language added and existing language was revised based on stakeholders feedback and to implement House Bill 1009.
- Changes included: Individual rights and autonomy, environmental safety requirements, heating and cooling, medication storage administration and recording, recording for abuse neglect, records maintenance and administrative penalties.
- Timeline: The draft rules went to informal comment in March, and are expected to go to the Executive Council in November.

## **Implementation of House Bill 1009 (87R)**

- Long Term Care Regulation is implementing two parts.
- Criminal History checks:
  - For Medicaid providers that employ or contract with a residential caregiver.
  - Anticipate draft will be out for informal project in the fall - part of HCS rule project.
- Suspension of employee
  - A Medicaid provider that employs or contracts with a residential caregiver must immediately suspend a person HHSC finds in violation of reportable conduct.
  - Implementing this provision and licensure rules, anticipated informal comment period for fall, and expect the formal to be presented to the Executive Council in November.
- Formal Intermediate Care Facility rules are expected in the fall.
- HCS and TxHmL rules are in early stages, and an informal comment period will be in the fall.

## Work readiness project

- HHSC is Implementing HB 4169 (88R).
- Provides prevocational services in the waiver programs that did not previously have the services: DBMD, HCBS, and TXmL. CLASS did.
- Provides non task specific workforce preparation including things like staying on task, workplace behavior, hygiene, adaptive equipment, writing skills, etc.
- Service cannot be provided at home because it would have to comply with HCBS setting regulation.
- HB 4169 requires that the combined total of readiness and individuals skills/socialization does not exceed a certain amount of hours, and needs to be cost neutral.
- Anticipated Implementation Date is January 2025.

## Public Comments

### **Carla, Director of School Boards**

- SHARS program changes are not in line with federal guidelines or cost containment guidelines.
- Services need to have broader range than HHSC's policy to be effective.
- The changes increase administrative burden.

### **Dr. John Eric Salinas, Jim Hock ISD**

- Has a child that gets services in Section 504
- HHSC should phase in the SHARS program changes since the school year is just starting.

### **Carla Hughes**

- There aren't standards or performance standards set out for job readiness in the plan.

### **Augustine Villareal**

- More disabled people need to be on the list for medical care.